Medicare Shared Savings Program Application

July 9, 2013
Presented by CMS

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

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Agenda

This presentation will cover:

- Application Submission Process
- Narratives Response Options
- User ID Guidance

Medicare Shared Savings Program Application

Karmin Jones
Performance-Based Payment Policy Group
Centers for Medicare & Medicaid Services

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2014 Application Cycle – Key Dates

Start Date	January 1, 2014
2014 applications posted on CMS Web site	June 2013
Notice of Intent to Apply (NOI) forms accepted	CLOSED
CMS User ID forms accepted	Submit immediately, if you have not already done so.
2014 applications accepted	July 1, 2013 – July 31, 2013
2014 application approval or denial decision	Fall 2013
2014 application reconsideration review deadline	Fall 2013

About the Application Process

- CMS will not process applications received after July 31, 2013 for the January 1, 2014 program start date.

- CMS will continually update the Application website with news, information, and key dates for future application cycles.

CMS

Application Package

- The complete application package includes the following documents:
  - Application
  - Toolkit:
    - Application Reference Guide
    - CMS Form 588, Electronic Funds Transfer Authorization Agreement
    - Governing Body Template
    - ACO Participant Agreement Template
    - ACO Participant List Template

- The application package is available on the Application Web site.

CMS

Narrative Response Option

- CMS added text boxes for narrative submissions in the 2014 application to make the process easier for both applicants and reviewers.
- Each question requiring a narrative response will now be typed directly into the text boxes found in HPMS.
- 4,000 character length limit for each text box.
- Do not include the following characters: greater than (>), less than (<) or semicolon (;)
- If your narrative responses exceed six sentences for Section 4 and Section 11 of the application, you have the option to submit your response as a separate upload in HPMS.

Narrative Response Option cont.

- Use the following naming convention for Section 4 and Section 11, if you choose to upload your narrative response:
- Section 4, Question 2: Axxxx_Q2_Overview_mmddyy.pdf
- Section 11, Question 36: Axxxx_Q36_QAImprov_mmddyy.pdf
- Section 11, Question 37: Axxxx_Q37_EBM _mmddyy.pdf
- Section 11, Question 38: Axxxx_Q38_BeneEngage_mmddyy.pdf
- Section 11, Question 39: Axxxx_Q39_ RptQualCost _mmddyy.pdf
- Section 11, Question 40: Axxxx_Q40_CoorCare_mmddyy.pdf

CMS User ID Guidance

- CMS User ID forms were due to CMS by June 10, 2013.
- If you have not submitted your CMS User ID request, please submit your Form CMS 20037 **immediately**.
- CMS guidance is available on the Application Web site.
- Send the completed CMS User ID form by tracked mail (e.g. FedEx) to CMS at:

  Centers for Medicare & Medicaid Services
  Attention: Adam Foltz
  Mail Stop: C4-18-13
  7500 Security Boulevard
  Baltimore, MD 21244

- If you've submitted your form, please allow 3-4 weeks to process your request.

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HPMS ACO Application Training

July 9, 2013

Adam Foltz

HPMS Team

Division of Plan Data

Key Points for Completing the ACO Application

- HPMS Homepage
- ACO Application Start Page
- User Manuals and Guides
- Basic Agreement Data
- Contact Data
- Online Application
- Attestation Data
- Order of Completion/Required Items
- Participant List Upload and Validation
- Final Submit
- Contact Information

HPMS Homepage

https://hpms.cms.gov/app/home.aspx

HPMS : Home

File Edit View Favorites Tools Help

HPMS
Health Plan Management System

ADAM FOLTZ | User Resources | Log Out | A A A
Last logged in at 3:36 PM on June 27, 2013

Plan Dashboard | Contract Management | ACO Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Cost Reports | Data Extract Facility

ACO Data
ACO Application Tracking
ACO Reports

HPMS Memos

06/21/2013 Memo re: the July 2013 payment letter.

06/21/2013 Memo re: the Part D Summary 2012 DIR Report and Detailed 2012 DIR report submission.

06/21/2013 HPMS e-mail re: an upcoming HPMS maintenance window and the State Medicaid Agency Contract submission.

06/20/2013 Memo re: 2014 requirements for coding patient residence and pharmacy service type on claims transactions.

06/20/2013 Memo re: the evaluation and development of outcome measures for quality assessment in Medicare Advantage and Special Needs Plans.

06/19/2013 Memo re: Medicare-Medicaid Plan agent and broker compensation rate adjustments and submissions for Contract Year 2014.

06/17/2013 Memo re: draft final Part C EOB model templates and implementation of the Part C EOB.

More »

Announcements

07/05/2013 Submission deadline for 2012 summary and detailed DIR.

07/01/2013 Release of the 2014 ACO application submission module.

06/28/2013 Release of the Audit Module in the new HPMS look and feel.

More »

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ

This is a U.S. Government computer system subject to Federal law.

CMS

HPMS Homepage Content

- User Resources located upper right next to user's name
  - HPMS FAQ's – self-explanatory, good first place for questions/issues with HPMS
  - User account maintenance – update your HPMS contact information

- To access the application, go to ACO Management > ACO Data

ACO Start Page

- After selecting your agreement number from the Select Agreement number screen, you will be sent to the main ACO agreement management page
- This is the page from which you navigate to the different sections that you need to complete within the ACO Module.
- “Breadcrumbs” at top (Home -> ACO Data) continue as you navigate through the module

ACO Agreement Management Page

HPMS
Health Plan Management System

Health Plan Management System
Home

Agreement Selection
Select Agreement Number

General Information
Basic Agreement Data

Contact Information
Contact Data

Documentation
ACO Module User's Manual

Top of Page
Back

Home > ACO Data

ACO Agreement Management Start Page

Agreement: Z0001
Start Date: January 1, 2014
Agreement Status: Pending

The ACO Management module supports the electronic submission and review of the ACO online application, related agreement data, and the ACO participant list.

User Manuals and Guides

- Under Documentation, you will find the ACO Module User's Manual link, which launches the guide
  - This quick reference guide provides all of the information for navigating through the ACO Application.
- **NOTE**: Download the ACO Application Tool Kit PRIOR to completing any of the ACO application. The Tool Kit contains links to instructions, templates, and other documents you will need to complete your application. We will discuss how to access the Tool Kit shortly.

ACO Agreement Management Page

HPMS
Health Plan Management System

Health Plan Management System
Home

Agreement Selection
Select Agreement Number

General Information
Basic Agreement Data

Contact Information
Contact Data

Documentation
ACO Module User's Manual

Top of Page
Back

Home > ACO Data

ACO Agreement Management Start Page

Agreement: Z0001
Start Date: January 1, 2014
Agreement Status: Pending

The ACO Management module supports the electronic submission and review of the ACO online application, related agreement data, and the ACO participant list.

Basic Agreement Data

- Notice “breadcrumbs” at top as you navigate further
- Some information is already present - imported from the NOI process
- ACO applicants cannot update the following fields, established via the NOI:
  - Medicare Shared Savings Program Track
  - Your Business Structure
  - ACO Legal Entity Name
- However, everything else is editable:
  - Street Address
  - City
  - State
  - Zip
  - Tax Status

NOTE: To change locked fields, please contact the ACO Application team at: Sspaco_Applications@cms.hhs.gov.

Basic Agreement Data Screen

HPMS
Health Plan Management System

Health Plan Management System
Home

Home * ACO Data * Basic Data Entry

Update Basic Agreement Data for Z0001

* Required fields are marked with an asterisk.

Application Type: New Medicare Shared Savings Program ACO
ACO Entity: ACO professionals in a group practice arrangement
Medicare Shared Savings Program Track: Track 1 (one-sided model: shared savings)

ACO Applicant Legal Entity Demographics

ACO Legal Entity Name: EXAMPLE CONTRACT 1
Trade Name/DBA:
ACO Web Page:
***Address 1:**
Address 2:
***City:**
***State:**
***ZIP/Postal Code:**

ACO Taxpayer Identification Number (TIN): 123456789
Note: This is the TIN established for the ACO as a legal entity. Shared savings payments are made to this TIN.

Date of Formation (MM/DD/YYYY):
Tax Status:
Your business structure: Sole Proprietorship
Beneficiary Identifiable Data Sharing Allowed:

Back Next

Go To: HPMS Home | ACO Agreement Management Start Page

Contact Data

- Required Contacts:
  - ACO Executive (Authorized Official)
  - CMS Liaison
  - Application Contact
  - IT Contact
  - Authorized to Sign
  - Public Contact

- Optional Contacts:
  - Secondary Application Contact
  - Secondary IT Contact
  - Financial Contact
  - Compliance Contact
  - Quality Contact
  - Secondary Quality Contact
  - Marketing Contact
  - Secondary Marketing Contact

NOTE: All required fields for each contact must be entered at one time. All fields marked with a red asterisk are required.

Contact Data Screen

HPMS
Health Plan Management System

Health Plan Management System
Home

Home » ACO Data » Contact Data Entry

Update Contact Data for Z0001

* Required fields are marked with an asterisk.

Organization Name: EXAMPLE CONTRACT 1

Contact Type	Contact Name	Phone/Fax/Email	Mail Address	Mail Location
ACO Executive (Authorized Official) (Required)	Prefix * First MI * Last Title	* Phone Ext. Fax * Email	* Address * City	* State * ZIP
CMS Liaison (Primary Contact) (Required)	Prefix * First MI * Last Title	* Phone Ext. Fax * Email	* Address * City	* State * ZIP
Application Contact (Primary) (Required)	Prefix * First a MI * Last b Title	* Phone 6666666666 Ext. Fax * Email test@test.com	* Address * City	* State * ZIP
Application Contact (Secondary) (Optional)	Prefix * First MI * Last Title	* Phone Ext. Fax * Email	* Address * City	* State * ZIP
IT Contact (Primary) (Required)	Prefix * First MI * Last Title	* Phone Ext. Fax * Email	* Address * City	* State * ZIP
IT Contact (Secondary) (Optional)	Prefix * First MI * Last Title	* Phone Ext. Fax * Email	* Address * City	* State * ZIP
Financial Contact (Optional)	Prefix * First	* Phone Ext.	* Address	* State * ZIP

Online Application

- From the main page, select “Submit Application Data” to get to the Online Application
- To complete the online application, the applicant must:
  - Enter Attestation Data
  - Download Application File
  - Upload Application File
  - Upload Participant List File
- Final Submit

Online Application

HPMS
Health Plan Management System

Health Plan Management System
Home

Attestation
Enter Attestation Data

Download
Download Application File

Upload
Upload Application File
Upload Participant List File

Final Submit
Final Submit Application

Top of Page
Back

Home » ACO Data » Application Home

ACO Application Management Start Page

Agreement: Z0001
Effective: January 1, 2014

You will use this module to:

- Enter Application Data (Attestation questions).
- Download Application File (One .zip file).
- Upload Application File (One .zip file).
- Upload Participant List File (One .zip file).
- Final Submit Application (Application is View Only after Final Submit).

Go To: ACO Agreement Management Start Page

Enter Attestation Data

HPMS Health Plan Management System

Health Plan Management System

Home

Home » ACO Data » Application Attestation

Enter Application Attestation Data for Z0001

Respond to all attestation questions. Please note that some questions may require the upload of additional supporting documentation.

Item #	Description	Response	Upload May Be Required (*)
	Section 2 - Tell us about your ACO's legal entity		
	Section 2 is pre-populated on the Basic Agreement and Contact screens with the information you submitted in your Notice of Intent to apply (NOI). If any information on the Basic Agreement screen is different than what is in HPMS, send an email to the application mailbox: SSPACO_Applications@cms.hhs.gov. Refer to the 'Getting Started' section of the application. • ACO Entity • Medicare Shared Savings Program Track • Applicant Legal Entity Name and address • ACO Taxpayer Identification Number (TIN) • Date of Formation • Your business structure • Tax Status • Repayment Mechanism • Contacts		
	Section 3 - Tell us if your ACO meets the Antitrust Agencies definition of newly formed		
1	**Jointly Negotiated Contracts with a private payor(s)** Is the ACO 'newly formed'? An ACO is not 'newly formed' if it is comprised solely of providers who jointly negotiated or jointly signed any contracts with a private payor(s), on or before March 23, 2010. If the ACO includes any providers who were not part of the prior joint negotiation or joint contracting, it is newly formed. If you answered **YES**, we will share a copy of your application (including all information and documents submitted with the application) with the Federal Trade Commission (FTC) and the Antitrust Division of the Department of Justice (DoJ).	◯ Yes ◯ No	

Enter Attestation Data (cont'd.)

- It is important to note that attestation answers are evaluated electronically and edits exist to ensure that conflicting answers are flagged.

  Note: Upon Final Submit, you will receive error messages if any attestation answers are in conflict with edit rules.
- One answer may be limited by another answer.
- There are a few text boxes that MUST be completed as part of the application. Uploads may be provided where textboxes aren't enough to respond to the attestation.
- Uploads are REQUIRED when an * is in the "Upload May Be Required Column"
- See examples of the above on next screen.
- ALL attestations must be completed.

Enter Attestation Data Screen Example

	Section 4 - Tell us about your ACO's legal entity		
2	Submit a narrative giving us a brief overview of your ACO's history, mission, and organization, including your ACO's affiliations.		
3	Is the ACO a recognized legal entity formed under applicable State, Federal, or Tribal law and authorized to conduct business in each State in which it operates? If you answered **YES**, you are certifying that your ACO legal entity can: a. Receive and distribute shared savings. b. Repay shared losses or other monies determined to be owed to CMS. c. Establish, report, and ensure provider compliance with health care quality criteria, including quality performance standards. d. Fulfilling other ACO functions identified in 42 CFR Part 425.	◯ Yes ◯ No	
4	Is the ACO formed among multiple, otherwise independent ACO participants? **Note:** If the ACO is formed by a subset of the TINs that participate in an organization such as an integrated health delivery system or independent physician association, we consider the ACO to be formed by multiple independent TINs. Accordingly, these entities must answer YES to this question.	◯ Yes ◯ No	
5	If you answered **YES** to question 4, do you certify that the ACO is a legal entity separate from any of the ACO participants and comprised only of ACO participants? If you answered **NO** to question 4, select N/A.	◯ Yes ◯ No ◯ N/A	
6	If you answered **NO** to question 4, the ACO is not required to have a separate legal entity. However, please indicate whether the ACO has chosen to have a legal entity separate from the single ACO participant to allow the addition of ACO participants in the future. If you answered **YES** to question 4, select N/A.	◯ Yes ◯ No ◯ N/A	
7	Do you have available all documents (e.g., charters, by-laws, articles of incorporation, etc.) that effectuate the formation and operation of the ACO?	◯ Yes ◯ No	
8	Submit your ACO's organizational chart showing the flow of responsibility. Include committees and key leadership personnel on each committee.		*

Online Application

HPMS
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Home

Attestation
Enter Attestation Data

Download
Download Application File

Upload
Upload Application File
Upload Participant List File

Final Submit
Final Submit Application

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ACO Application Management Start Page

Agreement: Z0001
Effective: January 1, 2014

You will use this module to:

- Enter Application Data (Attestation questions).
- Download Application File (One .zip file).
- Upload Application File (One .zip file).
- Upload Participant List File (One .zip file).
- Final Submit Application (Application is View Only after Final Submit).

Go To: ACO Agreement Management Start Page

Download Application File

- Click the link to download the .zip file containing the Application File or MSSP Toolkit
- The MSSP Toolkit is the central reference point for all information related to completion of the ACO Application and contains links to download all of the necessary templates for the application uploads, the participant list, and directions for completing and uploading these materials.

Application File / MSSP Toolkit

How to Complete the Application *4*
How to Complete the ACO Participant List Template *4*
How to Complete the Governing Body Template *4*
How to Complete the ACO Participation Agreement Template *5*
How to Complete the Executed Agreements Template *5*
Requests for Additional Information *5*
Request to Withdraw a Pending Application *5*
Application Determination Reconsideration Review Process *6*
Who to Contact for Assistance *6*
Helpful Links and Additional Information *6*

Forms, Templates & Supporting Documentation

- Form CMS-588 (Electronic Funds Transfer (EFT) Authorization Agreement). See help and FAQs.
- ACO Participant List Template [ZIP, 5KB]. For assistance, see How to complete Participant List Template [PDF, 424KB] and FAQs.
- Governing Body Template [ZIP, 10KB]. For assistance, see How to complete Governing Body

Online Application

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Attestation
Enter Attestation Data

Download
Download Application File

Upload
Upload Application File
Upload Participant List File

Final Submit
Final Submit Application

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Agreement: Z0001
Effective: January 1, 2014

You will use this module to:

- Enter Application Data (Attestation questions).
- Download Application File (One .zip file).
- Upload Application File (One .zip file).
- Upload Participant List File (One .zip file).
- Final Submit Application (Application is View Only after Final Submit).

Go To: ACO Agreement Management Start Page

Uploading Supporting Application Materials

- The Upload Application file is the link you will use to upload ALL supporting documentation (except for the Participant List) affiliated with your application. The Tool Kit will provide more detail on what is required.
- Use the supplied templates, via the Tool Kit, when required.
- File Naming conventions are also indicated in the Tool Kit.
- ALL supporting files (except the Participant List) must be zipped into one upload file.

NOTE: You can <u>not</u> Final Submit your application until these materials are successfully uploaded.

Uploading Supporting Application Materials

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Home » ACO Data » Application Upload

Upload Supporting Application Materials for Z0001

To ensure your application to CMS is complete, you must upload the required supporting documentation. Note that you must place ALL required supporting documents into ONE zipped file, and then upload that zipped file. For detailed guidance on submitting your supporting documentation, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

NOTE: The zipped ACO Participant List is uploaded on the Participant List Upload page.

To upload your supporting documentation, select the Browse button and choose the file to upload. You must upload a valid .zip file.

Browse...

Currently, no supporting documentation has been uploaded for your agreement number.

Back Submit

Go To: HPMS Home | ACO Application Management Start Page

Online Application

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Attestation
Enter Attestation Data

Download
Download Application File

Upload
Upload Application File
Upload Participant List File

Final Submit
Final Submit Application

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ACO Application Management Start Page

Agreement: Z0001
Effective: January 1, 2014

You will use this module to:

- Enter Application Data (Attestation questions).
- Download Application File (One .zip file).
- Upload Application File (One .zip file).
- Upload Participant List File (One .zip file).
- Final Submit Application (Application is View Only after Final Submit).

Go To: ACO Agreement Management Start Page

Participant List Completion

- Applicants MUST use the ACO Participant List link located on page one of the Application Toolkit.

- Applicants MUST follow the validation and edit rules found in the “How to complete the Participant List Template” located on page one of the Application Toolkit.

Upload Participant List File and Validation

- Download the Participant List File Excel Template.
- Complete the template in Excel.
- When completed, save the Participant List as a tab delimited (.txt.) file.
- Zip the .txt file prior to upload. Be sure to follow naming convention indicated in the Tool Kit.
- HPMS will validate your participant list according to the requirements in the "How to complete Participant List Template" (link found on page one of the Toolkit)

NOTE: You can <u>not</u> Final Submit until your participant list has been successfully validated.

Upload Participant List File and Validation

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Home * ACO Data * Application Upload

Upload Participant List for Z0001

To ensure your application to CMS is complete, you must upload the Participant List. Use the Participant List Template to enter the data, and then save as a tab-delimited text file to upload. For detailed guidance on submitting your Participant List, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

NOTE: Upload only the zipped ACO Participant List on this page.

To upload your Participant List, select the Browse button and choose the file to upload. You must upload a valid .zip file.

Browse...

Currently, no Participant List file has been uploaded for your agreement number.

Back Submit

Go To: HPMS Home | ACO Application Management Start Page

Participant List Validation

- After uploading the zipped Participant List text file, the next screen is an error report for all rows that don’t meet the validation requirements.

NOTE: All errors must be corrected to Final Submit the ACO application.

Participant List Validation Cont'd

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Health Plan Management System

Home

Home » ACO Data » Application Upload

Confirmation of Upload Participant List

The file 'Participant List 1.zip' was uploaded but failed the unload with the following validation errors.

You need to correct these errors and then upload the corrected file.

Make sure you use the Participant List Excel Template that was provided in the 'Application Toolkit' to insure you have the correct data columns when you save it as a tab-delimited file.

Line Number	Error Description
2	Line 2, column 'TIN' must be a number with 9 digits.
3	Line 3, column 'TIN' must be a number with 9 digits.
4	Line 4, column 'TIN' must be all digits (0-9).
6	Line 6, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
7	Line 7, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
8	Line 8, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
9	Line 9, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
10	Line 10, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
11	Line 11, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
12	Line 12, column 'CCN' must be alpha-numeric (0-1 or A-Z) with 6 digits.
13	Line 13, column 'CCN' must be alpha-numeric (0-1 or A-Z) with 6 digits.

Back Close

Go To: HPMS Home | ACO Application Management Start Page

Final Submit Screen

HPMS Health Plan Management System BDCTEST

Health Plan Management System

Home

Home » ACO Data » Application Final Submit

Final Submit Application Data

To ensure your application to CMS is complete, you must have answered all questions and uploaded the required supporting documentation. For detailed guidance on submitting your supporting documentation, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

Once you select the Submit button, you will not be able to modify your responses or upload additional supporting documentation.

Application Certification:

I have read the contents of this application. I certify that I am legally authorized to execute this document and to bind the ACO to comply with the applicable laws and regulations of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and provide the correct and/or complete information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the Federal Trade Commission and the Department of Justice.

Electronic submissions: By selecting the check box below, you are certifying the application.

Note: We will not process your application if this certification is not complete.

☑ I agree.

Back Submit

Go To: HPMS Home | ACO Application Management Start Page

Final Submit

- Once the attestations have been completed with no errors, additional application materials uploaded, and Participant List successfully validated, the applicant must Final Submit the entire package.

- You must check the “I Agree” checkbox (not checked by default) and click “Submit”

NOTE: If there are any issues with the validation of the Participant List or answering of the attestation questions, the next screen will be an error report of that information. **Again, these issues must be corrected in order to successfully Final Submit the entire package.**

Final Submit Errors

HPMS Health Plan Management System BDCTEST

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Final Submit Application Data

Error: For the Application Attestation data question 5 must be Yes or No if question 4 is Yes. Go to the Enter Attestation Data link to complete the required data entry.
Error: For the Application Attestation data question 6 must be N/A if question 4 is Yes. Go to the Enter Attestation Data link to complete the required data entry.
Error: For the Application Attestation data question 15a must be entered if question 15 is No. Go to the Enter Attestation Data link to complete the required data entry.
Error: The last uploaded Participant List file had errors when the file was unloaded. Go to the Upload Participant List File link to upload the required file.

To ensure your application to CMS is complete, you must have answered all questions and uploaded the required supporting documentation. For detailed guidance on submitting your supporting documentation, refer to the 'Application Toolkit' located in the ACO download templates link entitled 'Download Application File.'

Once you select the Submit button, you will not be able to modify your responses or upload additional supporting documentation.

Application Certification:

I have read the contents of this application. I certify that I am legally authorized to execute this document and to bind the ACO to comply with the applicable laws and regulations of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete, and I authorize the Centers for Medicare & Medicaid Services (CMS) to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact immediately and provide the correct and/or complete information. If my ACO is newly formed according to the definition in the Antitrust Policy Statement, I understand and agree that CMS will share the content of this application, including all information and documents submitted with this application, with the Federal Trade Commission and the Department of Justice.

Electronic submissions: By selecting the check box below, you are certifying the application.

Note: We will not process your application if this certification is not complete.

☑ I agree.

Back Submit

Go To: HPMS Home | ACO Application Management Start Page

Contact Information

- For Policy and Procedure questions regarding the ACO Application: sspaco_applications@cms.hhs.gov
- For technical assistance with the HPMS ACO Management Module/Online Application (non-policy related questions):

  Adam Foltz at 410-786-0408 / adam.foltz@cms.hhs.gov
- For backup technical assistance with the HPMS ACO Management Module/Online Application:

  Greg Buglio at 410-786-6562 / gregory.buglio@cms.hhs.gov
- For general technical assistance participant list upload/validation and with HPMS:

  1-800-220-2028 / hpms@cms.hhs.gov
- For questions related to HPMS user access:

  hpms_access@cms.hhs.gov
- Consultant access letters must be sent to: HPMSConsultantAccess@cms.hhs.gov or adam.foltz@cms.hhs.gov.

Questions