

AT A GLANCE

EVENT ANNOUNCEMENTS

- **The Office of the National Coordinator for Health IT (ONC) Presentation to Shared Savings Program (SSP) Accountable Care Organizations (ACOs) on 2015 Edition of Certified Electronic Health Record Technology (CEHRT)**
May 6th | 11:00 a.m.–12:00 p.m. ET | [Join here](#)
- **Transforming Care for Patients with Complex Clinical Needs – Care Plans and Care Coordination Tools**
May 6th | 2:30–3:30 p.m. ET | [Register here](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [CMS Response to the Impact of COVID-19 on Two Claims-Based Measures in the Medicare Shared Savings Program Measure Set for Performance Year 2020](#)
- [COVID-19 Vaccine Information Will Be Included in Quarterly Beneficiary Expenditure Utilization Reports](#)
- [April CCLFs and Claims Run-Out Files](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

CMS Response to the Impact of COVID-19 on Two Claims-Based Measures in the Medicare Shared Savings Program Measure Set for Performance Year 2020

The Medicare Shared Savings Program (Shared Savings Program) is announcing a change to the following claims-based measures in the Shared Savings Program measure set: ACO-8 – Risk-Standardized All-Condition Readmission (ACO-8) and ACO-38 – Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions (ACO-38). ACO-8 measures the risk-adjusted percentage of ACO assigned beneficiaries who were hospitalized and readmitted to a hospital within 30 days following discharge from the hospital for the index admission. ACO-38 measures the rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service beneficiaries 65 years and older with multiple chronic conditions who are assigned to the ACO. CMS is re-designating these measures from pay-for-performance (P4P) to pay-for-reporting (P4R) for the 2020 performance year, given the impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on these measures.

The COVID-19 PHE has impacted patterns of healthcare utilization due to a variety of factors. As a result, CMS believes that hospital admissions and readmissions may no longer be reflective of the quality of care ACOs provide for patients but may be more reflective of patients not seeking care.

CMS is using its regulatory authority ([42 CFR §425.502\(a\)\(5\)](#)), which provides that CMS has discretion to redesignate a Shared Savings Program measure to P4R, when there is a determination under the Quality Payment Program (QPP) that the measure has undergone a substantive change. The Merit-based Incentive Payment System (MIPS) is suppressing the MIPS All-Cause Hospital Readmission measure and excluding it from the calculation of the MIPS Quality performance category score for MIPS groups for Performance Year (PY) 2020 due to the COVID-19 PHE. CMS noted that there is geographical variance in the claims data, and the measure steward indicated that the measure's risk models need to be updated to account for factors outside of the clinician's control for a comparison benchmark to be calculated, which significantly impacts the measure.* The MIPS All-Cause Readmission measure and ACO-8: Risk-Standardized All-Condition Readmission measure are both derived from the Hospital-wide All-Cause Unplanned Readmission measure (NQF 1789). Therefore, we are using our authority under 42 CFR §425.502(a)(5) to revert ACO-8 to P4R to align with the decision under the QPP to suppress the MIPS All-Cause Hospital Readmission measure.

CMS is also using its authority under 42 CFR §425.502(a)(5) to revert ACO-38 to P4R because the measure owner has determined that the measure no longer aligns with clinical practice. Analysis conducted by the measure owner identified reductions in admission rates, particularly during March–August of 2020. As such, it appears that the reduction in admission rates is unlikely to represent quality improvement, but rather, changes in healthcare utilization during the COVID-19 PHE.

Therefore, for PY 2020, the Shared Savings Program is reverting ACO-8 and ACO-38 from pay-for-performance to pay-for-reporting and ACOs will receive automatic full credit on the two measures. CMS will note the change from pay-for-performance to pay-for-reporting in the upcoming *Performance Year 2020 Annual Quality Report* and the *Quarter 4 2020 Quarterly Report*.

*<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1323/2020%20MIPS%20Quality%20Measure%20Suppression.pdf>

COVID-19 Vaccine Information Will Be Included in Quarterly Beneficiary Expenditure Utilization Reports

Medicare beneficiary health, safety, and welfare in the face of the COVID-19 is our highest priority. According to the Centers for Disease Control and Prevention (CDC), older adults and people who have severe chronic medical conditions like heart, lung, or kidney disease seem to be at higher risk for more serious COVID-19 illness. **This means that most people with Medicare are at higher risk, especially Medicare-Medicaid dually eligible individuals, people in racial and ethnic minority groups, and individuals with disabilities.**

In an effort to increase COVID-19 vaccine rates and share information on beneficiaries who have received a vaccine, the Medicare Shared Savings Program will add a flag to each ACO's quarterly *Beneficiary Expenditure Utilization Report*, beginning with Quarter 1 2021 reports, to indicate that Medicare has a COVID-19 vaccination claim for the ACO's assigned beneficiary. Please note that Medicare claims data for vaccinations is not comprehensive and the lack of a vaccine claim does not mean the beneficiary has not received a COVID-19 vaccination. This information is intended as a vaccination status starting point for you and your ACO participants to use when engaging with your assigned beneficiary population to encourage and schedule vaccinations. We encourage you to analyze the vaccination status of your assigned beneficiaries by race, ethnicity, preferred language, disability status, and dual eligibility to identify disparities and target outreach strategies.

The monthly Medicare Claim and Claim-Line Feed (CCLF) files that ACOs receive also indicate if Medicare has a claim for a beneficiary for COVID-19 vaccine administration. Specifically, the Part B Physician File (CCLF 5) includes information on paid claims for COVID-19 vaccine administration. The file can be searched using the following [codes](#) to identify Medicare beneficiaries, health care provider, and date:

CPT CODE	CPT SHORT DESCRIPTION	LABELER NAME
0001A	ADM SARSCOV2 30MCG/0.3ML 1 st	Pfizer
0002A	ADM SARSCOV2 30MCG/0.3ML 2 nd	Pfizer
0011A	ADM SARSCOV2 100MCG/0.5ML 1 st	Moderna
0012A	ADM SARSCOV2 100MCG/0.5ML 2 nd	Moderna
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen

Medicare covers the vaccine and its administration at no cost to Medicare beneficiaries. Be sure to remind your assigned beneficiaries to bring their Medicare card to their vaccination appointment so their health care provider or pharmacy can bill Medicare. According to the CDC, everyone 16 years of age and older is now eligible to get a COVID-19 vaccination. Visit the CDC vaccine site [here](#) for more information on how to get a vaccine. You can also [contact your local health department](#) for more information on COVID-19 vaccines in your area. [Learn more about COVID-19 vaccines](#). In addition, the following helpful resources are available:

- CMS Office of Minority Health has [COVID-19 Resources on Vulnerable Populations](#) with fact sheets in multiple languages to assist organizations who work with those most vulnerable—such as older adults, those with underlying medical conditions, racial and ethnic minorities, rural communities, and people with disabilities
- CMS memo on [Opportunities to maximize COVID-19 vaccinations among dually eligible individuals](#) to ensure equitable access and uptake of the COVID-19 vaccine among individuals dually eligible for Medicare and Medicaid
- CDC's [Communication Toolkit For Migrants, Refugees, and Other Limited-English-Proficient Populations](#)
- [CDC's Morbidity and Mortality Weekly Report](#) provides the latest scientific information from the COVID-19 response including the reports and podcasts

April CCLFs and Claims Run-Out Files

April CCLF files for the PY 2021 assignable or prospectively assigned beneficiaries were made available to ACOs on April 14th in the Data Hub tab of the [ACO Management System \(ACO-MS\)](#).

CMS will provide claims run-out CCLFs on April 23rd to ACOs that participated in the Shared Savings Program for their beneficiary population for the performance year that ended on December 31, 2020. These ACOs will receive claims run-out data with service dates through the end of December 2020 as an additional set of CCLFs.

The April delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER FRIENDLY FILE NAMING CONVENTION
PY 2021 Beneficiary Exclusion and MBI XREF files	April 12 th	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst P.A****.BNEX.Y21.Dyymmdd.Thhmsst	2021	Excluded Beneficiary MBI XREF File delivered in Apr.2021 (txt) Beneficiary Data Sharing Exclusion File delivered in Apr.2021 (xml)
PY 2021 CCLFs	April 14 th	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	2021	CCLF delivered in Apr.2021 (zip)
PY 2020 Run-Out Beneficiary Exclusion and MBI XREF files	April 21 st	P.A****.ACO.MBIR20.Dyymmdd.Thhmsst P.A****.BNEX.R20.Dyymmdd.Thhmsst	2020	Excluded Beneficiary MBI XREF File delivered in Apr.2021 (txt) Beneficiary Data Sharing Exclusion File delivered in Apr.2021 (xml)
PY 2020 Run-Out CCLFs	April 23 rd	P.A****.ACO.ZCR20.Dyymmdd.Thhmsst	2020	CCLF delivered in Apr.2021 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, Version 31 (V31) and the *ACO and ACO-OS Data Exchange User Guide (DEUG)*, V11 for additional information on the CCLF and Exclusion files. The CCLF IP and the DEUG are available under the Program Resources section of the Knowledge Library tab in ACO-MS.

For technical assistance, please contact the ACO Information Center using the ACO-MS Helpdesk Icon (located within the ACO-MS banner) or call 1-888-734-6433 (Option 1).

EVENT ANNOUNCEMENTS

The Office of the National Coordinator for Health IT (ONC) Presentation to Shared Savings Program (SSP) Accountable Care Organizations (ACOs) on 2015 Edition of Certified Electronic Health Record Technology (CEHRT)

THURSDAY, MAY 6, 2021, 11:00 A.M.–12:00 P.M. EASTERN TIME

- [Join here](#)
- **Audience:** All ACOs
- **Description:** The Office of the National Coordinator for Health Information Technology (ONC) will present to Shared Savings Program ACOs on functionality available in certified health information technology (IT) products to support ACOs. This presentation provides an overview of the 2015 Edition of Certified Electronic Health Record Technology (CEHRT) certification criteria for health IT and the recent updates to the criteria that support improved interoperability for health IT products. The presentation will also include an overview of how certified health IT supports capture and

reporting of quality measure data. ACOs will walk away with a greater understanding of how to capture data from their electronic health records in order to submit their aggregated quality measures.

MSSP Learning System Webinar: Transforming Care for Patients with Complex Clinical Needs – Care Plans and Care Coordination Tools

THURSDAY, MAY 6, 2021, 2:30 P.M.–3:30 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs
- **Description:** ACO speakers and health researcher Dr. Taressa Frazee, University of California, San Francisco, will highlight how ACOs leverage care plans to support patients with complex needs and improve care coordination. ACO presenters will describe how they identify and engage beneficiaries with complex needs in care planning discussions and care coordination programs. Presenters will also discuss stakeholder engagement, including provider education. Attendees will have an opportunity to ask questions during the webinar.

Registration Now Open for the Spring 2021 Virtual Learning Collaboratives Series

Registration is now open for the Spring 2021 Virtual Learning Collaborative (VLC) series for ACOs participating in the Shared Savings Program. The Learning System will host five virtual, cross-regional meetings to convene ACOs across the country to exchange ideas and collaborate on improvement strategies, such as setting aims, using data to inform improvement, and engaging stakeholders. Event participants will explore these concepts through facilitated discussion and ACO presentations on topics such as data integration, care coordination, beneficiary and provider engagement, and social determinants of health.

Who should attend?

Attendance is limited to ensure all interested ACOs have the opportunity to meaningfully connect with their peers through interactive breakout sessions. CMS invites ACOs to register for the meeting that best aligns with your team’s schedule, and request you limit your enrollment to three participants per ACO. ACOs should prioritize staff who work on quality and performance improvement initiatives. A waitlist will become available once the event reaches its registration limit.

Please RSVP using the links below.

DATE	TIME	REGISTRATION
May 13 th	1:00–3:30 p.m. ET	Register here by May 6 th
May 20 th	1:00–3:30 p.m. ET	Register here by May 13 th
June 3 rd	1:00–3:30 p.m. ET	Register here by May 27 th
June 10 th	1:00–3:30 p.m. ET	Register here by June 3 rd
June 24 th	1:00–3:30 p.m. ET	Register here by June 17 th

Interested in presenting?

ACO staff interested in presenting formally at a VLC meeting are encouraged to express interest using the [Spring 2021 Virtual Learning Collaborative Speaker Submissions](#) survey. If your proposal is selected, a member of CMS’ Learning System team will contact you to discuss a potential presentation.

CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

ACO Information Center

Click the [ACO-MS](#) Helpdesk Icon (located within the ACO-MS banner)

- Program operations and policy inquiries; technical inquiries related to program data and program reports; ACO-MS; and assistance with user access to CMS systems, including password resets
- 1-888-734-6433 (select Option 1) or 1-888-734-6563 (TTY/TTD)

Quality Payment Program Service Center

QPP@cms.hhs.gov

- Inquiries related to MIPS, APMs, MACRA, CAHPS® for ACOs survey, quality measures, quality reporting for 2017 and future years, and CMS Web Interface
- 1-866-288-8292

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