

DATE: Tuesday April 1, 2014

TO: Medicare Shared Savings Program Potential Applicants

FROM: Medicare Shared Savings Program

RE: Posting of the 2015 Notice of Intent to Apply to the Medicare Shared Savings Program: January 1, 2015 Program Year Start Date

CMS is pleased to announce the posting of the Notice of Intent to Apply (NOI) for participation in the Medicare Shared Savings Program 2015 program year start date. Dates are subject to change, so check this [website](#) frequently for updates.

Program Year 2015 Application Webinar Schedule

We will host a series of Application Webinars during the Application Cycle. Please visit the [Shared Savings Program Applications Teleconferences and Events](#) frequently for registration information.

TOPIC	DATE	Time
Medicare Shared Savings Program ACO: Preparing to Apply to Become an ACO	4/8/14	1:30 p.m.-3:00 p.m. Eastern Time
Medicare Shared Savings Program ACO: Application Process - ACO Agreements, Participation List, and Assignment	4/22/14	1:30 p.m.-3:30 p.m. Eastern Time
Medicare Shared Savings Program ACO: Application Submission Review	6/10/14	2:30 p.m.-4:00 p.m. Eastern Time
Medicare Shared Savings Program ACO: Training on HPMS ACO Application Module	7/8/14	2:00 p.m.-3:30 p.m. Eastern Time
Medicare Shared Savings Program ACO Application Q&A Session	7/15/14	2:00 p.m.-3:30 p.m. Eastern Time

Application Cycle: Deadlines to Apply for Program Year 2015

Notice of Intent to Apply (NOI) Process	Deadlines
NOI Memo Posted to CMS Website	April 1, 2014
NOI Questionnaire Posted to CMS Website	May 1, 2014
Notice of Intent to Apply (NOI) Submission Period	May 1, 2014 – May 30, 2014
NOI Deadline	May 30, 2014 at 8:00 p.m. Eastern Time
CMS User ID Forms Submission Period	May 6, 2014 – June 9, 2014

Application Process	Deadlines
Application Posted to CMS Website	May 30, 2014
Applications Submission Period	July 1, 2014 – July 31, 2014
Applications Deadline	July 31, 2014 at 8:00 p.m. Eastern Time
Application Approval or Denial Decision Sent to Applicants	Fall 2014
Reconsideration review deadline	15 Days from Notice of Denial

For your next steps, follow the instructions and timeline below.

Step 1: Submit a Notice of Intent to Apply

Each ACO applicant must submit a short NOI using the Web Form made available on the Application [website](#) Thursday May 1, 2014. We must get your completed NOI **no later than 8:00 p.m. Eastern Time Friday May 30, 2014**. See [Sample NOI Questions](#) located at the end of this memo.

You'll get a notice via e-mail confirming that your NOI was processed. This notice will include your ACO identification number (ACO ID) and detailed instructions on how to get a CMS User ID.

- You must have an ACO ID to apply to participate in the Shared Savings Program.
- You must have a CMS User ID and password to submit your application using CMS' online Health Plan Management System (HPMS).

We will only accept NOIs submitted electronically. Processing time may vary, so please plan to submit your NOI as early as possible. Late submissions will not be accepted.

Step 2: Get a CMS User ID to Submit Your Application

To submit your application online, you need a CMS User ID to access HPMS. To get a CMS User ID, follow these steps:

1. Get an ACO ID through the NOI process explained in [Step 1](#) above.
2. Complete CMS [Form CMS-20037](#), Application for Access to CMS Computer Systems using the instructions provided in your NOI Receipt Notice.
3. Submit (1) form for each individual contact. You're 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:
 - Application Contact (primary)
 - Application Contact (secondary)
 - IT Contact (primary)
 - IT Contact (secondary)
4. Submit your completed CMS [Form CMS-20037](#) to us via tracked mail (e.g. FedEx, UPS, etc.) **no later than Monday, June 9, 2014**. Applications for CMS User IDs will only be accepted via mail services and not via E-mail or fax.

Since processing times may vary, we strongly encourage you to submit your NOI and Form CMS-20037 as early as possible. **Don't wait until the deadline.**

Step 3: Complete Your Application

On Friday May 30, 2014, we will post a copy of the application for the 2015 program start date on our [website](#). You may use the on-line application to begin compiling your responses; however, you must submit your actual application electronically through HPMS when the system is available Tuesday, July 1 through Thursday, July 31, 2014.

Applications are due Thursday July 31, 2014 at 8:00 p.m. Eastern Time. Late and/or incomplete submissions will not be accepted.

Who to Contact for Assistance

- For NOI and application questions: SSPACO_Applications@cms.hhs.gov
- For help with Form CMS-20037 and CMS User ID: HPMS_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 using HPMS and technical assistance: HPMS@cms.hhs.gov
or (800) 220-2028

SAMPLE NOTICE OF INTENT TO APPLY QUESTIONS – NOT FOR SUBMISSION

The Notice of Intent to Apply (NOI) sample questions are provided as a reference and is not made available for submission. Follow the guidance under [Step 1](#) to submit your NOI through our online survey.

- 1) What is your application type for the January 1, 2015 program start date? (Select one.)
 - New Shared Savings Program ACO
 - Re-applicant (Select only if you were terminated from the Medicare Shared Savings Program voluntarily or involuntarily and are re-applying).
 - Former Pioneer Accountable Care Organization Model Prior to 1/1/2015
- 2) What is your ACO Tax Identification Number (TIN)?
 - This is the TIN established for the ACO, as a legal entity and will also be included on your CMS [Form CMS-588](#) Electronic Funds Transfer (EFT) Authorization Agreement.
 - Shared savings payments will be made to this TIN.
 - You must have a valid TIN to complete your NOI. We will not accept incomplete or invalid TINs.
- 3) What is the ACO's date of formation (date noted on the Certificate of Incorporation or other formation documentation)?
- 4) What type of ACO are you? (Select all that apply.)
 - ACO professionals in a group practice arrangement
 - Network of individual practices of ACO professionals
 - Partnership or joint venture arrangement between hospitals and ACO professionals
 - Hospital employing ACO professionals
 - Critical Access Hospital (CAH) billing under Method II
 - Federally Qualified Health Center (FQHC)
 - Rural Health Clinic (RHC)
- 5) Select the Shared Savings Program track you are applying to. (Select one.)
 - Track 1 (one-sided model: shared savings)
 - Track 2 (two-sided model: shared savings/losses)
- 6) What is your ACO's legal business name and location?
 - Legal business name
 - Trade name/DBA (if applicable)
 - Address
- 7) Who is your primary application contact?
 - Name, Title (e.g. CEO, CFO)
 - Phone Number, Email Address
 - Business Address

8) Who is your secondary application contact?

- Name, Title (e.g. CEO, CFO)
- Phone Number, Email Address
- Business Address

9) What is your ACO's Type of Legal Entity? (Select one.)

- Sole Proprietorship
- Partnership
- Publicly-Traded Corporation
- Privately-Held Corporation
- Limited Liability Company
- Other (specify)

10) What is your tax status? (Select one.)

- For Profit
- Not-for-Profit