# How to complete the 2015 ACO Participant List Template

Use the ACO Participant List Template to tell us about your ACO Participants in response to Application Section 9, Question 23.

Do not adjust the physical format of this template. A computer program will process this list and any change will cause the process to fail.

Refer to the end of this document for sample entries.

**DO**
- Leave fields in columns G through N blank if those columns do not apply to your organization.
- Keep all cells formatted as "text."
- Use the required file format = ASCII File - Tab Delimited
- Use the filename extension ".TXT"

**DO NOT**
- Add or remove columns or rows, including rows that contain column headings.
- Hide columns or rows of data.
- Drag cells containing numbers.
- Rename the worksheet (tab name) in the workbook.
- Use the "wrap text" function

## GUIDANCE

For further guidance, see:
- ACO Participant List FAQs,
- Merged or Acquired TIN Guidance, and
- ACO Participant Agreement Guidance and ACO Participant List Guidance for Applicants.

### INSTRUCTIONS

1.   Column A - **TIN**: Enter an ACO participant's Tax Identification Number (TIN); one entry per row.
     - Every row must include a TIN
     - Enter TIN as a 9-digit number, without dashes, spaces or other non-numeric values.

2.   Column B - **TIN Legal Business Name**: Enter the TIN's legal business name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

3.   Column C – **Medicare Enrolled TIN**:  Identify whether the TIN is enrolled in Medicare by entering "Y" for Yes or "N" for No

4.   Column D – **Merged or Acquired TIN:** Identify whether the TIN is a merged or acquired TIN by entering "Y" for Yes or "N" for No
     - Under certain circumstances, a merged or acquired TIN may be included on the ACO Participant List. See "Further Guidance" section of this document.

5.   Column E – **First Name of Person Authorized to Sign ACO Participant (TIN) Agreement:** Enter the first name of the Authorized Signer for the ACO Participant.

6.   Column F – **Last Name of Person Authorized to Sign ACO Participant (TIN) Agreement:** Enter the last name of the Authorized Signer for the ACO Participant.

**Columns G through I apply only to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Method II Critical Access Hospitals (Method II CAHs), and Electing Teaching Amendment Hospitals (ETAs).  Do not provide this information for other types of providers.  Leave these columns blank if they are not applicable.**

7.   Column G - **CCN**:  If the participant or other entity is a FQHC, RHC, Method II CAH, or ETA, enter the Centers for Medicare & Medicaid Services Certification Number (CCN) also known as the Online Survey, Certification, and Reporting (OSCAR.)

     - CCNs must be 6-digit numbers, without dashes, spaces, or non-numeric values.

8.   Column H – **CCN Legal Name**: Enter the CCN Legal Name as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).  Do not use abbreviations.

9.    Column I – CCN Identification Code: If you entered a CCN in Column D, enter the CCN Identification Code for each CCN:

       F= FQHC
       R= RHC
       C= Method II CAH
       T= Electing Teaching Amendment Hospital

**Columns J through N apply only to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). Do not provide this information for Method II CAHs, Electing Teaching Amendment Hospitals, or other types of providers.  Leave these columns blank if they are not applicable.**

10.   Column J – **Organizational NPI**: Enter the Organizational National Provider Identification (NPI) for FQHCs and RHCs.

- The Organizational NPI must be a 10-digit number, without any dashes, spaces, or other non-numeric values.

11.   Column K – **Organizational NPI Name**:  Enter the Organizational NPI name
- The Organizational NPI Name must be entered as it is registered in the Medicare Provider Enrollment, Chain, and Ownership System

12.   Column L – **Individual NPI**:  Enter an individual NPI for each physician who directly provides patient care services primary care in the FQHC or RHC.
- The Individual NPI must be a 10-digit number, without any dashes, spaces, or other non-numeric values

- An applicant including FQHC/RHC participants attests to CMS that the NPIs included in Column L are physicians who directly provide patient primary care services in the FQHC or RHC.

13.   Column M – **Individual NPI First Name**:  Enter the corresponding first name of the Individual NPI.

14.   Column N – **Individual NPI Last Name**:  Enter the corresponding last name of the Individual NPI.
- Both the first and last names provided in Columns M and N should be the names recorded in PECOS and the National Plan and Provider Enumeration System (NPPES)

15.   Save your file with as ".txt",  with the following filename: Axxxx_S9_Q23_ParList_mmddyyyy

16.   Compress (zip) this template with your other files for Section 9 and upload the zip file in HPMS.  See the Application Reference Guide, How to Upload Your ACO Participant List section for additional upload guidance.

**Sample Entries**

Row 2 - Sample entry for provider types requiring TINs only, Merged TIN indicated

Row 3 - Sample entry for CCN identified as FQHC

Row 4 - Sample entry for CCN identified as FQHC

Row 5 - Sample entry for CCN identified as RHC

Row 6 - Sample entry for CCN identified as Method II CAH

Row 7 - Sample entry for CCN identified as Electing Teaching Amendment Hospital

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | TIN | TIN Legal Business Name | Medicare Enrolled TIN | Merged or Acquired TIN | First Name Authorized to Sign for the ACO Participant | Last Name Authorized to Sign for the ACO Participant | CCN | CCN Legal Name | CCN Identifi-cation Code | Organiza-tional NPI | Organizational NPI Name | Individual NPI | Individual NPI First Name | Individual NPI Last Name |
| 2 | 546204121 | Granite Valley Doctors | Y | N | Ann | Smith | | | | | | | | |
| 3 | 061617979 | Saint XYZ Regional Medical Center | Y | N | David | Long | 451866 | Saint XYZ Regional Medical Center | F | 9790294755 | Saint XYZ Regional Medical Center | 8372351731 | John | Smith |
| 4 | 061617979 | Saint XYZ Regional Medical Center | Y | N | David | Long | 451866 | Saint XYZ Regional Medical Center | F | 9790294755 | Saint XYZ Regional Medical Center | 1635739064 | William | Kennedy |
| 5 | 702407801 | ABC Regional Health Center | Y | N | Robert | Johnson | 453924 | ABC Regional Health Center | R | 7715471360 | ABC Health Center | 4728197659 | Brent | Howard |
| 6 | 079309300 | Y2K Memorial Hospital | Y | N | Michael | Jones | 451398 | Y2K Memorial Hospital | C | | | | | |
| 7 | 354874344 | EFG County Hospital | Y | N | Bee | Hill | 490235 | University Hospital | T | | | | | |