

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

April 6, 2020 | ISSUE 7

AT A GLANCE

UPCOMING DEADLINES

- **Million Hearts® Hypertension Control Champions Challenge:** April 6th 11:59 p.m. ET
- **CMS Web Interface Closes Quality Reporting:** April 30th, 8:00 p.m. ET

ISSUE HIGHLIGHTS

- **Policy and Regulatory Revisions in Response to the COVID-19 PHE**
- **Information on Section 1812(f) SNF 3-Day Rule Waiver**
- **Best Practices When Contacting the QPP Service Center**

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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 1, 2020, 466 ACOs have completed 100 percent of the CMS Web Interface quality reporting.

On March 27th, 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 Releases Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

On March 30, 2020, CMS released the [Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency interim final rule with comment period](#). This interim final rule with comment period (IFC) gives individuals and entities that provide services to Medicare beneficiaries needed flexibilities to respond effectively to the public health threats posed by the spread of 2019 Novel Coronavirus (COVID-19). In the IFC, CMS finalized a modification to the extreme and uncontrollable circumstances policy under the Medicare Shared Savings Program, pages 129–135 in the link above.

Information on Section 1812(f) SNF 3-Day Rule Waiver for ACOs and SNF Affiliates Approved to Utilize the SNF 3-Day Rule Waiver Under 42 CFR § 425.612

As a result of the COVID-19 national emergency declaration, CMS has used its authority under Section 1812(f) of the Social Security Act (the Act) to [waive](#) the requirement at Section 1861(i) of the Act for a 3-day prior inpatient hospitalization for coverage of a Skilled Nursing Facility (SNF) stay. This waiver provides temporary emergency coverage of SNF services without a qualifying hospital stay. While the waiver under section 1812(f) of the Act remains in place, ACOs and SNF affiliates that

have been approved to utilize the SNF 3-Day Rule Waiver under 42 CFR § 425.612 should follow the instructions regarding utilization of the waiver under Section 1812(f) of the Act when furnishing SNF care without a 3-day inpatient hospital stay. This includes the mandatory use of the disaster related (DR) condition code for any claim for which Medicare payment is conditioned on the presence of a “formal waiver” (as defined in the [CMS Internet Only Manual, Publication 100-04, Chapter 38, § 10](#)) and remarks indicating “declared emergency/disaster” on the remarks page for tracking/verification purposes.

In addition, for certain beneficiaries who exhausted their SNF benefits and who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances, the waiver under section 1812(f) of the Act authorizes renewed SNF coverage without first having to start a new benefit period.

It should be noted that the authority granted to CMS under section 1812(f) of the Act also states that the use of this authority cannot “result in any increase in the total of payments made under this title and will not alter the acute care nature of the benefit.” CMS will continue to monitor payments made under such programs making use of this waiver to ensure compliance with this provision of section 1812(f) of the Act. Further, it should be noted that no other criteria or requirements associated with covered SNF care (e.g., the SNF level of care requirement that covered services are skilled and provided on a daily basis) have been waived.

These relief measures take effect retroactively to March 1, 2020. For more information, please review the CMS [Coronavirus Waivers & Flexibilities webpage](#).

Best Practices When Contacting the QPP Service Center

The QPP Service Center is available to answer your questions on topics including MIPS, quality reporting through the CMS Web Interface, and Advanced APM incentive payments. The following are a few things you can do to facilitate interactions with the QPP Service Center.

When Calling the QPP Service Center at 1-866-288-8292 (TTY 1-877-715-6222):

- Volunteer your ACO Identification Number (ACO ID) to the QPP Service Center agent that takes your call, even if this information is not requested.
- Have your ACO’s taxpayer identification number (TIN) ready. It may be helpful depending on your question.
- Keep your QPP case number to share with your ACO coordinator, if needed.
- Provide good contact information for you and a back-up contact, if needed. This will assist you if you open a case and will not be available for follow-up.

When emailing the QPP Service Center at QPP@cms.hhs.gov:

- Include your ACO ID in the subject line.
- Never include personally identifiable information (PII) or protected health information (PHI).
- Never include TINs.

Million Hearts® Hypertension Control Champions Challenge: Deadline Today

The Centers for Disease Control and Prevention (CDC) launched the Million Hearts® Hypertension Control Champions Challenge on February 21st. This annual program recognizes health care professionals, practices, and health systems that are achieving ≥ 80 percent blood pressure control. Currently, there are 118 Champions from 36 states and D.C. (2012–2019), many of which have come from ACOs. Million Hearts® welcomes applicants from all states, but would like to recognize Champions from the states that are currently without Champions, including AL, AK, AR, AZ, DE, ID, IN, ME, MS, NC, NE, NV, SD, and VT. The deadline to apply is today, April 6, 2020, 11:59 p.m. Eastern Time (ET). Apply at the [Million Hearts® webpage](#).

CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

Medicare Shared Savings Program

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

- 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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