



MEDICARE
SHARED SAVINGS
PROGRAM

Office Hours Webinar

Finalizing Phase 1 & Preparing for Phase 2

August 30, 2023

Medicare Shared Savings Program

A blue icon depicting a document with a pencil, positioned to the left of the word "Disclaimer".

Disclaimer

This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



Housekeeping

- Everyone was muted when you joined today's session
- Put any questions you have during the presentation into the Q&A section of the webinar
- If time allows, we'll be answering application and change request questions that we received from the registration submissions as well as those you pose today.
 - If we can't answer all questions, we will be following-up to be sure everyone gets their question addressed.
 - If you have questions related to quality reporting, please send those questions directly to QPP@cms.hhs.gov.
- If you want direct follow-up on a specific question, please include your name in the Q&A field.



Webinar Presenters



Mark D. Porter-Rodriquez

CMS Office of Program Operations and Local Engagement (OPOLE), Innovation & Financial Management Group. Division of Innovation & Operations.



LaShawn N. Brooks

CMS Center for Medicare (CM), Performance-Based Payment Policy Group (P3). Division of ACO Management and Compliance (DAMC).



Faye Starcevich

CMS CM, P3. DAMC.



Webinar Purpose

- The purpose of today's presentation is to help you finalize Phase 1 of the Shared Savings Program application and prepare for Phase 2.
- We'll review how to correct the remaining deficiencies you may have and will need to address before Phase 1, RFI-2 ends.
- We'll walkthrough how to complete a few key elements that may be outstanding in your application.
- We'll provide a demonstration of a few key elements that you may encounter during Phase 2 of the Shared Savings Program application so that your ACO can prepare for the next phase of the application.



Phase 1, RFI-1 Has Concluded

During this RFI, your ACO was able to:

- ✓ Review the *Participation Options Report* in ACO-MS
- ✓ Submit Form CMS-588 EFT Authorization Agreement
- ✓ Submit SNF 3-Day Rule Waiver Application (*if applicable*)
- ✓ Submit RM documentation (*if applicable*)
- ✓ Address any deficiencies identified by CMS and/or modified responses submitted within Section 2 of your Phase 1 application task

Important Dates





We've Now Entered Phase 1, RFI-2

- Now, at RFI-2, your ACO has received an updated *Participation Options Report* (POR) as well as deficiencies for your submitted documents, if applicable.
- This is your last opportunity to make corrections and finalize your Phase 1 application.
- Phase 1, RFI-2 began August 22 and ends September 5 at 12:00 p.m. noon Eastern Time (ET).
- We want to help you by highlighting the outstanding issues you may need to resolve in order to complete your Phase 1 application.



ACO Actions During Phase 1, RFI-2

- During Phase 1 RFI-2, your ACO may:
 - Review an updated Participation Options Report in ACO-MS.
 - Submit Form CMS-588 EFT Authorization Agreement.
 - Finalize Phase 1 application.

Note: Your ACO **cannot** add or edit any ACO participant or SNF affiliate TINs, or edit information in Phase 1 Section 1 of the application.



ACO Actions During Phase 1, RFI-2

- This is the **last opportunity** for your ACO to:
 - ☐ Correct any deficiencies identified by CMS within Section 2 of your Phase 1 application task: agreement level deficiencies, Participant List/SNF, 588.
 - ☐ Modify responses within Phase 1 application task: Participation Track Selection, Assignment Methodology, Minimum Savings Rate (MSR) and Minimum Loss Rate (MLR).
 - ☐ Upload fully executed agreements and merger/acquisition documentation & change the merged/acquired indicator on pending change requests.
 - ☐ Withdraw ACO participant and/or SNF affiliate change requests.
 - ☐ Delete ACO participants for the current performance year.
 - ☐ Complete SNF 3-Day Rule Waiver application.
 - ☐ For applicable ACOs only, elect to maintain current participation selection (“freeze”).
 - ☐ For applicable ACOs, submit RM documentation.

Ability to Maintain Current Participation Selection

- Phase 1, RFI 2 is the last opportunity for an eligible ACO to elect to maintain its current participation selection (or “freeze”).
- The ability to maintain the current participation level is only available to currently participating ACOs that started in Performance Year (PY) 2023 and are currently participating in BASIC Track Level A or B.
- Actions needed to take:
 - Authorized users for ACOs that are eligible to freeze will see a banner that appears in ACO-MS informing them they are able to freeze.
 - By clicking the banner, the authorized user will see a success message confirming that they have elected to maintain their current participation selection.
- For more information and details, refer to [42 CFR 425.600\(a\)\(4\)\(i\)\(B\)](#) and the [Application Reference Manual \(Appendix B\)](#).

Resources

Resource	Description
Applications Types & Timeline webpage	Key deadlines and resources to help complete the application, including sample applications.
Application Toolkit	Quick access to guidance and other materials relevant to all application types, including Application Reference Manual .
ACO Participant List and Participant Agreement Guidance	The ACO Participant List and Participant Agreement Guidance document describes the requirements that an ACO participating in or applying to the Shared Savings Program must follow with respect to its ACO ParList, ACO Provider/Supplier List, and ACO participant agreement.
Beneficiary Assignment Estimates in ACO-MS	This tip sheet provides information on how beneficiary assignment estimates will be displayed for each submitted ACO participant.
Webinar: Navigating the Application (recording)	This webinar shows applicants how to use the application toolkit to prepare your application for the upcoming cycle. The new Advance Investment Payments option is also discussed.
Webinar: Making the Most of RFI-1 (recording)	The Shared Savings Program hosted an office hours webinar to assist applicants in responding to the Phase 1 RFI-1.

Form CMS-588 Required Documents

- For an ACO to finalize its application and receive shared savings payments, the following three documents are required:
 - ☒ Cover Sheet
 - ☒ Form CMS-588 (Electronic Funds Transfer [EFT] Authorization Agreement)
 - ☒ Supporting Financial Documentation
 - The only accepted forms of documentation are the bank letter or voided pre-printed check

Note: If any errors are identified, all three documents must be resubmitted.



Sample Form CMS-588 Cover Sheet

- A cover sheet must be included in the Form CMS-588 for each document submitted
- All relevant fields must be complete

Form CMS-588 Request Type (Select Only One Request Type)

☐ New EFT Enrollment
 ☐ Change to Current EFT Enrollment
 ☐ Revalidation

ACO LEGAL ENTITY INFORMATION

ACO ID # (A+4 digits): Click or tap here to enter text.

ACO Legal Entity Name: Click or tap here to enter text.

ACO Taxpayer Identification Number (TIN): Click or tap here to enter text.

ACO Tax Status: ☐ For-profit ☐ Nonprofit

REASON FOR REVISION TO EXISTING FORM CMS-588

Complete only if you are revising an existing Form CMS-588.
(Select all revisions that apply)

☐ Name ☐ Contact Person
☐ TIN ☐ Authorization - Signature
☐ Financial Institution ☐ Other Information

UPLOAD BANKING INFORMATION TO ACO-MS

During the application cycle or change request cycle, upload the following materials to the Form CMS-588 field, located within the Documents tab in the ACO Management System ([ACO-MS](#)).

MATERIALS

- Signed Form CMS-588
- Form CMS-588 cover sheet
- Supporting financial documentation in the form of a bank letter or voided, pre-printed check



Sample Form CMS-588

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0626
Expires 12/2023

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

☒ New EFT Enrollment
☐ Change to Current EFT Enrollment (e.g. account or bank changes)
☐ Revalidation

☐ Check here if EFT payment is being made to the Home Office of the Chain Organization (Attach letter Authorizing EFT payment to Chain Home Office)

PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier Legal Business Name (If individual, please provide first name, middle initial, last name, and suffix)
5 STAR ACO, LLC

Chain Organization Name or Home Office Legal Business Name (If different from Chain Organization Name)

Account Holder's Street Address
 800 Your Street

Account Holder's City
 Anytown

Account Holder's State
 NJ

Account Holder's Zip Code
 00000

Tax Identification Number (TIN)
 1 2 3 4 5 6 7 8 9

Designate TIN:
☒ SSN (enrolling as an individual) OR
☐ EIN (enrolling as a group/organization/corporation)

National Provider Identifier Number (NPI)
 1 2 3 4 5 6 7 8 9 0

Medicare Identification Number (if issued)
 1 2 3 4 5 6 7 8 9 0

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name
 YourBanker Institution

Financial Institution's Street Address
 111 Bank Lane

Financial Institution's City/Town
 Moneyville

Financial Institution's State/Province
 NY

Financial Institution's Zip Postal Code
 00000

Financial Institution's Telephone Number (optional)
 222-2222

Financial Institution's Contact Person (optional)
 John Doe Banker

Financial Institution Routing Number (must be 9 digits)
 0 0 0 0 0 0 0 0 0 0 0

Provider/Supplier's Account Number with Financial Institution (include all zeros)
 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1

Type of Account (check one)
☒ Checking Account ☐ Savings Account

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number. NOTE: Starter checks are not acceptable for EFT confirmations.

PLEASE NOTE: In accordance with section 1104 of the Affordable Care Act, enrollment of electronic fund transfer (EFT) is for electronic fund transfer authorization only. EFT enrollment does not constitute enrollment as a provider or supplier in the Medicare program.

Form CMS-588 (Rev. 12/2020)

PART IV: CONTACT PERSON

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name Your ACO Contact	Contact Person's Title Your ACO Contact Title
Contact Person's Telephone Number 222-2222	Contact Person's E-mail Address acocontact@jacksample.com

PART V: AUTHORIZATION

I hereby authorize the Centers for Medicare & Medicaid Services (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. CMS may assign its rights and obligations under this agreement to CMS' designated Medicare Administrative Contractor (MAC). CMS may change its designated contractor at CMS' discretion.

If payment is being made to an account controlled by a Chain Home Office, the Provider of Services hereby acknowledges that payment to the Chain Office under these circumstances is still considered payment to the Provider, and the Provider authorizes the forwarding of Medicare payments to the Chain Home Office.

If the account is drawn in the Physician's or Individual Practitioner's Name, or the Legal Business Name of the Provider/Supplier, the said Provider/Supplier certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Provider/Supplier are in accordance with all applicable Medicare regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to CMS an updated EFT Authorization Agreement.

SIGNATURE LINE

Authorized/Delegated Official Name (Print) Jack Exec	Authorized/Delegated Official Telephone Number (222) 222-2222
Authorized/Delegated Official Title ACO Executive	Authorized/Delegated Official E-mail Address jackexec@jacksample.com
Authorized/Delegated Official Signature (Note: Must be signed and dated to process.) <i>Jack Exec</i>	Date 2/01/01

PRIVACY ACT ADVISORY STATEMENT

Sections 1842, 1862(b) and 1874 of title XVIII of the Social Security Act authorize the collection of this information. The purpose of collecting this information is to authorize electronic funds transfers.

Per 42 CFR 424.510(e)(1), providers and suppliers are required to receive electronic funds transfer (EFT) at the time of enrollment, revalidation, change of Medicare contractors or submission of an enrollment change request; and (2) submit the CMS-588 form to receive Medicare payment via electronic funds transfer.

The information collected will be entered into system No. 09-70-0501, titled "Carrier Medicare Claims Records," and No. 09-70-0503, titled "Intermediary Medicare Claims Records" published in the Federal Register Privacy Act Issuances, 1991 Comp. Vol. 1, pages 419 and 424, or as updated and republished. Disclosures of information from this system can be found in this notice.


You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government, under certain circumstances, to verify the information you provide by way of computer matches.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0626. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. DO NOT MAIL THIS FORM TO THIS ADDRESS. MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.

Form CMS-588 (Rev. 12/2020)



Sample Financial Institution Letter and Voided Check



December 17, 2021

5 STAR ACO, LLC
800 Your Street
Anytown, NJ 00000
Ref: Bank Confirmation Letter

To Whom It May Concern:

5 STAR ACO, LLC is a customer of YourBanker Institution. We are verifying the Account Name, Account Number, SWIFT BIC and Domestic ABA Routing and Transit Number of the following account:

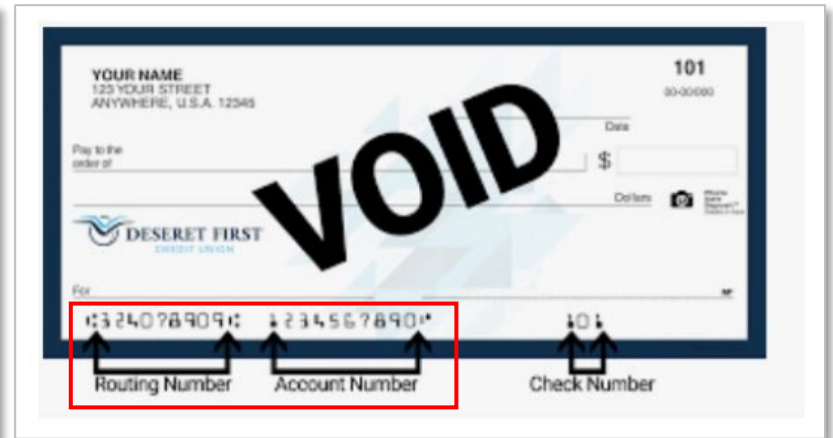
Account Name: 5 STAR ACO, LLC
Bank Account Number: 1000000000001
Domestic ABA Routing: 000000000
ACO Tax Identification Number: (123456789)

Institution Name: YourBanker Institution
Institution Address: 111 Bank Lane Moneyville, NY 00000

Please call me if you have any questions. Thank you for your business and the opportunity to serve you.

Sincerely,

Your Banker's signature
Your Banker's Name



The image shows a voided check from Deseret First Credit Union. A large 'VOID' watermark is diagonally across the center. At the bottom, a red box highlights the routing and account numbers. Arrows point from labels below to these numbers: 'Routing Number' points to 1234078909, 'Account Number' points to 1234567890, and 'Check Number' points to 101.

- The legal entity name **must** match ACO-MS
- The account and routing number **must** match the Form CMS-588
- The bank letterhead (if using) **must** be signed

A blue icon of a clipboard with a checklist, featuring a pencil and a document with lines representing text.

SNF Overview

- Important SNF deadlines:
 - **Phase 1, RFI-2** is the final opportunity to upload executed agreements on pending change requests: September 5, 2023, at 12:00 p.m. (noon) ET.
 - **Phase 1, RFI-2** is the final opportunity to withdraw a SNF affiliate change request: September 5, 2023, at 12:00 p.m. (noon) ET.
 - **Phase 1, RFI-2** is the final opportunity to complete a SNF 3-Day Rule Waiver application: September 5, 2023, at 12:00 p.m. (noon) ET.
- For Information on the SNF 3-Day Rule Waiver:
 - [SNF 3-Day Rule Waiver Guidance](#)
 - Previous Application Webinars
 - Navigating the Application Webinar
 - [PDF Recording](#)
 - Making the Most of Phase 1 RFI-1 Webinar
 - [PDF Recording](#)

SNF Remaining Deficiencies

Deficiency Type	How to Address
<u>Provider Enrollment Chain & Ownership System (PECOS) Deficiencies</u> <ul style="list-style-type: none"> The CCN does not match the PECOS record. 	<u>PECOS Deficiencies</u> <ul style="list-style-type: none"> Verify the CCN with the affiliate. If a SNF affiliate needs assistance updating its PECOS records, contact its Medicare Administrative Contractor (MAC)
<u>SNF Affiliate Agreement Deficiencies</u> <ul style="list-style-type: none"> Not signed by both parties (ACO and SNF affiliate). ACO LEN and SNF legal business name (LBN) do not match the change request information. 	<u>SNF Affiliate Agreement Deficiencies</u> <ul style="list-style-type: none"> Ensure both the ACO and SNF affiliate have signed the agreement. Ensure the ACO LEN and SNF LBN on the agreement match the information on the submitted change request.

SNF Remaining Deficiencies

Deficiency Type	How to Address
<u>SNF Star Rating Deficiencies</u> <ul style="list-style-type: none"> SNF star ratings under the minimum required 3 stars 	<u>SNF Star Rating Deficiencies</u> <ul style="list-style-type: none"> Alert the SNF affiliate it must have at least 3 stars before CMS' final check or withdraw the change request

The SNF Affiliates subtab in ACO-MS

SNF Star Rating data population in ACO-MS

Agreement Details Performance Year Application Cycle Documents ACO Participants **SNF Affiliates** Contacts Marketing

SNF Affiliate List Historical Data

SNF Star Rating: ⓘ
☆☆☆☆☆

SNF Star Rating: ⓘ
★☆☆☆☆

SNF Star Rating: ⓘ
★★★☆☆

SNF Star Rating: ⓘ
★★★★☆

SNF Star Rating: ⓘ
★★★★★

SNF Star Rating: ⓘ
★★★★★

RM Finalization Overview

- A checklist for RM final documentation is available for reference in the Repayment Mechanism Arrangements Guidance document, Appendix F:
 - [Medicare Shared Savings Program Repayment Mechanism Checklist, Version 2](#)
- In addition to addressing all noted deficiencies the following items must be completed prior to submission:

After receiving the final repayment mechanism amount, released with Phase 1 RFI-2, please ensure the following requirements are met prior to sending the final documentation to CMS.

Final Documentation

- ☐ Is the dollar value of the repayment mechanism equal to or greater than the final value specified by CMS – in both numerical and written form? (Note: This amount will be provided in the Participation Options Report released with Phase 1 Request for Information (RFI) 2.)
- ☐ Does the repayment mechanism state the execution date?
- ☐ Is the repayment mechanism signed by the financial institution?
- ☐ If the repayment mechanism was digitally signed, has your ACO provided a copy of the digital signature audit report to CMS?
- ☐ Have all “draft” references been removed from the final repayment mechanism?
- ☐ If ACO is establishing funds placed in escrow as its repayment mechanism: Has the Escrow Agent provided a signed letter on its letter head providing a statement that the repayment mechanism amount funds are on deposit?



Locating the Final RM Amount

- The final RM amount can be located in ACO-MS under the Application Cycle Subtab:

Agreement Details Performance Year Application Cycle Documents ACO Participants SNF Affiliates Contacts Marketing

Application Cycle ⓘ Filter ▾

		Phase 1				Phase 2		
Phase	Participation Options Change Request	Phase 1 Applications	Phase 1 RFI-1	Phase 1 RFI-2	Phase 1 Final Disposition	Phase 2 Applications	Phase 2 RFI	Phase 2 Final Disposition
Repayment Mechanism Amount	-	-	\$750,000.00	\$1,000,000.00		-	-	-



Locating the Agreement Period Start Date

- The Agreement Period Start Date can be located in ACO-MS under the Performance Year Tab:

ACO Name

Program Year: 2024

ACO Information

ACO ID
A1234

ACO TIN
111111111

Track

Status

Agreement Status
Pending

Application Status
Pending

Re-Entering
N/A

Dates

Start Date
01/01/2024

Performance Year
1

Termination Date
-

Agreement Period
1

Agreement Details **Performance Year** Application Cycle Documents ACO Participants SNF Affiliates Contacts Marketing

Overview of Performance Years

Program Year	2019-A	2020	2021	2022	2023	2024
Agreement Period	1	1	1	2	2	3
Agreement Period Start Date				01/01/2022	01/01/2022	01/01/2024
Agreement Period Termination Date	-	-	-	-	-	-

ACO Participant List Overview

- An ACO ParList identifies all an ACO's participants by their Medicare-enrolled billing TINs.
 - **ACOs must have at least 5,000 assigned beneficiaries in each of their three (3) benchmark years.**
- ACO participants must be exclusive to one Shared Savings Program ACO if they bill for primary care services delivered by a practitioner with a specialty used in assignment.
- ACO participant agreements must clearly state the correct legal names (as indicated in ACO-MS and PECOS) of both the ACO (LEN) and ACO participant (LBN).



Important ACO Participant List Deadline

- **Phase 1, RFI-2** (August 22–September 5, 2023, at 12:00 p.m. noon ET) is the final opportunity to do the following:
 - Upload executed agreements and merger/acquisition documentation and change the merged/acquired indicator on pending change requests.
 - Withdraw or delete ACO participants.



Remaining ACO Participant List Deficiencies

Deficiency Type	How to Address
<u>TIN-LBN-Mismatch (PECOS Deficiency)</u> <ul style="list-style-type: none"> The TIN LBN in the change request does not match the LBN of the TIN as it appears in PECOS. 	<u>TIN-LBN-Mismatch (PECOS Deficiency)</u> <ul style="list-style-type: none"> Ensure the TIN LBN in the change request is consistent with the TIN LBN as it appears in PECOS.
<u>OV Deficiency (Overlap Deficiency)</u> <ul style="list-style-type: none"> A proposed ACO participant TIN is already participating in or pending participation on another Shared Savings Program ACO or shared savings initiative. 	<u>OV Deficiency (Overlap Deficiency)</u> <ul style="list-style-type: none"> Terminate the TIN or withdraw the change request associated with the TIN from a qualifying program and/or initiative prior to the final overlap check. Communicate with the ACO participant to ensure exclusivity to one Shared Savings Program initiative.

How to Identify and Contact Overlapping ACOs

- ACOs may look up information about Medicare Shared Savings Program (MSSP) ACOs in this MSSP data file.
 - <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>
- ACOs may use the ACO REACH data file to look up the name and contact information for other ACOs by their ID number.
 - <https://data.cms.gov/cms-innovation-center-programs/aco-realizing-equity-access-and-community-health/realizing-equity-access-and-community-health-acos>
- If an unresolved overlap remains with a REACH ACO and a MSSP ACO, the TIN and affiliated providers (NPIs) will be dropped from the REACH ACO.

How to Contact Other Overlapping Entities

- ACOs should contact the provider to resolve these overlaps, i.e., not CMS.
- If the provider needs assistance, write the other model's Help Desk.

Model or Program Name	Email:
ACO REACH	ACOREACH@cms.hhs.gov
Kidney Care Choices	KCF-CKCC-CMMI@cms.hhs.gov



Remaining ACO Participant List Deficiencies

Deficiency Type	How to Address
<u>PARAGR-2 Deficiency</u> <ul style="list-style-type: none"> The submitted ACO participant agreement is missing either the ACO or ACO participant's signature. 	<u>PARAGR-2 Deficiency</u> <ul style="list-style-type: none"> Ensure both parties have signed the agreement.
<u>PARAGR-6 Deficiency</u> <ul style="list-style-type: none"> The ACO's LEN on the submitted ACO participant agreement does not match the ACO's LEN in the change request. 	<u>PARAGR-6 Deficiency</u> <ul style="list-style-type: none"> Ensure the ACO LEN on the executed agreement matches the ACO LEN in ACO-MS.
<u>PARAGR-7 Deficiency</u> <ul style="list-style-type: none"> The ACO participant's LBN on the submitted ACO participant agreement does not match the ACO participant's LBN in the change request. 	<u>PARAGR-7 Deficiency</u> <ul style="list-style-type: none"> Ensure the ACO participant's LBN on the submitted ACO participant agreement matches the ACO participant's LBN in the change request.

Reminder:

ACO Participant List Impacts

- Track Eligibility
- Advance Investment Payments (AIP) Eligibility
- Beneficiary Assignment Estimates
 - CMS regulations require an ACO to have a minimum of 5,000 beneficiaries to participate in the Medicare Shared Savings Program.
- Participation Options Report
 - Beneficiary assignment estimates and deficiency as it relates to TIN inclusion in assignment
 - Track level
 - AIP eligibility and estimated quarterly payments
 - RM requirements (if applicable)
 - Experience with risk determination



Phase 1, RFI-2 Participation Options Report

- An updated Participation Options Report is NOW available for your ACO to download and review:



- Your ACO is still able to delete and withdraw participant TINs during Phase 1, RFI-2, which may impact your ACO's:
 - Risk experience determination
 - Re-entering determination
 - High/low revenue determination
 - Beneficiary assignment
 - Track eligibility
 - AIP eligibility
 - Quarterly AIP estimate



Application Cycle Subtab – Relevant Information

Program Year: 2024

ACO Name

ACO Information

ACO ID
A1234

ACO TIN
111111111

Track

Status

Agreement Status
Pending

Re-Entering
N/A

Application Status

Pending

Dates

Start Date
01/01/2024

Termination Date
-

Performance Year
1

Agreement Period
1

[Agreement Details](#)
[Performance Year](#)
[Application Cycle](#)
[Documents](#)
[ACO Participants](#)
[SNF Affiliates](#)
[Contacts](#)

Application Cycle Filter

		Phase 1				Phase 2		
Phase	Participation Options Change Request	Phase 1 Applications	Phase 1 RFI-1	Phase 1 RFI-2	Phase 1 Final Disposition	Phase 2 Applications	Phase 2 RFI	Phase 2 Final Disposition
Application Type	-	Initial Application	Initial Application	Initial Application	-	-	-	-
Track		Level C	Level A	Level A				
Status	-	Pending	Pending	Pending	-	-	-	-
SNF 3-Day Rule Waiver	-	No	-	-	-	-	-	-
MSR/MLR	-	2.0% MSR/MLR	Variable MSR	Variable MSR	-	-	-	-
Assignment Methodology	-	Prospective assignment	Prospective assignment	Prospective assignment	*	*	*	*
Track/Level Option Selected	-	-	BASIC Level A	BASIC Level A	-	-	-	-
Track/Level Options Based on Most Recent Eligibility Checks	-	-	BASIC Levels A-E, ENHANCED	BASIC Levels A-E, ENHANCED	-	-	-	-



Application Cycle Subtab – Relevant Information Continued

ACO Name

Program Year: 2024

ACO Information

ACO ID: **A1234**

ACO TIN: **111111111**

Track

Status

Agreement Status: **Pending**

Application Status: **Pending**

Re-Entering: **N/A**

Dates

Start Date: **01/01/2024**

Termination Date: **-**

Performance Year: **1**

Agreement Period: **1**

Agreement Details

Performance Year

Application Cycle

Documents

ACO Participants

SNF Affiliates

Contacts

Application Cycle 1

Filter ▼

Phase	Participation Options Change Request	Phase 1				Phase 2		
		Phase 1 Applications	Phase 1 RFI-1	Phase 1 RFI-2	Phase 1 Final Disposition	Phase 2 Applications	Phase 2 RFI	Phase 2 Final Disposition
Prospective Assignment BY1 (2021) Beneficiary Estimate	-	-	5,435	5,435	-	-	-	-
Prospective Assignment BY2 (2022) Beneficiary Estimate	-	-	5,690	5,690	-	-	-	-
Prospective Assignment BY3 (2023) Beneficiary Estimate	-	-	5,945	5,945	-	-	-	-
Prospective Assignment PY 2024 Beneficiary Estimate	-	-	6,200	6,200	-	-	-	-
Retrospective Assignment BY1 (2021) Beneficiary Estimate	-	-	5,995	5,995	-	-	-	-
Retrospective Assignment BY2 (2022) Beneficiary Estimate	-	-	6,100	6,100	-	-	-	-
Retrospective Assignment BY3 (2023) Beneficiary Estimate	-	-	6,155	6,155	-	-	-	-
Retrospective Assignment PY 2024 Beneficiary Estimate	-	-	6,450	6,450	-	-	-	-

Finalizing Phase 1

At the end of Phase 1, your ACO will receive the following:

- ☑ Phase 1 Disposition
- ☑ ACO Participant List and SNF Affiliate List Dispositions
- ☑ Final *Participation Options Report* (POR)
- ☑ AIP eligibility determination
 - ✓ ACOs determined to be eligible for AIP will also receive an email with additional details and instructions.

Next Steps

- Review your ACO's dispositions
- Initial Applicants with fewer than 5,000 beneficiaries will be denied*

*Early renewing applications under 5k will be denied at Phase 1 Disposition, similar to initial applicants.



Preparing for Phase 2

- Advance Investment Payments (AIP)
- Governing Body
- Beneficiary Incentive Program (BIP)



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Advance Investment Payments (AIP)

- AIP ACOs receive advance shared savings payments, including an upfront payment of \$250,000 followed by 2 years of quarterly payments (up to eight total).*
- ACOs will be informed of their eligibility for AIP during **Phase 1 final dispositions**.
- During Phase 2, eligible ACOs will receive a prompt asking if they are interested in AIP. If “yes” is indicated, an AIP supplemental information task (including spend plan) will be deployed.
- Refer to the [AIP Guidance](#) for more detailed information.

ACOs must meet the following requirements to be eligible for AIP:

AIP Eligibility (42 CFR § 425.630(b))

- ☐ ACO is not a renewing ACO or re-entering ACO (as defined under (42 CFR § 425.20).
- ☐ ACO has applied and is eligible to participate in the SSP under any level of the **BASIC track** glide path.
- ☐ ACO is **inexperienced with performance-based risk** Medicare ACO initiatives.**
- ☐ ACO is a low-revenue ACO.**

*Up to \$45 per beneficiary per quarter based on beneficiary attributes

**ACOs must continue to be determined by CMS to be low-revenue and inexperienced with risk in order to maintain AIP eligibility during the agreement period.

AIP Spend Plan

The AIP supplemental information will include a section for eligible ACOs to submit their spend plan:

- ACOs must identify the **categories of goods and services** that will be purchased, the **dollar amounts** to be spent on various categories, and the **general timing** of those purchases.

Spend Plan Template:

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending PY 1	Projected Spending PY 2	Projected Spending PY 3	Projected Spending PY 4	Projected Spending PY 5
Line Item Description (free text)	Selected Category from Drop-Down	Selected Subcategory from Drop-Down	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount	Dollar Amount
Subtotals			Total Dollars Projected	Total Dollars Projected	Total Dollars Projected	Total Dollars Projected	Total Dollars Projected

Summary

Projected Total Advance Investment Payments	Entered by ACO based on quarterly estimate in Participation Options Report and track selection
Future Projected Spending	Sums Projected Spending for future years
Remaining Funding to Allocate	Total Funding - Projected Spending

For more detail, refer to the [AIP Spend Plan Tip Sheet](#) and [AIP Guidance](#)

- Advance investment payments may not be used for expenses other than the following allowable uses: Increased staffing, Health care infrastructure, and Provision of accountable care for underserved beneficiaries (which may include addressing social determinants of health). A list of all subcategories is available in the AIP Guidance materials.

Governing Body

An ACO must maintain an identifiable governing body with ultimate authority to execute the functions of an ACO to promote evidence-based medicine and patient engagement, to report on quality and cost measures, and to coordinate care.

To be compliant an ACO's Governing Body must:

- Include a **Medicare beneficiary** who
 - i. Is served by the ACO;
 - ii. Is not an ACO provider/supplier;
 - iii. Does not have a conflict of interest with the ACO; and
 - iv. Does not have an immediate family member who has a conflict of interest with the ACO.
- Have **75 percent control** of the ACO's governing body be held by ACO participants.

Governing Body Example:

First Name	Last Name	Title/Position	Voting Power	Membership Type	ACO Participant TIN LBN
Thomas	Breville, M.D.	President	20%	ACO participant representative	The Family Medicine, Inc.
Mark	Eanes, M.D.	Voting Member	10%	ACO participant representative	Southern Eye Center, P.C.
Raghu	Lolattu, M.D.	Voting Member	25%	ACO participant representative	Middle Georgia Internal, LLC
Jennifer	Miller, M.D.	Secretary	15%	ACO participant representative	Coastal Family Medicine, P.C.
Reagan	Nelle	Voting Member	10%	Medicare Beneficiary	
Anne	White, M.D.	Voting Member	20%	ACO participant representative	Anne White, M.D., P.C.

Important Governing Body deadlines:

- **Phase 2 RFI** is the final opportunity to correct any identified deficiencies:
November 16, 2023, at 12:00 p.m. (noon) ET.



Beneficiary Incentive Program (BIP)



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A BIP application allows certain Accountable Care Organizations (ACOs) participating in the Shared Savings Program to offer incentive payments to encourage assigned beneficiaries to obtain medically necessary primary care services. Under these policies, ACOs participating in certain two-sided models may apply to establish and operate a BIP to provide an incentive payment with a value of up to \$20 to each assigned beneficiary for each qualifying primary care service received.

Only SSP ACOs currently participating in or applying to two-sided models can apply.

- Levels C, D, or E of the BASIC track or the ENHANCED track

Important BIP deadlines:

- **Phase 2 RFI** is the final opportunity to correct any identified deficiencies: November 16, 2023, at 12:00 p.m. (noon) ET.



ACO-MS Demonstration

- How to identify the eligibility for AIP and quarterly amounts
- How to submit AIP Spend Plan
- How to submit Governing Body



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Next Steps

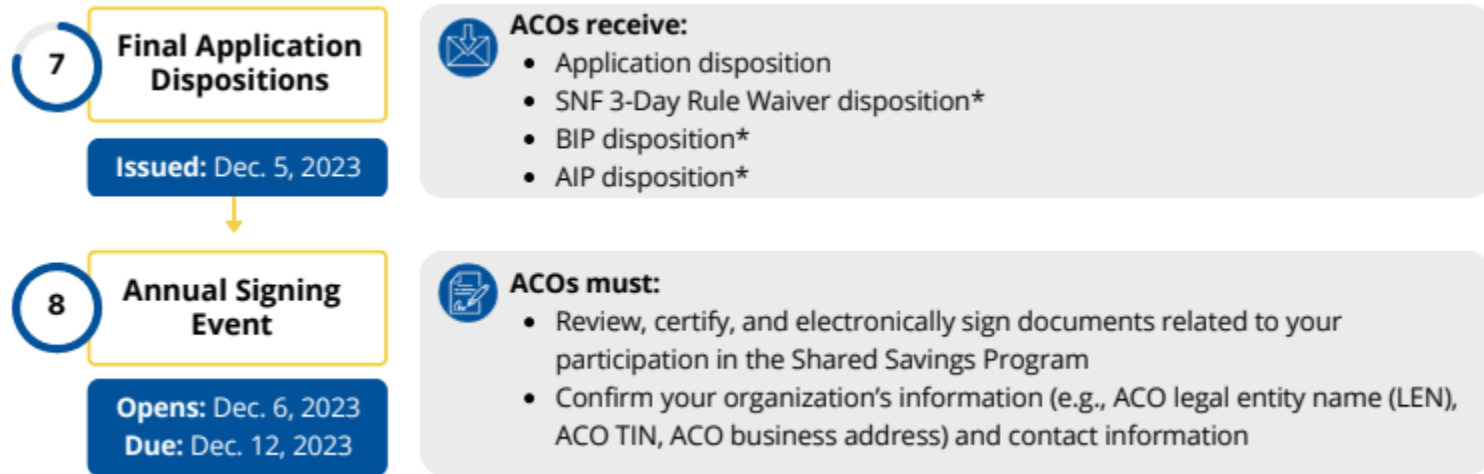
- ✓ Finalize Phase 1 of your application:
 - ✓ Submit your corrected documents and make any changes to your application (track/level, MSR/MLR, etc.).
 - ✓ Finalize participant list and SNF affiliate list (if applicable) by deleting TINs and addressing deficiencies.
 - ✓ Submit final RM documents.
 - ✓ Submit final Form CMS-588 document.

Must be done by September 5, 12:00 p.m. ET (noon).

CMS will review your submissions from September 6 until October 17.

- ✓ On October 18, CMS will issue Phase 1 dispositions.
 - ACOs with less than 5,000 beneficiaries will not continue to Phase 2.
 - ACOs will be notified if eligible for AIP.

Final Reminders and Looking Ahead



Refer to the [Key Application Dates and Deadlines](#)

- The final Application Dispositions will be issued on **December 5, 2023**, after the close of the Phase 2 RFI window.
- If your ACO is approved to participate in the Shared Savings Program, CMS will provide next steps for the **ACO signing event**. An ACO coordinator will be assigned to all new ACOs and will be your primary point of contact for all Shared Savings Program matters.
- The performance year (PY) will begin on January 1, 2024.



QUESTION & ANSWER SESSION

Additional questions can be sent to the Shared Savings Program mailbox: sharedsavingsprogram@cms.hhs.gov.



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