

## **Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model**

**Moderator: Leah Nguyen**

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### Podcast 2 of 4: Medicare Shared Savings Program Application Process

Leah Nguyen: Welcome to the second of four podcasts from the Medicare Shared Savings Program: Application Process and Overview of the Advance Payment Model Application National Provider Call. This educational call was hosted by the CMS Provider Communications Group within the Center for Medicare on Tuesday, November 15, 2011.

In this second podcast, Tricia Rodgers, Acting Deputy Director of the Performance-Based Payment Policy Staff at CMS, gives a brief overview of Accountable Care Organizations and reviews the Medicare Shared Savings Program application process.

### **The Medicare Shared Savings Program Application Process**

Leah Nguyen: Thank you, Dr. Berwick. At this time I would like to introduce Tricia Rodgers, Acting Deputy Director of the Performance-Based Payment Policy Staff here at CMS, who will cover the Medicare Shared Savings Program application process.

Tricia Rodgers: Thanks, Leah. Good afternoon to all of you, and thank you for joining us for the call. This presentation is aimed at providers who are interested in participating in the Medicare Shared Savings Program Accountable Care Organizations. Today we will give you a brief background of Accountable Care Organizations, or ACOs, the various initiatives we have here at CMS, as well as specific information regarding the Shared Savings Program and the Advance Payment Initiative application process and key dates.

We will go step-by-step with you through the process, which begins with accessing the Notice of Intent to Apply on the Shared Savings Program website in order to obtain an ACO identification number and a CMS user ID. We will provide information to help you fill out and submit your Medicare Shared Savings Program application, and we will go over the acceptance or denial process. Lastly, Kelly Hall will review the Advance Payment Model application process.

The concept of ACOs grew out of the Dartmouth Atlas Project work on geographic variations in cost and quality. Doctors Elliott Fisher of Dartmouth and Mark McClellan of Brookings have written extensively about the ACO model as a means of improving quality and decreasing costs. During the development of health care reform, Congress drew from these experts as well as the Physician Group Practice Demonstration project here at CMS. This work established the foundation for the Medicare Share Savings Program and indeed ACOs.

In October 2011 we issued our final rule on the Medicare Shared Savings Program, which added to the menu of options for providers looking to better coordinate care for patients. Anyone who has been involved in our health care system, whether as a provider, a patient, or a family member of a patient, knows that our health care system is fragmented. It has developed in pieces—hospitals, clinical practices, home health care, etc.—without conscious or well-designed connections among those pieces.

Fragmentation of payment, especially of Fee-For-Service payment, reinforces this fragmented care. ACOs are a new approach to the delivery of health care aimed at reducing fragmentation, improving population health, and lowering the overall growth in health care costs. As shown on slide 4, ACOs are designed to meet these goals by:

- Promoting accountability for the care of Medicare Fee-For-Service beneficiaries
- Improving coordination of services provided under Medicare Parts A and B, and

- Encouraging investment in infrastructure and redesigned care processes.

While many providers are embracing these changes, the process of establishing the program will take time. As noted on slide 5, many Medicare provider organizations throughout the country are in various transitional phases. In order to facilitate a move toward participating in ACOs, CMS has developed several initiatives that meet providers at their level of readiness, including the Shared Savings Program, the Advance Payment Initiative, the Pioneer ACO Model, and the ACO Accelerated Development Learning Sessions. Information on these initiatives is available on our Web site at [www.cms.gov/sharedsavingsprogram](http://www.cms.gov/sharedsavingsprogram) and at [www.innovations.cms.gov](http://www.innovations.cms.gov).

Slide 6 describes the origins of the Medicare Shared Savings Program. The Shared Savings Program was enacted by Congress through section 1899 of the Social Security Act and amended by section 3022 of the Affordable Care Act. The final rule addressed over 1,300 comments, went on display in the Federal Register on October 20 of this year, and was published on November 2.

This final rule established the Medicare Shared Savings Program for Accountable Care Organizations. The Medicare Shared Savings Program is a voluntary program for health care providers that agree to become accountable for the quality, cost, and overall care of Medicare beneficiaries in the traditional Fee-For-Service program. By focusing on the needs of patients and linking payment rewards to outcomes, the program's goals are to improve the health of individuals and communities while lowering the growth in costs.

ACOs may accomplish this by carefully coordinating patient care in order to eliminate duplication, medical errors, and mismanagement. Ultimately, we believe that changes in infrastructure and redesigning care will increase our beneficiaries' quality of care while also reducing time and cost.

We will now walk through the Medicare Shared Savings Program application process with you, beginning with the Notice of Intent to Apply through receiving your denial or acceptance letter. Slide 8 gives the key dates for the Shared Savings Program application cycles for both the April 1 and July 1

start dates. As you can see, this is an ambitious schedule. I will walk through each section of the process in subsequent slides, but these are the deadlines for each step in the application process.

This month we posted the Notice of Intent to Apply, or NOI, and the Medicare Shared Savings Program application on our CMS Web site. NOIs are currently being accepted through January 6, 2012, for an April 1 start date, and now through February 17 for a July 1 start date.

After the NOI is received we will send you an e-mail with instructions on how to apply for a CMS User ID. We are accepting these forms until January 12 for an April 1 start date, and until February 23 for a July 1 start date.

As soon as you receive your CMS User ID you may begin working on your application. We will begin accepting applications on December 1 and continue through 5:00 p.m. eastern standard time on January 20, 2012, for an April 1 start date, and from March 1 through March 30, 2012, for a July 1 start date. Approval or denial e-mails will be sent by March 16 for an April 1 start date, and by May 31 for a July 1 start date.

If your application is denied and you would like a reconsideration review, the review deadline is March 23 for April 1, and June 15 for a July 1 start date. It is important to note that if you cannot complete a requirement by a specified date, you must wait until the next cycle to apply.

Now let's get to the application process. On slide 10, the first step in the application process is the Notice to Intent to Apply, or NOI. Submitting an NOI does not require you to submit an application, but you must complete the NOI process to receive an ACO Identification Number. The ACO ID is required throughout the application process.

On slide 11: Once you are on the Shared Savings Program website, scroll down to the Downloads section. Click on the link called "ACO NOI Memo – Application," and on page 2 of the memo, click on the link in the first paragraph, "How to Submit a Notice of Intent to Apply." This will take you to the online web form at the Vovici website. Fill out all eight questions and

click “submit survey” to complete your Notice of Intent to Apply, indicating your interest in participating in the Shared Savings Program.

You will receive an e-mail acknowledgment containing your ACO ID number and instructions on how to request a CMS User ID. We are only accepting these NOI applications electronically, and although you have until 5:00 p.m. Eastern Standard time on January 6 to submit an NOI for an April 1 program start date, we encourage you to complete the NOI process as soon as possible.

Slide 12: After you receive your NOI acknowledgment letter via e-mail, your next step is to obtain a CMS User ID. As noted on your NOI acknowledgment notification, you will need to download the CMS access request form at [www.cms.gov/InformationSecurity/Downloads/EUAaccessform.pdf](http://www.cms.gov/InformationSecurity/Downloads/EUAaccessform.pdf).

I am going to walk through the specific instructions on filling out the CMS user ID application, and we will also post these instructions on our Shared Savings Program Web site for your reference. We are requesting each pending ACO to submit up to three applications for a CMS User ID. This should include two information technology contacts, and if the person who will enter the electronic application for the Medicare Shared Savings Program is different from the information technology contact, please submit an additional application for a CMS User ID for this person.

In section 1, select “NEW (Issue a CMS UserID).” In section 2, select the third checkbox, “Medicare Advantage/Medicare Advantage with Prescription Drug/ Prescription Drug Plan/Cost Contracts - Using Other Systems.” Enter your information in the following fields only: your first name, middle initial, and last name; the company or organization or department name; the mailing address; the city, state, and zip code; and the phone number and e-mail addresses.

In section 3, enter your ACO ID. It will begin with the letter A, followed by four digits under “Contract Number(s).” In section 4, select the third “Connect” checkbox and write “HPMS\_P\_Comm1User”. The textbox will not accept all the typed characters, so we are requesting that you hand write the job code.

In section 5, enter “I request a CMS user ID to access the Medicare Shared Savings Program ACO application.” On page 3, enter the requested information—name, Social Security Number, and date of birth. Print the form, sign and date it, and send it to CMS via tracked mail as soon as possible, but no later than January 12, 2012, to begin the program on April 1.

You will send it to the Centers for Medicare & Medicaid Services, Attention: Greg Buglio, Mail Stop C4-18-13, 7500 Security Boulevard, Baltimore, Maryland 21244.

I know I went through this very quickly, but, as mentioned, we will be posting this information on the Medicare Shared Savings Program website.

Now that your Notice of Intent to Apply is complete and you’ve received your ACO ID, let’s move on to slide 13 and step 2, which is the application itself. The Medicare Shared Savings application package is available for download on the Medicare Shared Savings Program website in the Downloads section. The application package includes: the application itself; the Electronic Funds Transfer or EFT Authorization Agreement, which is known as CMS form 588 and is our Appendix A; the Participant List Template (Appendix B); the Data Use Agreement, or DUA (Appendix C); and the Application Reference Guide (Appendix D).

Slide 15 contains a screen shot of Appendix D, the Application Reference Guide. We suggest you use this reference guide as you work your way through the application. We developed the guide to help you complete each section in the application. It references the regulation citation, the page on which the citation appears in the final rule, whether supporting documentation is required, and the naming convention for files that need to be uploaded. It is an adjunct to the application for a quick reference to the final rule for each pertinent section.

Slide 16 displays the Table of Contents of the application, and you can see that the application follows the outline of the final rule. It covers the organization overview, legal requirements, governance/leadership,

participation in other Medicare initiatives involving shared savings, financial section, provider information, data sharing, the required clinical processes and patient centeredness, and the application certification.

As you make your way through the application questions, you will see that in some cases, depending on your answer, you may need to submit a narrative in addition to responding to the question. For example, on slide 17 you will see the screen shot of page 13 of the application. Here you are asked about your operations management structure. If you respond in the negative, we ask you to describe how you intend to manage the operations of the ACO, and how this alternative leadership and management structure can accomplish the ACO's mission.

The Reference Guide provides instructions on how to submit your supporting documentation. Once you complete your application, you will proceed to the Upload screen. Please combine all supporting documents into a single zip file and click the submit button on the Upload screen to complete your application.

For those submitting by tracked mail, please provide your supporting documentation on an encrypted CD or DVD to include as part of your application package. You will send a password including your ACO ID to the SSPACO\_Applications@cms.hhs.gov mailbox.

Slide 18 displays the banking information section of the application, where you are asked to submit CMS Form 588, or Appendix A. The signed CMS 588 is essential for you to get a shared savings payment. Shared savings will be deposited directly to this account. This form is due at the same time as the application, and applications are not considered complete until CMS receives it.

If you have any questions about filling out the CMS 588 Form, a tutorial is available at the Highmark Medicare Services link shown on the slide and available in Appendix A. You will submit CMS form 588 at the address noted in the application.

Moving on to slide 19: Page 17 of the application asks that you submit a list of participant Tax Identification Numbers, or TINs, and CMS Certification Numbers, or CCNs. Appendix B is the participant list instructions and templates. You must submit one participation list for each ACO. Multiple participation lists will not be accepted. Please indicate all ACO participant TINs and CCNs that are part of your ACO.

Because beneficiary assignment is based on primary care services rendered by ACO participants, each ACO participant TIN that bills Medicare for primary care services must be exclusive to a single Medicare Shared Savings Program ACO. ACO participant TINs that do not bill Medicare for primary care services may apply for participation in more than one Medicare Shared Savings Program ACO. Please note that this exclusivity requirement applies only to the Medicare Shared Savings Program and does not apply to arrangements the ACO might make in the private sector.

Slide 20 depicts Appendix C, or the Data Use Agreement. If you responded that you will request beneficiary-identifiable data and Medicare-specific data, and you are accepted into the program, you will be required to sign and return a Data Use Agreement before receiving CMS data.

After you respond to all application questions, you must certify on page 19 of the application that the information you provided is true, correct, and complete. Slide 21 depicts this question on the application. You are also agreeing that CMS will share your completed application with the Federal Trade Commission and the Department of Justice if your ACO is newly formed according to the Antitrust Policy statement definition.

Slides 22 and 23 describe the two options for submitting applications: either through tracked mail or electronically through our online automated system in the Health Plan Management System or HPMS. While we strongly encourage ACOs to submit applications through the automated system, we will accept paper submissions.

To submit an application using tracked mail such as FedEx, UPS, or certified mail, we must receive your application on or before January 20, 2012, for an

April 1 start date. Send the completed application with the original signature and supporting documents to the Centers for Medicare & Medicare Services, Attention: SSP ACO Applications, Mail Stop C5-15-12, 7500 Security Boulevard, Desk Location C4-07-01, Baltimore, Maryland 21244.

As mentioned, we strongly encourage you to submit your applications through the automated system in HPMS. Slide 23 shows how you can access the automated application through our website. Technically, you will access the system through the link provided in your CMS User ID e-mail notification, rather than going through the information provided on the slide.

The information you provided during the NOI submission will be pre-populated in the online electronic application. If you need to change any of the pre-populated information, you must request the change through the application e-mail box at [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov).

Moving on to slide 24: During your application review we may request that you submit additional information because a portion or portions of the application are incomplete. If you applied electronically, you must upload the additional information into HPMS within five days from the date of the request. If you submitted a paper application, send the additional information through the mail within five days from the date of the request. If you do not submit the information in a timely manner, we will not accept the submission and may defer your application to the following application cycle.

After we've reviewed your application and supporting documents we will send you an e-mail either accepting or denying your application by March 16, 2012, for an April 1 program start date. If you are approved, you will be asked to sign the Medicare Shared Savings Agreement, and sign and date the DUA, and return both items to CMS within five business days of the acceptance letter. April 1 start dates are due by March 23, 2012.

Slide 25: If your application is denied, you will receive an e-mail to this effect, and you will have the opportunity to request a reconsideration review. If you choose to seek a reconsideration review, we must receive your request within 15 days of the date of your denial e-mail. If you do not meet this

deadline, you will not be reconsidered for the April 1 start date. However, you may resubmit your application with supporting documents for the next cycle, which in this case begins July 1.

If you decide to withdraw your application, you follow the process described on slide 26. You must submit a written request before March 16, 2012, if you were applying for an April 1 program start date.

The request must be on your organization's letterhead and signed by your CEO. Please include the following information: your legal entity name, your ACO ID number, complete address, point of contact information, and the exact description of the nature of the withdrawal. You may submit the request either in PDF format via e-mail to [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov), or by mail to CMS, Attention: SSP ACO Applications, Mail Stop C5-15-12, 7500 Security Boulevard, Baltimore, MD 21244.

We anticipate that you will have questions throughout this process. When questions arise, please contact us as indicated on slide 27 at [SSPACO\\_Applications@cms.hhs.gov](mailto:SSPACO_Applications@cms.hhs.gov).

We would like to emphasize that it is critical to meet all deadlines in order for your application to be accepted. Any applications or supporting documents received after the scheduled times will not be considered for the current cycle.

This concludes the Medicare Shared Savings Program portion of the call. If we have time remaining at the end of the next presentation, we will accept questions. For now, I will turn it back to Leah.

Leah Nguyen: Thank you for listening to this Medicare Shared Savings Program national provider education podcast. The information in this podcast was correct as of the date it was recorded. This podcast is not a legal document. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

This document has been edited for spelling and grammatical errors.

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