

## How to Complete Form CMS-20037

1. Check "New" as the type of request.
2. Check the 3rd box "Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using Other Systems."

Fill in all relevant fields.

*This access is for the ACO Application module ONLY. It won't connect you to any MA, MA-PD, Part D or Cost contract.*

3. Enter your ACO ID number  
*Your ACO ID begins with an A followed by a four digit number.*
4. Check the 3rd "Connect" check box. Hand write in the job code *HPMS\_P\_Comm1User*. The text box can't accept all the characters when typed.
5. Fill in "I need a CMS User ID to access the Medicare Shared Savings Program module in HPMS."
6. Leave blank.

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- Print name (as you want it published); do not fill in the "CMS User ID."
- Fill in your Social Security Number and Date of Birth.
- Print document, sign and date the Privacy Act Statement. *This is critical to ensuring your request is processed successfully.*

Send your completed form via an expedited mail service as soon as possible to:

Centers for Medicare & Medicaid Services  
ATTENTION: Adam Foltz  
7500 Security Blvd  
Mailstop C4-18-13  
Baltimore, MD 21244