



# HPMS ACO Application Training



*August 7, 2012*

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*HPMS Team*

*Division of Plan Data*

# Key Points for Completing the ACO Application

- HPMS Homepage
- User Manuals and Guides
- ACO Application Start Page
- 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

**HPMS**  
**TEST**

Health Plan Management System

Ho

**Hello STE TESTER !**

Contract  
Management

**ACO Management**

ACO Data

Plan Bids

ACO Reports

Plan Formularies

Monitoring

Quality and  
Performance

Cost Reports

Data Extract Facility

User Resources

[Log Off HPMS](#)

**This is a test site, not the official HPMS Production site.**

## In the News

Click here for the [archived In the News](#) items.

[Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-Ins](#) | [Rules Of Behavior](#) | [System Requirements](#)

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

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# HPMS Homepage Content

- To access the application, go to ACO Management > ACO Data
- The user manuals provide instructions for completing the online application. They are located under Documentation.

# 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 template shortly.

# ACO Application Start Page

- After selecting your agreement number from the Select Agreement number screen, you will be sent to the main ACO agreement start page
- This is the page from which you navigate to the different sections that you need to complete within the ACO Module.

# ACO Application Start Page

**HPMS**  
**TEST**

Health Plan Management System

Ho

Agreement Selection

Select Agreement  
Number

General Information

Basic Agreement  
Data

Contact Information

Contact Data

Online Application

Submit Application  
Data

Documentation

ACO Module User's  
Manual

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## ACO Agreement Management Start Page

**Agreement: A2013**  
**Start Date: January 1, 2013**  
**Agreement Status: Pending**

You will use this module to:

- Enter and maintain agreement information.
- Enter and maintain contact information.
- Enter and maintain application information.

# Basic Agreement Data

## Update Basic Agreement Data for A2013

\* 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:**

### ACO Applicant Legal Entity Demographics

**Applicant Legal Entity Name:** Test ACO  
**Trade Name/DBA:**   
**\*Address 1:**   
**Address 2:**   
**\*City:**   
**\*State:**   
**\*ZIP/Postal Code:**

**ACO Taxpayer Identification Number (TIN):** 978675645  
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:**



# Basic Agreement Data Cont'd

- 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.**

# Contact Data

- Required Contacts:
  - ACO Executive (Authorized Official)
  - CMS Liaison
  - Application Contact
  - IT Contact
- Optional Contacts:
  - Secondary Application Contact
  - Secondary IT 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

\* Required fields are marked with an asterisk.

Organization Name: Test ACO

Contact Type	Contact Name	Phone/Fax/Email	Mail Address	Mail Location
ACO Executive (Authorized Official) (Required)	Prefix <input type="text"/> * First <input type="text"/> MI <input type="text"/> * Last <input type="text"/> Title <input type="text"/>	* Phone <input type="text"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>
CMS Liaison (Primary Contact) (Required)	Prefix <input type="text"/> * First <input type="text"/> MI <input type="text"/> * Last <input type="text"/> Title <input type="text"/>	* Phone <input type="text"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>
Application Contact (Primary) (Required)	Prefix <input type="text"/> * First <input type="text" value="Adam"/> MI <input type="text"/> * Last <input type="text" value="Foltz"/> Title <input type="text"/>	* Phone <input type="text" value="4107860408"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text" value="adam.foltz@cms.hhs.gov"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>
Application Contact (Secondary) (Optional)	Prefix <input type="text"/> * First <input type="text"/> MI <input type="text"/> * Last <input type="text"/> Title <input type="text"/>	* Phone <input type="text"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>
IT Contact (Primary) (Required)	Prefix <input type="text"/> * First <input type="text"/> MI <input type="text"/> * Last <input type="text"/> Title <input type="text"/>	* Phone <input type="text"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>
IT Contact (Secondary) (Optional)	Prefix <input type="text"/> * First <input type="text"/> MI <input type="text"/> * Last <input type="text"/>	* Phone <input type="text"/> Ext. <input type="text"/> Fax <input type="text"/> * Email <input type="text"/>	* Address <input type="text"/> <input type="text"/> <input type="text"/> * City <input type="text"/> <input type="text"/>	* State <input type="text"/> * ZIP <input type="text"/>

# Online Application

**HPMS**  
**TEST**

Health Plan Management System

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Agreement Selection

Select Agreement  
Number

General Information

Basic Agreement  
Data

Contact Information

Contact Data

Online Application

Submit Application  
Data

Documentation

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## ACO Agreement Management Start Page

**Agreement: A2013**  
**Start Date: January 1, 2013**  
**Agreement Status: Pending**

You will use this module to:

- Enter and maintain agreement information.
- Enter and maintain contact information.
- Enter and maintain application information.

# 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

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: A2013**  
**Effective: January 1, 2013**

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).

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**Go To:** [ACO Agreement Management Start Page](#)

# Enter Attestation Data

## Enter Application Attestation Data for A2013

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 (*)
<b>Section 2 - Tell us about your ACO's legal entity</b>			
	<p>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:</p> <p>SSPACO_Applications@cms.hhs.gov.</p> <p>Refer to the 'Getting Started' section of the application.</p> <ul style="list-style-type: none"> <li>• ACO Entity</li> <li>• Medicare Shared Savings Program Track</li> <li>• Applicant Legal Entity Name and address</li> <li>• ACO Taxpayer Identification Number (TIN)</li> <li>• Date of Formation</li> <li>• Your business structure</li> <li>• Tax Status</li> <li>• Repayment Mechanism</li> <li>• Contacts</li> </ul>		
<b>Section 3 - Tell us if your ACO meets the Antitrust Agencies definition of newly formed</b>			
1	<b>Jointly Negotiated Contracts with a private payor(s)</b>	<input type="radio"/> Yes <input type="radio"/> 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.

- Example: One answer may be limited by another answer. See example on next screen.
- ALL attestations must be completed.



# Enter Attestation Data Cont'd

Section 4 - Tell us about your ACO's legal entity		
2	<p>Submit a narrative giving us a brief overview of your ACO's history, mission, and organization, including your ACO's affiliations.</p> <p>Include this narrative in your Supporting Documentation upload.</p>	**
3	<p>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?</p> <p>If you answered <b>YES</b>, you are certifying that your ACO legal entity can:</p> <ul style="list-style-type: none"> <li>• Receive and distribute shared savings.</li> <li>• Repay shared losses or other monies determined to be owed to CMS.</li> <li>• Establish, report, and ensure provider compliance with health care quality criteria, including quality performance standards.</li> <li>• Fulfilling other ACO functions identified in 42 CFR Part 425.</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
4	Is the ACO formed among multiple, otherwise independent ACO participants?	<input type="radio"/> Yes <input type="radio"/> No
5	If you answered <b>YES</b> to question 4, do you certify that the ACO is a legal entity separate from any of the ACO participants?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
6	If you answered <b>NO</b> 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
8	<p>Submit your ACO's organizational chart showing the flow of responsibility. Include committees and key leadership personnel.</p> <p>Include this narrative in your Supporting Documentation upload.</p>	**

# Online Application

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

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- Upload Application File (One .zip file).
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# Application File / MSSP Toolkit

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

## 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](#)

# Download Application File

## Download Supporting Application Materials for A2013

Type	File (Select to download)	File Date
2013 ACO Initial Application Materials	<a href="#">ACO_Initial_Application_Files_2013.zip</a>	March 15, 2011 09:36 AM

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# Application File / MSSP Toolkit

- 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.

# Online Application

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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# 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 not Final Submit your application until these materials are successfully uploaded.

# Uploading Supporting Application Materials

## Upload Supporting Application Materials for A2013

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.

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

 

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# Online Application

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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# 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 not Final Submit until your participant list has been successfully validated.**

# Upload Participant List File and Validation

## Upload Participant List for A2013

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.

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

 

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# 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

## Confirmation of Upload Participant List for A2013

The file 'A2013\_ParList.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 12 data columns when you save it as a tab-delimited file.

Line Number	Error Description
2	Line 2, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
2	Line 2, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
2	Line 2, the 'CCN' column cannot be blank when the 'CCN Legal Name' column or 'CCN Identification Code' column has a value entered.
2	Line 2, column 'CCN Identification Code' can only be F (for Federally Qualified Health Centers), R (for Rural Health Centers), C (for Method II Critical Access Hospital or blank.
3	Line 3, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
3	Line 3, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
3	Line 3, the 'CCN' column cannot be blank when the 'CCN Legal Name' column or 'CCN Identification Code' column has a value entered.
3	Line 3, column 'CCN Identification Code' can only be F (for Federally Qualified Health Centers), R (for Rural Health Centers), C (for Method II Critical Access Hospital or blank.
4	Line 4, column 'Medicare Enrolled TIN' can only be Y (for Yes) or N (for No).
4	Line 4, column 'Merged or Acquired TIN' can only be Y (for Yes) or N (for No).
4	Line 4, the 'CCN' column cannot be blank when the 'CCN Legal Name' column or 'CCN Identification Code' column has a value entered.
4	Line 4, column 'CCN Identification Code' can only be F (for Federally Qualified Health Centers), R (for Rural Health Centers), C (for Method II Critical Access Hospital or blank.

# Final Submit Screen

## Final Submit Application Data for A2013

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. My signature (or electronic signature) legally and financially binds this ACO to the applicable laws, 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 and 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 FTC and DOJ.

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.

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# 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.



# Final Submit Errors

**Error: The Contact data has not been completed. Go to the Contact Data link to complete the required data entry.**

**Error: The Application Attestation data has not been completed. Go to the Enter Attestation Data link to complete the required data entry.**

**Error: For the Application Attestation data question 19 must be N/A if question 18 is No. Go to the Enter Attestation Data link to complete the required data entry.**

**Error: For the Application Attestation data question 25 must have a value of N/A when question 4 or question 6 are Yes. Go to the Enter Attestation Data link to complete the required data entry.**

**Error: For the Application Attestation data question 27 must have a value of N/A when question 25 is Yes. Go to the Enter Attestation Data link to complete the required data entry.**

**Error: The Application Upload file is missing. Go to the Upload Application File link to upload the required file.**

**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. My signature (or electronic signature) legally and financially binds this ACO to the applicable laws, 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 and 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 FTC and DOJ.

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.

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# Contact Information

- For Policy and Procedure questions regarding the ACO Application:  
[sspaco\\_applications@cms.hhs.gov](mailto: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](mailto: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](mailto:gregory.buglio@cms.hhs.gov)
- For general technical assistance with HPMS and participant list upload/validation:  
1-800-220-2028 / [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov)
- For questions related to HPMS user access:  
[hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov)
- Consultant letters must be sent to: [HPMSConsultantAccess@cms.hhs.gov](mailto:HPMSConsultantAccess@cms.hhs.gov) or [adam.foltz@cms.hhs.gov](mailto:adam.foltz@cms.hhs.gov).

# HPMS ACO Application Training

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## Questions