



MEDICARE
SHARED SAVINGS
PROGRAM

Office Hours Webinar

Making the Most of Phase 1 RFI-1

July 14, 2023

Medicare Shared Savings Program

An icon representing a document with a pencil, symbolizing a disclaimer or legal notice.

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.

A small icon representing a person at a computer, used to denote webinar presenters.

Webinar Presenters



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Webinar Purpose

- The purpose of today's presentation is to help you make the most of the Phase 1, Request for Information 1 (RFI-1) period of the application cycle.
- We'll review how to correct deficiencies you might receive as part of the application process.
- We'll show you how to navigate the Application Cycle subtab in the Accountable Care Organization Management System (ACO-MS) and point out the updated information available during RFI-1.
- The Participation Options Report (POR) is now available for all applicants. We're going to demonstrate how you download both the POR and the Data Dictionary, which is the POR user guide.



Phase 1 Initial Submission Is Complete

During this phase, your ACO completed the following:

- ☑ ACO-MS Registration
- ☑ Your ACO has selected the following:
 - Track and Level of Participation
 - Minimum Savings Rate (MSR)/Minimum Loss Rate (MLR)
 - Beneficiary Assignment Methodology
- ☑ Your ACO submitted the following:
 - Participant List (ParList)
 - Form CMS-588
 - Skilled Nursing Facility (SNF) 3-Day Waiver Application
 - SNF Affiliates
 - Repayment Mechanism (RM)
- ☑ Your ACO has received beneficiary assignment estimates for each ACO participant as well as deficiencies for your submitted documents, if applicable



We've Now Entered Phase 1, RFI-1

- Your ACO has more than likely received multiple deficiencies and notifications.
- It is now time for you all to respond to CMS' questions and concerns. You can now correct, modify, and address all deficiencies.
- Phase 1, RFI-1 began July 11 and ends August 1 at 12:00 p.m. noon Eastern Time (ET).
- We want to help you by going over the most common, difficult, and complex issues and discuss helpful ways to address them.

Important Dates





Resources

Resource	Description
Applications Types & Timeline webpage	<p>Key deadlines and resources to help complete the application, including sample applications.</p>
Application Toolkit	<p>Quick access to guidance and other materials relevant to all application types.</p>
ACO Participant List and Participant Agreement Guidance	<p>The ACO Participant List and Participant Agreement Guidance document describes the requirements that an ACO participating in or applying to the Shared Savings Program (SSP) must follow with respect to its ACO ParList, ACO Provider/Supplier List, and ACO participant agreement.</p>
Beneficiary Assignment Estimates in ACO-MS	<p>This tip sheet provides information on how beneficiary assignment estimates will be displayed for each submitted ACO participant.</p>

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, a new Form CMS-588, as well as the supporting documentation, must be resubmitted to CMS.



Form CMS-588 Common Deficiencies

Deficiency Type	How to Address
<p>The ACO did not load/re-upload all three required documents:</p> <ul style="list-style-type: none"> ▪ Form CMS-588 ▪ Cover sheet ▪ Supporting financial documentation 	<p>Ensure all three components are completed and uploaded to ACO-MS.</p>
<p>The ACO legal entity name (LEN), address, or TIN do not match ACO-MS.</p>	<p>Ensure the ACO LEN, address, and TIN on Form CMS-588 documents exactly match what is listed in ACO-MS.</p>
<p>The ACO LEN, TIN, routing number, or bank account numbers do not match the supporting financial documents.</p>	<p>Ensure the ACO LEN, TIN, routing number, and bank account numbers match the supporting financial documents.</p>
<p>The ACO signed the form digitally or an unauthorized person signed the form and did not date the form.</p>	<p>Ensure that Form CMS-588 is signed by one of four authorized signatories (ACO executive, primary or secondary authorized to sign, or financial contact). The signature must be handwritten and dated.</p>



SNF Overview

- A SNF 3-Day Rule Waiver application waives the requirement for a 3-day inpatient hospital stay prior to a Medicare-covered, post-hospital, extended-care service for eligible beneficiaries if certain conditions are met. Your ACO can find more details on what those eligible beneficiary conditions are in the SNF 3-Day Rule Waiver guidance document.
- 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
- Each SNF 3-Day Rule Waiver requires at least one SNF affiliate be submitted via change requests in ACO-MS.
- Important SNF deadlines:
 - **Phase 1, RFI-1** is the final opportunity to submit a SNF affiliate change request: August 1, 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.



SNF Common Deficiencies

Deficiency Type	How to Address
<p><u>Provider Enrollment Chain & Ownership System (PECOS) Deficiencies</u></p> <ul style="list-style-type: none"> ▪ The TIN does not match the PECOS record. ▪ An incorrect TIN is entered in ACO-MS or the TIN has changed since submission. 	<p><u>PECOS Deficiencies</u></p> <ul style="list-style-type: none"> ▪ Verify the TIN with the affiliate. ▪ Withdraw the change request that has an incorrect TIN and submit a new change request with the correct TIN before the Phase 1, RFI-1 deadline.
<p><u>SNF Affiliate Agreement Deficiencies</u></p> <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. 	<p><u>SNF Affiliate Agreement Deficiencies</u></p> <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 Common Deficiencies

Deficiency Type	How to Address
<p><u>SNF Star Rating Deficiencies</u></p> <ul style="list-style-type: none"> SNF star ratings under the minimum required 3 stars 	<p><u>SNF Star Rating Deficiencies</u></p> <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: ⓘ
★★★★★

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Repayment Mechanism Overview

- All ACOs that participate in a two-sided risk model of the Shared Savings Program (Levels C, D, or E of the BASIC track, or the ENHANCED track) must demonstrate that an adequate repayment mechanism has been established to repay any shared losses for which they may be liable upon reconciliation for each performance year.
- This is done through a repayment mechanism or RM.
- An RM can be an escrow agreement, surety bond, or letter of credit established with an FDIC-insured institution.

Important to Note

- ❖ Repayment mechanisms may have deficiencies for requirements that your ACO may not be able to complete during RFI 1.
 - ❖ Final RM amounts to be released at RFI 2.
 - ❖ Required signatures once all deficiencies are resolved.
- CMS is providing these deficiencies to ACOs during RFI -1 to ensure ACOs are aware of the full list of requirements that must be met for approval.



Repayment Mechanism: Common Deficiencies

Deficiency Type	How to Address
<p>The inception date does not reflect the date the ACO enters into the Medicare Shared Savings Program ACO Participation Agreement with CMS.</p>	<p>Ensure dates are correct.</p> <ul style="list-style-type: none"> ▪ The performance year begins on January 1 of the Agreement Period.
<p>The ACO LEN listed in the RM does not match the ACO LEN listed in ACO-MS.</p>	<p>Ensure LEN on the RM documents exactly match what is listed in ACO-MS.</p>
<p>The duration of the RM does not match program requirements.</p>	<p>Ensure that the RM duration aligns with program requirements.</p> <ul style="list-style-type: none"> ▪ The RM must extend one year past the end of your Agreement Period with CMS.



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.**
- During Phase 1 of the Shared Savings Program application submission period, an ACO, applicants, and currently participating ACOs can add new ACO participants.



Important ACO Participant List Deadlines

- **Phase 1, RFI-1** (July 11–August 1, 2023, at 12:00 p.m. noon ET) is the final opportunity to submit an “Add Participant” change request.
- **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.



Common ACO Participant List Deficiencies

Deficiency Type	How to Address
<p><u>TIN-Not-Enrolled (PECOS Deficiency)</u></p> <ul style="list-style-type: none"> ▪ The TIN does not match the PECOS record. ▪ An incorrect TIN is entered in ACO-MS or the TIN has changed since submission. 	<p><u>TIN-Not-Enrolled (PECOS Deficiency)</u></p> <ul style="list-style-type: none"> ▪ Verify the TIN with the participant. ▪ Withdraw the change request that has an incorrect TIN and submit a new change request with the correct TIN before the Phase 1, RFI-1 deadline.
<p><u>TIN-LBN-Mismatch (PECOS Deficiency)</u></p> <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. 	<p><u>TIN-LBN-Mismatch (PECOS Deficiency)</u></p> <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.

Common ACO Participant List Deficiencies



Deficiency Type	How to Address
<p><u>OV Deficiency (Overlap Deficiency)</u></p> <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. 	<p><u>OV Deficiency (Overlap Deficiency)</u></p> <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.



Common ACO Participant List Deficiencies

Deficiency Type	How to Address
<p><u>PARAGR-2 Deficiency</u></p> <ul style="list-style-type: none"> The submitted ACO participant agreement is missing either the ACO or ACO participant's signature. 	<p><u>PARAGR-2 Deficiency</u></p> <ul style="list-style-type: none"> Ensure both parties have signed the agreement.
<p><u>PARAGR-6 Deficiency</u></p> <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. 	<p><u>PARAGR-6 Deficiency</u></p> <ul style="list-style-type: none"> Ensure the ACO LEN on the executed agreement matches the ACO LEN in ACO-MS.
<p><u>PARAGR-7 Deficiency</u></p> <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. 	<p><u>PARAGR-7 Deficiency</u></p> <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.



Helpful Hints for Your ACO Participant List

- ACOs must communicate with ACO participants about their participation in the program and collect participant TIN information.
- Ensure your ACO participant agreements clearly state the correct legal names (as indicated in ACO-MS and PECOS) of both the ACO (LEN) and ACO participant (LBN).
- Understand that ACO participants may be communicating with multiple ACOs about participating in the program or other shared savings initiative.
 - Inform ACO participants that they 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 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



ACO-MS Demonstration

- Where to find RFIs on your dashboard
- How to submit corrected documentation
- How to read the Application Cycle subtab and the Participation Options Report



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Next Steps

- ✓ Submit your corrected documents and make any changes to your application (track/level, MSR/MLR, etc.).
 - Must be done by August 1, 12:00 p.m. ET (noon).
 - CMS will review your submissions from August 2 until August 21.
- ✓ On August 21, CMS will send notifications for any remaining deficiencies. This begins Phase 1, RFI-2, which goes from August 22 until September 5.
 - The process for submitting responses to deficiencies in RFI-2 is identical to RFI-1.
 - CMS will review RFI-2 from September 6 until October 6.
- ✓ Phase 1 dispositions are issued on October 18.
 - ACOs with less than 5,000 beneficiaries will not continue to Phase 2.
 - ACOs will be notified if eligible for AIPs.



QUESTION & ANSWER SESSION

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



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