



# ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

August 6, 2020 | ISSUE 16

## AT A GLANCE

### UPCOMING DEADLINES

- **RFI-1 Response: August 24, 2020, at 12:00 p.m. ET**
- **CY 2021 PFS Notice of Proposed Rulemaking Comment Period: October 5, 2020**

### ISSUE HIGHLIGHTS

- **How to Review Participation Options Information in ACO-MS**
- **Updated COVID-19 FAQs**
- **2019 MIPS Performance Feedback, Final Score, and Targeted Review**
- **Upcoming User Interface Design Changes in ACO-MS**

### EVENT ANNOUNCEMENTS

- **2021 Proposed Rule for the QPP**  
August 12<sup>th</sup> | 2:00–3:30 p.m. ET
- **ACO Shared Learning Webinar: Social Determinants of Health**  
August 13<sup>th</sup> | 2:30–4:00 p.m. ET

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## PROGRAM HIGHLIGHTS

### Calendar Year 2021 Medicare Physician Fee Schedule Notice of Proposed Rulemaking: Now Available for Comment

On August 4, 2020, CMS issued a proposed rule entitled “CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug under a Prescription Drug Plan or an MA-PD plan; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; and Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy” (herein [Calendar Year \(CY\) 2021 Physician Fee Schedule \(PFS\) proposed rule](#)). This proposed rule announces and solicits public comments on proposed policy changes for Medicare payments under the PFS, and other Medicare Part B issues, on or after January 1, 2021.

The CY 2021 PFS proposed rule includes proposals for the Shared Savings Program and proposed policies for Year 5 (2021) of the Quality Payment Program (QPP). CMS encourages ACOs to review and submit comments on the proposed rule. Public comments on the proposed rule are due **October 5, 2020**.

### Shared Savings Program Proposals

Within the CY 2021 PFS proposed rule, proposals to amend Shared Savings Program policies are discussed, primarily, in sections III.G and III.I, and include the following:

For Performance Year (PY) 2020, all ACOs are considered to be affected by the public health emergency (PHE) for the coronavirus disease 2019 (COVID-19) pandemic, and the Shared Savings Program extreme and uncontrollable circumstances policy applies. In addition:

- CMS is proposing to waive the requirement for ACOs to field a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for ACOs survey and provide automatic full credit for the patient experience measures for PY 2020 only.
- CMS is seeking comment on an alternative scoring methodology approach under the extreme and uncontrollable circumstances policy for PY 2020 only.

For PY 2021, CMS is proposing a redesign of the Shared Savings Program quality measure set and quality performance standard. These proposals include:

- ACOs would be required to report quality measure data via the proposed Alternative Payment Model (APM) Performance Pathway (APP), instead of the CMS Web Interface. Under this new approach ACOs would only need to report one set of quality metrics that would meet requirements under both the Merit-based Incentive Payment System (MIPS) and the Shared Savings Program. This would reduce the measure set from 23 to 6 measures and the number of measures on which ACOs are required to actively report would be reduced from 10 to 3.
- As part of the quality redesign, CMS would raise the quality performance standard. ACOs would be required to receive a quality performance score equivalent to or above the 40<sup>th</sup> percentile across all MIPS quality performance category scores in order to share in savings or avoid owing maximum losses.
- In conjunction with the proposed changes to the quality performance standard, CMS is proposing to strengthen the Shared Savings Program compliance policies by broadening the conditions under which CMS may terminate an ACO's participation agreement when an ACO demonstrates a pattern of failure to meet the quality performance standard.

CMS is proposing changes to the definition of primary care services used for assigning beneficiaries to Shared Savings Program ACOs for the performance year starting on January 1, 2021, and subsequent performance years, including the following:

- In response to new telehealth code proposals and to update the definition of primary care services to reflect services for cognitive impairment and chronic care management, CMS is proposing to include new evaluation and management and care management Common Procedural Technology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes in the methodology used to assign beneficiaries to ACOs.
- In addition, CMS is proposing to exclude certain services furnished in Skilled Nursing Facilities (SNF) from the assignment methodology when provided by clinicians in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), and to modify the definition of primary care services to exclude advance care planning CPT code 99497 and the add-on code 99498 when billed in an inpatient care setting.

CMS is also proposing to codify in regulations the policy of adjusting an ACO's historical benchmark to reflect any regulatory changes to the beneficiary assignment methodology.

As part of the efforts to reduce burden associated with repayment mechanisms, CMS is proposing to establish a policy that would allow renewing ACOs that wish to continue use of their existing repayment mechanism to decrease their repayment mechanism amount if a higher amount is not needed to support their new agreement period. This proposed approach includes a revised methodology for calculation of repayment mechanism amounts beginning with the application cycle for an agreement period starting on January 1, 2022, and in subsequent years, as well as a one-time opportunity for eligible ACOs that renewed their agreement periods beginning on July 1, 2019, or January 1, 2020, to elect to decrease the amount of their repayment mechanisms.

For more information, refer to the following:

- PFS Fact Sheet: [Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021](#)
- QPP Fact Sheet: [2021 Quality Payment Program Proposed Rule Overview Fact Sheet](#)
- Press Release: [Trump Administration Proposes to Expand Telehealth Benefits Permanently for Medicare Beneficiaries Beyond the COVID-19 Public Health Emergency and Advances Access to Care in Rural Areas](#)
- Proposed Rule: [CY 2021 PFS proposed rule](#)

## Performance Year 2021 Change Request Cycle: Next Steps

CMS will issue the first request for information (RFI-1) on Tuesday, August 11, 2020, and ACOs may take the following actions by Monday, August 24, 2020, at 12:00 p.m. (noon) Eastern Time (ET):

- 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 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 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 and then will be required to select 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 the change, and CMS has not yet issued a disposition, you can withdraw the change request in the Active Pending Disposition subtab.

For further information on the actions available to currently participating ACOs, please 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.

**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.** Please note that all dates are subject to change.

### 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](#). Also 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.

### How to Review Participation Options Information in ACO-MS Applicable to PY 2021

On August 11, 2020, CMS will provide all ACOs with a *Participation Options Report* for RFI-1 in [ACO-MS](#) that is applicable for PY 2021. The report provides information on the ACO participants' prior experience in two-sided models, their ACO participants' prior participation in the Shared Savings Program, a preliminary determination of the ACO's high or low revenue status, an estimate of the ACO's repayment mechanism (if applicable), and track eligibility information. ACOs should review this report for any changes to their participation eligibility. This report is also designed to help ACOs evaluate future participation options.

The Participation Options Report has four tabs:

- 50 percent ACO Composition;
- 40 percent Risk Check;
- Estimate of High or Low Revenue; and
- ACO Summary.

For more information about the report, download the *PY 2021 Participation Options Report Data Dictionary*, which can be found in the Program Resources section of the Knowledge Library tab in ACO-MS.

On August 11, 2020, the report will be accessible in ACO-MS by viewing it in either of the two options below:

#### Option 1

1. Navigate to the My ACOs tab on the left side menu and select your ACO;
2. Select the Application Cycle subtab; and
3. Select 2021 in the program year drop-down menu to access participation options information.

#### Option 2

1. Navigate to the Reporting tab on the left side menu;
2. Select your ACO from the drop-down menu;
3. Select 2021 in the program year drop-down menu to access information for PY 2021;
4. Select .xlsx format (the report is not available in .csv format); and
5. Select the *Participation Options Report* to download the report.

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

CMS recently updated the [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#) document. Refer to Section U: Medicare Shared Savings Program - Accountable Care Organizations (ACO) for new FAQs (questions 28–32). These questions cover:

- How CMS will identify an episode of care for treatment of COVID-19 for use in adjusting Shared Savings Program calculations according to [42 CFR § 425.611](#) (questions 28–31).
- The definition of primary care services for the performance year starting on January 1, 2020, and for any subsequent performance year that starts during the PHE for COVID-19 pandemic (question 32).

### 2019 MIPS Performance Feedback, Final Score, and Targeted Review: Now Available

CMS has released 2019 MIPS performance feedback and final scores. If your ACO participated in the Shared Savings Program in 2019 and if you submitted data for the 2019 performance period, your MIPS performance feedback and final score are now available via the [QPP website](#).

Under the MIPS APM Scoring Standard, the performance feedback will be based on the APM Entity score and is applicable to all MIPS eligible clinicians within the APM Entity. Please note, some ACOs have been assigned two different 2019 MIPS final scores in their performance feedback if they participated in both performance periods (January 1, 2019 to June 30, 2019 and July 1, 2019 to December 31, 2019) during CY 2019. Also note that performance feedback is not related to model-specific requirements and assessments outside of the QPP.

To learn more about performance feedback, review the [2021 Merit-based Incentive Payment System \(MIPS\) Payment Year Payment Adjustment Fact Sheet](#) and [2019 MIPS Performance Feedback Resources](#):

- **2019 Merit-based Incentive Payment System (MIPS) Performance Feedback and 2021 Payment Adjustment FAQs:** Highlights what performance feedback is, who receives the feedback, and how to access it on the QPP website. For additional information on why some ACOs have two final scores in their 2019 MIPS performance feedback, refer to the FAQ on page 46 of the FAQ document.

### 2019 MIPS Targeted Review

Your ACO's MIPS final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021.

MIPS eligible clinicians, groups, and virtual groups (along with their designated support staff or authorized third-party intermediary), including APM participants, may request CMS to review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review.

### When to Request a Targeted Review

If you believe an error has been made in your MIPS payment adjustment factor(s) calculation, you can request a targeted review until October 5, 2020, if you are a MIPS eligible clinician, group, virtual group, or APM participant (individual clinician, group, APM Entity). Some examples of previous targeted review circumstances include the following:

- Errors or data quality issues for the measures and activities you submitted;
- Eligibility and special status issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment);
- Being erroneously excluded from the APM participation list and not being scored under the APM Scoring Standard; and
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances.

**Note:** This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment factor (or additional MIPS payment adjustment factor, if applicable) is warranted.

### How to Access 2019 Performance Feedback, Final Score, and Request a Targeted Review

Individual clinicians and representatives of the APM Entity will be able to access their 2019 MIPS performance feedback and MIPS final score and request a targeted review by:

- Going to the [Quality Payment Program website](#);
- Logging in using your Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Refer to the [QPP Access User Guide](#) for additional details.

CMS may require documentation to support a targeted review request that is under CMS' evaluation. If the targeted review request is approved, CMS may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Please note that targeted review decisions are final and not eligible for further review.**

For more information about how to request a targeted review, please refer to the [2019 Targeted Review User Guide](#).

### Questions?

Contact the QPP at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292. To receive quicker assistance, consider calling during non-peak hours: before 10:00 a.m. and after 2:00 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) communications assistant.

### Reminder: Upcoming User Interface Design Changes in ACO-MS

The user interface design changes announced in Issue 15 of the *ACO Spotlight Newsletter* will now be released on **August 27<sup>th</sup>, instead of August 6<sup>th</sup> as previously announced**. Once the design changes are implemented, you will notice style changes impacting the Dashboard and column headings, as well as a collapsible left-side menu for easy access to [ACO-MS](#) tabs. As previously noted, the functionality of the Dashboard, column headings, and menu will not change.

## RESOURCES NOW AVAILABLE

### Updated Shared Savings and Losses and Assignment Methodology Specifications, Version 8

CMS issued Version 8 of the [Shared Savings and Losses and Assignment Methodology Specifications](#) on August 5, 2020, on the Shared Savings Program website. This resource provides detailed information on the Shared Savings Program assignment and financial reconciliation methodology relevant to ACOs participating in a 6-month performance year beginning on July 1, 2019, and

subsequent performance years, under the redesign of the Shared Savings Program finalized with the “Pathways to Success” December 2018 final rule ([83 FR 67816](#)).

For additional information, please view and download the updated specifications from the [Program Guidance and Specifications webpage](#).

## August CCLF Files

August Claim and Claim Line Feed (CCLF) files will be available to ACOs on August 14<sup>th</sup> for PY 2020 assignable or prospectively assigned beneficiaries. These files will be available in the ACO’s Managed File Transfer (MFT) mailbox for 100 days after the delivery date.

The August delivery timeline for the Exclusion files and CCLF are as follows:

FILE	DELIVERY	NAMING CONVENTION
Monthly Exclusion Files	August 10 <sup>th</sup>	P.A****.BNEX.Y**.Dyymmdd.Thhmsst
CCLF Files	August 14 <sup>th</sup>	P.A****.ACO.ZCY**.Dyymmdd.Thhmsst

ACOs should refer to the *CCLF Information Packet (IP)*, Volume 28 (V28) and *ACO and ACO-OS Data Exchange User Guide*, V10 for additional information on the CCLF and Exclusion files.

The CCLF IP and the Data Exchange User Guide (DEUG) are available under Program Resources in the Knowledge Library tab of [ACO-MS](#).

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).

## EVENT ANNOUNCEMENTS

### Overview of the 2021 Proposed Rule for the Quality Payment Program

**WEDNESDAY, AUGUST 12, 2020, 2:00 P.M.–3:30 P.M. EASTERN TIME**

- [Register here](#)
- **Audience:** All ACOs
- **Description:** CMS is hosting a webinar to provide an overview of proposed policies for the 2021 performance period of the QPP as included in the CY 2021 PFS Notice of Proposed Rulemaking (NPRM). Following the presentation, CMS will answer questions from attendees as time permits.

### MSSP ACO Shared Learning Webinar: Addressing Social Determinants of Health

**THURSDAY, AUGUST 13, 2020, 2:30 P.M.–4:00 P.M. EASTERN TIME**

- [Join here](#)
- **Audience:** All ACOs
- **Description:** This webinar will highlight the ways Shared Savings Program ACOs are working to address social determinants of health (SDOH)—factors such as housing, transportation, education, social isolation, and more, which can affect health care access, utilization, and outcomes. A subject matter expert will discuss the strategic reasons for addressing SDOH as well as considerations for integrating SDOH into care delivery. ACO presenters will share promising strategies and lessons learned related to SDOH. Attendees will have the opportunity to ask questions of the presenters.

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

**THURSDAY, SEPTEMBER 3, 2020, 2:30 P.M.–4:00 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 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.

## 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 End-stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) participating in the Shared Savings Program, the Next Generation Accountable Care Organization (NGACO) Model, and the Comprehensive ESRD Care (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?

ACOs want to hear from you. Please consider sharing your ACO's strategies and experience at a future VLC meeting. 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 survey](#). 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
<b>Region 1 (Boston): CT, MA, ME, NH, RI, VT</b>	October 8 <sup>th</sup>	Register <a href="#">here</a> by October 1 <sup>st</sup>
<b>Region 2 (New York City): NJ, NY, PR, VI</b>	November 12 <sup>th</sup>	Register <a href="#">here</a> by November 5 <sup>th</sup>
<b>Region 4 (Atlanta): AL, FL, GA, KY, MS, NC, SC, TN</b>	September 24 <sup>th</sup>	Register <a href="#">here</a> by September 17 <sup>th</sup>
<b>Region 6 (Dallas): AR, LA, OK, NM, TX</b>	October 22 <sup>nd</sup>	Register <a href="#">here</a> by October 15 <sup>th</sup>
<b>Regions 7 (Kansas City) &amp; 8 (Denver): CO, IA, KS, MO, MT, NE, ND, SD, UT, WY</b>	September 17 <sup>th</sup>	Register <a href="#">here</a> by September 10 <sup>th</sup>
<b>Regions 9 (San Francisco) &amp; 10 (Seattle): AK, AZ, CA, HI, ID, NV, OR, WA</b>	October 1 <sup>st</sup>	Register <a href="#">here</a> by September 24 <sup>th</sup>
<b>Non-Specific Region*</b>	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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