



Medicare Shared Savings Program
2015 Application
Reference Manual for Applicants

June 10, 2014

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1. PURPOSE

The purpose of the Medicare Shared Savings Program (Shared Savings Program) 2015 Application Reference Manual is to guide applicants through Step 3 of the Shared Savings Program application process. This manual provides step-by-step guidance on how to respond to application questions, how to submit your responses using the CMS Health Plan Management System (HPMS), links to program regulation and guidance, instructions for responding to Requests for Information (RFI), how to withdraw a pending application and finally, who to contact for assistance.

- If we approve your application, this manual provides next steps to accept participation in the program and general information about what to expect at the start of the program.
- If we deny your application, this manual provides instructions for requesting a reconsideration.

Refer to the Application Deadline Dates table on our [web page](#) for due dates associated with the 2015 Application Cycle. We will not accept late submissions.

2. HOW TO REQUEST CHANGES TO PRE-POPULATED INFORMATION

We pre-populated your application in the HPMS with the information you gave us on your Notice of Intent to Apply (NOI) to the Shared Savings Program. The Accountable Care Organization (ACO) cannot change the following information:

- ACO TIN
- ACO Legal Entity Name
- ACO Entity Type
- Shared Savings Program Track
- Date of Formation (DOF)
- ACO Tax Status

If you find an error in any of the above pre-populated information, an authorized ACO contact (ACO Executive, CMS Liaison, or Application Contacts) must send a request for CMS to make the correction.

- Send an email to the Application Mailbox at SSPACO_Applications@cms.hhs.gov.
- In the subject line, include your ACO ID and the words “Request to Change Pre-populated Information.”
- In the body of the email, include your ACO ID and the ACO Legal Business Name submitted in your NOI.
- Identify the information as it currently appears in HPMS; provide the corrected information and an explanation for the requested change.

3. STEP 3 - COMPLETE YOUR APPLICATION

After completing [Step 1 – Submit a Notice of Intent to Apply \(NOI\)](#) and [Step 2- Get a CMS User ID To Submit Your Application](#), you can begin Step 3-Complete Your Application following the instructions in

this guide. You must submit your application electronically through the [HPMS](#). **Paper applications are not accepted.** To submit your application, you will need the following:

- ACO Identification Number (ACO ID)
- User Identification Number (User ID)
- Application Toolkit
- Application Reference Manual, including Appendix B-Application Reference Table

3.1 When to Use Your ACO ID

Your ACO ID is a five-character ID beginning with an “A” and proceeded by four-characters (e.g. A0001). We sent your ACO Application contacts (primary and secondary) your ACO ID in the NOI confirmation email (from SSPACO_Applications@cms.hhs.gov).

Your ACO ID must be included in all application materials and communications with CMS. It will not change and is used throughout the application process and if approved, will continue to be used during the ACO’s participation in the Shared Savings Program.

3.2 When to Use Your CMS Issued User ID

You must use the four-character CMS issued User ID received in your User ID confirmation email from ess@cms.hhs.gov to access the HPMS and submit your application. For additional Guidance about maintaining your CMS User ID, see [Section 10 CMS User ID and Maintenance](#) section.

3.3 How to Use the Application Toolkit

Use the Application [Toolkit](#) to help you complete your Shared Savings Program application.

This Application Reference Manual is a companion to the Application [Toolkit](#). The Toolkit also includes all required templates and template instructions listed below.

- Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement
- ACO Participant List Template
- Governing Body Template
- ACO Participant Agreement Template

3.4 How to Use the Application Reference Table

The Application Reference Table ([Appendix B](#)) is your step-by-step guide to complete each application question in the HPMS. Be sure to use the required templates, correct file format(s), and naming conventions as specified in the template instructions and the Application Reference Table ([Appendix B](#)).

4. HOW TO SUBMIT YOUR APPLICATION IN THE HPMS

You must submit your application electronically through the [HPMS](#). **Paper applications are not accepted.** Use the instructions in this section to submit attestations, supporting documentation and certify your application.

4.1 How to Enter and Update Your ACO Contacts

ACOs are required to submit, review, update and maintain active ACO contacts for the seventeen ACO representative listed in HPMS on an ongoing basis. Optional contacts are not required, but recommended.

CMS will send important program information throughout the application cycle, and upon application approval to contacts listed in HPMS. You may identify one person for multiple contacts; however, we recommend that you diversify your contacts to ensure the distribution of important program information to appropriate ACO contact within your organization. The ACO is responsible for distributing information to additional ACO staff within its organization that are not listed in HPMS. See [Appendix A-Managing ACO Contacts](#) for a listing of contacts, contact definitions and HPMS Electronic Signature Management (ESM) designation.

Confirm each contact's email address is accurate and follows the guidance below:

- Email addresses must be specific to the individual person identified as the contact.
- Emails must not be generic to the organization
- Email addresses must identify the organization (e.g. ACO legal business name, ACO Trade name /dba, Consultant legal business name, etc.)
- Do not use non-company provided email addresses (e.g. Yahoo, Hotmail, Gmail, etc.)

ACO contacts in HPMS with ESM indication are designated in the module to certify and electronically sign documents on behalf of the ACO. (See [Appendix A- Managing ACO Contacts](#) to identify contacts with ESM designation. See [Section 7 Application Approval-Acceptance Process](#) for ESM information)

4.1.1 Contacts Required Upon Application Submission

ACOs are required to identify the contacts listed here before completing their application submission. (See [Appendix A- Managing ACO Contacts](#).)

Contact Type	Contact Type
ACO Executive*	Application Contact (Primary)
CMS Liaison	Application Contact (Secondary) (Optional)
Authorized to Sign Contact (Primary)*	Information Technology (IT) Contact (Primary)
Financial Contact	Information Technology (IT) Contact (Secondary) (Optional)
Compliance Officer	DUA Custodian* <i>(This person cannot be the same as the DUA Requestor.)</i>
(intentionally blank)	DUA Requestor* <i>(This person cannot be the same as the DUA Custodian.)</i>

*ESM Designation

4.1.2 Contacts Required Upon Application Approval

ACOs are required to identify the additional contacts listed here before completing the program acceptance process. (See [Appendix A- Managing ACO Contacts](#))

Contact Type	Contact Type
Authorized to Sign Contact (Secondary)*	Public Contact
Quality Contact (Primary)	Marketing Contact (Primary)
Quality Contact (Secondary)	Marketing Contact (Secondary)

*ESM Designation

4.2 How to submit Attestation Responses

There are two ways to respond to attestation questions. The majority of attestation responses require you to select YES, NO, or N/A. For other attestation questions, you may select all that apply. For example question 19.

Be sure to read the question carefully and make the appropriate response. HPMS is programmed to issue an on-screen error message if there is a problem with your attestation responses. If you receive an error, read the error message carefully to correct your response and submit your application. You will not be able to submit your application until the error is corrected.

4.3 How to Submit Supporting Documentation

You may need to, or be required to submit additional supporting information or documentation to support your response to your application. You must upload this information using a PDF or specified format as instructed in [Appendix B-Application Reference Table](#). All files must be compressed using file compression software, such as WinZip. Once compressed, upload the zip files in HPMS in their respective 'Supporting Applications Materials' upload section.

- **You must upload your ACO Participant List separate stand-alone file from other supporting documents in HPMS.**
- **Do Not** upload your Form CMS-588 with any uploads. This is the only file you are required to send by traceable mail to CMS directly.
- See [Appendix B-Application Reference Table](#), Question 22.

4.4 How to Certifying Your Application

To finalize your application submission, you must certify to the accuracy of its contents by selecting "I agree" or "I disagree" on the Application Submission page.

You certify your application when you select "I agree." CMS will not process your application if you do not complete this step. You must complete this step each time you are ready to submit your application during your initial submission and in response to any RFI.

5. HOW TO RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION

During the review of your application, we may ask you to submit additional information to support the statements you made in your application. If we need additional information, you will receive a Request for Information (RFI) that identifies what areas in the application require correction and instructions on what to submit to make the correction. We will send RFIs to the ACO Executive, Application Contacts (primary and secondary) by email from SSPACO_Applications@cms.hhs.gov. We must get the requested information by the date specified on the CMS notice. This section provides instruction on what can be submitted during each RFI request; and how to re-submit responses to your attestation questions, supporting documentation upload, and the ACO Participant List upload for each RFI.

5.1 Instructions for Responding to a RFI

You must submit all responses through HPMS. CMS will not accept nor consider responses received outside of the HPMS to be a part of your application.

If you need additional assistance in completing your response to an RFI, contact your Application Reviewer listed in your RFI.

Use the instructions in this section to correct responses identified on your RFI email.

5.1.1 How to correct attestation response(s)

To correct the attestation questions identified in the “Not Met Requirement” section of your RFI:

Step 1: Log into [the HPMS](#).

Step 2: Access the ACO Application Management Start Page

From the the HPMS Home Page go to ACO Management>> ACO Data>> Click “Select Agreement Number” from the left green menu option >> Enter your ACO ID and click “Next”>> Select “View Application Data” from the left green menu option>> This brings you to the ACO Application Management Start Page.

Step 3: Access Your Attestation Data

1. Click “Enter Attestation Data” from the left green menu option.
2. Correct only the attestation questions identified in this notice on the “Enter Application Attestation Data” page by selecting the correct response.
3. Do not make changes to attestation questions not identified in your RFI.
4. Click “Next.”
5. If all information is correct on the confirmation page, click “Submit.”
6. If any information is incorrect, click “Back” and go through steps 2 through 5.

5.1.2 How to submit revised narratives and supporting documentation

If we ask you to clarify or submit a revised narrative or additional supporting documentation, please submit only the supporting documentation identified in the “Not Met Requirement” section of your RFI. We will not review any additional information you provide if we did not request it.

Step 1: How to prepare your revised narrative and supporting documentation file(s) for upload

1. If you are submitting new ACO participant(s) (TINs), you must submit the corresponding executed ACO Participant Agreement between the ACO and the ACO participant(s) in the zip file to upload in the appropriate section of the HPMS.
 - See [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#)
 - See [Appendix B-Reference Table](#) (Sec 9, Question 27) for additional guidance and instructions on the ACO Participant Agreement.
2. Continue to use the file naming convention provided in [Appendix B-Application Reference Table](#) for submitting supporting documentation.
3. To identify new or revised documents, include the ‘date’ and ‘.rev’ at the end of the file name. Example: A0001_Sec4_Q8_OrgChart_mmddyy.rev.pdf
4. Save these documents in a zip file.
5. On the Upload screen, upload the zip file in the appropriate section.
6. Do not include any documentation in your zip file other than what we requested in your RFI.

Step 2: Access the ACO Application Management Start Page

From the HPMS Home Page go to ACO Management>> ACO Data>> Click “Select Agreement Number” from the left green menu option >> Enter your ACO ID and click “Next”>> Select “View Application Data” from the left green menu option>> This brings you to the ACO Application Management Start Page.

Step 3: How to upload your revised zip file

1. Go to the “Upload” section on the “ACO Application Management Start Page.”
2. Click “Upload Application File.”
3. Click the “Browse” button to upload your new zip file.
4. Select the new zip file for upload.
5. Click “Ok.” The file name will then appear in the “Last Uploaded File” section with the date and time.
6. Click “Submit.”
7. Once you successfully upload your file, you will see the date and time stamp next to the zip file.
8. If you determine that you’ve made an error in your upload, repeat steps 4 through 7 again.

5.1.3 How to submit your revised ACO Participant List

During the review of your application, we will send you a separate letter and encrypted Excel workbook providing you with information we have about the ACO participants on your ACO Participant List. This

information also includes flags on ACO participant(s) who billed for primary care services during any of the three-benchmark years. If applicable, this letter and the Excel workbook also describe errors we found with the ACO participant information.

Take the opportunity to correct your [ACO Participant List Template](#) when you receive your RFI letter.

- If you wish to modify your ACO Participant List including adding or deleting ACO participant (TINs), you must revise your ACO Participant List to include these modifications.
- You will only have **one** opportunity to add additional ACO participants during your application review period as described in the [ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants \[PDF, 320KB\]](#)
- If you are submitting new ACO participant(s) (TINs), you must submit the corresponding executed ACO Participant Agreement between the ACO and the ACO participant(s) in the zip file to upload in the appropriate section of the HPMS.

Step 1: How to prepare your revised ACO Participant List for upload

1. See [How to complete the ACO Participant List Template \[PDF, 290KB\]](#) for instructions on submitting the template.
2. See [Appendix B-Reference Table](#) (Sec 9, Question 23) for additional guidance and instructions
3. Continue to use the instructions for saving your Participant List and the file naming convention provided in the [Appendix B-Reference Table](#):
Example: A0001_Sec9_Q23_ParList_mmddyy.rev.xls

Step 2: Access the Access the ACO Application Management Start Page

From the HPMS Home Page go to ACO Management>> ACO Data>> Click “Select Agreement Number” from the left green menu option >> Enter your ACO ID and click “Next”>> Select “View Application Data” from the left green menu option>> This brings you to the ACO Application Management Start Page.

Select “View Participant List File Upload” from the left green menu option>> This brings you to the “Upload ACO Participant List” page.

Step 3: How to submit your revised ACO Participant List

1. Go to the “Upload” section on the “ACO Application Management Start Page.”
2. Click “Upload Participant List File.”
3. Click the “Browse” button to upload your new zip file.
4. Select the zip file for upload.
5. Click “Ok.”
6. If you uploaded your file correctly, the file name will appear in the “Last Uploaded File” section with the date and time.
7. Click “Submit.”
8. If you have an error on your file upload, the error will appear on the screen. Read the error carefully and correct your ACO Participant List. Then, complete steps 1-7 again.
 - You **cannot** submit your ACO Participant List until all errors are cleared.

5.1.4 How to submit your revised application

After you correct any attestation response(s), upload revised narratives, supporting documentation, and/or your ACO Participant List, you must complete the following steps to submit your revised application.

1. Go to your “ACO Application Management Start Page.”
2. Click “Final Submit Application” from the left green menu option
3. Read the information and certification on the “Final Submit Application” page.
4. Click the “I agree” check box.
5. Click “Submit.”
6. Once you submit your application, you cannot make any changes and it is only available in a view only format.
7. Click “Back” and go through the steps in the [“How to correct attestation response\(s\)”](#), [“How to Submit your revised narrative and supporting documentation”](#), and/or [How to submit our revised ACO Participant List](#), if you need to correct an item.
8. Click the “Final Submit” button to submit your response to this notice even if you are only submitting supporting documentation and did not make any changes to the attestation response.
9. You MUST click “Final Submit” to respond to your RFI letter.

6. HOW TO REQUEST TO WITHDRAW A PENDING APPLICATION

To withdraw a pending application, you must submit a written request on your organization’s letterhead, signed by an ACO authorized official (ACO Executive, Authorized to Sign or Financial contact), by the date responses for the final Request for Information is due back to CMS. Your letter must include:

- Your organization’s legal business name
- ACO ID
- Complete address
- Point of contact information (phone number and E-mail address)
- Exact description of the nature of the withdrawal

Send the Request to Withdraw as a PDF to SSPACO_Applications@cms.hhs.gov. Put your ACO ID and the words ‘Withdrawal Request’ in the subject line of the e-mail.

7. APPLICATION APPROVAL – ACCEPTANCE PROCESS

If the application is approved, the ACO will receive an approval notice instructing the ACO how to accept participation in the Shared Savings Program. ACOs will be required to certify and electronically sign official documents related to participation in the Shared Savings Program through the HPMS ESM module. ACO contacts in the HPMS with ESM indication are designated in the module to certify and

electronically sign documents on behalf of the ACO. (See [Appendix A- Managing ACO Contacts](#) to identify contacts with ESM designation)

The HPMS ESM provides ACOs and CMS a mechanism to certify and electronically sign official documents related to participation in the Shared Savings Program. In addition, electronically signed documents are stored in the HPMS and accessible to ACOs at any time. Documents executed through the ESM include your Shared Savings Program ACO Participant List, ACO Provider/Supplier List, and annual Data Use Agreement (DUA). We will not accept or process any of these forms outside of the HPMS. During the application review process, ACOs will receive a CMS notification to participate in training on the HPMS ESM module and final requirements to accept participation into the Shared Savings Program.

8. APPLICATION DENIAL - RECONSIDERATION REVIEW PROCESS

If we deny your application, you may have the right to request a reconsideration review. Review your denial letter for details on how to request a reconsideration review. Administrative reconsiderations of the denial of an ACO application are governed by the regulations at 42 CFR Part 425, Subpart I.

9. RESOURCES

9.1 Program Web Pages and Regulation Links

Please monitor our program website frequently for updates to regulation and guidance.

- [Final Rule Published in the Federal Register on November 2, 2011](#)
- [Shared Savings Program Web site](#)
- [Shared Savings Program – Applications Web site](#)
- [Shared Savings Program Final Waiver](#)
- [Statutes/Regulations/Guidance](#)
- [Shared Savings Program Frequently Asked Questions](#)

9.2 Shared Savings Program Application Teleconferences and Events

Please see the [Shared Savings Program Applications Teleconferences and Events](#) page for a history of calls held to date including presentation materials and transcripts. Visit this page frequently for updated information and materials.

Subscribe to the weekly [MLN Connects Provider eNews](#) to receive announcements for the Shared Savings Program, including upcoming MLN Connects Calls on the application process. Locate past issues of MLN Connects Provider eNews at [eNewsArchive](#).

9.3 Who to Contact

If you need assistance during the application cycle, use this contact information to get in touch with CMS.

- For NOI and application questions: SSPACO_Applications@cms.hhs.gov
- For help with Form CMS-20037 and CMS User ID: CMSHPMS_Access@cms.hhs.gov or (800) 220-2028
- For password resets and if your account is locked: CMS_IT_SERVICE_DESK@cms.hhs.gov or (800) 562-1963
- For help with using the HPMS and technical assistance: CMSHPMS@cms.hhs.gov or (800) 220-2028

10. CMS USER ID AND PASSWORD MAINTENANCE

CMS requires ACOs to obtain a CMS issued User ID to access CMS systems and submit their application. When you receive your CMS issued User ID you must follow the guidance in this section.

CMS issues User IDs to individual persons and not an ACO. Use of another person's CMS User ID and password, or conversely, allowing someone else to use your CMS User ID and password is strictly prohibited. We prohibit this activity and if identified, it may result in the termination of the individual's CMS User ID.

10.1 How to Request a CMS User ID

Follow the steps below to obtain a CMS issued User Identification (ID) to access CMS computer systems.

1. **Step 1:** Download Form [CMS-20037](#), Application for Access to CMS Computer Systems.
2. **Step 2:** Complete Form CMS-20037 for each ACO contact identified in Step 4. All steps below are required. You must complete all the steps below or your requests will not be processed:
 1. In Section 1, check "New" for your type of request.
 2. In Section 2, select the 3rd check box in the left-hand column, "Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using Other Systems."
 3. In Section 2, complete your contact information—Name, Company Name, Mailing Address, Phone Numbers and Email address.
 - Company Name – your company's business name
 - ACO employees should put the ACO legal name
 - ACO Consultant users must put their consultant company name NOT the ACO legal name
 - Email addresses must be specific to the individual person requesting a CMS User ID. Emails must not be generic to the organization
 - Email addresses must identify the organization (e.g. ACO legal business name, ACO Trade/dba name, Consultant legal business name, etc.)
 - Do not use non-company provided email addresses (e.g. Yahoo, Hotmail, Gmail, etc.)
 4. In Section 3, enter the ACO ID number(s) you're authorized to request access for. If you're requesting multiple ACO IDs, enter all ACO IDs on the Contract Number line. Your ACO ID begins with the letter "A", followed by a 4-digit number.
 5. In Section 4, on lines 3-4, select the "Connect" check box. On the blank lines, hand-write each job code clearly for each online system listed below. (the text box cannot accept all the characters when typed)
 - Enter the Job Codes provided in your NOI confirmation email

- You may also send an email to obtain the Job Codes for ACO applicants at SSPACO_Applications@cms.hhs.gov
6. In Section 5, briefly say why you need access for each job code (example: “I need a CMS User ID to access the Medicare Shared Savings Program systems for ACOs.”)
 7. Section 6, leave blank.
 8. On page 3, read and complete each
 - Print your name as you want it recorded.
 - Do not fill out the "CMS USERID" field.
 - Enter your Social Security Number and date of birth.
 - Read the Privacy Act Statement and Security Requirements for Users of CMS Computer Systems statements.
 - You must sign and date your application to make sure your request gets processed successfully.
3. **Step 3:** Make sure each individual’s application includes:
 - Applicant’s Original Signature
 - Date
 - Social Security Number
 - All ACO ID number(s) the user is authorized to have access to
 4. **Step 4:** Submit (1) form for each individual contact by following the instructions in Step 2-3. You are prohibited from sharing your CMS issued User ID and password with anyone. We strongly encourage you to have separate contacts for each contact type listed below:
 - Submit (1) form for Application Contact (primary)
 - Submit (1) form for Application Contact (secondary)
 - Submit (1) form for IT Contact (primary)
 - Submit (1) form for IT Contact (secondary)

These contacts will receive communication about application training and important information during the application review process.

- CMS will contact the Application contacts for questions about your ACO's NOI and application submission.
 - CMS will contact the IT contacts with additional communication about retrieving your ACO’s data during the application review period.
5. **Step 5:** If the contact is a consultant, include an authorization letter from the ACO which authorizes the consultant to gain access to the ACO's data maintained in CMS systems. This letter is required for consultants to receive a CMS User ID. The letter must have the following:
 - Be submitted on the ACO’s official letterhead

- Clearly indicate the consultant's name and include a statement that the he or she will be serving as a consultant on behalf of the ACO(s)
- Authorized ACO ID(s) consultant can have access to
- Signed by the ACO's authorized official (ACO Executive, Authorized to Sign, or Financial contact)
- Send the signed Consultant Authorization letter to HPMSConsultantAccess@cms.hhs.gov

6. **Step 6:** Send the completed application by an expedited mail service as soon as possible. CMS only accepts Applications for User IDs via US mail services and not via E-mail or fax.

Send completed applications to:

Centers for Medicare & Medicaid Services

Attention: Adam Foltz

7500 Security Blvd

Mail Stop: C4-18-13

Baltimore, MD 21244

For questions about the CMS User ID process for applicants, contact SSPACO_Applications@cms.hhs.gov.

For questions about your CMS User ID request, contact CMSHPMS_Access@cms.hhs.gov.

For questions about your consultant authorization letter, contact CMSHPMSConsultantAccess@cms.hhs.gov.

10.2 Default Password

CMS issues a default password when your CMS User ID is created. Your default password is the first two letters of your last name (first letter capitalized) followed by the last six digits of your social security number (SSN). See example below:

Sample User Name: John Smith

Sample SSN: 123-45-6789

CMS Default Password: Sm456789

You must change your default password and complete the System Accesses/Security Awareness Training (CBT) upon receipt of your CMS User ID by logging into the CMS Enterprise User Administration (EUA) system at <https://eua.cms.gov>. Click the "Manage Passwords" tab. Then follow the instructions on the page to reset your password and complete your System Accesses/Security Awareness Training (CBT). It is very important that you complete your CBT **within three days** of receiving your User ID, or CMS may revoke your User ID.

If you have difficulty accessing EUA, contact the CMS IT Service Desk at 1-800-562-1963 or 410-786-2580.

10.3 Password Maintenance

You must reset your CMS passwords **every 60 days** using CMS' EUA system at <https://eua.cms.gov>.

To change your password, select the "Manage Passwords" tab in EUA and follow the instructions listed on the page.

If your account locks, the CMS IT Service Desk must reset your password. Your password will be reset to the default (See [Section 10.1 Default Password](#))

For technical assistance with this process, please contact the CMS IT Service Desk at either 1-800-562-1963 or 410-786-2580. Please note that the HPMS Help Desk cannot reset passwords.

10.4 Annual CMS User ID Recertification Process

Users who have access to an approved Shared Savings Program ACO must recertify your CMS user IDs electronically on an **annual** basis using CMS' EUA system at <https://eua.cms.gov>. If you do not complete the recertification in a timely manner, your CMS user ID will be revoked and you will have to re-apply as a new CMS user.

10.5 When to Recertify your CMS User ID

Upon receipt of a recertification email notice from ess@cms.hhs.gov, follow these steps to complete the process:

- Log into EUA and click on the "**RECERTIFICATION**" item in your EUA In-Box.
- Click "**OK**" in the "Decision" column for each job code assigned to your user ID.
- Select "**SAVE ALL CHANGES**" located at the bottom of the page, when all items in the Decision column are marked "**OK**" highlighted in green.
- Click the "**SIGN OFF**" button located at the top of the page.
- Click the "**FINISH**" button in the pop-up message.

10.6 How to Check Your CMS User ID Recertification Status

Visit the "View Identity" tab in EUA system at <https://eua.cms.gov> to determine your recertification status at any time.

- If your recertification status is "**OK**" and your recertification date has changed to the following year, you have completed the process successfully.
- If your recertification status is "**PENDING**," you have completed the system access review, but it is pending CMS approval.
- If your recertification status is "**DUE**," you must complete the system access review as described above. Upon completion, your recertification will be sent to CMS for final approval.

For technical assistance with this process, please contact the CMS IT Service Desk at either

1-800-562-1963 or 410-786-2580. Please note that the HPMS Help Desk cannot reset passwords.

11. APPROVED APPLICANTS - NEXT STEPS AND EXPECTATIONS

If CMS approves your application and you accept participation in the program, we will notify you to participate in our Kick Off webinar for ACOs that start participation in the program beginning January 1, 2015. (See [Section 7 Application Approval- Acceptance Process.](#)) During the webinar, we will discuss information you need to know to get started, such as:

- Marketing material guidelines, templates and instructions,
- Quality reporting guidelines and reporting periods,
- How to report changes in your application,
- A brief overview of CMS systems you will need to access during your participation and the data maintained and/or distributed from each system,
- An introduction to the Shared Savings Program newsletter named the ACO Spotlight, and
- How to contact your assigned CMS Coordinator who will be your liaison to the Shared Savings Program.

12. APPENDIX A – MANAGING ACO CONTACTS

ACOs are required to submit, review, update and maintain active ACO contacts for the seventeen ACO representative listed in the HPMS on an ongoing basis. Some contacts are required upon your application submission and the remaining may be required upon application approval. Optional contacts are not required, but recommended. This section provides the contact definition, ESM designation, and CMS systems each contact should request access to (HPMS, Shared Savings Program ACO Portal and/or Managed File Transfer (MFT)).

For further guidance on ACO contacts, see Section [4.1 How to Enter and Update Your ACO Contacts](#).

12.1 Contacts Required Upon Application Submission

- **ACO Executive (Authorized Official):** Person holding an executive leadership office in the ACO and vested by the ACO's governing body with the legal powers to commit the ACO to a binding agreement. This person may or may not be the same as the Authorized to Sign contact. Documents requiring an authorized signature include, but are not limited to, the agreements between CMS and the ACO. Upon application approval, this person is designate to sign documents on behalf of the ACO in the HPMS ESM module. Person receives and has access to all correspondences from CMS to the ACO including program announcements. Person has access to CMS systems including the HPMS, and upon application approval, MFT, and Shared Savings Program ACO Portal.
- **CMS Liaison:** Serves as the ACO's primary point of contact for communication between the ACO and CMS. Person receives and has access to all correspondences from CMS to the ACO and program announcements. Upon application approval, this person is designate to sign documents on behalf of the ACO in the HPMS ESM module. Person has access to CMS systems including the HPMS and, upon application approval, MFT, and Shared Savings Program ACO Portal.
- **Application Contact (Primary):** Serves as the primary point of contact for the ACO's application to participate in the Medicare Shared Savings Program. Person receives and has access to all correspondences from CMS to the ACO including program announcements related to the application. Person has access to the HPMS.
- **Application Contact (Secondary):** (Optional) Serves as the secondary point of contact for the ACO's application to participate in the Medicare Shared Savings Program, and serves as the back-up to the primary application contact. Person receives and has access to all correspondences from CMS to the ACO including program announcements related to the application. Person has access to the HPMS.
- **Information Technology (IT) Contact (Primary):** Serves as the ACO's primary point of contact for data transfers between the ACO and CMS. Person receives and has access to all correspondences from CMS to the ACO including data transfer as well as program announcements related to data. Person has access to CMS systems including the HPMS, MFT, and, upon application approval, Shared Savings Program ACO Portal.
- **Information Technology (IT) Contact (Secondary):** (Optional) Servers as the ACO's secondary point of contact for data transfers between the ACO and CMS, and additionally serves as the back-up to the primary IT contact. Person receives and has access to all correspondences from CMS to the ACO

including data transfer as well as program announcements related to data. Person has access to CMS systems including the HPMS, MFT, and, upon application approval, Shared Savings Program Shared Savings Program ACO Portal.

- **Financial Contact:** Serves as the ACO's point of contact for banking and payment information. Person is the ACO's authorized official recorded on the ACO's Form CMS-588 and owner of the ACO's bank account. Person receives correspondence to the ACO including banking information, the Electronic Funds Transfer (EFT) between CMS and the ACO, and program announcements related to financial issues. Person has access to CMS systems including upon application approval, the HPMS, MFT, and Shared Savings Program ACO Portal.
- **Compliance Officer:** Serves as the ACO's point of contact for program compliance and monitoring activities. Person receives and has access to all correspondences from CMS to the ACO including compliance and monitoring activities such as Corrective Action Plan (CAP) and program announcements related to compliance and monitoring. Person has access to CMS systems including the HPMS, and, upon application approval MFT, and Shared Savings Program Shared Savings Program ACO Portal.
- **Authorized to Sign:** Person appointed by the ACO as an agent of the organization and vested by the ACO's governing body with the legal powers to commit the ACO to a binding agreement. This person may or may not be the same as the ACO Executive (Authorized Official) contact. Documents requiring an authorized signature include, but are not limited to, agreements between CMS and the ACO, agreements between the ACO and ACO participants, etc. Upon application approval, this person is designate to sign documents on behalf of the ACO in the HPMS ESM module. Person receives and has access to correspondence from CMS to the ACO, including program announcements. Person has access to CMS systems including the HPMS and, upon application approval, MFT, and Shared Savings Program Shared Savings Program ACO Portal.
- **DUA Custodian:** Serves as the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in the DUA to prevent unauthorized use. This person cannot be the same as the DUA Requestor.
- **DUA Requestor:** Serves as the person authorized to legally bind the ACO to the terms of the DUA. This person cannot be the same as the DUA Custodian.

12.2 Contacts Required Upon application Approval

- **Quality Contact (Primary):** Serves as the ACO's primary point of contact for quality issues related to internal reporting on quality metrics. Person receives and has access to correspondences from CMS to the ACO and program announcements related to quality. Person has access to CMS systems upon application approval including the HPMS, MFT, and Shared Savings Program ACO Portal.
- **Quality Contact (Secondary):** Serves as the ACO's secondary point of contact for quality issues related to internal reporting on quality metrics and serves as the back-up to the primary quality contact. Person receives and has access to correspondences from CMS to the ACO and program

announcements related to quality. Person has access to CMS systems upon application approval including the HPMS, MFT, and Shared Savings Program ACO Portal.

- **Marketing Contact (Primary):** Serves as the ACO's point of contact for Marketing materials and activities provided on behalf of the ACO. Person receives and has access to all correspondences from CMS to the ACO about marketing materials and activities, including program announcements related to marketing. Person has access to CMS systems including the HPMS, and upon application approval, the Shared Savings Program ACO Portal.
- **Marketing Contact (Secondary):** Serves as the ACO's secondary point of contact for marketing, and serves as the back-up to the primary marketing contact. Person receives and has access to all correspondences from CMS to the ACO about marketing materials and activities, including program announcements related to marketing. Person has access to CMS systems including the HPMS, and upon application approval, the Shared Savings Program ACO Portal.
- **Public Contact:** Serves as the ACO's point of contact to the public about the ACO. Person **must** be accessible by phone or email. Person receives and has access to all correspondences from CMS to the ACO about public reporting information, updates to the ACOs website, and program announcements related to public reporting. Person has access to CMS systems including MFT and Shared Savings Program ACO Portal, upon application approval.
- **Authorized to Sign (Secondary):** Person appointed by the ACO as an agent of the organization and vested by the ACO's governing body with the legal powers to commit the ACO to a binding agreement. This person may or may not be the same as the ACO Executive (Authorized Official) contact. Documents requiring an authorized signature include, but are not limited to, agreements between CMS and the ACO, agreements between the ACO and ACO participants, etc. Upon application approval, this person is designate to sign documents on behalf of the ACO in the HPMS ESM module. Person receives and has access to correspondence from CMS to the ACO, including program announcements. Person has access to CMS systems including the HPMS and, upon application approval, MFT, and Shared Savings Program ACO Portal.

13. APPENDIX B – APPLICATION REFERENCE TABLE

This Application Reference Table guides you through each application question, one-by one providing additional guidance to assist you in answer questions accurately and completely.

All documents you submit must include your ACO legal business name and ACO ID per the instructions in this appendix.

Application Reference Table Layout:

- Column 1: Application question number reference
- Column 2: Application section
- Column 3: Additional instructions to aide you in answering questions and the type of document requested
- Column 4: Regulation reference
- Column 5: Indicator for determining if supporting documentation and or a narrative required
- Column 6: File naming convention

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
-	Sect. 1 – Contact Information: ACO Address	Confirm your ACO legal entity name, Trade name or DBA (if applicable), and your mailing address. We pre-populated the HPMS with the information from your (NOI). If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.	N/A	N/A	No	N/A
-	Sect. 1 – Contact Information: Organizational Contacts	Enter on the Contact Screen in the HPMS the name, title, address, email, phone and fax numbers for the following required contacts at the time of application: ACO's Executive Officer, CMS Liaison, Application	N/A	N/A	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>Contact (Primary), IT Contact (Primary), Financial, Compliance and Authorized to Sign (Primary and Secondary). Application Contact (Secondary) and IT Contact (Secondary) are optional. The following contacts are optional at the time of application but required upon CMS approval into the Shared Savings Program: Quality (Primary & Secondary), Marketing (Primary & Secondary), Public Contact, DUA Requestor, DUA Custodian and ACO Web page.</p> <p>NOTE: The IT Contact should be the person responsible for overseeing data sharing between CMS and your ACO.</p>				
-	Sect. 2 - General Information: Application Type	<p>Confirm your application type. Indicate if your organization is new to the Shared Savings Program, re-applying to the Shared Savings Program (previously applied and was either voluntarily or involuntarily separated), previously participated in the Physician Group Practice (PGP) Transition Demonstration, or participate in the Pioneer Accountable Care Organization Model (participation in the Pioneer ACO</p>	N/A	N/A	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>model must end prior to January 1, 2015).</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>				
-	Sect. 2 - General Information: Composition of ACO Participants eligible to form the ACO	<p>Confirm your selection. These categories represent ACO participants that are eligible to form an ACO. Your ACO may add other ACO participants in order to be eligible to participate in SSP. However, your ACO must be composed, at minimum, of at least one of the following:</p> <ul style="list-style-type: none"> • ACO professionals in a group practice arrangement, • a network of individual ACO professionals, • a partnership or joint venture arrangement between a hospital and ACO professionals, • a hospital employing ACO professionals, • a Critical Access Hospital, • a Federally Qualified Health Center (FQHC), and/or a Rural Health Clinic (RHC). <p>You should choose the one(s) that</p>	67975	§425.102	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>best represent your organization.</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>				
-	Sect. 2 - General Information: Medicare Shared Savings Program Track	<p>Confirm your selection to participate in Track 1 (shared savings) or Track 2 (shared savings/losses).</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>	67978	§425.204 (e)(1)	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
-	Sect. 2 - General Information: ACO Taxpayer Identification Number (TIN)	<p>Confirm your ACO's Taxpayer ID Number (TIN) used to establish the ACO as a legal entity. This is the TIN that will receive and distribute shared savings to your ACO participants. If you have chosen Track 2, this TIN will be responsible for paying shared losses. This TIN will be responsible for regulatory requirements.</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>	67975 & 67978	§425.104 & §425.204	No	N/A
-	Sect. 2 - General Information: Date of Formation	<p>Confirm your ACO's legal date of formation.</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>	67975 & 67978	§425.104 & §425.204	No	N/A

No.						
-	Sect. 2 - General Information: Your business structure	<p>Confirm your ACO's Legal Entity type: sole proprietorship, partnership, publicly-traded corporation, privately-held corporation, limited liability company or Other. If you select "Other", indicate the type of Legal Entity in the text box provided in the HPMS.</p> <p>We pre-populated the HPMS with the information from your NOI. If you wish to change this information, follow the instructions in Section 2- How to Request Changes to Pre-Populated Information.</p>	67975 & 67978	§425.104 & §425.204	No	N/A
-	Sect. 2 - General Information: Tax Status	Select the ACO's tax status. Please select only one: Not-for-profit, For profit, or N/A.	67975 & 67978	§425.104 & §425.204	No	N/A
-	Sect. 2 - General Information: Repayment Mechanism	<p>Fill out this section ONLY if you are applying for Track 2. Indicate which repayment mechanism(s) you will use. Select all that apply.</p> <p>Refer to the Repayment Mechanism Guidance for additional information. If you select "Alternative Repayment Mechanism" you must upload a narrative describing your proposed alternative for CMS' evaluation and approval.</p>	67978-79	§425.204 (f)	Yes, if applicable	If you choose to have a Repayment Mechanism, you must upload your narrative and additional documentation. Use the following naming convention: Axxxx_S2_AltRepayMech_mmddyy.pdf

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>Before starting your agreement, you must submit documentation to support adequacy of the repayment mechanism you selected. The repayment mechanism must be capable of repaying an amount of shared losses or other monies owed to CMS equivalent to at least 1 percent of total per capita Medicare Parts A and B fee-for-service expenditures for your assigned population based on expenditures for the most recent performance year or expenditures used to establish the benchmark. If you elect to use a repayment mechanism that is different from the ones listed, upload a narrative in the HPMS describing the repayment mechanism for CMS evaluation.</p> <p>Applicants to Track 2 must update the adequacy of the repayment mechanism on a yearly basis.</p>				
1	Sect. 3 – Jointly Negotiated Contracts	Confirm whether your ACO has entered into any contracts with private payors prior to March 23, 2010. ACOs who HAVE signed or jointly negotiated any contracts with private payors on or after March 23, 2010, must agree to permit CMS to	67977	§425.202 (a)(3) & the Antitrust Policy Statement	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>share a copy of this application with the Antitrust Agencies.</p> <p>An ACO is not newly formed if it is comprised solely of providers that signed or jointly negotiated contracts with private payors on or before March 23, 2010.</p> <p>Read the Federal Trade Commission (FTC) and Department of Justice’s (DOJ) Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program Antitrust Policy Statement.</p>				
2	Sect. 4 – Legal Entity: Overview of ACO’s history, mission and organization	Upload a narrative in the HPMS describing your ACO’s history, its mission and organization. You must also include this information for any and all of your ACO’s affiliates.	N/A	N/A	Yes	You must upload your narrative using the following naming convention: Axxxx_S4_Q2_Hist_mmddyy.pdf
3	Sect. 4 – Legal Entity: Recognized Legal Entity	Indicate if your ACO meets the definition of a legal entity, according to the Shared Savings Program regulations.	67975 & 67978	§425.104 & §425.204	No	N/A
4	Sect. 4 – Legal Entity: Legal Entity Formation	Indicate if your ACO is formed among multiple, otherwise independent ACO participants.	67975 & 67978	§425.104 & §425.204	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
5	Sect. 4 – Legal Entity: ACO Separate Legal Entity Status	If you answered YES to Question 4, you must certify whether your ACO is a legal entity separate from any of the ACO participants. If you answered NO to Question 4, select N/A.	67975 & 67978	§425.104 & §425.204	No	N/A
6	Sect. 4 – Legal Entity: ACO Separate Legal Entity Status	If you answered NO to Question 4, you are not required to be a separate legal entity. Indicate whether you have chosen to be a legal entity separate from the single ACO participant. If you answered YES to Question 4, select N/A.	67975 & 67978	§425.104 & §425.204	No	N/A
7	Sect. 4 – Legal Entity: Legal Entity Documentation	Indicate if documentation is available effectuating formation and operation of your ACO. You must retain this documentation and be able to provide it to CMS upon request. For example, you may be asked to provide to us charters, by-laws, articles of incorporation, partnership, joint venture, management or asset purchase agreements, financial statements and records, resumes and other documentation required for leaders of the ACO. If you are asked to provide information to CMS during the Request for Information (RFI) phases of the application cycle, use the	Anti-trust Policy Statement	Antitrust Policy Statement	No	You must upload your documents using the following naming convention: Axxxx_S4_Q7_OthDoc_[Name]_mmddy.pdf

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		naming convention provided by your application reviewer in the RFI when uploading the files that are being requested.				
8	Sect. 4 – Legal Entity: Organization Structure	Upload your ACO's leadership and organizational charts using the naming convention indicated. We are not providing a template for this information. You must use the organizational chart that is established by your ACO.	67978	§425.204 (c)(1)(iii)	Yes	You must upload your documents using the following naming convention: Axxxx_S4_Q8_OrgChart_mmddyy.pdf
9	Sect. 5 - Governing Body	<p>Indicate if your ACO has an identifiable governing body with authority to execute the functions of your ACO as defined in the regulations at 42 CFR §425.</p> <p>NOTE: By selecting YES you are certifying that:</p> <ul style="list-style-type: none"> a. The governing body must have responsibility for oversight and strategic direction of the ACO, holding ACO management accountable for the ACO's activities as described in this part. b. The governing body must have a transparent governing process. c. The governing body members must have a fiduciary duty to the ACO and must act consistent with that fiduciary duty. 	67975	§425.106	No	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		d. The governing body of the ACO must be separate and unique to the ACO in cases where the ACO comprises multiple, otherwise independent ACO participants.				
10	Sect. 5 - Governing Body Meaningful Participation	Indicate whether your ACO provides for meaningful participation in the composition and control of the governing body for ACO participants or their designated representatives.	67975	§425.106	No	N/A
11	Sect. 5 - Governing Body: 75% participant control	Indicate whether your ACO participants have at least 75% control of the governing body. If NO , describe why you seek to differ from this requirement and explain, with supporting documentation, if appropriate, how your ACO will involve ACO participants in ACO governance. Supporting documentation submission is optional, and not required. Choose this option if you have helpful documentation to support your narrative.	67978	§425.204 (c)(1)(iv)	Optional, if applicable	You must upload your narrative using the following naming convention: Axxxx_S5_Q11_75CtrlDif_mmddyy.pdf
12	Sect. 5 - Governing Body:	Indicate whether your governing body includes one or more Medicare beneficiaries who are served by the	67978	§425.204 (c)(v)	Optional, if applicable	You must upload your narrative using the following naming convention: Axxxx_S5_Q12_BoBDif_mmddyy.pdf

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
	Including a Medicare beneficiary	<p>ACO, who do not have a conflict of interest with your ACO, and who have no immediate family with a conflict of interest.</p> <p>If NO, describe why you seek to differ from this requirement and explain with supporting documentation, if appropriate, how your ACO will ensure meaningful participation in ACO governance by Medicare beneficiaries. Supporting documentation submission is optional, and not required. Choose this option if you have helpful documentation to support your narrative.</p>				
13	Sect. 5 - Governing Body: Conflict of interest policy	Indicate whether a conflict of interest policy exists for the governing body. Please note that the conflict of interest policy must meet the requirements specified in the regulations.	67976	§425.106 (d)	No	N/A
14	Sect. 5 - Governing Body: Template	<p>Upload the names, titles (e.g. Chair, Vice-Chair), and responsibilities for all members of the governing body.</p> <p>FAQs</p> <p>Please use the Governing Body Instructions to submit the Governing Body Template to identify:</p> <ol style="list-style-type: none"> All governing body members Position each member holds on the 	67981	§425.308 (c)(3)	Yes	<p>You must upload your document using the following naming convention:</p> <p>Axxx_S5_Q14_GovBody_mmdyy.pdf</p>

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>governing body</p> <p>c. Voting power of each governing body member</p> <p>d. Indicate which ACO participant the governing body member represents; or indicate if the governing body member is a Medicare beneficiary representative, community stakeholder representative, or other.</p> <p>NOTE: The Governing Body Template completes this requirement.</p>				
15	Sect. 6 - Leadership and Management : Operations Management	<p>Indicate whether your ACO is managed by an executive, officer, manager, general partner, or similar party whose appointment and removal are under the control of the ACO's governing body, and whose leadership team has demonstrated the ability to influence or direct clinical practice to improve efficiency processes and outcomes.</p> <p>If NO, describe how you manage the operations of the ACO, and how this alternate leadership and management structure accomplishes the ACO's mission.</p>	67976 & 67977	§425.108 (b) & §425.204	Yes, if applicable	You must upload your narrative using the following naming convention: Axxxx_S6_Q15_AltMgmt_mmddyy.pdf
16	Sect. 6 - Leadership	Indicate whether your ACO's clinical management and oversight is	67976 & 67977	§425.108 & §425.204	Yes, if applicable	You must upload your narrative using the following naming convention:

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
	and Management : Oversight	managed by a senior-level medical director who is a physician and one of the ACO providers/suppliers, who is physically present on a regular basis at any clinic, office, or other location participating in the ACO, and who is a board-certified physician and licensed in a State in which the ACO operates. If NO , describe your ACO's clinical management and oversight, including how this structure is capable of accomplishing the ACO's mission.				Axxxx_S6_Q16_ClinMgmtDif_mmddyy.pdf
17	Sect. 6 - Leadership and Management : Compliance Plan	Indicate if your ACO has a compliance plan that includes at least the following elements: a. A designated compliance official or individual that is not legal counsel to the ACO and reports directly to the ACO's governing body. b. Means for identifying and addressing compliance problems related to the ACO's operations and performance. c. Method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers, or for other entities performing functions or services related to ACO activities, to report anonymously suspected problems to the compliance officer.	67980	§425.300	Yes, Upon CMS require after initial submission only	You must upload your document using the following naming convention: Axxxx_S6_Q17_CompPlan_mmddyyyy.pdf

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>d. Compliance training for the ACO, ACO participants, and ACO providers/suppliers.</p> <p>e. Requirement for the ACO to report probable violations of law to an appropriate law enforcement agency.</p>				
18	Sect. 7 - Past Participation	<p>Indicate if you, your ACO participants, or ACO provider/suppliers previously have ever been voluntarily or involuntarily terminated from the Shared Savings Program.</p> <p>If YES, upload a narrative in the HPMS describing why you seek to deviate from this requirement.</p>	67977-67978	§425.204 (b)(3)	Yes, if applicable	You must upload your narrative using the following naming convention: Axxxx_S7_Q18_TermSSP_mmddyy.pdf
19	Sect. 7 - Current Participation	<p>Indicate if you, your ACO participants, or ACO provider/suppliers currently participate in any Medicare initiative involving a shared savings arrangement.</p> <p>If we did not list your program, confirm with your program whether it involves shared savings. If it does, select 'Other' and add the name of the initiative in the text box available in the HPMS.</p> <p>NOTE: If YES, mark all of the programs that apply and certify that you have completed participation in the program(s) by the start date for which you are applying. We will deny</p>	67977	§425.114	No	

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>applications containing ACO participants who will have concurrent participation in both the Shared Savings Program and another Medicare initiative involving shared savings.</p> <p>If NO, you are certifying that neither your ACO nor any of your ACO participants currently are participating in any other Medicare initiative involving shared savings.</p>				
20	Sect. 7 - Future Participation	<p>If you answered YES to question 19, confirm that you will complete participation in this/these programs by the Shared Savings Program start date for which you are applying.</p> <p>By selecting YES, you are certifying that neither your ACO nor any of your ACO participants will participate concurrently in any other Medicare initiative involving shared savings.</p>	67977	§425.114	No	N/A
21	Sect. 8 - Shared Savings	<p>Submit a narrative providing the following requirements:</p> <p>a. Describe how your ACO intends to share savings with participants, and ACO providers/suppliers, or if you will reinvest your savings in your ACO's infrastructure and redesign projects.</p> <p>b. Percentage of savings you intend to</p>	67978	§425.204 (d)	Yes	<p>You must upload your narrative using the following naming convention: Axxxx_S8_Q21_SS_mmdyy.pdf</p>

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>distribute to each category. Please provide the criteria you will use to determine distribution among categories.</p> <p>c. Describe how this sharing plan achieves improvement in quality and care efficiency (e.g. how it will achieve the goals of the Shared Savings Program such as better care for individuals, better health for populations and lower growth in spending).</p>				
22	Sect. 8 - Banking Information	<p>We will not consider your application complete until we receive your Form CMS 588.</p> <p>Read the Shared Savings Program ACO Banking Form Guidance and FAQs. Download and complete the Form CMS 588 ACO Cover Sheet and the Form CMS-588.</p> <p>Mail the completed Form CMS-588 with the ORIGINAL signature (not digital or photocopied) using overnight mail that can be tracked (like FedEx or UPS) to:</p> <p>Centers for Medicare & Medicaid Services Attention: Jonnice McQuay 7500 Security Blvd, Mail Stop C5-15-12,</p>	N/A	N/A	Send by a traceable delivery method such as FedEx or UPS.	N/A

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>Location C4-02-02 Baltimore, MD 21244-1850</p> <p>NOTE: The information on your Form CMS-588 must match the ACO entity’s legal business name in HPMS. Failure to verify this information accurately and completely or sending the Form to an address other than what is in the application will delay processing your Form CMS-588 by the Office of Financial Management (OFM).</p>				
23	Sect. 9 - ACO Participants	<p>You must list all of your ACO participants. This list of TINs represents all of your ACO participants who have joined to form the ACO and certify that they are accountable for the quality, cost and overall care of the ACO’s beneficiaries. They also attest to comply with the requirements of the program found at 42 CFR Part 425.</p> <p>Read the “ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants” that we issued.</p> <p>NOTE: If your ACO contains FQHC(s) and/or RHC(s), these ACO participants are also required to supply the National Provider Identifier (NPI) and</p>	67978 67979	§425.204 (c)(5) §425.214 (a)	Yes	You must upload your document using the following naming convention: Axxxx_S9_Q23_ParList_mmddyy.xls

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		<p>other identifying information for each physician that directly provides primary care services on behalf of the participating FQHC and RHC.</p> <p>Use the Participant List instructions to submit your ACO Participant List Template to complete this question. FAQs.</p>				
24	Sect. 9 - ACO Participants: Meaningful Commitment	<p>Indicate if your ACO participant and each ACO provider/supplier demonstrate a meaningful commitment to the mission of the ACO to ensure the ACO's likely success.</p> <p>If you select NO, you cannot participate in SSP.</p>	67976	§425.108 (d)	No	N/A
25	Sect. 9 - ACO Participants: Merged or Acquired TINs	<p>Indicate if your ACO includes any TINs that have been subsumed into an ACO Participant TIN through a merger or acquisition within the 3 benchmarking years?</p> <p>If YES, you must provide us with the acquired TINs on the ACO Participant List. You must also attest to which ACO Participant TINs merged or were acquired by your ACO, attest that all acquired TINs have reassigned their billing to your ACO TIN & the acquired TIN no longer is used for billing. You must upload documents that provide</p>	N/A	N/A	Yes, if applicable	<p>You must upload your narrative and documents using the following naming convention:</p> <p>Axxxx_S9_Q25_MergAcqTIN_mmddyy.pdf</p>

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		evidence of merger or the acquisition of the TINs as described in Merger and Acquisitions FAQs .				
26	Sect. 9 - ACO Participants: Employment Agreements	<p>To answer question 26, review your responses to question 4 and 6.</p> <ul style="list-style-type: none"> • Answer YES or NO, if you answered NO to both questions 4 and 6. • Answer N/A, if you answered YES to either questions 4 or 6. <p>Complete each requirement based on your answer to question 26.</p> <ul style="list-style-type: none"> • If you answered NO or N/A to question 26, you must complete questions 27 and 28, and submit all required documentation associated with these questions. • If you answered YES to question 26, you are attesting that if accepted into MSSP, you will notify each ACO provider/supplier of their participation in the Medicare Shared Savings Program. You must submit a copy of their Employee Agreements. • If you answered YES to question 26, do not answer questions 27 and 29. You must answer N/A to question 28. 	67975, 67977, 67978, 67979	§425.204 (c)(1)(i) §425.104, & §425.204 & §425.210	Yes, if applicable	You must upload your documents using the following naming convention: Axxxx_S9_Q26_EmplAgmt_mmddyy.pdf

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27a	Sect. 9 -: ACO Participant Agreements	Upload sample ACO Participant Agreements between your ACO and the ACO Participants (TINs) and other entities furnishing services related to ACO activities. These agreements must require compliance with the requirements and conditions of the program, including those specified in the participation agreement with CMS. Use	67978	§425.204 (c)(1)(i)	Yes, if applicable	You must upload your documents using the following naming convention: Axxxx_S9_Q27a_AgmtSamp_mmddyy.pdf
27b	Sect. 9 – ACO Participant Agreement Template	Use the ACO Participant Agreement Template Instructions to submit your ACO Participant Agreement Template , by identifying program requirements in your agreements. Read the “ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants” that we issued for assistance completing this requirement. Read the ACO Participant Agreement FAQs . Read the ACO Participant TIN Exclusivity and Other Entities FAQs .	67978	§425.204 (c)(1)(i)	Yes	You must upload your document using the following naming convention: Axxxx_S9_Q27b_AgmtTemp_mmddyy.pdf

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28	Sect. 9 - ACO Participants: Medicare Referrals	<p>Indicate if your ACO Participant Agreements require Medicare referrals to ACO participants or their associated ACO provider/suppliers except under the specific and limited circumstances expressly permitted in the regulations.</p> <p>If NO, you are attesting that your ACO Participant Agreements complies with the regulations.</p>	67981	§425.304 (c)	No	N/A
29	Sect. 9 - ACO Participants: Executed ACO Participant Agreements	<p>Upload the executed ACO Participant Agreement(s) first page and signature page for ALL ACO Participant(s) identified on your ACO Participant List. Read the “ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants” that we issued for assistance completing this requirement.</p> <p>Each executed agreement must be a separate .pdf and use the specified naming convention shown at right. The naming convention must include the legal name of the ACO Participant as identified on the ACO Participant List. If the ACO Participant name is more than 8 characters, you must use an abbreviation.</p> <p>Example: A0001 has an agreement with ACO Participant John Doe Hospital. The naming convention for</p>	67981	§425.306	Yes	<p>You must upload your document using the following naming convention: Axxxx_S9_Q29_ParAgmExec[TINName]_mmddyy.pdf</p>

No.	Application Section	Instructions / Document Requested	Regulation Page No.	Regulation Reference	Support Documents / Narrative Required	Naming Convention
		this agreement is: A0001_Q29_ExecAgmt_JDoeHosp.mmd dyy.pdf				
30	Sect. 10 - Data Sharing: Requesting Personally Identifiable Information	Indicate whether you will request the name, DOB, sex and Health Insurance Claim Number (HCIN) of beneficiaries used to establish the benchmark.	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No	N/A
31	Sect. 10 - Data Sharing: Requesting Beneficiary Identifiable Claims Data	Indicate if you will request beneficiary identifiable Part A, B and D claims data. If you want to receive data on a beneficiary-identifiable level, you must select YES . If you select YES , you may receive beneficiary-identifiable data AND aggregate data. If you select NO , you will receive aggregate data ONLY .	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No	N/A
32	Sect. 10 - Data Sharing: HIPAA	If you answered YES to either Question 30 or 31, you must certify that you are requesting this information as a HIPAA-covered entity or as a business associate of a HIPAA-covered entity.	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	No	N/A
33	Sect. 10 - Data Sharing: Privacy and Usage	If you answered YES to Question 30 or 31, upload a narrative in the HPMS describing how you will ensure privacy and security of the data as well as how you will use the data in terms of:	67988-89	§425.700; §425.702; §425.704; §425.706; §425.708	Yes, if applicable	You must upload your narrative using the following naming convention: Axxxx_S10_Q33_DataShare_mmddyy.pdf

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		<ul style="list-style-type: none"> • Evaluating the performance of the ACO participants, providers/suppliers • Conducting quality assessment and improvement • Conducting population-based activities to improve the health of your beneficiary population. 				
34	Sect. 11 – Clinical Processes and Patient Centeredness: Accountability for Beneficiaries	Confirm that your ACO participants and providers/suppliers agree to become accountable for the quality cost, and overall care of the Medicare fee-for-service beneficiaries assigned to the ACO.	67977	§425.204 (a)	No	N/A
35	Sect. 11 – Clinical Processes and Patient Centeredness: Quality Assurance and Improvement Program	Verify that your ACO has a qualified health professional responsible for your ACO's quality assurance and improvement program that encompasses the four required processes (i.e., evidence-based medicine, beneficiary engagement, quality & cost metrics and coordination of care).	67976 - 78	§425.112 & §425.204	N/A	N/A

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36	Sect. 11 – Clinical Processes and Patient Centeredness: Quality Assurance and Improvement Program	Upload a narrative in the HPMS describing how your ACO will require your participants to comply with and implement quality assurance and improvement programs. You must also include your remedial processes and penalties that apply to ACO participants and/or ACO providers/supplies who fail to comply with these required processes.	67976 67978	§425.112 & §425.204	Yes	You must upload your narrative using the following naming convention: Axxxx_S11_Q36_QA&Rem_mmddyy.pdf
37	Sect. 11 – Clinical Processes and Patient Centeredness: Promoting Evidence-Based Medicine	Upload a narrative in the HPMS describing how you define, establish, implement, evaluate, and periodically update your process to promote evidence-based medicine. This process should cover diagnoses with significant potential for the ACO to achieve quality improvements, taking into account the circumstances of individual beneficiaries.	67976 67978	§425.112& §425.204	Yes	You must upload your narrative using the following naming convention: Axxxx_S11_Q37_EBMed_mmddyy.pdf
38	Sect. 11 – Clinical Processes and Patient Centeredness: Promoting Beneficiary Engagement	Upload a narrative in the HPMS describing how you will define, establish, implement, evaluate, and periodically update its process to promote patient engagement. Describe how the applicant intends to address the following areas: a. Evaluating the health needs of the ACO's assigned population including consideration of diversity in its	67976-77 & 67978	§425.112 & §425.204	Yes	You must upload your narrative using the following naming convention: Axxxx_S11_Q38_BeneE_mmddyy.pdf

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		<p>patient population and a plan to address the needs of its population. This plan should include a description of how the ACO intends to partner with community stakeholders to improve the health of its population;</p> <p>b. Communicating clinical knowledge/evidence-based medicine to beneficiaries in a way that is understandable to them;</p> <p>c. Shared decision-making and beneficiary engagement that takes into account the beneficiaries' unique needs, preferences, values, and priorities; and</p> <p>d. Written standards for beneficiary access and communication, and a process to access their medical records.</p> <p>e. Assessing internally the processes to improve continuously the ACO's care practices.</p>				

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39	Sect. 11 – Clinical Processes and Patient Centeredness: Internally Reporting on Quality and Cost Metrics	Upload a narrative in the HPMS describing how you define, establish, implement, evaluate, and periodically update your processes and infrastructure to support internal reporting on quality and cost metrics. Include in your narrative how this enables you to monitor, provide feedback, and evaluate ACO participant and provider/supplier performance. Your narrative should also explain how you use these results to improve care and service over time and how your internal assessment processes enable you to continuously improve the ACO's care practices.	67976-77 & 67978	§425.112 & §425.204	Yes	You must upload your narrative using the following naming convention: Axxxx_S11_Q39_QulCstMet_mmddyy.pdf
40	Sect. 11 – Clinical Processes and Patient Centeredness: Promoting Coordination of Care	Upload a narrative in the HPMS describing how you define, create, put into place, evaluate, and periodically update your care coordination processes. You must include a description of: a. Your methods to coordinate care throughout an episode of care and during care transitions, such as discharge from a hospital or transfer of care from a primary care physician to a specialist (both inside and outside the ACO). b. Your individualized care program, along with a sample individual care	67976-77 & 67978	§425.112& §425.204	Yes	You must upload your narrative using the following naming convention: Axxxx_S11_Q40_CoC_mmddyy.pdf

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		<p>plan, and explain how you use this program to promote improved outcomes for, at a minimum, high-risk and multiple chronic-condition patients.</p> <p>c. Your individual care plans that take into account the community resources available to beneficiaries.</p> <p>d. How additional target populations would benefit from individualized care plans.</p> <p>e. How internal assessments of these processes continuously improve your care practices.</p>				
41	Sect. 12 - Application Certification	You must select I agree to certify your application. Your application is complete and submitted once you select I agree .	67977	§425.202 (a)(2) & §425.202 (a)(3)	No	N/A