



# ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

## AT A GLANCE

### UPCOMING DEADLINES

- **RFI-1 Response: August 24, 2020, at 12:00 p.m. ET**

### ISSUE HIGHLIGHTS

- **Data Use Agreement Changes**
- **Community Health Access and Rural Transformation Model**
- **Direct Contracting 2021 Participation Deadline Released**
- **PY 2020 Q2 Report Package: Available August 27<sup>th</sup>**

### EVENT ANNOUNCEMENTS

- **CCLF User Group Webinar: New Delivery Mechanism for CCLFs and Reports**

September 3<sup>rd</sup> | 2:00–3:30 p.m. ET

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## PROGRAM HIGHLIGHTS

### **PY 2021 Change Request Cycle: RFI-1 Response Due at 12:00 p.m. (Noon) Eastern Time on August 24, 2020**

On August 11, 2020, CMS issued the first request for information (RFI-1). ACOs may take the following actions by August 24, 2020, at 12:00 p.m. (noon) Eastern Time (ET) to meet the RFI-1 deadline:

- An ACO may correct deficiencies identified by CMS.
- An ACO participating in the BASIC track's glide path may elect to maintain, or "freeze," its participation level in the same level of the BASIC track's glide path that it entered for Performance Year (PY) 2020.
- An ACO whose ACO Participation Agreement is scheduled to end December 31, 2020, may make a one-time, voluntary election to extend its existing agreement period for an optional fourth performance year.
- An eligible ACO may apply for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver and/or to establish and operate a Beneficiary Incentive Program (BIP) (refer to the [Application Types & Timeline webpage](#) for sample applications).
- An ACO may submit change requests to add/edit ACO participants and SNF affiliates for PY 2021.
- An ACO may delete current ACO participants and/or SNF affiliates.
- An ACO may change its selection of beneficiary assignment methodology.
- An ACO that chooses to move to a two-sided risk level (Level C, D, or E) of the BASIC track's glide path will need to submit a Participation Options change request in order to select the desired level of the BASIC track and a minimum savings rate (MSR)/minimum loss rate (MLR) that will apply for the remainder of the ACO's agreement period. Additionally, when moving to a two-sided risk level, the [ACO Management System](#) (ACO-MS) will automatically create a task for the ACO to submit draft repayment mechanism documentation.

**Note:** If your ACO no longer wants to make a change you have already submitted, you can withdraw the change request in the Active Pending Disposition subtab within ACO-MS.

For further information on the actions available to currently participating ACOs, refer to the *Change Request Cycle for Performance Year Beginning on January 1, 2021* schedule, which can be found in the Program Operational Schedules section of the Knowledge Library tab in ACO-MS.

The schedule outlines the deadline dates applicable to the change request cycle. Please note that all dates are subject to change.

**The final opportunity to make these elections in ACO-MS is during the second request for information (RFI-2) response period, which ends September 22, 2020, at 12:00 p.m. (noon) ET.**

### Additional Resources

Additional resources can be found on the [Program Guidance & Specifications webpage](#), including the updated [ACO Participant List and Participant Agreement Guidance](#), [Repayment Mechanism Arrangements Guidance](#), [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#), and [Beneficiary Incentive Program Guidance](#). Refer to the *Overview of Participation Options in ACO-MS* tip sheet, which can be found in the Program Resources section of the Knowledge Library tab in ACO-MS.

### Data Use Agreement Changes

The Shared Savings Program has made changes to how ACOs will need to handle their data use agreement (DUA) process. In an effort to simplify the process, CMS no longer requires ACOs to submit addenda to make changes to their DUAs. Going forward, all ACO contacts listed in [ACO-MS](#) will be considered DUA Custodians. These individuals are responsible for the observance of all conditions of data use and for establishment and maintenance of security arrangements as specified in the DUA to prevent unauthorized use or disclosure. DUA Custodians can access the requested data files and must oversee others within the organization who have access to the files.

ACOs are still required to sign the DUA annually. Also, effective immediately, ACOs are now responsible for tracking their own subcontractors. ACOs can track this information in a manner that works best for them as long as they can provide the following information to CMS, if asked:

- Organization name;
- Organization full address;
- Date the ACO started sharing data with the subcontractor;
- Date the ACO stopped utilizing any subcontractor; and
- Confirmation that any subcontractor they no longer work with has destroyed any data given to them by the ACO.

If you need a copy of your current DUA on file with CMS, please send the request to [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov) and remember to include your DUA number, which can be found in the Other Information section of the Agreement Details subtab within ACO-MS.

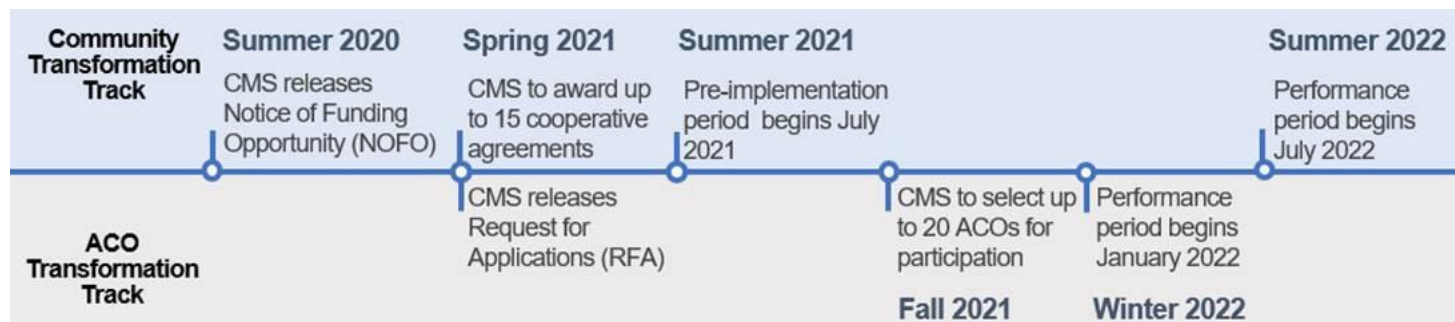
### Community Health Access and Rural Transformation Model: New Model

The Center for Medicare and Medicaid Innovation (CMMI), also known as the Innovation Center, announced a new voluntary model, the Community Health Access and Rural Transformation (CHART) Model, on August 11, 2020. The CHART Model aims to address health disparities by providing a way for rural communities to transform their health care delivery systems by leveraging up-front funding, innovative financial arrangements, and operational and regulatory flexibilities.

Specifically, CMS is offering two alternative payment model options by providing funding for rural communities to redesign systems of care through a **Community Transformation Track**, and is enabling providers to participate in value-based payment models where they are paid for quality and outcomes, instead of volume, through an **ACO Transformation Track**.

For more information, refer to the [CHART Model webpage](#), the [CHART Model press release](#), and the [CHART Model Fact Sheet](#). For questions, send inquiries to [CHARTModel@cms.hhs.gov](mailto:CHARTModel@cms.hhs.gov).

## CHART Model Timeline



## Direct Contracting (Professional and Global Options) 2021 Participation Deadline Released

CMMI announced that a new Frequently Asked Question, found below, has been released addressing stakeholder concerns about 2021 participation in the Next Generation ACO Model (NGACO), the Shared Savings Program, and Direct Contracting (Professional and Global Options).

Note that the option to participate in the Shared Savings Program for PY 2021 is only available to ACOs currently participating in the Shared Savings Program. The Shared Savings Program is not accepting applications for the 2021 performance year; therefore, there is no option to join the program for 2021.

**Question:** Our organization is currently an ACO in the NGACO or the Medicare Shared Savings Program for 2020. What is the deadline for deciding between NGACO, Shared Savings Program, and the Direct Contracting Model for 2021 participation? Since PY 1 for the Direct Contracting Model doesn't start until April 1, 2021, can I participate in NGACO or the Shared Savings Program from January-March of 2021 before switching to the Direct Contracting Model for the rest of the year?

**Answer:** For ACOs participating in NGACO during 2020 that are deciding between NGACO and Direct Contracting for 2021 participation, the deadline to decide is **October 23, 2020** (when final Direct Contracting participant provider lists are due for 2021). For ACOs participating in the Shared Savings Program during 2020 that are deciding between the Shared Savings Program and Direct Contracting for 2021 participation the deadline is **September 22, 2020** (when final ACO participant lists are due for ACOs participating in the Shared Savings Program in 2021). While CMS tries to offer entities as much flexibility as possible to make participation decisions, there are operational limitations that require this decision deadline to be linked to the deadline for submission of final participant lists. Claims-based alignment, which functions similarly across these initiatives, aligns beneficiaries to the entity whose participating providers and suppliers have provided the plurality of the beneficiary's primary care within a lookback period. By definition this is a competitive process since the amount of primary care provided to a given beneficiary is compared across health care providers both in and outside of each initiative. As a result, alignment within one initiative can affect alignment within other initiatives. Accordingly, alignment (specifically provider overlaps) for entities participating in PY 1 of the Direct Contracting Model needs to be run prior to when NGACO and the Shared Savings Program begin their 2021 performance years (January), despite PY 1 of the Direct Contracting Model not starting until April 1, 2021.

Given the above, entities are not able to participate in NGACO or Shared Savings Program in the first quarter of 2021 before switching to Direct Contracting. Entities that choose to participate in Direct Contracting in 2021 will therefore not be participating in the performance period of any initiative from January–March of 2021. However, CMS notes that eligible clinicians in such entities may be able to become Qualifying APM Participants (QPs) under the QPP based on performance measured on the June 30, 2021, and/or August 31, 2021, snapshot dates.

Stakeholders are encouraged to monitor the [Direct Contracting webpage](#) for future updates. Please email the Direct Contracting Model help desk with any questions or comments at [DPC@cms.hhs.gov](mailto:DPC@cms.hhs.gov).

## RESOURCES NOW AVAILABLE

### **PY 2020 Quarter 2 Report Package: Available August 27<sup>th</sup>**

On August 27, 2020, CMS plans to release to ACOs their PY 2020 Quarter 2 (Q2) report packages via their Managed File Transfer (MFT) mailbox and the [SSP ACO Portal](#). The report package will be sent as a zip file and will include: the cover notice, *Assignment List Report (ALR)* (zip file), *Assignment Summary Report (ASR)*, *Aggregate Expenditure/Utilization Report (EXPU)*, *Non-Claims Based Payment File*, and *2020 Q1 Claims-Based Quality Measures Report*.

CMS has added several new report tables in response to the coronavirus disease 2019 (COVID-19) public health emergency (PHE) to the 2020 Quarterly Reports for Q2, Q3, and Q4. Please refer to the cover notice included in your report package for details.

CMS recently identified that updates to dialysis and transplant data made between April 21, 2020, and June 22, 2020, were inaccurate. These updates are used to identify beneficiary months in End-Stage Renal Disease (ESRD) status. A correction to the affected data is in progress; however, it may impact enrollment categories for the 2020 Q2 reports. Differences in ESRD enrollment proportions between 2020 Q1 and Q2 among ACOs ranged from -0.0017 to 0.0026, which is slightly narrower than the range of differences observed between the same quarters in 2019, which were unaffected by the data inaccuracy. CMS anticipates corrections to these data will be reflected in the PY 2020 Q3 report package.

CMS also recently identified that data on dual eligible status codes used to determine beneficiary enrollment status was incomplete for the month of June 2020. This caused many beneficiaries classified as aged/dual eligible for the months of January through May 2020 to be classified as aged/non-dual eligible for the month of June 2020. This misclassification would most noticeably affect monthly enrollment flags in Table 1-1 of the ALR, dual and non-dual eligible person years reported in Tables 2-4 and 2-5 of the ASR, and aged/dual eligible and aged non-dual eligible person years reported in Tables 1 and 1a of the EXPU. There may also be a minor impact on aged/dual eligible and aged/non-dual eligible per capita expenditures in Tables 1, 1a, 2, and 2a of the EXPU. CMS expects corrections to these data will be reflected in the PY 2020 Q3 report package.

### **Resources**

For additional information about the Q2 report package, please reference the cover notice and the PY 2020 report user guides: *Assignment List Report*, *Assignment Summary Report User's Guide (Version 12)*, and *Annual and Quarterly Aggregate Expenditure/Utilization Report User's Guide (Version 10)*. These user guides provide detailed information about the data elements included in the referenced program reports. These reports can be found in the Program Resources section of the [ACO-MS Knowledge Library](#) by searching "Performance Year 2020 Report User's Guides."

CMS encourages ACOs to review the video walkthroughs for the PY 2020 *Quarterly Assignment Report* and *Expenditure and Utilization Report*. These videos can be found in the Program Resources section of the Knowledge Library tab in ACO-MS by searching "2020 Quarterly Assignment and Expenditure/Utilization Report Walkthrough Videos." Note that these videos reflect updates made as of Q1 2020 and do not reflect content added to incorporate COVID-19 data.

The Updated Benchmark Estimation Tool is a resource for Shared Savings Program ACOs to estimate the update to the ACO's historical benchmark, and compare the updated benchmark to the ACO's latest quarterly expenditures. Please see the *2020 Q2 Report Cover Notice* included in your report package for detail on using these calculators with the new COVID-19-related report tables.

### **Enhanced 2020 Q2 Quarterly Finance Reports**

CMS anticipates completing the release of the enhanced *2020 Q2 Quarterly Finance Reports* in the SSP ACO Portal, which include drill-down functionality, by mid-September. Please look for a future *ACO Spotlight Newsletter* article notifying you of availability of these enhanced reports.

## New Case Study On Providing Primary Care To Homebound Patients: Now Available

This case study describes University of California San Francisco's (UCSF) Care at Home Program, which delivers primary care to homebound patients using a multifaceted approach to address clinical needs, environmental factors, and social determinants of health. UCSF's experience may be useful to ACOs looking to offer home-based primary care to their beneficiaries.

The Care at Home team has a three-step process:

1. Identify patients eligible and well-suited for the program;
2. Complete an initial home visit to assess patient needs and fit for the program; and
3. Deliver on-going primary care through home visits.

Many thanks to UCSF for sharing the details of their Care at Home Program in this latest Shared Savings Program case study, available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#) (search term: UCSF).

## EVENT ANNOUNCEMENTS

### CCLF User Group Webinar: New Delivery Mechanism for CCLFs and Reports

**THURSDAY, SEPTEMBER 3, 2020, 2:00 P.M.–3:30 P.M. EASTERN TIME**

- [Register here](#)
- **Audience:** All ACOs
- **Description:** CMS will provide detailed information on the new delivery mechanism for program reports that will replace the existing MFT mailbox and [SSP ACO Portal](#). The Claim and Claim Line Feed (CCLF) files and the static quality and financial reports will be made available through this new delivery mechanism via [ACO-MS](#) using single sign-on functionality.

### Share Your Experiences Launching an ACO in a Toolkit Discussion Group

What advice would you give to an organization considering becoming an ACO? Do you have lessons learned to share about fundamental steps for launching an ACO? The CMS ACO Learning System is developing a new public toolkit that highlights strategies ACOs used to launch their operations to support organizations considering joining one of CMS' ACO models or value-based initiatives.

To inform toolkit development, the Learning System is conducting a series of discussion groups with interested ACOs from the Shared Savings Program, the Comprehensive ESRD Care (CEC) Model, and the NGACO Model. Discussion groups are **voluntary**, will last about **90 minutes**, and will take place in **mid-September**. Example topics for the discussion include:

- Establishing strategic partnerships to strengthen or expand the ACO;
- Laying the foundation for performance improvement in participating clinical practices through, for example, use of annual wellness visits (AWVs), advanced care planning, or implementation of quality improvement programs; and
- Harnessing data to improve performance and support quality reporting.

If you are interested in participating, please email [ACOLearningactivities@mathematica-mpr.com](mailto:ACOLearningactivities@mathematica-mpr.com) by **August 28<sup>th</sup>** with "Public Toolkit" in the Subject line. Please include the following information in the email:

- ACO name;
- Names and email address of participants from your ACO; and
- Brief description of a strategy your ACO has implemented related to the topics listed above.

## Registration for Summer and Fall 2020 Virtual Learning Collaboratives

This summer and fall, CMS will host a series of region-specific virtual learning collaboratives (VLCs) for all ACOs and ESRD Seamless Care Organizations (ESCOs) participating in the Shared Savings Program, the NGACO Model, and the CEC Model. Meetings for each [CMS region](#) began in July and will continue through November. Use the links below to register for the VLC meeting in your region.

### Who should attend?

ACO staff who work on quality and performance improvement initiatives may be most interested in attending. VLCs will feature presentations highlighting innovative ACO strategies for improving quality while lowering costs. Attendees will also discuss key components for implementing improvement strategies, such as setting aims, using data to inform improvement, and engaging stakeholders.

### Interested in presenting?

ACO staff interested in presenting formally at a VLC meeting are encouraged to express interest using the [Summer/Fall 2020 Virtual Learning Collaborative Speaker Submissions link](#). If your proposal is selected, a member of the CMS Learning System team will contact you to discuss a potential presentation.

CMS REGION	DATE	REGISTRATION
Region 1 (Boston): CT, MA, ME, NH, RI, VT	October 8 <sup>th</sup>	Register <a href="#">here</a> by October 1 <sup>st</sup>
Region 2 (New York City): NJ, NY, PR, VI	November 12 <sup>th</sup>	Register <a href="#">here</a> by November 5 <sup>th</sup>
Region 4 (Atlanta): AL, FL, GA, KY, MS, NC, SC, TN	September 24 <sup>th</sup>	Register <a href="#">here</a> by September 17 <sup>th</sup>
Region 6 (Dallas): AR, LA, OK, NM, TX	October 22 <sup>nd</sup>	Register <a href="#">here</a> by October 15 <sup>th</sup>
Regions 7 (Kansas City) & 8 (Denver): CO, IA, KS, MO, MT, NE, ND, SD, UT, WY	September 17 <sup>th</sup>	Register <a href="#">here</a> by September 10 <sup>th</sup>
Regions 9 (San Francisco) & 10 (Seattle): AK, AZ, CA, HI, ID, NV, OR, WA	October 1 <sup>st</sup>	Register <a href="#">here</a> by September 24 <sup>th</sup>
Non-Specific Region*	November 19 <sup>th</sup>	Register <a href="#">here</a> by November 12 <sup>th</sup>

\*ACOs may attend the “non-specific region” meeting if they have a scheduling conflict for their specific region.

## CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

### ACO Information Center

[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; and assistance with user access to CMS systems, including password resets
- 1-888-734-6433 (select Option 1) or 1-888-734-6563 (TTY/TDD)

### 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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