



MEDICARE
SHARED SAVINGS
PROGRAM

Webinar

Finalizing Phase 1 & Preparing for Phase 2

August 28th, 2024

Medicare Shared Savings Program



Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided in this document for your reference. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.



Housekeeping

- Everyone was muted when you joined today's session.
- Put any questions you have during the presentation into the Q&A section of the webinar.
- Closed captioning is available by clicking the CC logo on the bottom panel.
- If time allows, we will be answering application and change request questions that we received from the registration submissions as well as those you pose today.
 - If you have questions related to quality reporting, please send those questions directly to QPP@cms.hhs.gov.
 - Any ACO-specific questions or any questions we do not get to today should be directed to your ACO Coordinator or to the Shared Savings Program Helpdesk at sharedsavingsprogram@cms.hhs.gov.



Webinar Presenters



LaShawn Brooks



Emilie Thomas



Faye Starcevich

CMS Center for Medicare (CM)
Performance-Based Payment Policy Group (P3)
Division of ACO Management and Compliance (DAMC)



Agenda

- Finalize Phase 1 of the Shared Savings Program application and prepare for Phase 2.
- Leveraging the Application Cycle Subtab and Participation Options Report.
- Review key application elements in Phase 2.
- Q&A Session.



Important Dates

1

Submit Phase 1 of the Application

Opens: May 20, 2024
Due: June 17, 2024

2

Respond to Phase 1 RFI-1

Opens: July 11, 2024
Due: Aug. 1, 2024

3

Respond to Phase 1 RFI-2

Opens: Aug. 22, 2024
Due: Sept. 5, 2024

4

Phase 1 Dispositions

Issued: Oct. 17, 2024

5

Submit Phase 2 of the Application

Opens: Oct. 18, 2024
Due: Oct. 29, 2024

6

Respond to Phase 2 RFI

Opens: Nov. 8, 2024
Due: Nov. 18, 2024

7

Final Application Dispositions

Issued: Dec. 5, 2024

8

ACO Signing Event

Opens: Dec. 6, 2024
Due: Dec. 12, 2024



Shared Savings Program Application



Phase 1 RFI-2: Ending on September 5, 2024, at 12:00 p.m. ET

The **last opportunity** for your ACO to:

- Correct any deficiencies identified by CMS or modify responses within [Section 2](#)
 - Track Selection
 - Assignment Methodology
 - Minimum Savings Rate (MSR) and Minimum Loss Rate (MLR).
- Withdraw or delete ACO participants
- Withdraw SNF affiliate change requests
- Correct ACO participant and/or SNF affiliate agreement deficiencies.
- Upload executed agreements and merger/acquisition documentation & change the merged/acquired indicator on pending change requests
- Complete SNF 3-Day Rule Waiver application*

*Indicates the requirement only applies to certain ACOs.



Change Request Cycle Actions



Final Opportunity To:

- Withdraw or delete ACO participants.
- Withdraw SNF affiliate change requests.
- Correct ACO participant and/or SNF affiliate agreement deficiencies.
- Upload executed agreements and merger/acquisition documentation & change the merged/acquired indicator on pending change requests.
- Complete SNF 3-Day Rule Waiver application.*
- Elect to remain in Level A of the BASIC track or voluntarily elect a higher level within the BASIC track's glide path.
- Select MSR/MLR.*
- Change beneficiary assignment methodology.

*Indicates the requirement only applies to certain ACOs.

Common Deficiencies

- Banking Information
- ACO Participant List
- SNF 3-Day Rule Waiver
- Repayment Mechanism



MEDICARE
SHARED SAVINGS
PROGRAM



Banking Information

For an ACO to finalize its application and receive shared savings payments, the following three documents are required:


1. Cover Sheet
2. Electronic Funds Transfer (EFT) Authorization Agreement (Form CMS-588)
 - **ACOs must use the approved Form CMS-588 (OMB No. 0938-0626 Expires 11/2026).**
3. Supporting financial documentation
 - **The only accepted forms of documentation are a pre-printed voided check or a signed letter from the financial institution.**



Tip: The Form CMS-588, cover sheet, and ACO Banking Form Instructions are now downloadable within ACO-MS. Digital signatures are now accepted.



Sample Cover Sheet



MEDICARE
SHARED SAVINGS
PROGRAM

Form CMS-588 Request Type (Select Only One Request Type)

New Form CMS-588 Enrollment
 Change to Current Form CMS-588 Enrollment
 Form CMS-588 payment is being made to the Chain Home Office (Attach letter Authorizing EFT payment to Chain Home Office)

ACO LEGAL BUSINESS/ENTITY INFORMATION

ACO ID # (A+4 digits): A1234

ACO Legal Entity Name: 5 Star ACO, LLC

ACO Taxpayer Identification Number (TIN): 123456789

ACO Tax Status: For-profit Nonprofit

REASON FOR CHANGE TO CURRENT FORM CMS-588

Complete only if you are changing an existing [Form CMS-588](#).
(Select all changes that apply)

Name Contact Person
 TIN Authorization - Signature
 Financial Institution Other Information

UPLOAD BANKING INFORMATION TO ACO-MS

Initial and Renewal Applicants submit their documents via the Initial and Renewal task during the application cycle. Currently Participating ACOs may submit via the Documents tab in the ACO Management System ([ACO-MS](#)).

MATERIALS

- Signed Form CMS-588
- Form CMS-588 cover sheet
- Supporting financial documentation in the form of a bank letterhead or voided, pre-printed check

Revised March 2024



Sample Form CMS-588

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0626
Expires 11/2026

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

New EFT Enrollment

Individual Group

Change to Current EFT Enrollment
(e.g. account or bank changes)

Check here if EFT payment is being made to the Chain Home Office
(Attach letter Authorizing EFT payment to Chain Home Office)

PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier Legal Business Name (If individual, please provide first name, middle initial, last name, and suffix)

5 STAR ACO, LLC

Chain Organization Name or Home Office Legal Business Name (If different from Chain Organization Name)

Chain Home Office number

Account Holder's Street Address (Do Not Include PO Boxes.)

800 Your Street

Account Holder's City

Anytown

Account Holder's State

NJ

Account Holder's Zip Code

00000

Tax Identification Number (TIN)

1 2 3 4 5 6 7 8

Designate TIN:

SSN (enrolling as an individual) OR

EIN (enrolling as a group/organization/corporation)

National Provider Identifier Number (NPI)

1 2 3 4 5 6 7 8 9 10 11 12

Medicare Identification Number (if issued)

1 2 3 4 5 6 7 8 9 10 11 12

Medicare Identification Number (if issued)

1 2 3 4 5 6 7 8 9 10 11 12

Medicare Identification Number (if issued)

1 2 3 4 5 6 7 8 9 10 11 12

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

YourBanker Institution

Financial Institution's Street Address (Do Not Include PO Boxes.)

111 Bank Lane

Financial Institution's City/Town

Moneyville

Financial Institution's State/Province

NY

Financial Institution's Zip Postal Code

00000

Financial Institution's Telephone Number (optional)

222-2222

Financial Institution's Contact Person (optional)

John Doe Banker

Financial Institution Routing Transit Number (must be 9 digits)

0 0 0 0 0 0 0 0 0 0

Provider's/Supplier's Depositor Account Number with Financial Institution (include all zeroes)

1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1

Type of Account (check one)

Checking Account Savings Account

NOTE: Starter checks are not acceptable for EFT confirmations.

PLEASE NOTE: In accordance with section 1104 of the Affordable Care Act, enrollment of electronic fund transfer (EFT) is for electronic fund transfer authorization only. EFT enrollment does not constitute enrollment as a provider or supplier in the Medicare program.

PART IV: CONTACT PERSON

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name

Your ACO Contact

Contact Person's Title

Your ACO Contact's Title

Contact Person's Telephone Number

222-2222

Contact Person's E-mail Address

account@jacksample.com

PART V: AUTHORIZATION

I hereby authorize the Centers for Medicare & Medicaid Services (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. CMS may assign its rights and obligations under this agreement to CMS' designated Medicare Administrative Contractor (MAC). CMS may change its designated contractor at CMS' discretion.

If payment is being made to an account controlled by a Chain Home Office, the Provider of Services hereby acknowledges that payment to the Chain Office under these circumstances is still considered payment to the Provider, and the Provider authorizes the forwarding of Medicare payments to the Chain Home Office.

If the account is drawn in the Physician's or Individual Practitioner's Name, or the Legal Business Name of the Provider/Supplier, the said Provider/Supplier certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Provider/Supplier are in accordance with all applicable Medicare regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to CMS an updated EFT Authorization Agreement.

SIGNATURE LINE

Authorized/Delegated Official Name (Print)

Jack Exec

Authorized/Delegated Official Telephone Number

(222) 222-2222

Authorized/Delegated Official E-mail Address (optional)

jackexec@jacksample.com

Authorized/Delegated Official Signature (Note: Must be signed and dated to process.)

Jack Exec

Digitally signed by Jack Exec
Date: 2024.01.18 16:28:19 -0500

Date

1/18/2024

PRIVACY ACT ADVISORY STATEMENT

Sections 1842, 1862(b) and 1874 of title XVIII of the Social Security Act authorize the collection of this information. The purpose of collecting this information is to authorize electronic funds transfers.

Per 42 CFR 424.510(e)(1), providers and suppliers are required to receive electronic funds transfer (EFT) at the time of enrollment, revalidation, change of Medicare contractors or submission of an enrollment change request; and (2) submit the CMS-588 form to receive Medicare payment via electronic funds transfer.

The information collected will be entered into system No. 09-70-0501, titled "Carrier Medicare Claims Records," and No. 09-70-0503, titled "Intermediary Medicare Claims Records" published in the Federal Register Privacy Act Issuances, 1991 Comp. Vol. 1, pages 419 and 424, or as updated and republished. Disclosures of information from this system can be found in this notice.

You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government, under certain circumstances, to verify the information you provide by way of computer matches.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0626. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. **DO NOT MAIL THIS FORM TO THIS ADDRESS. MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.**



Sample Financial Institution Letter and Voided Pre-Printed Check

December 17, 2024

5 STAR ACO, LLC
800 Your Street
Anytown, NJ 00000

Ref: Bank Confirmation Letter

To Whom It May Concern:

5 STAR ACO, LLC is a customer of YourBanker Institution. We are verifying the Account Name, Account Number, SWIFT BIC and Domestic ABA Routing and Transit Number of the following account:

Account Name: 5 STAR ACO, LLC
Bank Account Number: 1000000000001
Domestic ABA Routing: 000000000
ACO Tax Identification Number: (123456789)

Institution Name: Your Banker Institution
Institution Address: 111 Bank Lane Moneyville, NY 00000

Please call me if you have any questions. Thank you for your business and the opportunity to serve you.

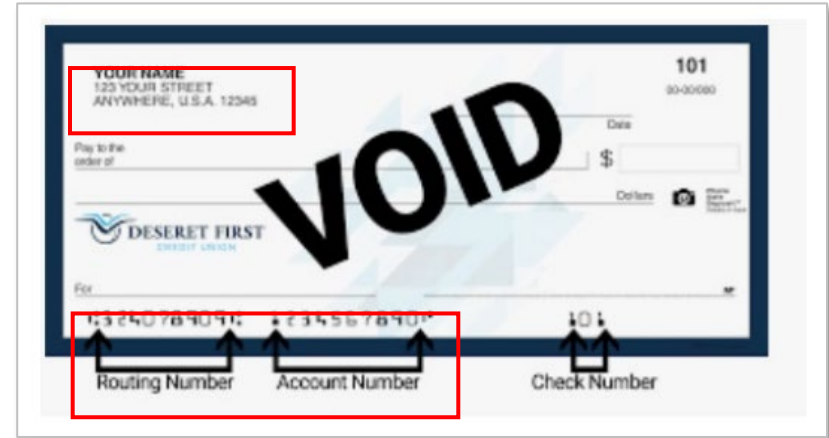
Sincerely,

Your Banker's Signature

Your Banker's Name
Banker's Phone Number (222) 222-2222
Yourbanker@localbank.com

Client Service Sr. Associate

Your Bank
111 Bank Lane
Moneyville, NY 00000



- The legal entity name must match ACO-MS.
- The account and routing number must match the Form CMS-588.
- The bank letterhead (if using) must be signed.



ACO Participant List

Successful PECOS Check:



PECOS Checks: Passed

Medicare Enrollment: Passed ✓

Business Name: Passed ✓

Medicare Exclusion: Passed ✓

Sole Proprietor (Yes/No): No

PECOS Check Failure:



PECOS Checks: Failed

Medicare Enrollment: Failed ❗

Business Name: Failed ❗

Medicare Exclusion: Passed ✓

Sole Proprietor (Yes/No): No

- Medicare enrollment confirmation is sourced from PECOS.
 - Please direct questions regarding your Medicare enrollment to your Medicare Administrative Contractors (MACs).
 - Ensure that the ACO participant Legal Business Name (LBN) in the CR matches as it appears in PECOS.



ACO Participant List

Refer to the Example Below:


ACO PARTICIPANT AGREEMENT

This MSSP ACO Participant Agreement (“Agreement”), by and between **DEMO ACO Participant** and **DEMO ACO** effective January 1, 2025 (“Effective Date”), allows ACO Participant to participate in the Medicare Shared Savings Program (“MSSP”) with ACO. “Practice Provider” means any physician or other licensed health care provider who is employed by or who is contracted with ACO Participant and who has agreed to provide Covered Services under this Agreement and who bills for items and services furnished to Medicare fee-for-service (“FFS”) beneficiaries under the Medicare billing number assigned to the tax identification number (“TIN”) of ACO Participant. ACO Participant has legal authority to bind each of the Practice Providers who are set forth in Schedule A to this Agreement and will keep Schedule A current during the term of this Agreement.

IN WITNESS WHEREOF, the foregoing Agreement between ACO and ACO Participant is entered into by and between the undersigned parties executed by their duly authorized representatives, to be effective as of the date first written above.

ACO

ACO Legal Entity Name: **DEMO ACO**

ACO Authorized Signature: 

ACO PARTICIPANT

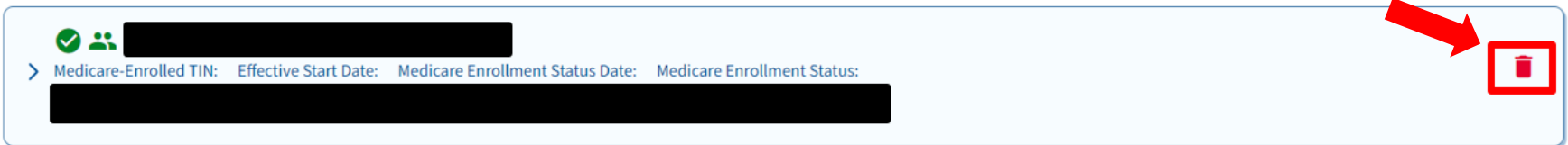
Legal Business Name: **DEMO ACO PARTICIPANT**

ACO Participant Authorized Signature: 



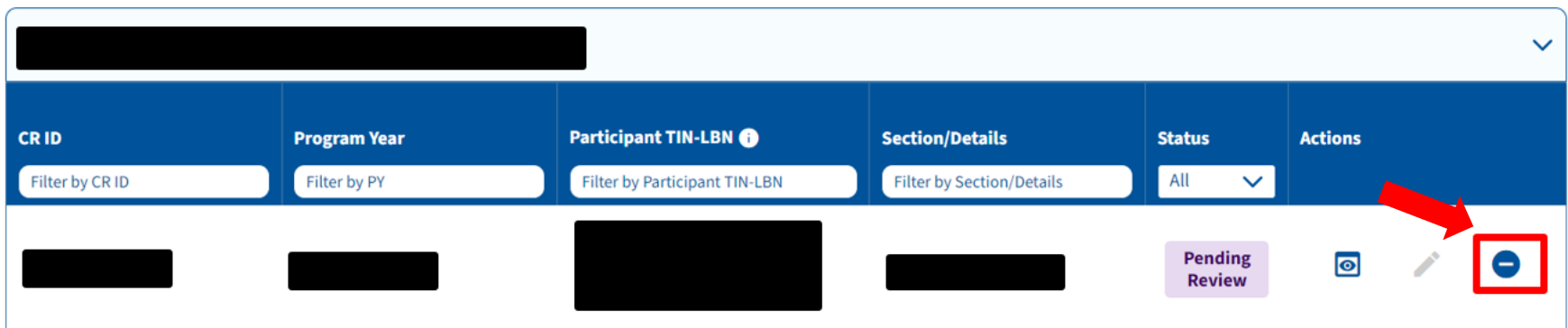
Deleting an ACO Participant

To delete an approved ACO participant select the red trashcan icon



A screenshot of a participant record card. At the top left, there is a green checkmark and a group of people icon. Below this, there are fields for 'Medicare-Enrolled TIN:', 'Effective Start Date:', 'Medicare Enrollment Status Date:', and 'Medicare Enrollment Status:'. A red arrow points to a red trashcan icon in the top right corner of the card.

To withdraw an ACO pending approval or review select the withdrawal icon



A screenshot of a table with columns: CR ID, Program Year, Participant TIN-LBN, Section/Details, Status, and Actions. The table contains one row with redacted data. The status is 'Pending Review'. A red arrow points to a blue withdrawal icon (a circle with a minus sign) in the Actions column.

CR ID	Program Year	Participant TIN-LBN	Section/Details	Status	Actions
[Redacted]	[Redacted]	[Redacted]	[Redacted]	Pending Review	[Withdrawal Icon]



Identify and Contact Overlapping ACOs

- ACOs may look up Primary Contact information for Medicare Shared Savings Program (MSSP) ACOs in this MSSP data file.
 - <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organizations>
- If the overlap is with an initial applicant within the Shared Savings Program, the ACO should contact the Shared Savings Program help desk.
- ACOs may use the ACO REACH data file to look up the name and contact information of other ACOs by their ID number.
 - <https://data.cms.gov/cms-innovation-center-programs/aco-realizing-equity-access-and-community-health/realizing-equity-access-and-community-health-acos>
- If an unresolved overlap remains with a REACH ACO and a Shared Savings Program ACO, the TIN and affiliated providers (NPIs) will be dropped from the REACH ACO.



Contact Other Overlapping Entities

- ACOs should contact the ACO participant to resolve these overlaps as quickly as possible.
- If the ACO participant needs assistance, write the other model's Help Desk.

Model or Program Name	Email:
Making Care Primary (MCP) Model	MCP@cms.hhs.gov
ACO REACH	ACOREACH@cms.hhs.gov
Kidney Care Choices	KCF-CKCC-CMMI@cms.hhs.gov



Denial of ACO Participant Impacts

- Assigned Beneficiary Estimates
 - Estimates generated for RFI-1 and RFI-2 exclude ACO participants with any overlap or PECOS deficiencies
 - Assignment counts issued with Phase 1 Dispositions exclude ACO participants with any overlap, PECOS or **agreement** deficiencies.
 - **Applications for ACOs with fewer than 5,000 assigned beneficiaries will be denied at Phase 1 Final Dispositions.**

ACO ID	Program Year	ACO Participant TIN	Medicare Enrollment Passed	Legal Business Name Passed	Medicare Exclusions Passed	Overlap Found	Agreement Deficiency	TIN Included in ACO-Level Values	Prospective Assignment BY1 (2022) Beneficiary Estimate
A9999	2025	ACO-level							4,900
A9999	2025	'111111111'	Yes	Yes	Yes	No	Yes	Yes	3,500
A9999	2025	'222222222'	Yes	Yes	Yes	No	No	Yes	1,400
A9999	2025	'333333333'	Yes	Yes	Yes	Yes	No	No	1,300



Denial of ACO Participant Impacts

- Risk Experience, Re-entering & High/Low Revenue Determinations
 - Estimates generated for RFI-1 and RFI-2 include **all** ACO participants (regardless of any deficiencies).
 - Determinations issued with Phase 1 Final Dispositions reflect only **approved** ACO participants.
 - Denial of change requests to add ACO participants can change the preliminary determinations from the RFIs.

	ACO ID	Program Year	ACO Participant TIN	PY 2024 Risk Participation	PY 2023 Risk Participation	PY 2022 Risk Participation	PY 2021 Risk Participation	PY 2020 Risk Participation
1	A9999	2025	Total Percent per PY	33%	0%	0%	0%	0%
2	A9999	2025	'111111111'					
3	A9999	2025	'222222222'	Shared Savings Program ACO (ENHANCED)				
4	A9999	2025	'333333333'					



SNF 3-Day Rule Waiver and SNF Affiliates



Phase 1, RFI-2: Ending on September 5, 2024, at 12:00 p.m. ET

Final opportunity to:

- Upload fully executed SNF Affiliate Agreements.
- Withdraw a SNF affiliate change request.
- Complete a SNF 3-Day Rule Waiver application.



SNF Affiliate Agreement

Refer to the example below:

This ACO SNF Affiliate Agreement (“Agreement”) is by and between **Demo ACO** DBA Demo ACO (“ACO”), and **Demo SNF Affiliate** (“SNF Affiliate”) and ...

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by the duly authorized representatives as of the dates below.

For the ACO
Demo ACO

 Legal Entity Name
 Demo ACO DBA

 DBA Name

 Signature (on behalf of the ACO)

For the SNF Affiliate
Demo SNF Affiliate

 Legal Business Name
 Demo SNF Affiliate DBA

 DBA Name

 Signature (on behalf of the SNF Affiliate)



SNF Star Rating

Star Ratings in ACO-MS



Agreement Details Performance Year Application Cycle Documents ACO Participants **SNF Affiliates** Contacts Marketing RM Generator

SNF Affiliate List

Historical Data





Repayment Mechanism

- Repayment mechanism documentation for PY 2025 should not be finalized until the repayment mechanism task in ACO-MS receives a status of “***Ready for Finalization.***”
- ACOs are encouraged to continue working with their financial institution to remedy all deficiencies that are not part of the finalization process.
- Final repayment mechanism documentation should be submitted by the Phase 2 Submissions deadline of October 29, 2024, at 12:00 noon ET.

5

**Submit Phase 2 of
the Application**

Opens: Oct. 18, 2024

Due: Oct. 29, 2024



Repayment Mechanism

Repayment Mechanism

A repayment mechanism is only applicable to ACOs applying to a two-sided model (Levels C, D, or E of the BASIC track or the ENHANCED track). 

What repayment mechanism(s) does your ACO intend to use to repay CMS for any losses owed: (Select all that apply)

9.1 Does your ACO intend to amend its current repayment mechanism for its next agreement period?

Yes

No

Escrow Agreement Amendment: An amendment to an ACO's existing escrow agreement

Upload Escrow Agreement Amendment (.doc, .docx, .pdf)

Create Separate task

[Escrow Agreement 06-17-2024-07-44.docx](#)

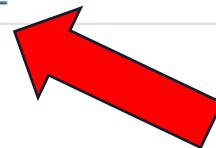
06/17/2024, 7:45 AM EST

Upload RM file(CMS) (.doc, .docx, .pdf)

Upload Document

 [Feedback 7.11.2024.docx](#)

07/02/2024, 11:13 AM EST

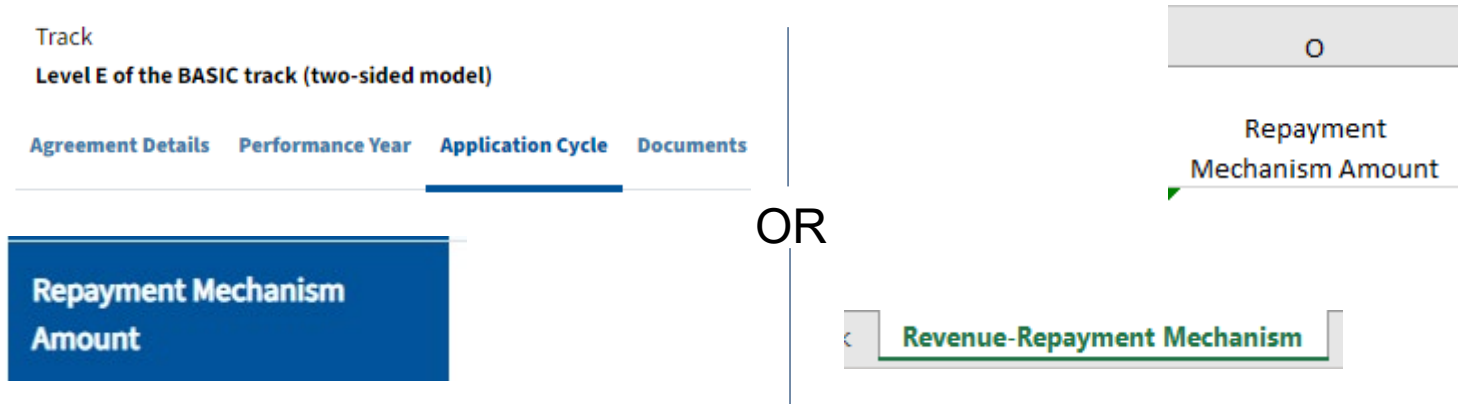


Feedback
Document



Repayment Mechanism

- Estimated repayment mechanism amounts can be located in the **Application Cycle subtab** or within the Revenue-Repayment Mechanism tab of the *Participation Options Report*.



Track
Level E of the BASIC track (two-sided model)

Agreement Details Performance Year **Application Cycle** Documents

Repayment Mechanism Amount

OR

Repayment Mechanism Amount

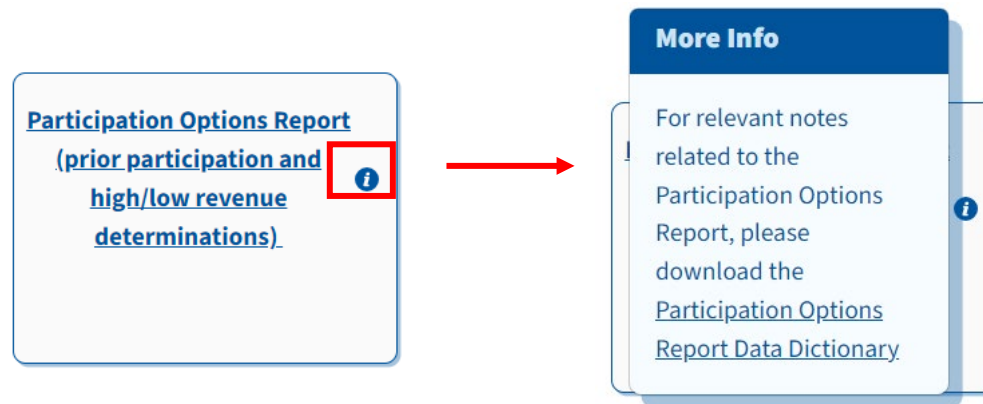
Revenue-Repayment Mechanism

- Until final repayment mechanism amounts are released, your ACO will continue to receive a deficiency during this RFI.



RFI-2 Participation Options Report

- Updated Participation Options Report available NOW in ACO-MS



- Deleting and withdrawing ACO participant TINs may impact:
 - Risk experience determination
 - Re-entering determination
 - High/low revenue determination
 - Beneficiary assignment
 - Track eligibility
 - AIP eligibility
 - Quarterly AIP estimate



Next Steps

- ☑ Finalize Phase 1 of your application:
 - ☑ Submit your corrected documents and make any changes to your application (track/level, MSR/MLR, etc.).
 - ☑ Finalize ACO Participant List and SNF Affiliate List (if applicable) by deleting TINs and addressing deficiencies.
 - ☑ Submit final Banking Information package (cover sheet, Form CMS-588, and supporting financial documents).



Must be done by September 5, 12:00 p.m. ET (noon).



Phase 1 Final Dispositions

1

**Submit Phase 1 of
the Application**

Opens: May 20, 2024
Due: June 17, 2024

2

**Respond to
Phase 1 RFI-1**

Opens: July 11, 2024
Due: Aug. 1, 2024

3

**Respond to
Phase 1 RFI-2**

Opens: Aug. 22, 2024
Due: Sept. 5, 2024

4

**Phase 1
Dispositions**

Issued: Oct. 17, 2024

5

**Submit Phase 2 of
the Application**

Opens: Oct. 18, 2024
Due: Oct. 29, 2024

6

**Respond to
Phase 2 RFI**

Opens: Nov. 8, 2024
Due: Nov. 18, 2024

7

**Final Application
Dispositions**

Issued: Dec. 5, 2024

8

**ACO Signing
Event**

Opens: Dec. 6, 2024
Due: Dec. 12, 2024

Preparing for Phase 2

- Advance Investment Payments (AIP)
- Governing Body
- Beneficiary Incentive Program (BIP)



MEDICARE
SHARED SAVINGS
PROGRAM



Advance Investment Payments (AIP)

- AIP offers advance shared savings payments, including a one-time, up-front payment of \$250,000 followed by 2 years of quarterly payments (up to eight total).*
- ACOs will be informed of their AIP eligibility during **Phase 1 final dispositions**.
- During Phase 2, eligible ACOs will receive a prompt asking if they are interested in AIP. If “Yes” is indicated, an AIP supplemental information task (including a spend plan) will be deployed.
- Refer to the [AIP Guidance](#) for more detailed information.

ACOs must meet the following requirements to be eligible for AIP:

AIP Eligibility (42 CFR § 425.630(b))

- ACO is not a renewing ACO or re-entering ACO (as defined under (42 CFR § 425.20).
- ACO has applied and is eligible to participate in the SSP under level A of the **BASIC track’s** glide path.
- ACO is **inexperienced with performance-based risk** Medicare ACO initiatives.**
- ACO is a low-revenue ACO.**

*Up to \$45 per beneficiary per quarter based on beneficiary attributes

**ACOs must continue to be determined by CMS to be low-revenue and inexperienced with risk in order to maintain AIP eligibility during the agreement period.



AIP Spend Plan

The AIP supplemental information will include a section for applicants to submit their **spend plan**:

- ACOs must submit a spend plan for CMS review that specifies how the ACO intends to spend the advance investment payments during the agreement period to build care coordination capabilities and address specific health disparities by investing in:
 - Increased staffing
 - Health care infrastructure
 - Provision of accountable care for underserved beneficiaries, which may include addressing social determinants of health.

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending Year 1	Projected Spending Year 2	Projected Spending Year 3	Projected Spending Year 4	Projected Spending Year 5
<i>Free text line-item description</i>	<i>Selected category from drop-down*</i>	<i>Selected subcategory from drop-down*</i>	<i>Enter dollar amount</i>	<i>Enter dollar amount</i>	<i>Enter dollar amount</i>	<i>Enter dollar amount</i>	<i>Enter dollar amount</i>
<i>Continue for all line items</i>							
Subtotal							

Spend Plan Summary	
Projected Total Advance Investment Payments	<i>Auto-populated estimate from Step 1</i>
Future Projected Spending	<i>Sums Projected Spending for future years</i>
Remaining Funding to Allocate	<i>Total Funding – Projected Spending (must be \$0 to submit spend plan to CMS)</i>
Advance Investment Payments Received	<i>Total advance investment payments received from CMS as of most recent payment (\$0 for applicant ACO)</i>



Advance investment payments may not be used for expenses other than the Allowable Uses listed on this slide.



Published Resources Available!

- [AIP Spend Plan Tip Sheet](#)
- [AIP Guidance](#)



Governing Body

An ACO must maintain an identifiable governing body with ultimate authority to execute the functions of an ACO to promote evidence-based medicine and patient engagement, to report on quality and cost measures, and to coordinate care.

To be compliant an ACO's Governing Body must:

- Include a **Medicare beneficiary** who
 - i. Is served by the ACO;
 - ii. Is not an ACO provider/supplier;
 - iii. Does not have a conflict of interest with the ACO; and
 - iv. Does not have an immediate family member who has a conflict of interest with the ACO.
- Have **75 percent control** of the ACO's governing body be held by ACO participants.

Governing Body Example:

First Name	Last Name	Title/Position	Voting Power	Membership Type	ACO Participant TIN LBN
Jane	Doe, M.D.	President	20%	ACO Participant Representative	The Family Demo Medicine, Inc.
John	Jordan, M.D.	Voting Member	10%	ACO Participant Representative	Demo Eye Center, P.C.
Peter	Piper, M.D.	Voting Member	25%	ACO Participant Representative	Peter Piper Demo, LLC
Jen	Miller, M.D.	Secretary	15%	ACO Participant Representative	Demo Medicine, P.C.
Reagan	Spears	Voting Member	10%	Medicare Beneficiary	
Jim	White, M.D.	Voting Member	20%	ACO Participant Representative	Demo LBN, M.D., P.C.

Important Governing Body deadlines:

Phase 2 RFI is the final opportunity to correct any identified deficiencies: November 18, 2024, at 12:00 p.m. (noon) ET.



Beneficiary Incentive Program (BIP)

A BIP application allows certain ACOs participating in the Shared Savings Program to offer incentive payments to encourage assigned beneficiaries to obtain medically necessary primary care services.

- Under these policies, ACOs participating in certain two-sided models may apply to establish and operate a BIP to provide an incentive payment with a value of up to \$20 to each assigned beneficiary for each qualifying primary care service received.
- Only SSP ACOs currently participating in or applying to two-sided models can apply.
 - Levels C, D, or E of the BASIC track or the ENHANCED track.

Important BIP deadlines:

- 
- **Phase 2 RFI** is the final opportunity to correct any identified deficiencies: Ends on November 18, 2024, at 12:00 p.m. (noon) ET.



Phase 2 RFI

1

Submit Phase 1 of the Application

Opens: May 20, 2024
Due: June 17, 2024

2

Respond to Phase 1 RFI-1

Opens: July 11, 2024
Due: Aug. 1, 2024

3

Respond to Phase 1 RFI-2

Opens: Aug. 22, 2024
Due: Sept. 5, 2024

4

Phase 1 Dispositions

Issued: Oct. 17, 2024

5

Submit Phase 2 of the Application

Opens: Oct. 18, 2024
Due: Oct. 29, 2024

6

Respond to Phase 2 RFI

Opens: Nov. 8, 2024
Due: Nov. 18, 2024

7

Final Application Dispositions

Issued: Dec. 5, 2024

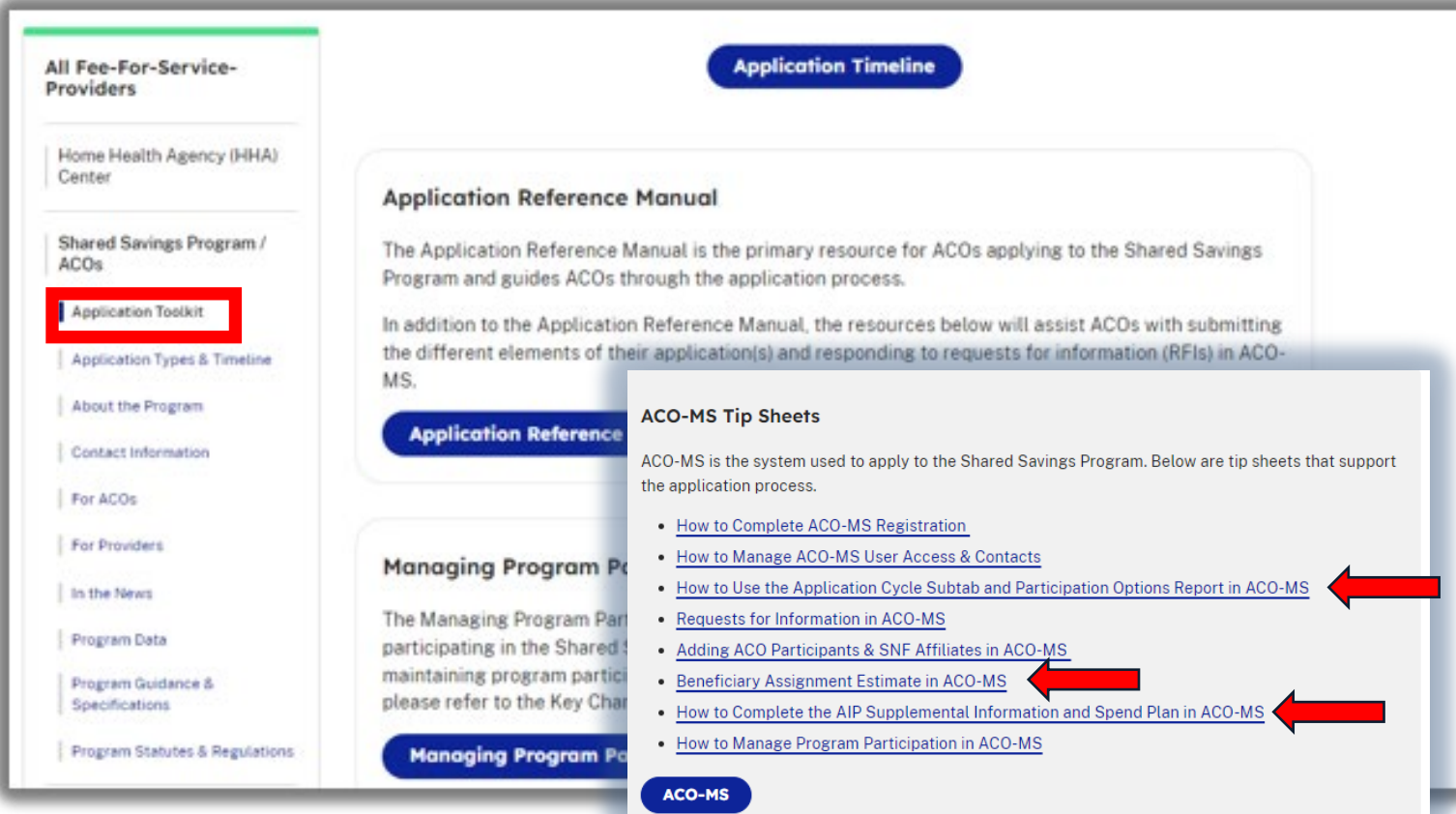
8

ACO Signing Event

Opens: Dec. 6, 2024
Due: Dec. 12, 2024



Helpful Tip Sheets for RFI-2 and Phase 2



The screenshot displays the Medicare Shared Savings Program website. On the left, a navigation menu under "All Fee-For-Service-Providers" includes "Shared Savings Program / ACOs", with "Application Toolkit" highlighted in a red box. The main content area features an "Application Timeline" section with a sub-section for "Application Reference Manual". Below this, a "Managing Program Participation" section is partially visible. A modal window titled "ACO-MS Tip Sheets" is overlaid on the page, listing several helpful documents with red arrows pointing to them:

- [How to Complete ACO-MS Registration](#)
- [How to Manage ACO-MS User Access & Contacts](#)
- [How to Use the Application Cycle Subtab and Participation Options Report in ACO-MS](#)
- [Requests for Information in ACO-MS](#)
- [Adding ACO Participants & SNF Affiliates in ACO-MS](#)
- [Beneficiary Assignment Estimate in ACO-MS](#)
- [How to Complete the AIP Supplemental Information and Spend Plan in ACO-MS](#)
- [How to Manage Program Participation in ACO-MS](#)



Resources to Bookmark

Published Resources Available!

- [Application Toolkit & Change Request Cycle Resources webpage](#): Quick access to guidance and other materials relevant to all application types.
- [Application Types & Timeline Webpage](#): Key deadlines and resources to help complete the application including sample applications.
- [Knowledge Library](#): Access to resources relevant to all Shared Savings Program ACOs located in ACO-MS.



Final Reminders and Looking Ahead



Final Application Dispositions

Issued: Dec. 5, 2024



ACO Signing Event

Opens: Dec. 6, 2024

Due: Dec. 12, 2024



CMS makes available:

- Application disposition
- SNF 3-Day Rule Waiver disposition*
- BIP disposition*
- AIP disposition*



ACOs must:

- Review, certify, and electronically sign documents related to your participation in the Shared Savings Program
- Confirm your organization's information (e.g., ACO legal entity name (LEN), ACO TIN, ACO business address) and contact information

Refer to [Key Application Actions and Deadlines](#)

Question & Answer Session

Additional questions can be sent to your ACO Coordinator or to the Shared Savings Program Helpdesk:
sharedsavingsprogram@cms.hhs.gov.



MEDICARE
SHARED SAVINGS
PROGRAM

Question & Answer

Question 1:

Please advise on the impact of not having a beneficiary representative identified to serve on the governing board by RFI-2 close



Question & Answer

Question 2:
When will final repayment
mechanism amounts be
available?



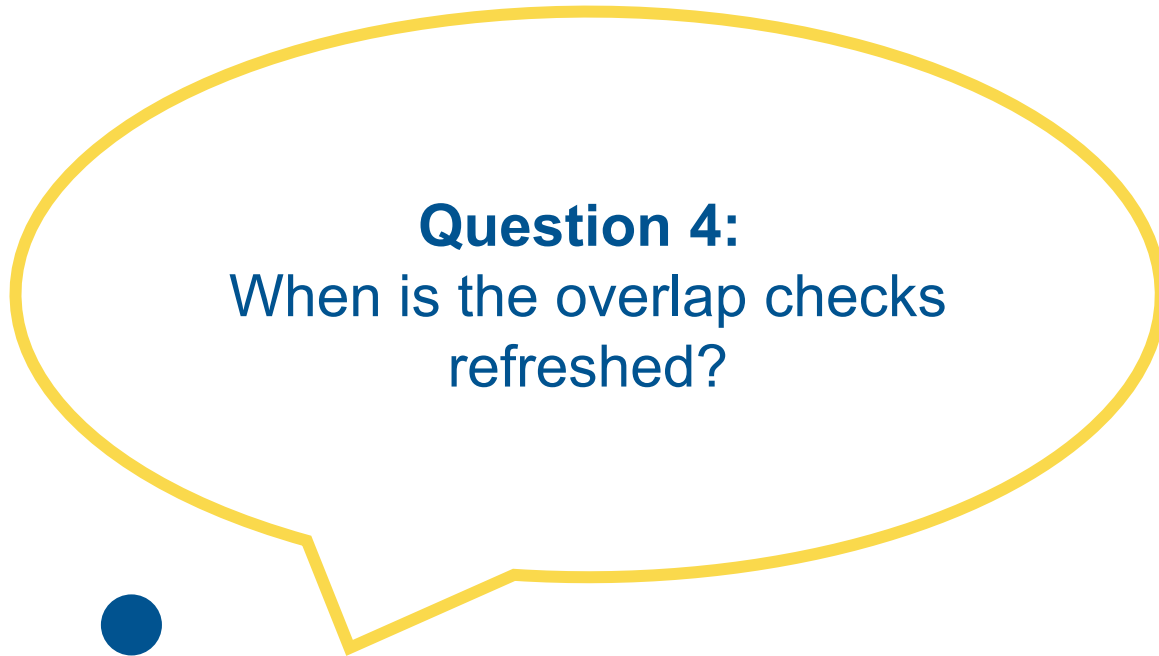
Question & Answer

Question 3:

Must ACOs re-upload and resubmit Participant agreements in the Change Request if the agreements have already been approved?



Question & Answer



Question 4:
When is the overlap checks
refreshed?

Question & Answer

Question 5:

What is the last date to submit the finalized signed repayment mechanism document?



Question & Answer

Question 6:

We submitted a new participant whose TIN and/or LBN did not match PECOS. Can we correct the LBN for a PECOS match?



Post-Attendee Survey
