



# ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

April 15, 2020 | ISSUE 8

## AT A GLANCE

### UPCOMING DEADLINES

- **CMS Web Interface Closes Quality Reporting: April 30<sup>th</sup>, 8:00 p.m. ET**

### ISSUE HIGHLIGHTS

- **CMS Dear Clinician Letter**
- **COVID-19 FAQs on Medicare FFS Billing**
- **CMS Emergency Preparedness Webpage**
- **New Video on Medicare Coverage and Payment of Virtual Services**
- **What Is the DUA Amendment?**

### EVENT ANNOUNCEMENTS

- **Spring 2020 IPLCs Canceled**

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## PROGRAM HIGHLIGHTS

### Reminder: CMS Web Interface Quality Reporting Deadline for ACOs Extended to April 30, 2020

The Centers for Medicare & Medicaid Services (CMS) announced that the 2019 Merit-based Incentive Payment System (MIPS) data submission deadline will be extended by 30 days to **April 30, 2020**. As of April 15, 2020, 489 ACOs have completed 100 percent of the CMS Web Interface quality reporting.

On March 27<sup>th</sup>, CMS announced the [Quality Payment Program \(QPP\) and Quality Reporting Program/Value Based Purchasing Program COVID-19 Relief](#) that provided a [memorandum](#) and accompanying [fact sheet](#). The memorandum and fact sheet provide additional guidance to health care providers, including those who participate in Alternative Payment Models (APMs), with regard to the extension of the 2019 MIPS data submission deadline from March 31, 2020, by 30 days to April 30, 2020, and the MIPS automatic extreme and uncontrollable circumstances policy.

### CMS Dear Clinician Letter

CMS released a [letter](#) to clinicians that outlines a summary of actions the agency has taken to ensure clinicians have maximum flexibility to reduce unnecessary barriers to providing patient care during the unprecedented outbreak of Coronavirus Disease 2019 (COVID-19). The summary includes information about telehealth and virtual visits, accelerated and advanced payments, and recent waiver information.

### COVID-19 FAQs on Medicare Fee-for-Service Billing

CMS updated [FAQs](#) that supplement the following previously released FAQs: [1135 Waiver FAQs](#) and [Without 1135 Waiver FAQs](#). The updated FAQs include the following question on ACOs:

**Question:** What happens if an ACO or its participants do not report the Quality or promoting interoperability (PI) categories to MIPS, and what happens if they do?

**Answer:** For MIPS-eligible clinicians (ECs) who participate in Shared Savings Program ACOs, if the ACO does not completely report quality, AND no ACO participant or MIPS EC in the ACO reports PI due to extreme and uncontrollable circumstances, then the ACO will be eligible to have those two categories reweighted to zero percent, and the cost performance category will continue to be weighted at zero percent under the APM scoring standard. Although MIPS ECs participating in Shared Savings Program ACOs

will continue to receive full credit for Improvement Activities under the APM scoring standard, because it would be the only performance category that would be scored, the MIPS ECs participating in the ACO would instead receive a neutral payment adjustment under MIPS. However, if the ACO completely reports quality and/or any ACO participant or MIPS EC in the ACO reports PI, then all MIPS ECs that bill through the taxpayer identification number (TIN) of an ACO participant in the ACO would receive a MIPS score (based on ACO quality data and/or available PI data, added to full credit for Improvement Activities, while the cost performance category would continue to be weighted at zero percent). The resultant MIPS payment adjustment could be upward, downward, or neutral.

## **CMS Emergency Preparedness Webpage**

ACOs and their health care providers are part of the Medicare fee-for-service (FFS) program, and COVID-19 clinical, billing, and coverage guidance regarding flexibilities applies to all ACO health care providers and the patients they serve. CMS encourages ACOs and all health care providers to review the [CMS Emergency Preparedness webpage](#) for more information.

## **New Video on Medicare Coverage and Payment of Virtual Services: Now Available**

CMS released a [video](#) on April 7<sup>th</sup> providing answers to common questions about the Medicare telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. This video and other resources can be found on the [CMS Emergency Preparedness webpage](#).

## **What Is the Data Use Agreement Amendment?**

CMS received questions regarding the Data Use Agreement (DUA) Amendment and its purpose. An ACO executes its DUA and DUA Amendment during Annual Certification prior to the release of, or access to, specified data files containing protected health information (PHI) and individual identifiers. The DUA Amendment allows an ACO participating in the Shared Savings Program to keep its data files after ending its participation in the Shared Savings Program and closing its DUA.

If your ACO terminates its participation in the Shared Savings Program, you are required to close your DUA by signing and submitting a CMS DUA Certificate of Disposition (COD) indicating whether you are keeping or destroying your ACO's data, per the instructions and time frame stated in your *Acknowledgment of ACO's Notification of Voluntary Termination*. The DUA Amendment is digitally signed in the [ACO Management System](#) (ACO-MS) during Annual Certification. If your ACO terminates its participation, you will receive an email outlining your close-out procedures, which include the COD.

## **RESOURCES NOW AVAILABLE**

### **SSP ACO Portal Enhanced Reports: PY 2020 Historical Benchmark EXPD and ASR Reports**

ACOs now have access within the Enhanced Reports section of the [SSP ACO Portal](#) to the Expenditure/Utilization (EXPD) and Assignment Summary Report (ASR) data for their Performance Year (PY) 2020 historical benchmark years. This release provides ACOs with their three years of historical benchmark data for PY 2020 for three enhanced reports in the SSP ACO Portal: *Assignment Summary Report, Trends for Tables 2-4 and 2-5; Expenditure/Utilization Report, All ACO Distributions Graphs; Expenditure/Utilization Report, Trends, Graphs, and Drill Down for Table 1.*

- The *Assignment Summary Report, Trends for Tables 2-4 and 2-5* report provides tables that summarize the demographic and eligibility characteristics of your ACO's assigned beneficiaries and provide counts and percentages of beneficiaries by classification for a selected reporting period (Table 2-4). It also provides the county distribution of the ACO's beneficiary population (Table 2-5). You can compare data directly from several reporting periods in the same table.
- The *Expenditure/Utilization Report, All ACO Distributions Graphs* report displays a set of bar charts showing the distribution of values for selected measures across all ACOs with the same assignment methodology for a specified performance period. The bar representing your ACO is the only solid bar, so you can see how your ACO ranks for each measure among similar ACOs.

- The *Expenditure/Utilization Report, Trends, Graphs, and Drill Down for Table 1* report is based on information in the static *Aggregate Expenditure/Utilization Report* and compares your ACO's expenditures and utilization against the all-ACO median and the national FFS population. It reveals trends by allowing direct comparisons for selected annual or quarterly periods. Through this report, you can also generate optional line graphs for measures that you select.

## April CCLFs and Claims Run-Out Files

April Claim and Claim Line Feed (CCLF) files were made available to ACOs on April 14, 2020, for PY 2020 assignable or prospectively assigned beneficiaries. These files will be available in the ACOs' Managed File Transfer (MFT) mailbox for 100 days after the delivery date, as well as in the [SSP ACO Portal](#).

CMS will also provide claims run-out CCLFs during the months of February, March, and April to the ACOs continuing their participation in the Shared Savings Program from the prior year. Continuing ACOs will receive claims with service dates through the end of December 2019 as an additional set of CCLFs. The run-out CCLFs will include claims for the beneficiary population from the ACOs' performance year that ended on December 31, 2019.

The April delivery timeline for the CCLFs and Exclusion files is as follows:

File	Delivery	Naming Convention
Regular CCLFs (All ACOs)	April 14 <sup>th</sup>	P.A****.ACO.ZCY**.Dyymmdd.Thhmsst
Monthly Exclusion Files (All ACOs)	April 10 <sup>th</sup>	P.A****.BNEX.Y**.Dyymmdd.Thhmsst
Run-Out CCLFs (ACOs continuing from 2019)	April 24 <sup>th</sup>	P.A****.ACO.ZCR**.Dyymmdd.Thhmsst
Run-Out Exclusion Files (ACOs continuing from 2019)	April 20 <sup>th</sup>	P.A****.BNEX.R**.Dyymmdd.Thhmsst

ACOs should refer to the *CCLF Information Packet (IP), V28* and *ACO and ACO-OS Data Exchange User Guide, V10* for additional information on CCLFs and the Exclusion files.

For technical assistance, please contact the ACO Information Center at [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov) or 1-888-734-6433 (Option 1).

## Update: Materials from Cross-Model Primary Care Webinar Available on ACO-MS Knowledge Library

Thank you for joining on March 25<sup>th</sup> for the cross-model webinar spotlighting [Southcentral Foundations'](#) approach to primary care, led by Dr. Douglas Eby. The webinar slide deck, recording, and transcript are now available on the [ACO-MS](#) Knowledge Library. The webinar summary will be posted within the next couple of weeks.

## EVENT ANNOUNCEMENTS

### Spring 2020 IPLCs Canceled

CMS decided to cancel the virtual and in-person learning collaboratives (IPLCs) planned for April, May, and June to allow ACOs to focus more fully on the health of their beneficiary populations. Thank you for your flexibility in these uncertain times and for the work you do daily to care for beneficiaries. CMS looks forward to possibly reconvening at a later date.

CMS encourages you to continue to access Learning System resources, including presentations and summaries from past IPLCs, on the [ACO-MS](#) Knowledge Library, [Next Generation ACO Connect site](#), or [Comprehensive End-stage Renal Disease \(ESRD\) Care Model \(CEC\) Connect site](#).

## CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

### Medicare Shared Savings Program

[SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)

- Include your ACO ID (Axxxx) in the Subject line or text of the email
- Program operations and policy inquiries
- Technical inquiries related to MFT, CCLFs, the SSP ACO Portal, and ACO-MS
- Assistance with user access to CMS systems
- Password resets for your EIDM User ID
- 1-888-734-6433 (select Option 1) or 1-888-734-6563

### Quality Payment Program Service Center

[QPP@cms.hhs.gov](mailto: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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