



Medicare Shared Savings Program



*Medicare Shared Savings
Program:
How to Respond to the Second
Request for Information*

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CMS

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Agenda

This presentation will cover:

- How to Review your Request for Information (RFI) 2 Letter
- RFI-2 issues related to ACO Participant List
- RFI -2 issues related to Governance Structure and ACO Participant Agreements
- RFI-2 issues related to other areas of the 2015 application
- How to respond to Not Met requirements
- Application withdrawal process
- How to contact your Application Reviewer
- Open forum for questions from applicants to CMS

Shared Savings Program Web site 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

Upcoming Key Dates for the 2015 Application Cycle

Deliverable	Deadline
Response to CMS for RFI-2	10/17/2014, 8:00pm Eastern Time
Response to CMS for Final RFI <i>(May only address deficiencies in the application not related to the ACO Participant List.)</i>	November 2014
2015 Application Decision	Fall 2014

How to Review your RFI-2 Letter

- On Friday, October 3, 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 it.
- The RFI also contains the name and contact information for the Application Reviewer 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.
- See separate email sent to you from ACOSecure@cms.hhs.gov for more information about your ACO Participant List. *NOTE: You may not add or change TINs on your ACO Participant List.*

RFI-2 Issues: ACO Participant List Issues that may be Resolved

1. TIN legal business name can be corrected on the ACO Participant List.
2. TIN has not billed Medicare for any Primary Care Services – *this will not cause the TIN to fail, but may highlight possible issues with the record.*
3. ACO did not submit a valid ACO Participant Agreement for each ACO Participant TIN listed.

RFI-2 Issues: ACO Participant List Issues that Require TIN Drop

1. TIN is not Medicare enrolled: *EXCEPTION – Merged/Acquired TINs.*
2. Only Billing TIN submitted without corresponding Enrollment TIN (for sole proprietors).
3. TIN is already participating with another shared savings initiative.
4. NPI's included on the ACO Participant List (relevant FQHC and RHC CCNs) who are not physicians.

RFI-2 Issues: Incorrect TIN Information

What should I do if CMS flags one of my ACO participant TINs with Medicare enrollment issues (i.e. incorrect TIN legal name, TIN not Medicare enrolled)?

- Read the instructions in the letter carefully.
- If the TIN information does not match our records in PECOS, ask the owner or credentialing manager of the TIN to ensure the TIN's PECOS enrollment is up-to-date and accurate.
- If an ACO participant's legal business name is incorrect in PECOS, refer to our [ACO Participant Agreement Guidance](#) and [ACO Participant List Guidance for Applicants](#) at Section 6.0 (*What to do if your ACO Participant is denied because we can't find it in PECOS, overlap or a legal business name mismatch*) . This guidance is found on our Web site or follow the link [here](#) for instructions.

RFI-2 Issues: TIN has not Billed Medicare for Primary Care Services

What should I do if CMS cannot identify claims billed by one of my ACO participant TINs in the benchmark years?

- Read the instructions in the letter carefully.
- If you think this finding is an error, ask the ACO participant to confirm that they billed Medicare for primary care services* during the benchmark years using that exact 9-digit TIN.
 - Hint: you could ask the ACO participant to pull a claim for a primary care service to confirm which TIN they used to bill Medicare, or have the ACO participant contact their Medicare Administrative Contractor (MAC).

*For a definition of primary care services, see Table 1 in our Financial and Assignment Specifications : <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Financial-and-Assignment-Specifications.html>

RFI-2 Issues: Beneficiary Assignment

Which TINs were excluded from the assignment algorithm?

- Refer to your ACO Participant List Report from August 22, 2014
- Examples include:
 - TINs that are overlapping with another ACO in the Shared Savings Program
 - TINs that do not bill for primary care services, etc.
 - TINs that are not Medicare Enrolled
 - TINs that are not approved to bill Medicare
 - Billing TINs that do not have the correct corresponding Enrollment TIN on the Participant List (sole proprietors).
 - *TINs with a incorrect name match in PECOS were included in this preliminary Assignment run but will not be included in the final beneficiary assignment.*
 - NPIs were not included on the Attestation list for FQHCs and RHCs if the NPI was not identified as a physician.

Which TINs were included in the assignment algorithm?

- All TINs were included with the exception of TINs identified on your ACO Participant List Report as having one of the issues listed above

RFI-2 Issues: Final ACO Participant List

The following records will be removed from your final Participant List:

- TINs or CCNs that are overlapping with another ACO or Shared Savings Program
 - *Unless they have zero (0) primary care claims in the last three (3) years*
- TINs, CCNs, NPIs that are not Medicare Enrolled
- TINs, CCNs, NPIs that are not approved to bill Medicare
- Billing TINs that do not have the correct corresponding Enrollment TIN on the Participant List (sole proprietors)

RFI-2 Issues: Governance and ACO Participant Agreements

- 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: (e.g. the agreement must be between the ACO and ACO Participant as it appears on the ACO Participant List) Refer to our ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants found on our Web site for more information.
- Legal business name : must match exactly on the ACO Agreement **and** the ACO Participant List.
- Organizational chart issues:
 - Independent identifiable governing body
 - Adequate representation on the governing body by the ACO Participant

RFI-2 Issues: General

- **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).
- **Banking Form CMS 588** - applicants must include their ACO ID number on the form.
- **Contacts** – confirm that all are correct and complete. Please note that some contacts were optional at the time application but required upon CMS approval. REMINDER: All ESM Designee contact information must be updated with their corresponding CMS User IDs.

How to Respond to Not Met Requirements

- You must access HPMS in order to correct all deficiencies.
- When updating materials, be sure to upload full and complete documents; do not upload only portions of documents.
- After providing the necessary information in HPMS, you must click 'NEXT', to confirm your entry, and click 'SUBMIT' in order for HPMS to accept and record your response.
- You must resolve any issues associated with RFI 2 by **Friday, October 17, 2014 at 8:00 p.m. ET.**
- Failure to respond timely may result in a denial of your application.

NOTE:

You may not add or change TINs to your ACO Participant List. You may only delete TINs or change the legal business name, if applicable.



Withdrawing Your Application

If you wish to withdraw a pending application, follow the directions found in our Section 6 of our 2015 Application Reference Manual.

You must submit a written request **prior to the date that approved ACO agreements are due back to CMS**. Send the withdrawal request via email to: SSPACO_Applications@cms.hhs.gov.

Include your ACO ID, ACO's LBN and "Withdraw Application" on subject line.

The following information **MUST** be included in the body of the letter:

- Your ACO ID, ACO LBN and your intention to withdraw the application
- Attach a pdf letter to the email including the ACO ID, ACO LBN and the reason you are withdrawing your application
- The pdf letter **MUST** be on ACO letterhead and signed by the ACO Executive or Authorized to Sign contact. Include the signatories contact information (phone number and email address).

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.

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.

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>