



Medicare Shared Savings Program
**HPMS ACO Electronic Signature Management
Module**
Users Guide

Updated November 24, 2014

Version 3

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1 INTRODUCTION TO ANNUAL CERTIFICATION

To participate in the Medicare Shared Savings Program (Shared Savings Program or MSSP), Accountable Care Organizations (ACOs) are required to certify information on an annual basis using the Centers for Medicare & Medicaid Services (CMS) Health Plan Management System (HPMS) Electronic Signature Management module. Annual Certification occurs each year – initially when you are accepted into the Shared Savings Program and annually thereafter before you start a new performance year. Annual Certification is a 4-step process for ACOs currently participating in the Shared Savings Program, and a 6-step process for applicants accepted to participate in the program. The HPMS Electronic Signature Management (ESM) Module Users Guide outlines these steps in detail, using screenshots from the module and appendices with additional guidance to help you complete the Annual Certification requirements.

The ESM module enables ACOs and the CMS to certify and electronically sign official documents related to your participation in the Shared Savings Program. Electronically signed documents are stored in HPMS and are accessible to you at any time. Documents executed through the ESM module include your Shared Savings Program certified:

- ACO Provider/Supplier List,
- ACO Participant List,
- Data Use Agreement (DUA),
- Assurance of Compliance (new ACOs only), and
- MSSP ACO Participation Agreement (new ACOs only)

We will not accept or process any of these documents outside of HPMS.

1.1 DEADLINES

The following tables identify the review period and due dates for the 2015 performance year Annual Certification activity.

Review Activity	Begin	Due Date
Designate ESM Contacts	Thursday 09/25/2014	Friday 10/10/2014
Review and Update ACO Contacts	Monday 11/10/2014	Thursday 12/4/2014
Review and Update ACO Organization Data	Monday 11/10/2014	Thursday 12/4/2014
MSSP ACO Provider/Supplier Review	Monday 11/10/2014	Thursday 12/4/2014

Read and Electronically Sign Documents	Begin	Due Date
MSSP ACO Provider/Supplier List	Current ACOs – Monday 11/10/2014	Thursday 12/4/2014
MSSP ACO Participant List		
Data Use Agreement (DUA)	Approved Applicants – Tuesday 11/18/2014	
Assurance of Compliance		
MSSP ACO Participation Agreement		

2 STEP 1 OVERVIEW: ACO CONTACTS AND WEB PAGE URL

ACOs are required to submit, review, update and maintain active ACO contacts for the 17 ACO representatives listed in the Health Plan Management System (HPMS) on an ongoing basis. Contacts are required for Annual Certification activity and points of contacts should be identified for other roles within your organization. Although some contacts are optional, they are recommended. Additionally, ACOs are required to maintain a web page for public reporting information.

Step 1 must be completed by one of these authorized ACO Contacts: ACO Executive, Authorized to Sign (primary or secondary), CMS Liaison, or Application Contact (primary or secondary).

Step 1 requires you to:

1. Designate your ESM Contacts
2. Review and update your ACOs Contacts and ESM Contact roles

3. Review and update your ACO's organization data and web page URL

2.1 IDENTIFY YOUR ELECTRONIC SIGNATURE MANAGEMENT (ESM) CONTACTS

ACOs were required to complete this step by Friday, October 10, 2014. If you have no modifications to your ESM Contacts, skip this section and move to [Section 2.2 Review and Update Your HPMS Contact Data](#).

To authorize access to the ESM module to review and sign documents on behalf of an ACO, ACOs must first designate electronic signature roles for persons with the legal powers to commit the ACO to a binding agreement. These designees must match the persons listed on your Contact Data page in HPMS (identified with the words 'ESM Designee' next to the contact name), and have an active CMS-issued User ID.

First, identify who within your ACO will serve as the electronic signature designee for each of the five ACO contacts: ACO Executive, Authorized to Sign (primary and secondary), DUA Requestor, and DUA Custodian. Only these five ACO representatives are permitted to electronically sign your ACOs documents and attestations contained in the ESM module. These contacts are referred to as your ESM Contacts. You must designate at least one individual for each of the five roles. One individual can serve as more than one ACO contact. However, we recommend you diversify your designees by identifying more than one person to serve each role.

Please be mindful that the Authorized to Sign primary and secondary contact must be two different people, and the DUA Requestor and DUA Custodian must be two different people.

Refer to [Appendix B - ACO Contacts Definitions](#) for a listing of all ACO contact roles, requirements, and definitions.

ESM Contacts are responsible for the following documents.

Annual Certification Document	Responsible ESM Contact (must have active CMS-issued User ID)
MSSP ACO Provider/Supplier List	ACO Executive or Authorized to Sign Contact (primary or secondary, must be two different people)
MSSP ACO Participant List	ACO Executive or Authorized to Sign Contact (primary or secondary, must be two different people)
Data Use Agreement (DUA)	DUA Requestor and DUA Custodian (must be two different people)
Assurance of Compliance (applicants only)	ACO Executive or Authorized to Sign Contact (primary or secondary, must be two different people)
MSSP ACO Participation Agreement (applicants only)	ACO Executive or Authorized to Sign Contact (primary or secondary, must be two different people)

2.1.1 Designate Electronic Signature Roles

ACOs will log into HPMS and update their ACO Contact Data page with the correct designated ESM Contact information and their corresponding four-character CMS-issued User ID. Each designee must have a CMS User ID along with electronic signature access to read and electronically sign your documents. (See [Appendix A- CMS User ID & Password Maintenance](#))

To designate electronic signature roles for users with active CMS User IDs and access to HPMS, follow the steps in [Section 2.2 Review and Update Your HPMS Contact Data](#).

2.2 REVIEW AND UPDATE YOUR HPMS CONTACT DATA

ACOs must provide a contact person for each required ACO representative listed in HPMS and are required to review and update these contacts as changes occur within the organization. Although some contacts are optional, we recommend that you designate them. (See [Appendix B ACO Contact Definitions](#)) ACOs are required to confirm their contacts in [Step 4-DUA](#) within the ESM module. We recommend that you review and update your contacts prior to entering the ESM module.

If you do not enter information on all required contacts on the Contact Data page, an error will generate on [Step 4-DUA](#) and [Step 6 – MSSP ACO Participation Agreement](#) (new ACOs only) preventing you from completing these steps.

Updates to this page must be completed by one of these authorized ACO contacts: ACO Executive, Authorized to Sign (primary or secondary), CMS Liaison, or Application Contact (primary or secondary).

Follow these steps to update your ACO contact information and designate your ESM Contacts:

Path: **HPMS Homepage>ACO Management>ACO Data> Contact Data**

1. From HPMS Home page, hover over **ACO Management**, and then click **ACO Data**. (See [Figure 1](#))
2. On the ACO Agreement Management Start Page, click **Select Agreement Number** on the right navigation bar, then enter your **Agreement number** (ACO ID) in the text box and click **Next**.
3. Click **Contact Data** hyperlink on the right navigation bar. (See [Figure 2](#))
4. On the **Contact Data-Update** page, edit or update your contact information. (See [Figure 3](#))
 - Fields marked with an asterisk (*) are required.
 - You must enter a valid CMS four-character User ID for ESM Contacts only.
 - You must provide an accurate contact name, phone number, and complete mailing address.
 - Email addresses must be valid and specific to the individual associated with the CMS User ID. Email addresses:
 - Must identify the organization (e.g. ACO legal name, ACO Trade/DBA name, consultant legal business name).
 - Cannot be a general organization mailbox.
 - Cannot be personal email addresses, such as Yahoo, Hotmail, Gmail.
5. Click **Next**.
6. On the **Confirm Contact Data** page, review your information.
 - Read the attestation on the top of the confirmation page. The attestation states that you are confirming that you entered the correct CMS User ID associated with the ESM Contact information you updated.
7. Click the **Back** button to edit or the **Submit** button at the bottom of the page continue.

You have completed updating your Contact Data.

You may now move to [Section 2.3](#) to review and update your ACO's organization data.

2.3 MANAGING YOUR ACO ORGANIZATION DATA ON THE BASIC AGREEMENT DATA PAGE

During Annual Certification, ACOs must verify their organizations information, including the ACOs web page URL stored on the Basic Agreement Data page in HPMS. ACOs are required to maintain a web page for public reporting information. Approved applicants will receive an error on the page in [Step 4-DUA](#) and [Step 6-MSSP ACO Participation Agreement](#), if its not entered. We recommend that you complete this step before entering the ESM module.

ACOs can edit the following information on the Basic Agreement Data page:

- ACO Trade Name or DBA
- ACO Web Page
- ACO Organization Address Line 2
- ACO Organization Tax Status

If you identify an error with your ACOs data, other than the information you can change, notify CMS by sending an email to SharedSavingsProgram@cms.hhs.gov.

- Include your ACO ID and the words ‘Request to Change Basic Agreement Data’ on the subject line.
- In the body of the email, include your ACO ID and your ACO Legal Business Name as it currently appears in HPMS.
- Identify the information you want to change as it currently appears in HPMS, the corrected information, and an explanation for the requested change.
- CMS will contact you with further instructions.

2.3.1 Review and Update Your ACO Organization Data and Web Page URL

Updates to this page must be completed by one of these authorized ACO contacts: ACO Executive, Authorized to Sign (primary or secondary), CMS Liaison, or Application Contact (primary or secondary).

Follow these steps to review and update your ACO organization data including your web page URL on the Basic Agreement Data page:

Path: **HPMS Homepage> ACO Management>ACO Data> Basic Agreement Data**

1. From HPMS Home page, hover over **ACO Management**, and then click **ACO Data**. (See [Figure 1](#))
2. On the **ACO Agreement Management Start Page**, click **Select Agreement Number** on the right navigation bar,
3. Enter your Agreement number (ACO ID), and then click **Next**.

4. Click **Basic Agreement Data** on the right navigation bar. (See [Figure 2](#))
5. On the **Basic Agreement Data** page, edit or update your ACOs organization data information. (See [Figure 4](#))
 - Validate this information for accuracy. If you require corrections, refer to [Section 2.3 Managing Your ACO Organization Data on the Basic Agreement Screen](#).
 - Some data on this page is shared on our CMS.gov website and is required for ACO Public Reporting. It is important that you confirm its accuracy.
 - New ACOs must enter their ACO organization web page URL. This field cannot remain blank.
6. Click **Next**.
7. On the **Confirm Contact Data** page, review your information.
8. Click the **Back** button to edit or the **Submit** button to continue.
 - You won't be able to sign your agreement until every required field (denoted with an (*) asterisk) is completed.

You have completed updating your Organization Data.

STEP 1 IS NOW COMPLETE.

You may now move to [Section 3-ESM Module Overview](#) to begin [Step 2](#).

2.4 STEP 1: ESM SCREEN SHOTS –CONTACT DATA AND BASIC AGREEMENT DATA PAGES

Figure 1

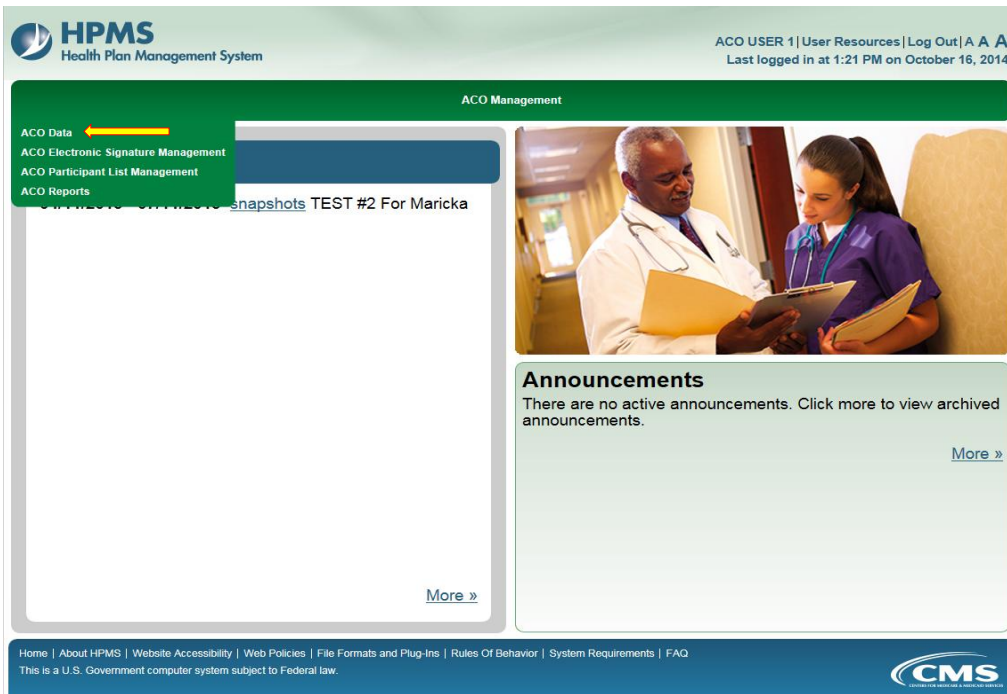


Figure 2

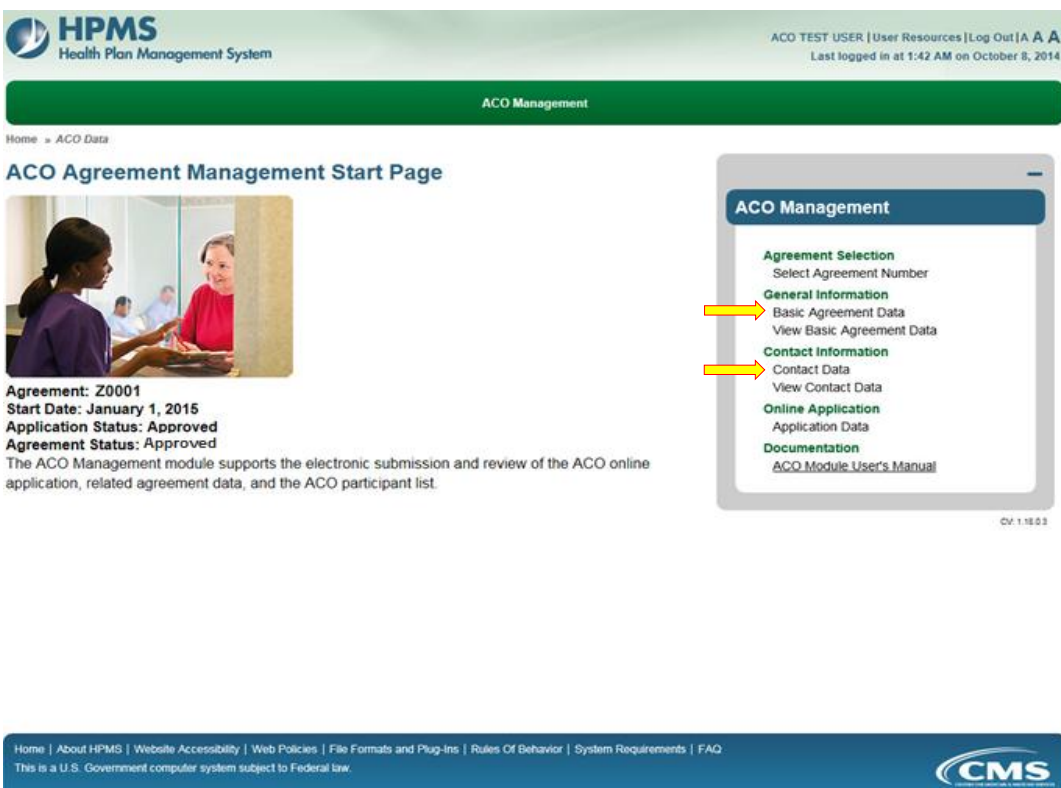


Figure 3

ACO TEST USER | User Resources | Log Out | A A A

Last logged in at 1:42 AM on October 8, 2014

ACO Management

[Home](#) > [ACO Data](#) > [Contact Data](#)

Contact Data

ACO Management

Update for Z0001

* Required fields are marked with an asterisk.

Organization Name: EXAMPLE CONTRACT 1

Contact Type	Contact Name	Phone/Email	Mail Address	Mail Location/Other
ACO Executive (Authorized Official) (Required, ESM Designee)	<div>Prefix</div> <div>* First John</div> <div>MI</div> <div>* Last Test</div> <div>Title</div>	<div>* Phone 5555555555</div> <div>Ext.</div> <div>* Email test@test.com</div>	<div>* Address 2300 Clarendon Blvd</div> <div>* City arlington</div>	<div>* State Virginia</div> <div>* ZIP 22201</div> <div>CMS User ID (for ESM access)</div>
CMS Liaison (Primary Contact) (Required)	<div>Prefix</div> <div>* First John</div> <div>MI</div> <div>* Last Test</div> <div>Title</div>	<div>* Phone 5555555555</div> <div>Ext.</div> <div>* Email test@test.com</div>	<div>* Address 2300 Clarendon Blvd</div> <div>* City arlington</div>	<div>* State Virginia</div> <div>* ZIP 22201</div>
Application Contact (Primary) (Required)	<div>Prefix</div> <div>* First John</div> <div>MI</div> <div>* Last Test</div> <div>Title</div>	<div>* Phone 5555555555</div> <div>Ext.</div> <div>* Email test@test.com</div>	<div>* Address 2300 Clarendon Blvd</div> <div>* City Arlington</div>	<div>* State Virginia</div> <div>* ZIP 22201</div>
Application Contact (Secondary) (Optional)	<div>Prefix</div> <div>* First John</div> <div>MI</div> <div>* Last Test</div> <div>Title</div>	<div>* Phone 5555555555</div> <div>Ext.</div> <div>* Email test@test.com</div>	<div>* Address 2300 Clarendon Blvd</div> <div>* City Arlington</div>	<div>* State Virginia</div> <div>* ZIP 22201</div>

Figure 4

ACO TEST USER | User Resources | Log Out | A A A

Last logged in at 1:42 AM on October 8, 2014

ACO Management

[Home](#) » [ACO Data](#) » [Basic Agreement Data](#)

Basic Agreement Data

ACO Management +

Update for Z0001

* Required fields are marked with an asterisk.

Application Type:

Former Pioneer

ACO Entity:

ACO professionals in a group practice arrangement

Medicare Shared Savings Program Track:

Track 1 (one-sided model: shared savings)

ACO Applicant Legal Entity Demographics

ACO Legal Entity Name:

EXAMPLE CONTRACT 1

Trade Name/DBA:

ACO Web Page:

*Address 1:

2300 Clarendon Blvd

Address 2:

*City:

Arlington

*State:

Virginia

*ZIP/Postal Code:

22201

ACO Taxpayer Identification Number (TIN):

455664455

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:

For Profit

Your business structure:

Partnership

Beneficiary Identifiable Data Sharing Allowed:

Yes

CMS Coordinator Region:

09-San Francisco

CMS Coordinator:

Data Use Agreement (DUA) Number:

2582582582

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3 ELECTRONIC SIGNATURE MANAGEMENT (ESM) MODULE OVERVIEW

Now that you have updated your ESM Contacts and your ACOs web page URL in [Step 1](#), you are ready to enter the Electronic Signature Management (ESM) module to electronically sign documents. ESM is where you will complete the remaining steps in the Annual Certification process.

- ACOs currently participating in the program will complete [Step 2](#) through [Step 4](#).
- New ACOs will complete [Step 2](#) through [Step 6](#).

3.1 ACCESS THE ESM MODULE

All ACO contacts can access this module. Only ESM Contacts can electronically sign documents on behalf of the ACO. Below is a quick reference guide for key steps in the ESM module that you may find helpful.

Follow the path below to enter the HPMS ESM module:

Path: **HPMS Homepage> ACO Management> ACO Electronic Signature Management> PY2015**

1. From HPMS Home page, hover over **ACO Management**, and then click **ACO Electronic Signature Management**. (See [Figure 5](#))
2. On the **ACO Electronic Signature Management Start Page** click **PY 2015**. (See [Figure 6](#))
3. From the **ACO Electronic Signature Management Start Page** click **Signatures Review/Sign** to read and electronically sign your documents. (See [Figure 7](#))
 - All ESM Contacts must read and sign documents from this page.
 - All other contacts may only view documents.
4. From the **ACO Electronic Signature Management Start Page** click **Provider/Supplier Upload** to upload corrections to your MSSP ACO Provider/Supplier List, if applicable. (See [Figure 8](#))
 - ESM Contacts: ACO Executive or Authorized to Sign (primary or secondary) must sign documents from this page in [Step 2](#), if applicable.
 - All other contacts may only view documents.
5. From the **ACO Electronic Signature Management Start Page** click **View Agreement Materials** to review your materials and identify the status of each document. (See [Figure 9](#))
 - All other contacts may only view documents.
 - Non ESM Contacts should utilize this page.

6. From the **ACO Electronic Signature Management Start Page** click **ACO ESM Module Users Guides** hyperlink from the right navigation bar to access the Users Guides to navigate the ESM Module and a template to submit corrections. (See [Figure 10](#))
- ACO ESM User Manual – HPMS Quick Reference Guide
 - HPMS ACO ESM Users Guide
 - MSSP ACO Provider/Supplier List Template
 - All contacts may access this hyperlink and download guides and the template.

3.2 ESM SCREEN SHOTS: ESM OVERVIEW

Figure 5

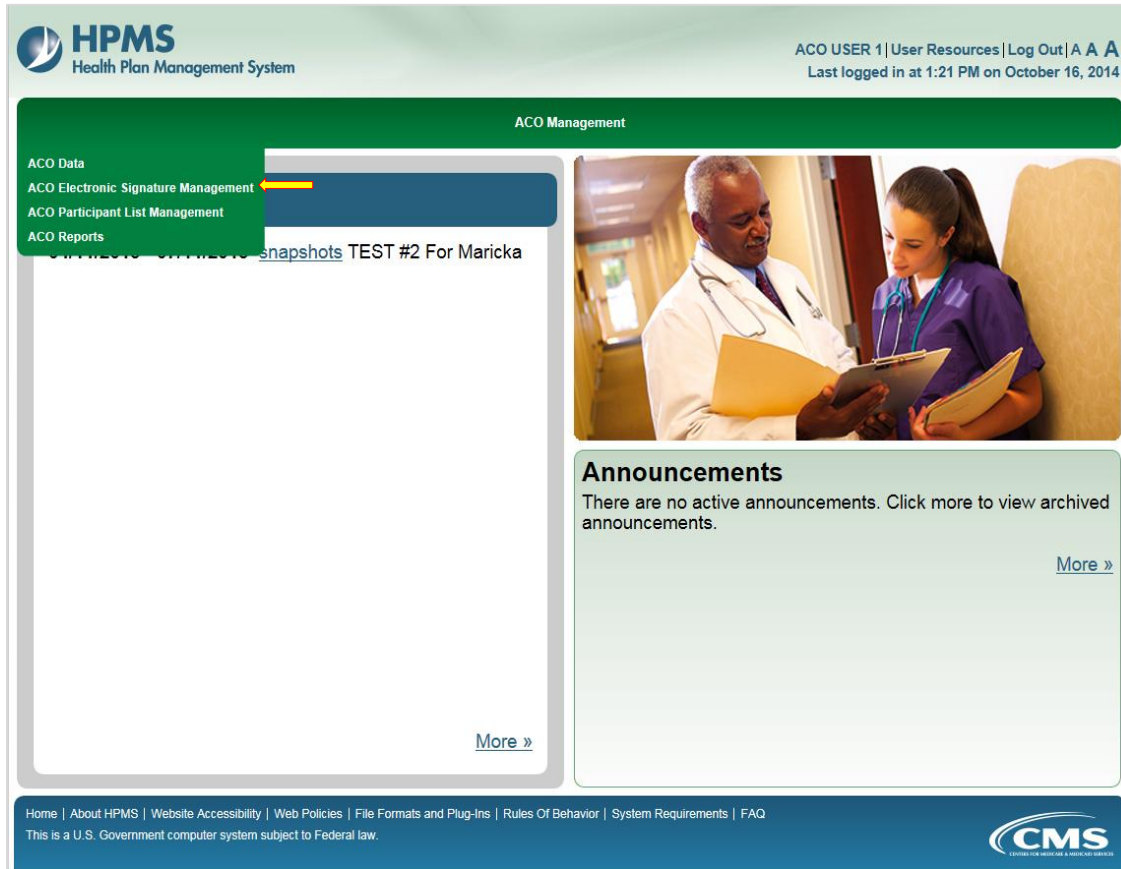


Figure 6

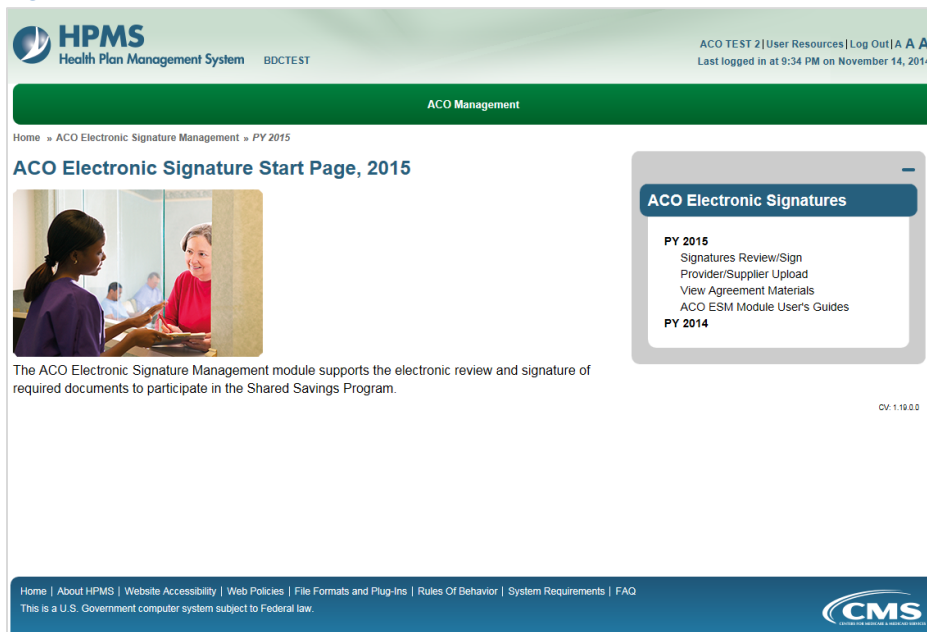


Figure 7

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.

CMS cannot countersign the documents until the sign process is complete for all documents.

Review Document	View Only	Reviewed	Signed	Status
Data Use Agreement				Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification				Review Required
MSSP ACO Participant List Certification				Review Required
Assurance of Compliance				Review Required
MSSP ACO Participation Agreement				Review Required

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Figure 8

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Provider/Supplier Upload

Provider/Supplier List Corrections

ACO Electronic Signatures +

Upload for Z0001, Performance Year: 2015

Confirm that the ACO Provider/Supplier List workbook data (loaded by CMS) includes the correct provider(s)/supplier(s) information for the applicable performance year. It is your responsibility to make any corrections to account for the provider/supplier(s) associated with the final ACO Participants approved by CMS. It is important that you submit any corrections to this information prior to attesting to its accuracy by electronically signing the ACO Provider/Supplier List.

To make Provider/Supplier List Corrections, you can download the ACO Provider/Supplier List workbook data (loaded by CMS) by selecting View link below. Select the 'Download to Excel' or 'Download Text (Tab Delimited) File' button, save the file and make any corrections. Alternatively you can use the Provider/Supplier List Template (blank) to enter the corrections.

Make sure you save your changes as a tab-delimited text file and then add that file (only that file) to a .zip file.

To upload your Provider/Supplier List corrections, select the Browse button and choose the file to upload. You must upload a valid .zip file.

[Browse...](#)

ACO Provider/Supplier List workbook data (loaded by CMS): [View](#)

Uploaded Provider/Supplier List Corrections:

Type	Last Uploaded File (Select to download)	Upload Date	Status
Provider/Supplier List Update	Provider_Supplier1.zip	October 6, 2014 01:33 PM	OK
Provider/Supplier List Update	Provider_Supplier.zip	October 6, 2014 01:28 PM	Errors
Provider/Supplier List Update	Provider_Supplier.zip	October 6, 2014 01:26 PM	Errors
Provider/Supplier List Update	Provider_Supplier.zip	October 6, 2014 01:11 PM	Errors
Provider/Supplier List Update	Provider_Supplier.zip	October 6, 2014 01:05 PM	Errors
Provider/Supplier List Update	Provider_Supplier.zip	October 6, 2014 01:01 PM	Errors

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Figure 9

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 4:52 PM on October 22, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » View Agreement Materials

View Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to view the document.

Documents	Reviewed	Signed	Status
Data Use Agreement			Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification			Review Required
MSSP ACO Participant List Certification			Review Required
Assurance of Compliance			Review Required
MSSP ACO Participation Agreement			Review Required

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Figure 10

HPMS
Health Plan Management System BDCTEST

ACO TEST 2 | User Resources | Log Out | A A A
Last logged in at 9:34 PM on November 14, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015

ACO Electronic Signature Start Page, 2015

The ACO Electronic Signature Management module supports the electronic review and signature of required documents to participate in the Shared Savings Program.

ACO Electronic Signatures

PY 2015

- Signatures Review/Sign
- Provider/Supplier Upload
- View Agreement Materials
- [ACO ESM Module User's Guides](#)

PY 2014

CV: 1.18.0.0

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Do you want to open or save **ACO 2015 ESM User Guides.zip** (7.61 MB) from **hpmtest.cms.gov**?

[Open](#) [Save](#) [Cancel](#)

MS
MEDICARE & MEDICAID SERVICES

4 STEP 2 OVERVIEW: ACO PROVIDER/SUPPLIER LIST

Step 2 must be completed prior to continuing to [Step 3- ACO Participant List](#).

The purpose of this step is to provide CMS with a certified list of the providers and suppliers who will be participating in your ACO during the upcoming performance year. As part of this step, you are provided an initial list of the providers and suppliers who CMS has identified as billing through the taxpayer identification number (TIN) of your ACO participants. More specifically, we use your upcoming performance years ACO Participant List to identify all of the providers and suppliers who have reassigned their billings to your ACO participants in the CMS enrollment system, the Provider Enrollment, Chain, and Ownership System (PECOS). We identify providers and suppliers by their National Provider Identifiers (NPIs) and CMS Certification Numbers (CCNs). Finally, you must provide CMS additions and deletions to this initial list as further described below.

Step 2 must be completed by one of these authorized ESM Contacts: ACO Executive, or Authorized to Sign (primary or secondary).

Step 2 requires you to:

1. Review your ACO Provider/Supplier List
2. Upload corrections using the ACO Provider/Supplier List Template (if applicable)
3. Read your ACO Provider/Supplier List Certification
4. Sign your ACO Provider/Supplier List Certification

4.1 VIEW YOUR ACO PROVIDER/SUPPLIER LIST

You can view your entire ACO Provider/Supplier List by scrolling to the bottom of the Review Signature Provider/Supplier List page and selecting **Download to Excel**. You can also filter your list by ACO participant TIN by using the drop down box below the text **Select a TIN**.

The fields in your ACO Provider/Supplier List are:

- ACO ID
- ACO Name
- TIN
- TIN Legal Business Name
- CMS Certification Number (CCN) - from PECOS
- CCN Legal Name - from PECOS: information contained in PECOS that your ACO did not submit for consideration, is not added to your ACO Participant List
- CCN Facility Type - from PECOS
- Individual NPI - from PECOS: information contained in PECOS that your ACO did not submit for consideration, is not added to your ACO Participant List

- Individual NPI First Name - from PECOS
- Individual NPI Last Name - from PECOS
- Excluded ACO Providers/Suppliers: Lists the individuals or entities that do not appear on the ACO Provider/Supplier List because our records indicate that they are excluded or debarred by Medicare. Excluded or debarred entities are not allowed to participate in the Shared Savings Program.
 - Will contain a '0' if the provider/supplier is not excluded
 - Will contain a '1' if the provider/supplier is excluded

Follow these steps to view your MSSP ACO Provider/Supplier List:

Path: **Homepage > ACO Management > ACO Electronic Signature Management > PY2015 > Signatures Review/Sign Document**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/ Sign** hyperlink from the right navigation bar. (See [Figure 16](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signatures Agreement** page, click **MSSP ACO Provider/Supplier List Certification** hyperlink. (See [Figure 17](#))
6. Click **Review** (initial list provided by CMS). (See [Figure 18](#))
7. Your **MSSP ACO Provider/Supplier List** will open in a separate window for you to review. (See [Figure 19](#))
 - To search your List by your ACO participant TIN on the screen, click the **Search by TIN** drop down box.
 - Scroll through the list and click the ACO participant TIN.
 - The page will update with the NPIs associated with that ACO participant TIN.
 - To download your list, scroll to the bottom of the page and click the **Download to Excel** button.
 - A pop up window will appear requesting you to Open or Save. Save the zip file to your computer for reference.
8. Once reviewed, close the window.
9. If you need to upload corrections, move to [Section 4.2-Upload Corrections to Your MSSP ACO Provider/Supplier List](#) to upload corrections to your list.
10. If you have no corrections to submit, click the **Review** button at the bottom of the page to continue to [Section 4.4-Read and Sign Your MSSP ACO Provider/Supplier List](#)

[Certification.](#)

Go to [Section 4.5](#) to see Step 2 ESM Screenshots for these steps.

4.2 UPLOAD CORRECTIONS TO YOUR MSSP ACO PROVIDER/SUPPLIER LIST

If you have no corrections to submit, continue to [Section 4.4-Read and Sign Your MSSP ACO Provider/Supplier List Certification](#).

All providers and suppliers on your ACO Provider/Supplier List and ACO Provider/Supplier List Template who are not identified as being deleted must agree to participate in the ACO.

The purpose of this step is to advise CMS of any pending PECOS changes to your ACO providers and suppliers such as death, retirement, reassignment, etc. You will use the ACO Provider/Supplier List Template to indicate corrections. This template notifies CMS of changes you have or will be submitting to PECOS.

- Submission of changes using the ACO Provider/Supplier List Template will not change your ACO Provider/Supplier List in HPMS.
- You must also work with your ACO participants and/or ACO providers and suppliers to submit corrections in PECOS or through their Medicare Administrative Contractor (MAC).

Use the ACO Provider/Supplier List Template to indicate which NPIs or CCNs were not properly affiliated with the billing TIN in PECOS and that those changes have been initiated in PECOS. Please indicate the following on the template provided:

- NPIs that are no longer billing under the TIN of an ACO participant
- NPIs that are billing under the TIN of an ACO participant not found in PECOS

Within the template:

- **Do** indicate ACO Provider/Supplier List additions and deletions
- **Do Not** indicate an ACO participant TIN(s) addition or deletion
- Complete all of the columns in this template for each row of data
- Column B ‘**ACTION**’ (See [Figure 13](#)):
 - **Enter** an ‘**A**’ to denote the addition of an NPI
 - **Enter** a ‘**D**’ to denote the deletion of an NPI
- Column F **TIN associated with NPI** on the template must only include TIN(s) that appear on your approved MSSP ACO Participant List.

Once you have updated your template, you must **Save** your changes as a tab-delimited text file and then add that file (only that file) to a .zip and upload it into HPMS.

4.2.1 Download Your Provider/Supplier List Template

Follow these steps to download your ACO Provider/Supplier List Template and submit your corrections in HPMS:

Path **Homepage> ACO Management > ACO Electronic Signature Management> PY2015> HPMS ACO ESM Users Guide**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list. (See [Figure 5](#))

2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Select **ACO ESM Users Guide** and open the zip file (See [Figure 10](#))
4. Download the **MSSP ACO Provider/Supplier List Template**
5. Enter in all required information on your template. (See [Figure 13](#))
 - Refer to the instructions in [Section 4.2 Upload Corrections to Your Provider/Supplier List](#) to complete this template.
 - **Do not** leave fields blank
6. Save your file as a tab-delimited text file, and add it to a compressed (zip) folder.
7. File Name: Axxxx_ProviderSupCorrection_mmddyyyy (example: A0001_ProviderSupCorrection_11252014)
 - Use the same file name for the file and zip folder
 - Your zip file must only contain your tab delimited (.txt) template.
 - **Do not** include any other document in your zip file.
8. Now you are ready to upload your file in HPMS.

Only the following ESM Contacts: ACO Executive, or Authorized to Sign (primary or secondary) can upload corrections.

4.2.2 Upload Your Provider/Supplier List Template

Follow these steps to upload your ACO Provider/Supplier List Template in HPMS:

Path: **Homepage > ACO Management > ACO Electronic Signature Management > PY2015 > Provider/Supplier Upload**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Provider/Supplier Upload** hyperlink from the right navigation bar. (See [Figure 11](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Provider/Supplier List Corrections** page, click the **Browse** button. A separate window will open for you to select your file. (See [Figure 12](#))
6. Select your Provider/Supplier Corrections zip file from your computer and click the **Open** button. The file path of your selected file will appear on the page.
7. Click the **Submit button**.

- If you submit more than one file, it will appear in the **Uploaded Provider/Supplier Corrections** section of the page. (See [Figure 12](#))
8. You will receive a confirmation page when you upload your zip file.
 9. An error message will appear if there are problems with your file. (See [Figure 14](#))
 - Read the error message and instructions carefully to determine how to correct your file.
 - Click the **Back** button and repeat steps 1 through 7 again to upload your correct zip file.
 - You can upload a revised .zip file multiple times prior to electronically signing your MSSP ACO Provider/Supplier List. Once you electronically signed, no .zip files are accepted. CMS will consider your last uploaded file to be your complete and final list of all changes to your ACO Provider/Supplier List for the upcoming performance year.
 10. Your confirmation page will indicate that your file was successfully uploaded into HPMS, if no errors are found. (See [Figure 15](#))
 11. Click the **Close** button.

You have completed uploading your MSSP ACO Provider/Supplier List Template indicating your corrections.

Go to [Section 4.3](#) to see Step 2 ESM Screenshots for these steps.

Go to [Step 4.4](#) to read and electronically sign your MSSP ACO Provider/Supplier List Certification.

4.3 STEP 2 ESM SCREEN SHOTS: UPLOAD PROVIDER/SUPPLIER LIST TEMPLATE

The MSSP ACO Provider/Supplier List Upload pages are only visible to the following ESM Contacts: ACO Executive, Authorized to Sign (primary or secondary). ACO Executive, Authorized to Sign (primary or secondary). Other contacts will see the Certification page only.

Figure 11

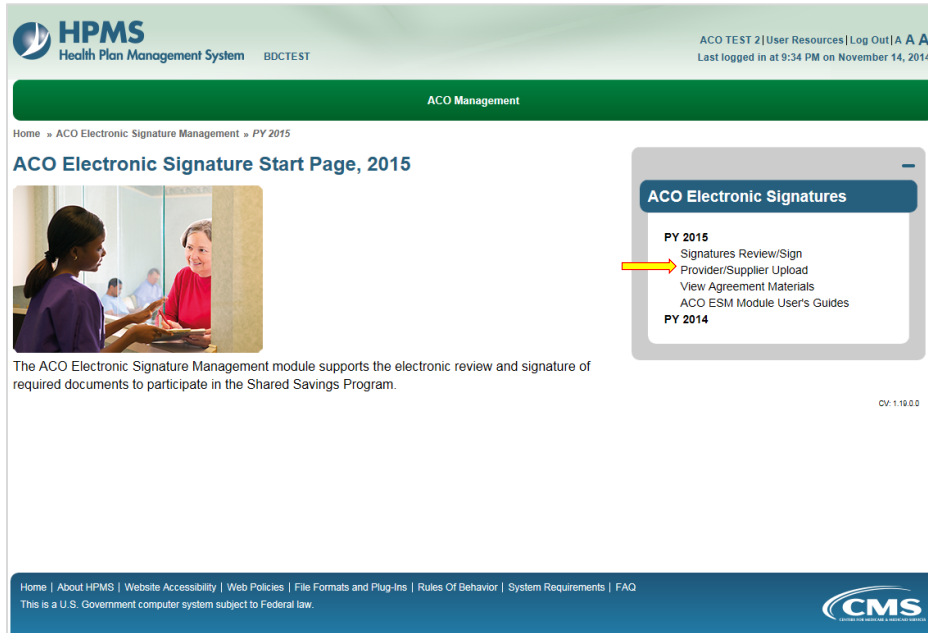


Figure 12

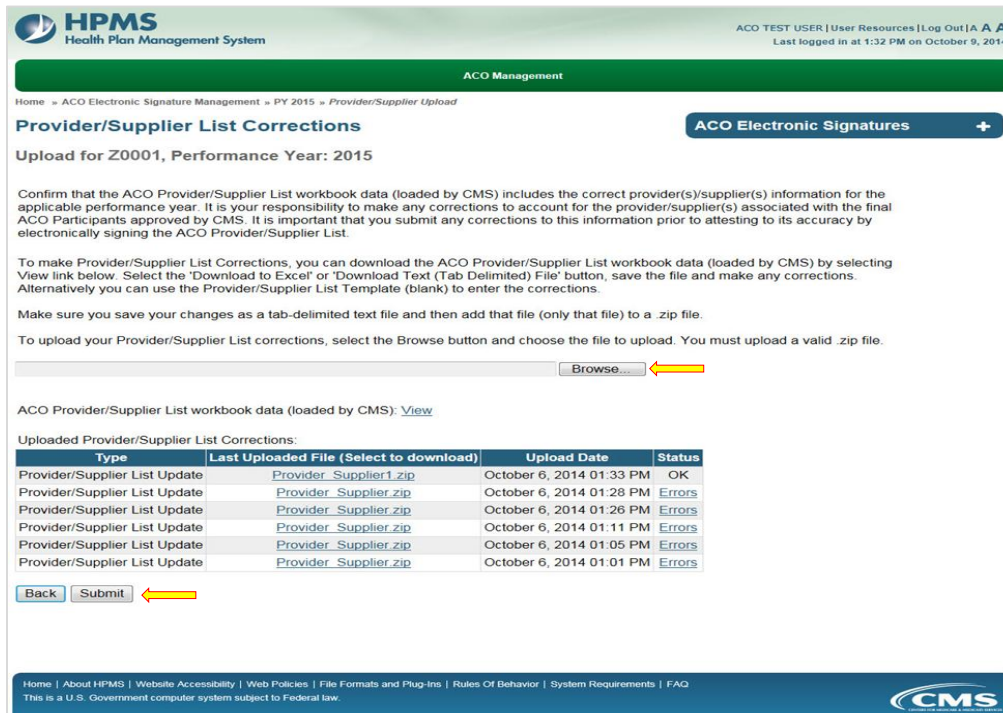


Figure 13

ACO PROVIDER/SUPPLIER LIST CORRECTIONS TEMPLATE							
	A	B	C	D	E	F	G
	ACO ID	ACTION	Individual NPI	Individual NPI First Name	Individual NPI Last Name	TIN associated with NPI	TIN Legal Business Name
1							
2							
3							
4							

ACO Provider/Supplier List Corrections 1 of 1

Figure 14

The file 'AZ001_ProvSupCorrection_11082014.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 Provider/Supplier List Excel Template that was provided in the 'Application Toolkit' to insure you have the correct data columns when you save it as a tab-delimited file.

Line Number	Error Description
1	The file contains non-Ascii characters. Binary files or Unicode text files are not allowed. Save the file as a standard ANSI text file.
1	The file does not contain any data.

Back Close

Figure 15

HPMS
Health Plan Management System

ACO USER 1 | User Resources | Log Out | A A A
Last logged in at 12:30 PM on October 20, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Provider/Supplier Upload

Provider/Supplier List Corrections ACO Electronic Signatures +

Confirmation for Z0001

The file Provider_Supplier1.zip has been successfully uploaded and unloaded with no validation errors.

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CMS

4.4 READ AND SIGN YOUR MSSP ACO PROVIDER/SUPPLIER LIST CERTIFICATION

Follow these steps to Read your MSSP ACO Provider/Supplier List Certification:

Path: **HPMS Homepage > ACO Management > ACO Electronic Signature Management > PY2015 > Signatures Review/Sign**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/Sign** hyperlink from the right navigation bar. (See [Figure 16](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements page**, click the **MSSP ACO Provider/Supplier List Certification** hyperlink. (See [Figure 17](#))
6. Click the **Review** button to continue. (See [Figure 20](#))
 - You can skip clicking the **Review** hyperlink, since you already completed that step in [Section 4.1 View Your ACO Provider/Supplier List](#)
7. Read the **MSSP ACO Provider/Supplier List Certification**.
8. Click the **Document Reviewed** button to continue. (See [Figure 21](#))

You have completed reading your MSSP ACO Provider/Supplier List Certification..

Follow these instructions to electronically sign your MSSP ACO Provider/Supplier List Certification

1. On the **Review/Sign Signature Agreements page**, click the **MSSP ACO Provider/Supplier List Certification** hyperlink. (See [Figure 17](#))
2. On the **Review/Sign – MSSP Provider/Supplier List Certification** page, click the **Sign Document** button. (See [Figure 22](#))
 - You can skip clicking the **Review** hyperlink, since you already completed that step in [Section 4.1 View Your ACO Provider/Supplier List](#)
3. Read the Signature Attestation.
4. Click the check box to certify that you want to electronically sign and date your ACO Provider/Supplier List Certification and uploaded file. (See [Figure 23](#))
5. Click **Submit**.
 - Once you sign your MSSP ACO Provider/Supplier List, you will not be able to

upload any corrections.

You have completed electronically signing your MSSP Provider/Supplier List Certification.

STEP 2 IS NOW COMPLETE.

Go to [Section 4.5](#) to see Step 2 ESM Screenshots for these steps.

4.5 STEP 2 ESM SCREEN SHOTS: REVIEW/SIGN MSSP ACO PROVIDER/SUPPLIER LIST CERTIFICATION

The MSSP ACO Provider/Supplier List is only visible to the following ESM Contacts: ACO Executive, Authorized to Sign (primary or secondary). Other contacts will see the Certification page only.

Figure 16

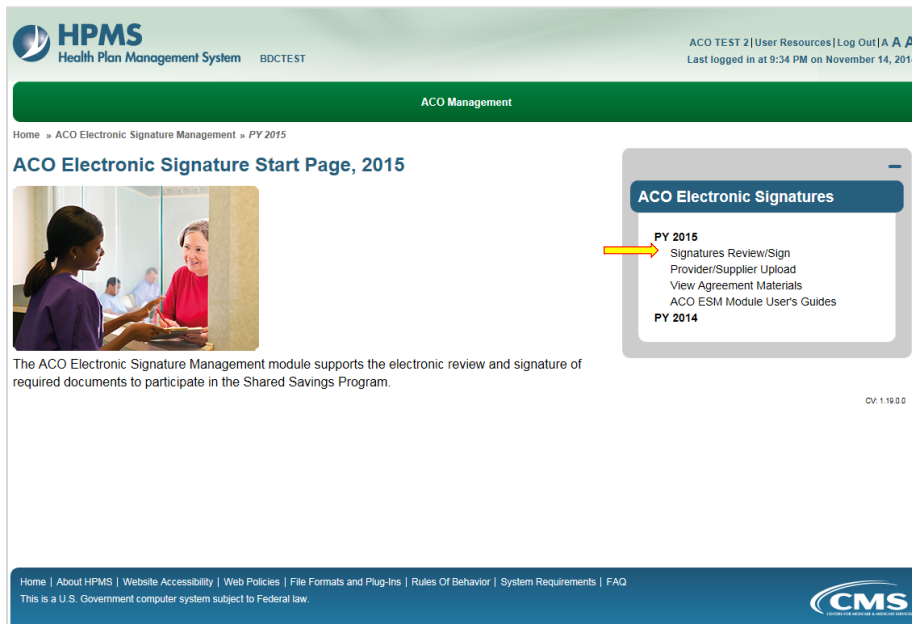


Figure 17


HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.

CMS cannot countersign the documents until the sign process is complete for all documents.


Review Document	View Only	Reviewed	Signed	Status
Data Use Agreement				Review Required (Requestor)
MSSP ACO Provider/Supplier List Certification				Review Required (Custodian)
MSSP ACO Participant List Certification				Review Required
Assurance of Compliance				Review Required
MSSP ACO Participation Agreement				Review Required

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Figure 18


HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 2:42 PM on October 10, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - MSSP ACO Provider/Supplier List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

- Before signing, you should review your data by selecting the following links:
Provider/Supplier List Data: [Review](#)
- Select the Review button to Review the document.
- Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
MSSP ACO Provider/Supplier List Certification		Review Required

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Figure 19

Print | Close
Print Date: 11/7/2014

Review Signature Provider/Supplier List

Agreement: Z0001 Performance Year: 2015
Review the following Provider/Supplier data (loaded by CMS) for accuracy.

If you have any corrections, upload them using the Provider/Supplier upload link. Any corrections you previously uploaded are shown at the bottom of this report:

Select a TIN:

ACO ID	ACO Name	TIN	TIN Legal Business Name	CCN - from PECOS	CCN Legal Name - from PECOS	CCN Facility Type - from PECOS	Individual NPI - from PECOS	Individual NPI First Name - from PECOS	Individual NPI Last Name - from PECOS	Excluded ACO Providers/Suppliers
Z0001	test1	111111111	test name	111111	ccn 1	fac type	999999999	test1	test2	0
Z0001	test name1	111111111	tin 1	111111	ccn 1	fac type				0
Z0001	test name1	111111111	tin 1	111112	ccn 2	fac type				1
Z0001	test name1	111111111	tin 1	111113	ccn 3	fac type				0
Z0001	test name1	111111111	tin 1	111114	ccn 4	fac type				0
Z0001	test name1	111111111	tin 1	111115	ccn 5	fac type				0
Z0001	test name1	111111111	tin 1				111111111	fn1	ln1	0
Z0001	test name1	111111111	tin 1				111111112	fn1	ln2	0
Z0001	test name1	111111111	tin 1				111111113	fn1	ln3	1
Z0001	test name1	111111111	tin 1				111111114	fn1	ln4	0
Z0001	test name1	111111111	tin 1				111111115	fn1	ln5	0
Z0001	test name1	111111111	tin 1				111111116	fn1	ln6	0
Z0001	test name1	222222222	tin 1	111111	ccn 1	fac type				0
Z0001	test name1	222222222	tin 1	111112	ccn 2	fac type				0
Z0001	test name1	222222222	tin 1	111113	ccn 3	fac type				0
Z0001	test name1	222222222	tin 1	111114	ccn 4	fac type				0
Z0001	test name1	222222222	tin 1	111115	ccn 5	fac type				0
Z0001	test name1	222222222	tin 1				111111111	fn1	ln1	0
Z0001	test name1	222222222	tin 1				111111112	fn1	ln2	0
Z0001	test name1	222222222	tin 1				111111113	fn1	ln3	0
Z0001	test name1	222222222	tin 1				111111114	fn1	ln4	1
Z0001	test name1	222222222	tin 1				111111115	fn1	ln5	0
Z0001	test name1	222222222	tin 1				111111116	fn1	ln6	0

[Download to Excel](#)

Uploaded Provider/Supplier List Corrections
(Note: The last uploaded file should contain all corrections.)

Type	Last Uploaded File (Select to download)	Upload Date	Status
Provider/Supplier List Update	ACO ProvSupp 2015 good.zip	November 5, 2014 07:16 AM	OK
Provider/Supplier List Update	ACO ProvSupp 2015 good.zip	November 5, 2014 07:14 AM	Errors

Figure 20

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 2:42 PM on October 10, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures

Review/Sign - MSSP ACO Provider/Supplier List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

- Before signing, you should review your data by selecting the following links:
Provider/Supplier List Data: [Review](#)
- Select the Review button to Review the document.
- Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.


Review Document	Reviewed	Status
MSSP ACO Provider/Supplier List Certification		Review Required

[Back](#) [Review](#)

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Figure 21



Print | Close
Print Date: 10/20/2014

MSSP ACO Provider/Supplier List Certification

Year: 2015, Agreement: Z0001

MEDICARE SHARED SAVINGS PROGRAM
ACO PROVIDER / SUPPLIER LIST CERTIFICATION

I certify that the ACO Provider/Supplier List, as modified by Form Indicate Pending PECOS Changes, constitutes a true, accurate, and complete list of all the ACO providers/suppliers participating in the ACO and that bill for items and services furnished to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant. I certify that each ACO provider/supplier on this list has agreed to participate in the Medicare Shared Savings Program and to comply with program regulations under 42 CFR Part 425. I certify that if the attached Form to Indicate Pending PECOS Changes modifies the ACO Provider/Supplier List, the ACO will require the applicable ACO participants and ACO providers/suppliers to update their enrollment information to reflect these modifications. I certify that the ACO will notify CMS within 30 days of any changes to this list. I further certify that the ACO will maintain, update, and annually furnish to CMS at the beginning of each performance year and at such other times as specified by CMS the list of each ACO provider/supplier's NPIs and CCNs.

[create PDF](#)

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Document Reviewed





Figure 22



ACO USER 1 | User Resources | Log Out | A A A
Last logged in at 12:30 PM on October 20, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - MSSP ACO Provider/Supplier List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT

1. Before signing, you should review your data by selecting the following links:
Provider/Supplier List Data: [Review](#)

2. Select the Clear Review button to clear the Review of the document.

3. Select the 'Sign Document' button to complete the electronic signature process for this document. CMS cannot countersign the documents until the sign process is complete for all documents. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
MSSP ACO Provider/Supplier List Certification	By: ACO USER 1 On: October 20, 2014 01:43 PM	Review Complete

Back
Clear Review
Sign Document



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Figure 23



Print | Close
Print Date: 10/20/2014

Signature Attestation

Year: 2015, Attestation for Z0001
MSSP ACO Provider/Supplier List Certification

[create PDF](#)

SIGNATURE ATTESTATION

On behalf of the ACO Z0001 - EXAMPLE CONTRACT the undersigned individual hereby attests that he or she is authorized to legally bind the ACO to the terms of the 'MSSP ACO Provider/Supplier List Certification' agrees to all the terms specified therein.

To certify the ACO Provider/Supplier List, the ACO must confirm that the ACO Provider/Supplier List workbook includes the correct provider(s)/supplier(s) information for the applicable performance year. You must review each tab of the worksheet and confirm and/or modify all information provided.

See your Managed File Transfer (MFT) mailbox for your ACO Provider/Supplier List workbook file. Please refer to your separate Email communication providing instructions for how to access the ACO Provider/Supplier List from your MFT mailbox.

MFT Mailbox link: <https://eftp2.cms.hhs.gov:11443>

Once the ACO has confirmed the file is accurate, you must upload the file and electronically sign the ACO Provider/Supplier List before electronically signing the final ACO Participant List.

I certify that I have made no alterations, amendments or other changes to the 'MSSP ACO Provider/Supplier List Certification'.

I certify that I have reviewed the following:
MSSP ACO Provider/Supplier List Certification
Provider/Supplier List Data

☐ Select to confirm you want to electronically sign and date this form then press the 'Submit' button.

Back
Submit

5 STEP 3 OVERVIEW: ACO PARTICIPANT LIST

Step 3 must be completed after you complete [Step 2 - ACO Provider/Supplier List](#).

The purpose of this step is to provide CMS with a certified list of the ACO participants who will be participating in your ACO during the upcoming performance year. ACO participants are identified by their taxpayer identification numbers (TINs). You cannot make changes to your ACO Participant List during Annual Certification because the deadline to make changes has passed. Any change requests that you previously submitted that were approved by CMS are included in this performance years ACO Participant List.

Step 3 must be completed by one of these authorized ESM Contacts: ACO Executive, or Authorized to Sign (primary or secondary).

Step 3 requires you to:

1. Review your ACO Participant List
2. Read your ACO Participant List Certification
3. Sign your ACO Participant List Certification

5.1 VIEW YOUR ACO PARTICIPANT LIST

Follow these steps to view your current ACO Participant List:

Path: **Homepage > ACO Management > ACO Electronic Signature Management > PY2015 > Signatures Review/Sign**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/Sign** hyperlink on the right navigation bar. (See [Figure 24](#))
4. Enter your Agreement number (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements** page, click the **MSSP ACO Participant List Certification** hyperlink. (See [Figure 25](#))
6. On the **Review/Sign – MSSP ACO Participant List Certification** page, click the **Review** hyperlink. (See [Figure 26](#))
 - Your **MSSP ACO Participant List** will open in a separate window for you to review. (See [Figure 27](#))
 - You can view your entire ACO Participant List by scrolling to the bottom of the page and clicking **Download to Excel**.

5.2 READ AND SIGN YOUR MSSP ACO PARTICIPANT LIST CERTIFICATION

Follow these steps to read your MSSP ACO Participant List Certification:

Path: **Homepage > ACO Management > ACO Electronic Signature Management > PY 2015 > Signatures Review/Sign.**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/Sign** hyperlink on the right navigation bar. (See [Figure 24](#))
4. Enter your Agreement number (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements** page, click the **MSSP ACO Participant List Certification** hyperlink. (See [Figure 25](#))
6. On the **Review/Sign – MSSP ACO Participant List Certification** page, click the **Review** button to continue. (See [Figure 28](#))
 - You can skip clicking the **Review** hyperlink, since you already completed that step in [Section 5.1 View Your ACO Participant List](#)
7. An error message will appear on this page if you have not electronically signed your MSSP ACO Provider/Supplier List.
 - Read the error message and instructions carefully to determine how to correct the error to continue.
8. Read the ACO Participant List Certification and click the **Document Reviewed** button. (See [Figure 29](#))

You have completed reading your MSSP ACO Participant List Certification.

Follow these steps to electronically sign your MSSP ACO Participant List Certification.

1. On the **Review/Sign Signature Agreements** page, click the **MSSP ACO Participant List Certification** hyperlink. (See [Figure 25](#))
2. On the **Review/Sign – MSSP ACO Participant Certification** page, click the **Sign Document** button. (See [Figure 30](#))
 - You can skip clicking the **Review** hyperlink, since you already completed that step in [Section 5.1 View Your ACO Participant List](#)
3. Read the **Signature Attestation**.
4. Click the check box to certify that you want to electronically sign and date your MSSP ACO Participant List Certification. (See [Figure 31](#))

5. Click **Submit** to complete Step 3.

You have completed electronically signing your MSSP ACO Participant Certification.

STEP 3 IS NOW COMPLETE.

You may now move to Step 4.

5.3 STEP 3 ESM SCREEN SHOTS: REVIEW/SIGN MSSP ACO PARTICIPANT LIST CERTIFICATION

The MSSP ACO Participant List is visible to the following ESM Contacts: ACO Executive, Authorized to Sign (primary or secondary). Other contacts will see the Certification page only.

Figure 24

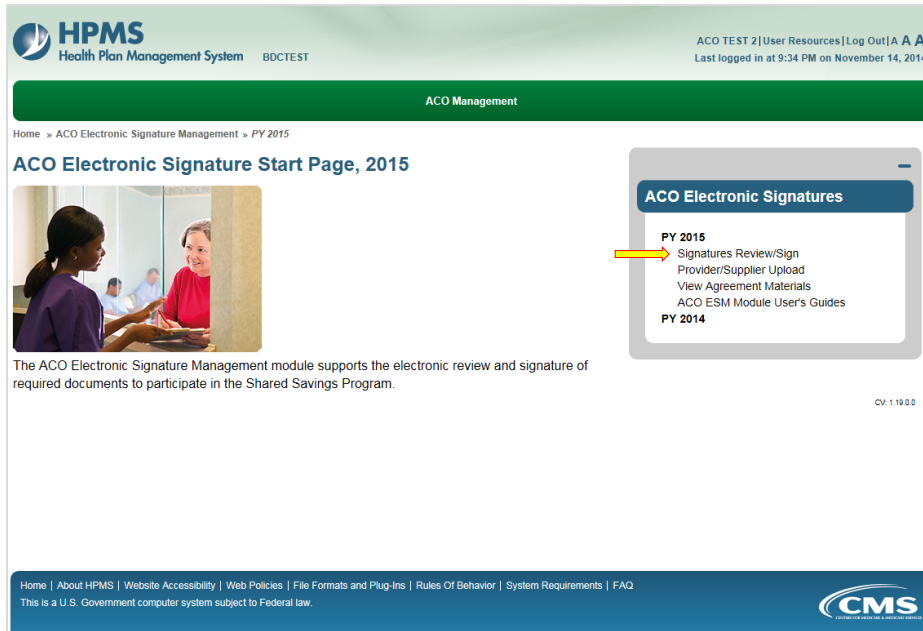


Figure 25

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.

CMS cannot countersign the documents until the sign process is complete for all documents.

Review Document	View Only	Reviewed	Signed	Status
Data Use Agreement				Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification				Review Required
MSSP ACO Participant List Certification				Review Required
Assurance of Compliance				Review Required
MSSP ACO Participation Agreement				Review Required

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CMS
CENTRAL MEDICAL SUPPORT SYSTEMS

Figure 26

HPMS
Health Plan Management System

ACO USER 1 | User Resources | Log Out | A A A
Last logged in at 12:30 PM on October 20, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - MSSP ACO Participant List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT

1. Before signing, you should review your data by selecting the following links:
Participant List: [Review](#)

2. Select the Review button to Review the document.

3. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
MSSP ACO Participant List Certification		Review Required

[Back](#) [Review](#)

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CMS
CENTRAL MEDICAL SUPPORT SYSTEMS

Figure 27

HPMS
Health Plan Management System

Print | Close
Print Date: 11/7/2014

Review Signature ACO Current Participant List Data

Agreement: Z0001

[create PDF](#)

Performance Year: All

TIN	TIN Legal Business Name	Medicare Enrolled TIN	Merged or Acquired TIN	First Name of Person Authorized to Sign ACO Participant (TIN) Agreement	Last Name of Person Authorized to Sign ACO Participant (TIN) Agreement	CCN	CCN Legal Name	CCN Identification Code	Organizational NPI	Organizational NPI Name	Individual NPI	Individual NPI First Name	Individual NPI Last Name	Effective Date	Termination Date
111111111		Y	Y											April 1, 2012	
111111111	test name	N	N	First	Last									January 1, 2015	
222222222	test name	Y	Y											January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	344444444	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	355555555	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	356666666	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	357777777	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	366666666	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a	999999999	John	Test	January 1, 2015	
333333333	test name	Y	Y			66666	abc	R	888888888	a				January 1, 2015	
333333333	test name	Y	Y			771000	abc	F	666666667	b	211111111	John	Test	January 1, 2015	
555555555	test name	Y	Y			011000	abc	F	2345678901	NPI Name	111111111	John	Test	January 1, 2015	
555555555	test name	Y	Y			011000	abc	F	2345678901	NPI Name	222222222	John	Test	January 1, 2015	
555555555	test name	Y	Y											January 1, 2014	
888888888	test name	Y	N	First	Last									January 1, 2015	

Download to Excel

Figure 28

HPMS
Health Plan Management System

ACO USER 1 | User Resources | Log Out | A A A
Last logged in at 12:30 PM on October 20, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign ACO Electronic Signatures +

Review/Sign - MSSP ACO Participant List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT

1. Before signing, you should review your data by selecting the following links:
Participant List: [Review](#)

2. Select the Review button to Review the document.

3. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed Status
MSSP ACO Participant List Certification	Review Required

[Back](#) [Review](#) ←

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CMS
CENTRAL MEDICARE & MEDICAID SERVICE

Figure 29

HPMS
Health Plan Management System

Print | Close
Print Date: 10/20/2014

MSSP ACO Participant List Certification

Year: 2015, Agreement: Z0001


[create PDF](#)

MEDICARE SHARED SAVINGS PROGRAM
ACO PARTICIPANT LIST CERTIFICATION

I hereby certify that the Final ACO Participant List includes a true, accurate, and complete list of all of the ACO participants that comprise this ACO and that the listed ACO participants are eligible to participate in the Medicare Shared Savings Program. I certify that each ACO participant has agreed with the ACO to participate in the Medicare Shared Savings Program and to comply with program regulations under 42 CFR Part 425. I understand that all Medicare Shared Savings Program operations are based on the list of ACO participants I have provided. I certify that the ACO will notify CMS within 30 days of any changes to this list. I further certify that the ACO will maintain, update, and annually furnish to CMS at the beginning of each performance year and at such other times as specified by CMS the list of each ACO participant's TIN.

[Back](#) [Document Reviewed](#) ←

Figure 30


HPMS
Health Plan Management System

ACO USER 1 | User Resources | Log Out | A A
Last logged in at 12:30 PM on October 20, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - MSSP ACO Participant List Certification

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT

1. Before signing, you should review your data by selecting the following links:
Participant List: [Review](#)

2. Select the Clear Review button to clear the Review of the document.

3. Select the 'Sign Document' button to complete the electronic signature process for this document. CMS cannot countersign the documents until the sign process is complete for all documents. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
MSSP ACO Participant List Certification	By: ACO USER 1 On: October 20, 2014 02:16 PM	Review Complete

Back Clear Review Sign Document

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Figure 31


HPMS
Health Plan Management System

Print | Close
Print Date: 10/20/2014

Signature Attestation

Year: 2015, Attestation for Z0001
MSSP ACO Participant List Certification

create PDF

SIGNATURE ATTESTATION

On behalf of the ACO Z0001 - EXAMPLE CONTRACT the undersigned individual hereby attests that he or she is authorized to legally bind the ACO to the terms of the 'MSSP ACO Participant List Certification' and agrees to all the terms specified therein.

To certify the ACO Participant List, you must upload and electronically sign your ACO Provider/Supplier List. Then, review the final ACO Participant List located in the ACO Participant List Management module in HPMS.

If this signature is in response to your approved application, this ACO Participant List represents the final list from you.

I certify that I have made no alterations, amendments or other changes to the 'MSSP ACO Participant List Certification'.

I certify that I have reviewed the following:
MSSP ACO Participant List Certification
Participant List

☐ Select to confirm you want to electronically sign and date this form then press the 'Submit' button.

Back Submit

6 STEP 4 OVERVIEW: ACO DATA USE AGREEMENT (DUA)

Step 4 must be completed after completing [Step 1 – Review and Update ACO Contacts and ACO web page URL](#).

ACOs must execute a DUA prior to the release of, or granting of access to, data files containing protected health information and individual identifiers.

- A DUA between the ACO and CMS is valid for one year from the date it is signed and expires at the beginning of each performance year.
- You must request an extension of your DUA each year to continue receiving beneficiary identifiable data.
- The DUA Custodian **and** DUA Requestor must electronically sign the DUA in HPMS annually.

Step 4 must be completed by these two ESM Contacts: DUA Requestor **and** DUA Custodian. Both **must** complete this step.

Step 4 requires you to:

1. Read your DUA Certification
2. Sign your DUA Certification.

6.1 HOW TO EXTEND YOUR DUA

When the DUA is nearing its expiration date for the current year, the Custodian and Requestor will receive email notifications from the DataUseAgreement@cms.hhs.gov mailbox alerting them of that date. If you have submitted your extension request, by signing the existing DUA in HPMS, you can ignore these alerts. There is a delay between submitting your extension request and our processing it. You may continue to get emails with expiration notices even after you've successfully submitted your extension request.

Your DUA Custodian and DUA Requestor will get an email confirmation from DataUseAgreement@cms.hhs.gov when your DUA is executed or the extension request is processed and granted.

DUA Addendums can only be processed manually outside of HPMS. Do not submit DUA Addendums through HPMS.

6.2 READ AND SIGN YOUR DUA CERTIFICATION

All required contacts must be populated to complete Step 4. (See [Step 1- Review and Update HPMS Contact Data](#)) Follow these steps to initiate your DUA (new ACOs) or extend your DUA for the next performance year. Remember, both the DUA Requestor and the DUA Custodian must complete these steps separately to successfully certify and submit a signed DUA.

Path: **HPMS Homepage > ACO Management > ACO Electronic Signature Management > PY 2015 > Signatures Review/Sign**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Review/Sign Signature Agreements** hyperlink from the right navigation bar. (See [Figure 32](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements** page, click the **Data Use Agreement** hyperlink. (See [Figure 33](#))
6. On the **Review/Sign – Data Use Agreement** page, click the **Review** hyperlink next to Contact Data to confirm your Contact Data. (See [Figure 34](#))
 - You must click this button to continue.
7. Review your Contact Data. (See [Figure 35](#))
 - This page will open in a separate window and include only the contact data you populated on the Contact Data page (See [Figure 3](#)).
 - To correct this information, follow the steps in [Step 1: Review and Update Your HPMS Contact Data](#), then continue.
8. Close the **Review Contact Data** window.
9. On the **Review/Sign – Data Use Agreement** page, click the **Review** button. (See [Figure 36](#))
10. Read the DUA (See [Figure 37](#))
 - This document cannot be altered.
 - Fields on this screen will be automatically populated after you electronically sign the DUA.
 - New ACOs DUA number will be populated at the beginning of your first performance year. Once assigned, the DUA number will not change.
11. Click the **Document Reviewed** button located at the bottom of the screen.

You have completed reading your DUA.

Follow these steps to electronically sign your DUA Certification.

1. On the **Review/Sign Signature Agreements** page, click the **Data Use Agreement** hyperlink. (See [Figure 33](#))
2. On the **Review/Sign – Data Use Agreement** page, click the **Sign Document** button. (See [Figure 38](#))

3. Read the **Signature Attestation**.
4. Click the check box to certify that you want to electronically sign and date your Data Use Agreement. (See [Figure 39](#))
5. Click **Submit**.

You have completed electronically signing your DUA.

NOTE: To certify the DUA, both the DUA Requestor and the DUA Custodian must complete these steps separately to sign the agreement.

STEP 4 IS NOW COMPLETE.

Current ACOs may stop here. Current ACOs have now completed all four steps in you Annual Certification.

New ACOs must continue to Step 5.

6.3 STEP 4 ESM SCREEN SHOTS: DATA USE AGREEMENT

Figure 32

HPMS
Health Plan Management System

ACO TEST 2 | User Resources | Log Out | A A A
Last logged in at 9:34 PM on November 14, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015

ACO Electronic Signature Start Page, 2015

The ACO Electronic Signature Management module supports the electronic review and signature of required documents to participate in the Shared Savings Program.

CV: 1.19.0.0

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ
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ACO Electronic Signatures

- PY 2015
 - Signatures Review/Sign
 - Provider/Supplier Upload
 - View Agreement Materials
 - ACO ESM Module User's Guides
- PY 2014

Figure 33

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.

CMS cannot countersign the documents until the sign process is complete for all documents.


Review Document	View Only Reviewed Signed	Status
Data Use Agreement		Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification		Review Required
MSSP ACO Participant List Certification		Review Required
Assurance of Compliance		Review Required
MSSP ACO Participation Agreement		Review Required

[Back](#)

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CMS

Figure 34


HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 4:52 PM on October 22, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures

Requestor Review/Sign - Data Use Agreement

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

1. Before signing, you should review your data by selecting the following links:
Contact Data: [Review](#)

2. Select the Review button to Review the document.

3. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
Data Use Agreement		Review Required (Requestor) Review Required (Custodian)

Back Review

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Figure 35


HPMS
Health Plan Management System

Print Close
Print Date: 11/8/2014


Review Signature Contact Data

Agreement: Z001
Organization Name: EXAMPLE CONTRACT 1

create PDF

Active Contact Data:

Contact Type	Name/Title	Phone/Email	Address
ACO Executive (Authorized Official)	First Last	Phone: 1111111111 Email: test@test.com	123 Main St. City: Arlington State: Virginia ZIP: 22201
CMS Liaison (Primary Contact)	First Last	Phone: 1111111111 Email: test@test.com	123 Main St. City: Arlington State: Virginia ZIP: 22201
Application Contact (Primary)	Mr. Asif Zeeshan Title: CEO	Phone: 8107329528 Email: dzeeshan@midmichiganhc.com	1020 Professional Drive City: Flint State: Michigan ZIP: 48532
Application Contact (Secondary)	Ms. Madha Zeeshan Title: Assist Admin	Phone: 8107329528 Email: hr@midmichiganhc.com	1020 Professional Drive City: Flint State: Michigan ZIP: 48532
Information Technology (IT) Contact (Primary)	First Last	Phone: 1111111111 Email: test@test.com	123 Main St. City: Arlington State: Virginia ZIP: 22201
Information Technology (IT) Contact (Secondary)	First Last	Phone: 1111111111 Email: test@test.com	123 Main St. City: Arlington State: Virginia ZIP: 22201
Financial Contact	First Last	Phone: 1111111111 Email: test@test.com	123 Main St. City: Arlington State: Virginia ZIP: 22201



HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 4:52 PM on October 22, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures

Requestor Review/Sign - Data Use Agreement

Contract Year: 2015

Contract ID: Z0001

Legal Name: EXAMPLE CONTRACT 1

1. Before signing, you should review your data by selecting the following links:

Contact Data: [Review](#)


2. Select the Review button to Review the document.

3. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
Data Use Agreement		Review Required (Requestor) Review Required (Custodian)


Back

Review



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HPMS
Health Plan Management System

Print | Close
Print Date: 10/9/2016

Data Use Agreement

Year: 2015, Agreement: Z0001

DATA USE AGREEMENT
DUA #
(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
DATA CONTAINING INDIVIDUAL IDENTIFIERS)


create PDF

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees, the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records, in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and _____ enter into this agreement to comply with the following specific paragraphs:

- This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and _____, hereinafter termed "User."
- This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS Signatory to this Agreement shown in section 20.
- The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
- The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s):
Name of Study/Project MEDICARE SHARED SAVINGS PROGRAM
CMS Contract No. (if applicable) _____
The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.
The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).
- The following CMS data file(s) is/are covered under this Agreement.

File	Years(s)	System of Record
HIGLAS – Payment Data	2012-2015	N/A
NLR – Meaningful Use Data	2012-2015	NCH
RAS – Risk Adjustment Data	2012-2015	IDR
CAHPS – Beneficiary Survey Data	2012-2015	IDR
GPRO – Quality Measurement Data	2012-2015	NCH
NPICS – NPI Crosswalk	2012-2015	NPESS
PECOS – Provider Enrollment Data	2012-2015	PECOS
CMS – Beneficiary Enrollment Data	2012-2015	CMS
IDR – Parts A, B, and D Claims	2012-2015	IDR
Receipt of ACO Applications (HPMS or Portal)	2012-2015	ACO

Figure 38


HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Requestor Review/Sign - Data Use Agreement

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

1. Before signing, you should review your data by selecting the following links:
Contact Data: [Review](#)

2. Select the Clear Review button to clear the Review of the document.

3. Select the 'Sign Document' button to complete the electronic signature process for this document. CMS cannot countersign the documents until the sign process is complete for all documents. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
Data Use Agreement	By (Requestor): ACO TEST USER On (Requestor): October 9, 2014 02:13 PM By (Custodian): On (Custodian):	Review Complete (Requestor) Review Required (Custodian)

Back Clear Review Sign Document

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Figure 39


HPMS
Health Plan Management System

Print | Close
Print Date: 10/23/2014

Signature Attestation

Year: 2015, Requestor Attestation for Z0001
Data Use Agreement

create PDF

SIGNATURE ATTESTATION

On behalf of the ACO Z0001 - EXAMPLE CONTRACT 1 the undersigned individual hereby attests that he or she is authorized to legally bind the ACO to the terms of the 'Data Use Agreement' and agrees to all the terms specified therein.

To certify the Data Use Agreement, both the Requestor and the Custodian must sign the agreement.

I certify that I have made no alterations, amendments or other changes to the 'Data Use Agreement'.

I certify that I have reviewed the following::
Data Use Agreement
Contact Data
☐ Select to confirm you want to electronically sign and date this form then press the 'Submit' button.

Back Submit

7 STEP 5 OVERVIEW: ASSURANCE OF COMPLIANCE (NEW ACOS ONLY)

Step 5 must be completed by new ACOs only, upon application approval. If your ACO is currently participating in the Shared Savings Program, skip this step.

Step 5 must be completed by one of these authorized ESM Contacts: ACO Executive, or Authorized to Sign (primary or secondary).

Step 5 requires you to:

1. Read your Assurance of Compliance Certification
2. Sign your Assurance of Compliance Certification

7.1 READ AND SIGN YOUR ASSURANCE OF COMPLIANCE

Path: **HPMS Homepage > ACO Management > ACO Electronic Signature Management > PY 2015 > Signatures Review/Sign**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/Sign** hyperlink from the right navigation bar. (See [Figure 40](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements** page, click the **Assurance of Compliance** hyperlink. (See [Figure 41](#))
6. On the **Review/Sign – Assurance of Compliance** page, click the **Review** button. (See [Figure 42](#))
7. Read the Assurance of Compliance.
 - This document cannot be altered.
8. Click the **Document Reviewed** button located at the bottom of the screen. (See [Figure 43](#))

You have completed reading your Assurance of Compliance Certification.

Follow these steps to electronically sign your Assurance of Compliance Certification..

1. On the **Review/Sign Signature Agreements** page, click the **Assurance of Compliance** hyperlink. (See [Figure 41](#))
2. On the **Review/Sign – Assurance of Compliance** page, click the **Sign Document** button.

(See [Figure 44](#))

3. Read the **Signature Attestation**,
4. Click the check box to certify that you want to electronically sign and date the Assurance of Compliance. (See [Figure 45](#))
5. Click **Submit** to complete Step 5.

You have completed electronically signing your Assurance of Compliance.

STEP 5 IS NOW COMPLETE.

New ACOs may now move to Step 6.

7.2 STEP 5 ESM SCREEN SHOTS: ASSURANCE OF COMPLIANCE

Figure 40

HPMS
Health Plan Management System

ACO TEST 2 | User Resources | Log Out | A A A
Last logged in at 9:34 PM on November 14, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015

ACO Electronic Signature Start Page, 2015

The ACO Electronic Signature Management module supports the electronic review and signature of required documents to participate in the Shared Savings Program.

CV: 1.19.0.0

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ACO Electronic Signatures

PY 2015

- Signatures Review/Sign
- Provider/Supplier Upload
- View Agreement Materials
- ACO ESM Module User's Guides

PY 2014

Figure 41

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.


CMS cannot countersign the documents until the sign process is complete for all documents.

Review Document	View Only	Reviewed	Signed	Status
Data Use Agreement				Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification				Review Required
MSSP ACO Participant List Certification				Review Required
Assurance of Compliance				Review Required
MSSP ACO Participation Agreement				Review Required

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Figure 42



Health Plan Management System
BDCTEST

ACO TEST 2 | User Resources | Log Out | A A
Last logged in at 3:24 PM on November 8, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - Assurance of Compliance

Contract Year: 2015
Contract ID: Z001
Legal Name: EXAMPLE CONTRACT 1


1. Select the Review button to Review the document.

2. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
Assurance of Compliance		Review Required

Back
Review

Figure 43



Health Plan Management System

Print | Close
Print Date: 11/08/2014

Assurance of Compliance

Year: 2015, Agreement: Z001

create PDF

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Back
Document Reviewed

Figure 44

HPMS
Health Plan Management System

ACO TEST 2 | User Resources | Log Out | A A A
Last logged in at 12:47 PM on November 17, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign ACO Electronic Signatures +

Review/Sign - Assurance of Compliance

Contract Year: 2015
Contract ID: A2515
Legal Name: Focus Care ACO, LLC

1. Select the **Clear Review** button to clear the Review of the document.

2. Select the **'Sign Document'** button to complete the electronic signature process for this document. CMS cannot countersign the documents until the sign process is complete for all documents. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the **'View Agreement Materials'** link on the **'ACO Signature Start Page'**.

Review Document	Reviewed	Status
Assurance of Compliance	By: ACO TEST 2 On: November 17, 2014 02:28 PM	Review Complete

[Back](#) [Clear Review](#) [Sign Document](#)

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ

Figure 45

HPMS
Health Plan Management System

Print | C
Print Date: 11/8/

Signature Attestation

Year: 2015, Attestation for A2517
Assurance of Compliance

SIGNATURE ATTESTATION

On behalf of the ACO Z0001 - EXAMPLE CONTRACT 1 the undersigned individual hereby attests that he or she is authorized to legally bind the ACO to the terms of the 'Assurance of Compliance' and agrees to all the terms specified therein.

To certify the Assurance of Compliance Agreement, review all all other required documents prior to signing this agreement.

I certify that I have made no alterations, amendments or other changes to the 'Assurance of Compliance'.

☐ Select to confirm you want to electronically sign and date this form then press the 'Submit' button.

[Back](#) [Submit](#)

8 STEP 6 OVERVIEW: MSSP ACO PARTICIPATION AGREEMENT (NEW ACOS ONLY)

Step 6 must be completed by new ACOs only, upon application approval. If your ACO is currently participating in the Shared Savings Program, skip this step.

This is the final step in Annual Certification for new ACOs. You must complete Steps 1 through Step 5 prior to completing Step 6.

Step 6 must be completed by one of these authorized ESM Contacts: ACO Executive, or Authorized to Sign (primary or secondary).

Step 6 requires you to:

1. Review the Basic Agreement Data (completed in [Step 1](#))
2. Review the Contact Data (completed in [Step 1](#))
3. Review the ACO Provider/Supplier List Data (completed in [Step 2](#))
4. Review the ACO Participant List (completed in [Step 3](#))
5. Read your MSSP ACO Participation Agreement Certification
6. Sign your MSSP ACO Participation Agreement Certification

8.1 READ AND SIGN YOUR MSSP ACO PARTICIPATION AGREEMENT

Path: **HPMS Homepage > ACO Management > ACO Electronic Signature Management > PY 2015 > Signatures Review/Sign**

1. From the HPMS Homepage, hover over **ACO Management**, and then click **ACO Electronic Signature Management** from the drop down list.
2. On the **ACO Electronic Signature Management Start Page**, click **PY 2015** from the right navigation bar.
3. Click the **Signatures Review/Sign** hyperlink from the right navigation bar. (See [Figure 46](#))
4. Enter your **Agreement number** (ACO ID), and then click **Submit**.
5. On the **Review/Sign Signature Agreements** page, click the **MSSP ACO Participation Agreement** hyperlink. (See [Figure 47](#))
6. On the **Review/Sign – MSSP ACO Participation Agreement** page, click the **Review** hyperlink for each section. (See [Figure 48](#))
 - You must click this button to continue with Step 6:
 - Basic Agreement Data (completed in [Step 1](#))
 - Contact Data (completed in [Step 1](#))
 - Provider/Supplier List Data (completed in [Step 2](#))
 - Participant List (completed in [Step 3](#))
 - Each page will open in a separate window and include only the data you've

verified in Steps 1 through Step 3.

- If any corrections are needed on your **Basic Agreement Data**, or **Contact Data**, go back to [Step 1](#) to make revisions. These are the only changes you can make before completing Step 6.
7. Close the **Review** window.
 8. On the **Review/Sign – MSSP ACO Participation Agreement** page, click the **Review** button. (See [Figure 48](#))
 9. Read the **MSSP ACO Participation Agreement**
 - This document cannot be altered.
 - Fields on this screen will be automatically populated after you electronically sign the MSSP ACO Participation Agreement.
 10. Click the **Document Reviewed** button located at the bottom of the screen. (See [Figure 49](#))

You have completed reading your MSSP ACO Participation Agreement.

Follow these steps to electronically sign your MSSP ACO Participation Agreement.

1. On the **Review/Sign Signature Agreements** page, click the **MSSP ACO Participation Agreement** hyperlink. (See [Figure 47](#))
2. On the **Review/Sign MSSP ACO Participation Agreement** page, click the **Sign Document** button. (See [Figure 50](#))
 - You can skip clicking the **Review** hyperlink, since you already completed that step when reading your certification in [Section 8.1 Read and Sign Your MSSP ACO Participant List Certification](#)
3. Read the **Signature Attestation**.
4. Click the check box to certify that you want to electronically sign and date your MSSP ACO Participation Agreement. (See [Figure 51](#))
5. Click **Submit** to complete Step 6.
 - Once you sign your MSSP ACO Participation Agreement, you will not be able to edit or sign any documents or materials in the ESM module.

You have completed electronically signing your MSSP ACO Participation Agreement.

STEP 6 IS NOW COMPLETE.

You have now completed your Annual Certification requirements.

8.2 STEP 6 ESM SCREEN SHOTS: MSSP ACO PARTICIPATION AGREEMENT

Figure 46

HPMS
Health Plan Management System

ACO TEST 2 | User Resources | Log Out | A A A
Last logged in at 9:34 PM on November 14, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015

ACO Electronic Signature Start Page, 2015

The ACO Electronic Signature Management module supports the electronic review and signature of required documents to participate in the Shared Savings Program.

CV: 1.19.0.0

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ
This is a U.S. Government computer system subject to Federal law.

ACO Electronic Signatures

- PY 2015**
 - Signatures Review/Sign
 - Provider/Supplier Upload
 - View Agreement Materials
 - ACO ESM Module User's Guides
- PY 2014**

Figure 47

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign

Review/Sign Signature Agreements

ACO Electronic Signatures +

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

Select a document link to Review/Sign the document (or to View the document if it is View Only).

Documents are View Only if they are already signed, if you have not been provided access to Sign/View the document, or if the Sign By Date has passed.

CMS cannot countersign the documents until the sign process is complete for all documents.

Review Document	View Only	Reviewed	Signed	Status
Data Use Agreement				Review Required (Requestor) Review Required (Custodian)
MSSP ACO Provider/Supplier List Certification				Review Required
MSSP ACO Participant List Certification				Review Required
Assurance of Compliance				Review Required
MSSP ACO Participation Agreement				Review Required

[Back](#)

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

Figure 48

HPMS
Health Plan Management System

BDCTEST

ACO TEST 2 | User Resources | Log Out | A A
Last logged in at 3:24 PM on November 8, 2014

ACO Management

Home > ACO Electronic Signature Management > FY 2015 > Signatures Review/Sign Document

Review/Sign

ACO Electronic Signatures +

Review/Sign - MSSP ACO Participation Agreement

You can review the document below but you will not be able to sign it until you correct the following errors:

Error: Document 'Data Use Agreement' must be signed before this document can be signed.
Error: The 'ACO Web Page' on the Basic Agreement Data page has not been completed. Go to the Basic Agreement Data link on the ACO Agreement Management Start Page to complete the required data entry.

Contract Year: 2015
Contract ID: Z001
Legal Name: EXAMPLE CONTRACT 1

1. Before signing, you should review your data by selecting the following links:
Basic Agreement Data: [Review](#)
Contact Data: [Review](#)
Provider/Supplier List Data: [Review](#)
Participant List: [Review](#)

2. Select the Review button to Review the document.

3. Once the document has been reviewed, a 'Sign Document' button will appear on the page. Select the 'Sign Document' button to send the document to CMS for countersignature. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
MSSP ACO Participation Agreement		Review Required

[Back](#)
[Review](#)

Figure 49

HPMS
Health Plan Management System

Print | Close
Print Date: 11/08/2014

MSSP ACO Participation Agreement

Year: 2015, Agreement: A2515

[create PDF](#)

MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION PARTICIPATION AGREEMENT

(Agreement with Accountable Care Organization Pursuant to Section 1899 of the Social Security Act and Title 42 Code of Federal Regulations (CFR) Chapter IV, part 425)

between

THE CENTERS FOR MEDICARE & MEDICAID SERVICES

and

doing business as (D/B/A) _____

In order to participate in the Shared Savings Program and receive payment under title XVIII of the Social Security Act as an Accountable Care Organization (ACO), _____ D/B/A _____ agrees to comply with the provisions of section 1899 of the Social Security Act, Title 42 CFR Part 425, and all other applicable provisions of law and regulation.

This agreement, upon submission by the ACO of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972, and upon acceptance by the Centers for Medicare & Medicaid Services, shall be binding on the Accountable Care Organization.

TERM OF AGREEMENT: Pursuant to 42 CFR 425.200(b), the start date for the Agreement is January 1, 2015, with a term of three years, ending on December 31, 2017, unless sooner terminated in accordance with applicable regulations.

PERFORMANCE YEAR: Pursuant to 42 CFR 425.200(c), the first Performance Year under this Agreement begins on January 1, 2015 and ends on December 31, 2015. Subsequent Performance Years for the duration of this Agreement shall each be of 12 months duration, beginning on January 1, 2016.

APPLICABLE LAWS:

Statutory and Regulatory Changes During Term of Agreement: Pursuant to 42 CFR 425.212(a)(1), the ACO is subject to all statutory changes that become effective during the term of this Agreement. Pursuant to 42 CFR 425.212(a)(2), the ACO is subject to all regulatory changes that become effective during the term of this Agreement with the exception of the following program areas:

(1) Eligibility requirements concerning the structure and governance of ACOs.

(2) Calculation of sharing rate.

(3) Beneficiary assignment.

Compliance With Laws: Pursuant to 42 CFR 425.208(b), the ACO agrees, and must require its ACO participants and ACO providers/suppliers, as defined under 42 CFR 425.20, and other individuals or entities performing functions or services related to the ACO's activities to agree to comply with all applicable laws including, but not limited to the following:

(1) Federal criminal law.

(2) The False Claims Act (31 U.S.C. 3729 et seq.).

(3) The anti-kickback statute (42 U.S.C. 1320a-7b(b)).

(4) The civil monetary penalties law (42 U.S.C. 1320a-7a).

(5) The physician self-referral law (42 U.S.C. 1356n).

CERTIFICATIONS: Pursuant to 42 CFR 425.208(b), the ACO agrees, as a condition of participating in the program and receiving any shared savings payment, that an individual with the authority to legally bind the ACO will certify the accuracy, completeness, and truthfulness of any data or information requested by or submitted to the Centers for Medicare & Medicaid Services (CMS), including, but not limited to this Agreement, the application form and any quality data or other information on which CMS bases its calculation of shared savings payments and shared losses. All such certifications must meet the requirements set forth in 42 CFR 425.302. In addition, pursuant to 42 CFR 425.204(a), the ACO certifies that the ACO, its ACO participants, and its ACO providers/suppliers have agreed to become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to the ACO.

Pursuant to 42 CFR 425.210(a), the ACO must provide a copy of this Agreement to all of its ACO participants, ACO providers/suppliers, and other individuals and entities involved in ACO governance.

The individual executing this Agreement on behalf of the ACO has authority to legally bind the ACO and hereby certifies the accuracy, completeness, and truthfulness of the statements contained in this Agreement and the Medicare Shared Savings Program Application, including any supplemental submissions to that application.

[Back](#)
[Document Reviewed](#)

Figure 50

HPMS
Health Plan Management System

ACO TEST USER | User Resources | Log Out | A A A
Last logged in at 1:32 PM on October 9, 2014

ACO Management

Home » ACO Electronic Signature Management » PY 2015 » Signatures Review/Sign Document

Review/Sign ACO Electronic Signatures +

Requestor Review/Sign MSSP ACO PARTICIPATION

Contract Year: 2015
Contract ID: Z0001
Legal Name: EXAMPLE CONTRACT 1

1. Before signing, you should review your data by selecting the following links:
Contact Data: [Review](#)

2. Select the Clear Review button to clear the Review of the document.

3. Select the 'Sign Document' button to complete the electronic signature process for this document. CMS cannot countersign the documents until the sign process is complete for all documents. Once the final Sign-off is complete, you may not change the review status, but you may look at the document using the 'View Agreement Materials' link on the 'ACO Signature Start Page'.

Review Document	Reviewed	Status
Data Use Agreement By (Requestor): ACO TEST USER		Review Complete (Requestor)
On (Requestor): October 9, 2014 02:13 PM		Review Required (Custodian)
By (Custodian):		
On (Custodian):		

[Back](#) [Clear Review](#) [Sign Document](#)

Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-ins | Rules Of Behavior | System Requirements | FAQ
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CMS
CENTRAL MEDICARE SYSTEMS

Figure 51

HPMS
Health Plan Management System

Print | Close
Print Date: 10/23/2014

Signature Attestation

Year: 2015, Attestation for Z0001
MSSP ACO Participation Agreement [create PDF](#)

SIGNATURE ATTESTATION

On behalf of the ACO A1180 – CY 2015 EJO Redesign the undersigned individual hereby attests that he or she is authorized to legally bind the ACO to the terms of the 'MSSP ACO Participation Agreement' and agrees to all the terms specified therein.

To certify the Medicare Shared Savings Program Accountable Care Participation Agreement, all other required documents must be signed prior to signing this agreement.

I certify that I have made no alterations, amendments or other changes to the 'MSSP ACO Participation Agreement'.

I certify that I have reviewed the following:
MSSP ACO Participation Agreement
Basic Agreement Data
Contact Data
Provider/Supplier List Data
Participant List

☐ Select to confirm you want to electronically sign and date this form then press the 'Submit' button.

[Back](#) [Submit](#)

APPENDIX A – CMS USER ID & 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 to access CMS systems is strictly prohibited. We prohibit this activity and if identified, it may result in the termination of the individual's CMS User ID.

1.0 HOW TO OBTAIN A CMS USER ID

Follow the six steps below to obtain a CMS issued User Identification (ID) to access CMS computer systems. See [How to Complete Form CMS-20037](#) for instructions. Form [CMS-20037](#) Application for Access to CMS Computer Systems is accessible online.

Step 1: Download Form [CMS-20037](#), Application for Access to CMS Computer Systems.

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 are authorized to request access for. If you are 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 SharedSavingsProgram@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 of the following:
 - 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.

Step 3: Make sure each individual's application includes:

1. Applicant's Original Signature
2. Date
3. Social Security Number
4. All ACO ID number(s) the user is authorized to have access to

Step 4: Submit (1) form for each individual contact by following the instructions in Step 2-3.

1. You are prohibited from sharing your CMS issued User ID and password with anyone.
2. We strongly encourage you to obtain a CMS User ID for each ACO Contact (See [Appendix B – ACO Contact Definitions](#))

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:

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

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, contact

SharedSavingsProgram@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.

2.0 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 doing the following:

1. Log into the CMS Enterprise User Administration (EUA) system at <https://eua.cms.gov>.
2. Click the Manage Passwords tab
3. 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.
 - You must complete both

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

3.0 CMS USER ID PASSWORD MAINTENANCE

CMS must reset your password **every 60 days**. You can reset your CMS password using CMS EUA system by doing the following:

1. Go to EUA at <https://eua.cms.gov>.
2. Select the **Manage Passwords** tab change your password.
3. Follow the instructions listed on the page.

If your account locks and your password must be reset by the CMS IT Service Desk, your password will be reset to the default (i.e., first letter of your last name in upper case, second letter of your last name in lower case, followed by the last six digits of your social security number). You are required to change the default password immediately via EUA.

Please note that the HPMS Help Desk cannot reset passwords.

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

4.0 ANNUAL CMS USER ID RECERTIFICATION PROCESS

You must recertify your CMS User ID electronically through EUA on an annual basis. CMS will email you with instructions and a due date when your certification is due. If you do not complete the certification in a timely manner, your CMS user ID will be revoked and you will have to re-apply as a new HPMS user.

You can visit the **View Identity** tab in EUA to determine your recertification status at any time by logging into EUA at <https://eua.cms.gov> and following these steps:

1. Log into EUA using your CMS User ID credentials.
2. If you find a recertification item in your EUA inbox, select the item to initiate your system access review.
3. Click **OK** in the Decision column for each job code assigned to your user ID.
4. Click **Save All Changes** located at the bottom of the page, when all items in the Decision column are marked **OK** highlighted in green.
5. Click the **Sign Off** button located at the top of the page.
6. Click the **Finish** button in the pop-up message.

Review your recertification status to determine what actions you may need to take:

- 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.

Please **DO NOT** re-submit your original Form [CMS-20037](#) user request form. CMS will NOT accept paper re-certifications, so you must complete the process electronically.

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

5.0 HPMS USER ACCOUNT MAINTENANCE

Users who have access to HPMS must update their contact information in the Users Resource section of HPMS. You complete this step when you initially obtain access to HPMS. This information does not appear on your ACOs Contact page. This information is specific to the user. Individual users should verify and update this information annually, or at any time the information changes by logging into HPMS <https://hpms.cms.gov> and following the steps below:

Path: **HPMS Homepage>User Resources> User Account Maintenance**

1. On the **HPMS Homepage**, hover over **User Resources** at the top right corner of the page next to your name, then click **User Account Maintenance**
2. Update your personal information.

3. Click Submit.

APPENDIX B – ACO CONTACT DEFINITIONS

This section provides the contact definition, ESM designation, and CMS systems each contact will access regularly. All contacts require access to CMS systems including HPMS, Managed File Transfer (MFT), and upon application approval, the Shared Savings Program ACO Portal (SSP ACO Portlet).

1.0 ESM CONTACTS

Contacts that have ESM designation and are required to complete Annual Certification activities in the ESM Module.

- **ACO Executive** (Authorized Official): Person holding an executive leadership office in the ACO and vested by the ACOs 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 approval, this person is designated 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.
- **Authorized to Sign** (primary): Person appointed by the ACO as an agent of the organization and vested by the ACOs 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 CMSs approval of the program application, this person is designated to sign electronically documents on behalf of the ACO in the HPMS ESM module. This person receives and has access to correspondence from CMS to the ACO, including program announcements. This person cannot be the same as the Authorized to Sign (secondary).
- **Authorized to Sign** (secondary): Meets requirements described for Authorized to Sign (primary) contact, but this person serves as the back-up to the primary Authorized to Sign contact. This person cannot be the same as the Authorized to Sign (primary).
- **DUA Custodian**: This person is 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**: This person authorized to legally bind the ACO to the terms of the DUA. This person cannot be the same as the DUA Custodian.

2.0 ADDITIONAL REQUIRED CONTACTS

Contacts required to server other roles within the ACO. ACOs must identify these contacts to

complete Annual Certification.

- **CMS Liaison:** Serves as the ACOs 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 approval, this person is designated to sign documents on behalf of the ACO in the HPMS ESM module.
- **Application Contact (Primary):** Serves as the primary point of contact for the ACOs 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.
- **IT Contact (Primary):** Serves as the ACOs 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. This person has access to CMS systems including
- **Financial Contact:** Serves as the ACOs point of contact for banking and payment information. Person is the ACOs authorized official recorded on the ACOs Form CMS-588 and owner of the ACOs 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.
- **Compliance Officer:** Serves as the ACOs 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.
- **Quality Contact (Primary):** Serves as the ACOs 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.
- **Quality Contact (Secondary):** Serves as the ACOs 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.
- **Marketing Contact (Primary):** Serves as the ACOs 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.
- **Marketing Contact (Secondary):** Serves as the ACOs 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.
- **Public Contact:** Serves as the ACOs 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.

3.0 OPTIONAL CONTACTS

These are additional contacts serving other roles within the ACO. Although some contacts are optional, we recommend that you designate them.

- **Application Contact** (Secondary): Serves as the secondary point of contact for the ACOs 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.
- **IT Contact** (Secondary): Serves as the ACOs 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.