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Medicare Shared Savings Program

Medicare Shared Savings Program:

Request for Information Review

Presented by:

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Performance-Based Payment Policy Group

August 26, 2014

Agenda

This presentation will cover:

- How to Review your Request for Information (RFI) Letter
- How to Review your ACO Participant List Review Letter
- How to Respond to your Not Met Requirements
- How to contact your Application Reviewer
- Open forum for questions from applicants to CMS

Shared Savings Program Website References

- Shared Savings Program Web site
  - Program News and Announcements
  - Statutes/Regulations/Guidance
  - Medicare Data to Calculate Your Primary Service Areas
  - Shared Savings Program Application
  - Quality Measures and Performance Standards
  - Shared Savings Program ACO Agreement
  - CMS Regional Office Contacts for ACOs
  - Frequently Asked Questions

Information from Previous Calls

Shared Savings Program Teleconferences and Events Web page

- Medicare Shared Savings Program Application Process National Provider Call: Preparing to Apply – April 8, 2014
- Medicare Shared Savings Program Application Process National Provider Call: Tips on Completing a Successful Application – April 22, 2014
- Medicare Shared Savings Program Application Process National Provider Call: Application Review – June 10, 2014
- Medicare Shared Savings Program Application Submission Call: Training on the Health Plan Management System – July 8, 2014
- Medicare Shared Savings Program Application Submission Call – Question and Answer Session - July 15, 2014

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How to Review your Request for Information Letter

- On Friday, August 22 2014, the ACO Executive and the primary and secondary application contacts received an RFI via email from CMS for any areas in the application that may have deficiencies.
- The RFI provides you with the Question number, the issue and how to correct your response.
- The RFI also contains the name and contact information for the Application Reviewer in assigned to your ACO's application.
- Each RFI will provide you with information regarding the deficiencies in your application as well as the deadline by which responses are required.

Most Common Reasons for an RFI

- The fiduciary duty requirement (e.g. If you are using an existing legal entity as the ACO legal entity, each practice represented by that legal entity must agree to become an ACO participant and each Medicare enrolled provider or supplier within the practice must agree to become an ACO provider/supplier).
- ACO Participant Agreements: review requirements, tips & hints
- Narratives – all questions must be answered completely (e.g. Shared Savings Narrative: 1) how you intend to share savings or reinvest in infrastructure 2) the percentage you intend to distribute to each category, including criteria used to distribute payments, 3) describe how the plan will achieve the specific goals of the Shared Savings Program and the three-part aim).
- Organizational chart issues

Reviewing Your ACO Participant List Review Letter

Presented by:
Brian Macilvain
RTI International

Annual Application Prescreening Overview

- ACO Participant List is screened to:
  - Verify that ACO has at least 5,000 assigned beneficiaries in each of the 3 benchmark years
  - Verify ACO participants meet program requirements:
    - TIN is enrolled in Medicare
    - Information matches Medicare enrollment information
    - TIN is approved to bill Medicare
    - TIN is not participating in another Medicare initiative involving shared savings
  - Screen the ACO participants and ACO providers/suppliers for program integrity history

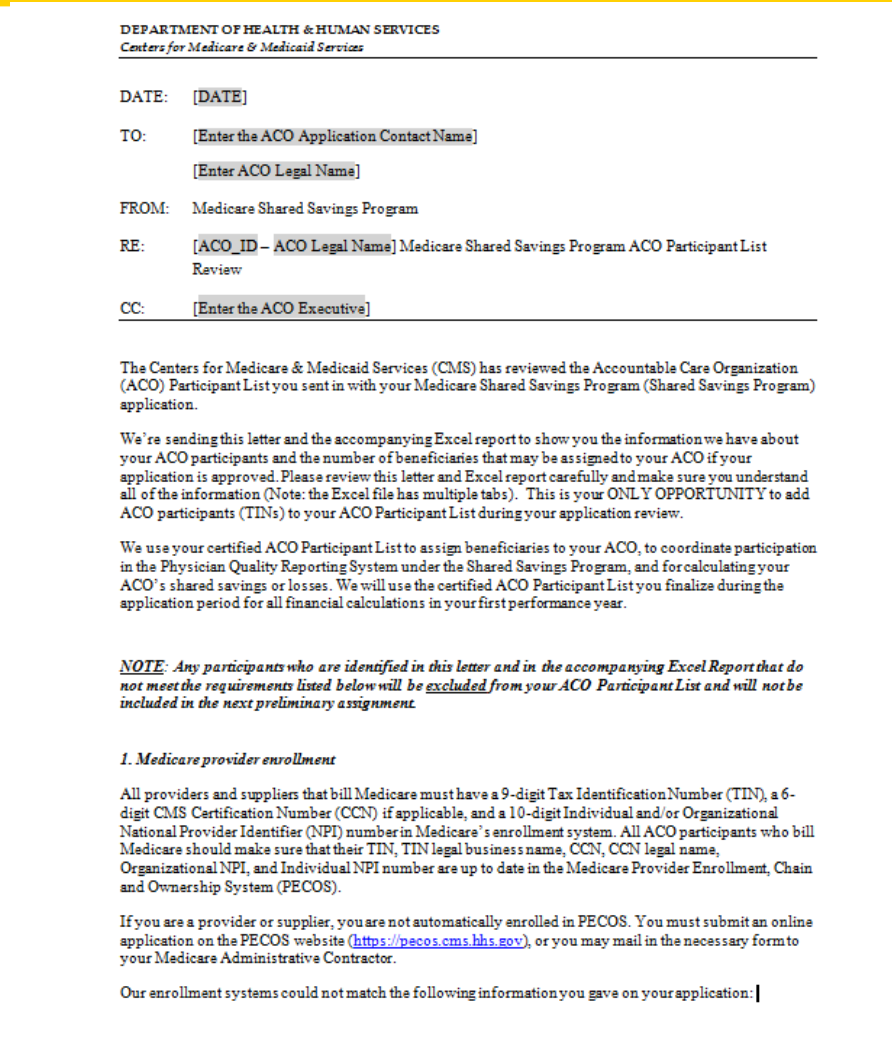
Reviewing your ACO Participant List Review Letter

- How to read the ACO Participant List Excel report
- Common issues with application ACO Participant Lists:

1. TIN name mismatches, TINs not Medicare enrolled, TINs with primary care claims
2. TIN overlap with other shared savings initiatives or other Shared Savings Program ACOs
3. Low assigned beneficiary count

Reviewing your ACO Participant List Review Letter

- The first page of your Letter gives an overview of the information you received



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

DATE: [DATE]

TO: [Enter the ACO Application Contact Name]
[Enter ACO Legal Name]

FROM: Medicare Shared Savings Program

RE: [ACO_ID – ACO Legal Name] Medicare Shared Savings Program ACO Participant List Review

CC: [Enter the ACO Executive]

The Centers for Medicare & Medicaid Services (CMS) has reviewed the Accountable Care Organization (ACO) Participant List you sent in with your Medicare Shared Savings Program (Shared Savings Program) application.

We're sending this letter and the accompanying Excel report to show you the information we have about your ACO participants and the number of beneficiaries that may be assigned to your ACO if your application is approved. Please review this letter and Excel report carefully and make sure you understand all of the information (Note: the Excel file has multiple tabs). This is your ONLY OPPORTUNITY to add ACO participants (TINs) to your ACO Participant List during your application review.

We use your certified ACO Participant List to assign beneficiaries to your ACO, to coordinate participation in the Physician Quality Reporting System under the Shared Savings Program, and for calculating your ACO's shared savings or losses. We will use the certified ACO Participant List you finalize during the application period for all financial calculations in your first performance year.

***NOTE**: Any participants who are identified in this letter and in the accompanying Excel Report that do not meet the requirements listed below will be excluded from your ACO Participant List and will not be included in the next preliminary assignment.*

1. Medicare provider enrollment

All providers and suppliers that bill Medicare must have a 9-digit Tax Identification Number (TIN), a 6-digit CMS Certification Number (CCN) if applicable, and a 10-digit Individual and/or Organizational National Provider Identifier (NPI) number in Medicare's enrollment system. All ACO participants who bill Medicare should make sure that their TIN, TIN legal business name, CCN, CCN legal name, Organizational NPI, and Individual NPI number are up to date in the Medicare Provider Enrollment, Chain and Ownership System (PECOS).

If you are a provider or supplier, you are not automatically enrolled in PECOS. You must submit an online application on the PECOS website (https://pecos.cms.hhs.gov), or you may mail in the necessary form to your Medicare Administrative Contractor.

Our enrollment systems could not match the following information you gave on your application:

Reviewing your ACO Participant List Review Letter

- The subsequent pages of your letter identifies issues with your submission and indicates where to find details about the specific identifiers in the accompanying Excel report

Issue	What we found	Location in Excel report	What you need to do
TIN Legal Business Name	1 TIN legal business name(s) could not be matched in Medicare enrollment systems	Table 1 Column O; indicated by "0", *and* Table 2.	Make sure the TIN is correct (no digits transposed, etc.). If the TIN you gave is correct, update either the ACO Participant List or PECOS to show the correct legal business name.
CMS Certification Number (CCN)	1 CCN(s) could not be matched in Medicare enrollment systems	Table 1 Column S; indicated by "0".	Make sure the CCN is correct (no digits transposed, etc.). If the CCN you supplied is correct, notify the provider that it must enroll with Medicare.
Individual NPI	1 Individual NPI(s) could not be matched in Medicare enrollment systems.	Table 1 Column Y; indicated by "0".	Verify that the Individual NPI is correct (no digits transposed, etc.). If the Individual NPI you supplied is correct, notify the provider that he or she must enroll with Medicare.
Individual NPI	1 Individual NPI(s) not registered as physicians.	Table 1 Column Z; indicated by "0".	Remove any non-physician NPIs associated with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).[1]
ACO participants excluded in the Medicare Exclusion Database (MED)	0 TIN(s) currently excluded. 1 NPI(s) currently excluded.	Table 4 Columns H and I; indicated by "Yes".	Remove Medicare excluded TINs and NPIs from your ACO and ACO Participant List.

[1] An applicant including Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) has attested to CMS that the associated NPIs listed on the ACO Participant List are physicians who directly provide primary care services to patients at the FQHC or RHC.

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Reviewing your ACO Participant List Review Letter

- The last page of your letter provides you with the preliminary assigned beneficiary counts

3. Estimate of assigned beneficiaries

During the application review process, we estimated the number of beneficiaries that would have been assigned to your ACO during the three benchmark years. To participate in the Shared Savings Program, **an ACO must have at least 5,000 assigned beneficiaries in each benchmark year**. These estimates are subject to change based on corrections made to your ACO Participant List and upon final retrospective assignment for the benchmark years if your application is approved.

We based these initial estimates on the ACO participants you submitted in your application. We excluded any ACO participants TINs/CCNs who are not eligible to participate in your ACO because they are currently participating with another Medicare initiative involving shared savings, as well as all Individual NPIs identified as non-physicians:

- Estimated assigned beneficiaries in 2012: <<nn>>
- Estimated assigned beneficiaries in 2013: <<nn>>
- Estimated assigned beneficiaries in 2014[1]: <<nn>>

Your next steps

- You have the opportunity to update and resubmit your ACO Participant List by the due date listed in the cover email. This is your ONLY OPPORTUNITY to add ACO participants (TINs) to your ACO Participant List during your application review.
- You are not required to resubmit your ACO Participant List if you do not have updates to make.
- If you resubmit the ACO Participant List, use the original template given in the application. Do not attempt to update and upload the Excel file we gave with this letter.

After the resubmission due date, CMS will perform the same screening checks and assigned beneficiary estimate to determine whether your ACO Participant List meets program requirements.

(Ctrl)

[1] To estimate the number of assigned beneficiaries in 2014, we used dates of service between July 1, 2013 and June 30, 2014 with claims run-out as available.

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Reading the ACO Participant List Excel Report

- Enrollment TIN submitted
- Name Mismatch in PECOS
- No Primary Care Claims Found

Medicare Enrolled TIN Flag	Medicare Enrollment TIN (SSN) Flag	Medicare Billing TIN (EIN) Flag	TIN Name Match Flag	TIN Primary Care Claims Flag 2012	TIN Primary Care Claims Flag 2013	TIN Primary Care Claims Flag 2014[1]
Flag indicates the TIN was matched in PECOS (1 = found, 0 = not found)	Flag indicates the TIN exists in PECOS as an Enrollment TIN (1 = Enrollment TIN, 0 = not Enrollment TIN)	Flag indicates the TIN exists in PECOS as a Billing TIN (1 = Billing TIN, 0 = not Billing TIN)	Flag indicates the TIN legal name matched the name found in PECOS (1= match, 0= no match)	Flag indicates the TIN billed primary care khservices in 2012 (1 = billed primary care services, 0 = did not bill primary care services)	Flag indicates the TIN billed primary care services in 2013 (1 = billed primary care services, 0 = did not bill primary care services)	Flag indicates the TIN billed primary care services in 2014 (1 = billed primary care services, 0 = did not bill primary care services)
1	1	0	0	0	0	0

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Reading the ACO Participant List Excel Report - Overlap

TIN included in another MSSP ACO Application	CCN included in another MSSP ACO Application	TIN pending approval for a currently active ACO	CCN pending approval for a currently active ACO
Flag indicates the TIN is in another ACO application (1=no, 0=yes)	Flag indicates the CCN is in another ACO application (1=no, 0=yes)	Flag indicates the TIN is pending approval for a currently active ACO (1=no, 0=yes)	Flag indicates the CCN is pending approval for a currently active ACO (1=no, 0=yes)
0	1	1	1

TIN Belongs to the following Shared Savings Program					CCN Belongs to the following Shared Savings Program				
SSP Code (1)	SSP Code (2)	SSP Code (3)	SSP Code (4)	SSP Code (5)	SSP Code (1)	SSP Code (2)	SSP Code (3)	SSP Code (4)	SSP Code (5)
07									

Applicant MSSP ACO Name (if a TIN or CCN is overlapping with another MSSP ACO Applicant)	MSSP ACO Name (if a TIN or CCN is overlapping with a currently active MSSP ACO)	Pioneer Name	Pioneer Contact Name	Pioneer Contact Email	Pioneer Contact Phone
Applicant Example		Pioneer Example	Sample Name	sample@emailaddress.com	555 555 5555

Reading the ACO Participant List Excel Report

- Tables 2 & 3 contain information about Name Mismatches

Table 2: TINs found in PECOS with no exact match on the TIN Legal Business Name			
ACO ID	**TIN**	**Submitted TIN Legal Business Name**	**PECOS TIN Legal Business Name**
A9999	123456789	Dr Example	Example Hospital System

Table 3: CCNs found in PECOS with no exact match on the TIN Legal Business Name			
ACO ID	**CCN**	**Submitted CCN Legal Business Name**	**PECOS CCN Legal Business Name**
A9999	123456	Example Name	Example Name Hospital

Reading the ACO Participant List Excel Report

- Tables 5 and 6 contain information about Billing/Enrollment Issues

Table 5: Enrollment TINs (SSNs) found in PECOS with at least one associated Billing TIN (EIN)	
ACO ID	**Enrollment TIN submitted by ACO Applicant**
A9999	121212121

Table 6: Billing TINs (EINs) found in PECOS with associated Enrollment TIN (SSN)			
ACO ID	**Billing TIN submitted by ACO Applicant**	**Associated Enrollment TIN**	**Associated Enrollment TIN Legal Business Name**
A9999	123456789	987654321	Example Billing Name

Reviewing your ACO Participant List Review Letter

Common reasons for lower than expected beneficiary count

1. Overlapping TINs were removed from assignment

2. Incorrect TIN provided (check that TIN had primary care services during the last three years).

3. Not all Medicare patients seen by your ACO participants will be assigned. A beneficiary must be eligible in all three benchmark years and must receive the plurality of care from the ACO.

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Beneficiary Assignment

Presented by:
Walter Adamache
RTI International

ACO Beneficiary Assignment

- Preliminary prospective assignment with final retrospective beneficiary assignment
- An ACO needs to have at least 5,000 preliminarily assigned beneficiaries in order to be in the Shared Savings Program in each of the three years preceding the start of the agreement period (2012, 2013, 2014).
- A beneficiary assigned in one year of the program may or may not be assigned to the same ACO in the following or preceding years.

ACO Beneficiary Assignment continued

- We use claims submitted to Medicare for primary care services in the assignment process.

- We use information you provide to us on the ACO Participant List to determine which claims to attribute to your ACO.

ACO Assignment Data Requirements

- List of ACO participants
- Names and identifiers (Taxpayer Identification Numbers [TIN], CMS Certification Numbers [CCN], and National Provider Identifier [NPI])
- Identifiers are needed to identify claims submitted by the ACOs
- Identifiers are verified using PECOS and other CMS data systems

ACO Assignment: Individual Provider Types

- Primary Care Physicians (PCP)
  - Internal Medicine
  - Family Practice
  - General Practice
  - Geriatric Medicine
- Other physicians (M.D., D.O.)
- ACO Professionals include both of the above types of physicians plus:
  - Nurse Practitioners (NP)
  - Clinical Nurse Specialist (CNS)
  - Physician Assistant (PA)

ACO Assignment: Provider Types, (cont.)

- Physician practices
- Federally Qualified Health Centers (FQHC)
- Rural Health Clinics (RHC)
- Method II Critical Access Hospitals (CAH)
- Electing Teaching Amendment hospitals (ETA)

ACO Assignment: Definition of Primary Care Services

- Evaluation & Management Services provided at:
  - Office or Other Outpatient settings (CPT 99201 – 99215)
  - Nursing Facility Care settings (CPT 99304 - 99318)
  - Domiciliary, Rest Home, or Custodial Care settings (CPT 99324 - 99340)
  - Home Services (CPT 99341-99350)
- Wellness Visits (HCPCS G0402, G0438, G0439)
- Clinic visits at RHC/FQHCs or by their providers in selected settings (UB revenue center codes 0521, 0522, 0524, 0525)

ACO Assignment: Beneficiary Eligibility

A beneficiary is eligible to be assigned to an ACO if the following criteria are satisfied during the assignment period:

- Beneficiary must have a record of Medicare enrollment
- Beneficiary must have at least one month of Part A and Part B enrollment, and cannot have any months of only Part A or Part B
- Beneficiary cannot have any months of Medicare group (private) health plan enrollment
- Beneficiary must reside in the United States including Puerto Rico & Territories
- Beneficiary must have a primary care service with a physician at the ACO

Assignment of a Beneficiary to an ACO

- If a beneficiary meets the eligibility criteria, the beneficiary is assigned to an ACO using a two-step process.

Assignment Policy Step 1

We'll assign a beneficiary to a participating ACO when the beneficiary has at least one primary care service furnished by a primary care physician at the participating ACO, and more primary care services (measured by Medicare allowed charges) furnished by primary care physicians at the participating ACO than from primary care physicians at any other Shared Savings Program ACO or non-ACO individual or group taxpayer identification number (TIN).

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Assignment of a Beneficiary to an ACO, (cont.)

Assignment Policy Step 2

This step applies only for beneficiaries who haven't gotten any primary care services from a primary care physician. We will assign the beneficiary to the participating ACO in this step if the beneficiary got at least 1 primary care service from a physician at the participating ACO, and more primary care services (measured by Medicare allowed charges) from ACO professionals (physician regardless of specialty, nurse practitioner, physician assistant or clinical nurse specialist) at a participating ACO than from any other ACO or non-ACO individual or group TIN.

ACO Assignment: Notes for Following Examples

- Organizational ID
  - Is the A# for each ACO—all TINs and CCNs on an ACO's Participant List are associated with the ACO's A#
  - TIN or CCN for non-ACO practices and providers
- For each beneficiary assignment example, the top row indicates the ACO or non-ACO provider to which the beneficiary was assigned.

ACO Assignment Example 1

Beneficiary	Organization ID	Allowed Charges for Primary Care Services: PCP	Allowed Charges for Primary Care Services: ACO Professional
A1	A9999	$454	$654
A1	555555555	$300	$1,900

- Beneficiary A1 is assigned to ACO A9999 because A9999 had the highest allowed charges for primary care services provided by a primary care physician ($454) even though two other non-ACO practices had higher allowed charges provided by ACO professionals.

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ACO Assignment Example 2

		Allowed Charges for Primary Care Services	
Beneficiary	Organization ID	PCP	ACO Professional
B3	333333333	$1,200	$1,250
B3	A5656	$800	$800
B3	A9999	$600	$700

•Beneficiary B3 is assigned to a non-ACO provider (333333333) because it had the highest allowed charges for primary care services provided by a primary care physician ($1,200).

ACO Assignment Example 3

Beneficiary	Organization ID	Allowed Charges for Primary Care Services: PCP	Allowed Charges for Primary Care Services: ACO Professional
A3	A9999	$0	$300
A3	555555555	$0	$250
A3	333333333	$0	$200

•Beneficiary A3 did not receive any primary care services from a primary care physician. So A3 is assigned to ACO A9999 on the basis of the highest allowed charges for primary care services provided by ACO professionals ($300).

Assigned Beneficiaries for Three Typical ACOs

	ACO 1	ACO 2	ACO 3
Beneficiaries provided at least one primary care service by a physician in this ACO (beneficiaries assignable to this ACO)	11,839	28,127	24,297
Assigned Beneficiaries	7,570	10,245	16,588
Excluded Beneficiaries	4,269	17,882	7,709
ACO did not provide a plurality of primary care services	4,008	17,211	6,703
At least one month of Part A-only or Part B-only coverage	93	284	810
At least one month in a group health plan	241	986	619
At least one month of non-US residence	1	2	6
Included in other shared savings initiatives	17	2	12

ACO Professionals Affiliated with the Three Typical ACOs

Type of ACO Professional	ACO 1	ACO 2	ACO 3
Primary care physicians	65	188	244
Other specialist physicians (e.g., cardiologists)	81	193	182
PAs, NPs, Clinical Nurse Specialists	22	107	10

Assigned Beneficiaries for Three ACOs that did not Achieve the 5,000 Threshold

	ACO A	ACO B	ACO C
Beneficiaries provided at least one primary care service by a physician in this ACO (beneficiaries assignable to this ACO)	7,064	8,486	14,130
Assigned Beneficiaries	4,817	4,720	4,452
Excluded Beneficiaries	2,247	3,766	9,678
ACO did not provide A plurality of primary care services	2,004	3,413	9,187
At least one month of Part A-only or Part B-only coverage	99	59	608
At least one month in a group health plan	198	480	368
At least one month of non-US residence	4	2	4
Included in other shared savings initiatives	16	27	5

ACO Professionals Affiliated with the Three ACOs that did not Achieve the 5,000 Threshold

Type of ACO Professional	ACO 1	ACO 2	ACO 3
Primary care physicians	26	33	33
Other specialist physicians (e.g., cardiologists)	16	3	43
PAs, NPs, Clinical Nurse Specialists	8	4	4

How to Respond to your "Not Met" Requirements

Presented by:
Karmin Jones
Centers for Medicare & Medicaid Services
Division of Application, Compliance & Outreach

Responding to Your "Not Met" Requirements

- You must submit corrections through HPMS.
- Each revision to your supporting documentation must be uploaded in the appropriate upload section.
- Your ACO Participant List must be uploaded in the Participant List upload section. We will not accept uploads of this file in any other section in HPMS.
- After submitting your response in HPMS, you must click NEXT, review your response, then click SUBMIT in order for HPMS to accept and record your information.
- You must resolve any issues associated with RFI 1 by Monday, September 8, 2014 at 8pm Eastern Time.
- Failure to respond completely and timely may result in application denial.

Contacting Your Application Reviewer

- Your RFI provided you with the name and contact information for your Application Reviewer.
- We suggest that you contact your Application Reviewer via email at acoappreview@lmi.org
- In all correspondence with your Reviewer, you **must** include in the subject line of your email you ACO ID, and the question number(s) you are referencing from your application.
- Be sure to include all of your applicable contact information, including phone numbers, in the body of your email.

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Question & Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

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Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

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