## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C5-15-12 Baltimore, Maryland 21244-1850



### **Center for Medicare**

Date: 10/31/2014

To: Medicare Shared Savings Program – Pending 2015 Applicants

From: Medicare Shared Savings Program

RE: Final Request for Information - Due Thursday, November 6, 2014 at 8 p.m. ET

We sent this notice to all your ACO contacts listed in HPMS.

We are completing our final review of your application and will issue notices by close of business on Friday October 31, 2014. Once you receive your notice, review it carefully to determine what actions you need to take. The deadline to respond to your FINAL notice is **Thursday November 6, 2014 by 8:00 p.m. Eastern Time**. You will have four (4) business days to respond. We will not accept late responses.

If you received a Notice of Intent to Deny (NOID) memo, we may deny your application if you do not correct these errors. **This is your final opportunity to correct your application.** If you intend to Withdraw your application, please follow the instructions below and included in the <u>2015 Application Reference Manual</u>.

### HOW TO RESPOND TO YOUR NOTICE OF INTENT TO DENY

#### DO

- 1. Respond to your notice in HPMS by clicking 'Final Submit' by Thursday, November 6, 2014 at 8:00 p.m. ET. Do not wait until the last minute.
- 2. Correct all not met requirements referenced in your NOID. Allowable changes include but are not limited to:
  - Corrections to your executed agreements
  - Corrections to your attestation responses
  - Corrections to your narratives and supporting documentation
- 3. Contact your CMS Application Reviewer **as soon as possible**, if you need help responding to your NOID at ACOAppReview@lmi.org.
- 4. Contact the Application Mailbox at <u>SSPACO\_Applications@cms.hhs.gov</u>, if you have general questions or need your HPMS Gates open to submit your response.
- 5. Contact HPMS Helpdesk at HPMS@cms.hhs.gov, if you need technical assistance with HPMS.
- 6. Contact CMS IT Service Desk at (800) 562-1963, if you need your password reset, or if your account is locked.

**DO NOT** Attempt to modify (add, delete, change TIN digits) or upload your ACO Participant List in HPMS. The ACO Participant List upload gate will be closed. All ACO Participant List is under

review. We will send you a final ACO Participant List Report with beneficiary assignment estimates in the coming weeks.

# HOW TO WITHDRAW A PENDING APPLICATION

If you wish to withdraw a pending application, you **must** submit a written request to such effect and submit the withdrawal request via email to <u>SSPACO\_Applications@cms.hhs.gov</u> by Thursday, November 6, 2014. Put your ACO ID and the words 'Withdrawal Request' in the subject line of the email. Attach your Request to Withdraw as a PDF. Your written request must be on your organization's letterhead, signed by an ACO authorized official (ACO Executive, Authorized to Sign or Financial contact), and must include:

- Your ACO ID, organization's legal business name, complete address
- Point of contact information (name, phone number and E-mail address)
- Exact description of the reason you are withdrawing your application.