



ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

AT A GLANCE

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January 22, 2021

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PROGRAM HIGHLIGHTS

CMS Web Interface Beneficiary Sample Files: Now Available

On December 18th, CMS delivered a CMS Web Interface Patient Sample Excel file (formerly known as the CMS Web Interface Beneficiary Sample Excel file) to each ACO reporting quality for Performance Year (PY) 2020. **The file contains the same patient sample that will be available through the CMS Web Interface at the start of the CMS Web Interface reporting period on January 4, 2021.** This sample is provided in advance so that ACOs may begin locating the patient records that they will need for quality reporting.

The Patient Sample file will be delivered through your Managed File Transfer (MFT) mailbox in a similar binary format as in previous years and will contain:

- A list of the assigned patients who were sampled for CMS Web Interface reporting;
- The patient rank for each of the measures into which the patient was sampled;
- The taxpayer identification number (TIN) or CMS Certification Number (CCN) at which the patient received the most primary care services; and
- The names and National Provider Identifier (NPI) of the three providers who provided the plurality of primary care services to the patient.

Access your ACO's Patient Sample file from your MFT mailbox by downloading it according to the following convention: "P.A#####.ACO.PATB.D201218.T#####." This Excel file must be saved and appended with ".xlsx" at the end of the file name in order to open it and view the contents. Please note that you will need to access it through the binary directory, that is (AnnnnB). If you need additional guidance regarding downloading binary files in MFT, please reference the MFT manuals in the *ACO and ACO-OS Data Exchange User Guide*, Version (V11), available in the Program Resources section of the Knowledge Library tab in the [ACO Management System](#) (ACO-MS). Please note that this file will be accessible through MFT through December 31, 2020. This file will also be available through the ACO-MS Data Hub under the Reports section.

Access the CMS Web Interface Starting January 4, 2021

Each person associated with an ACO who needs to access the CMS Web Interface in January 2021 must have their own Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account with the appropriate role. This will allow the user to download their ACO's Patient Sample file and submit CMS Web Interface data

when it opens for reporting on January 4, 2021. Detailed instructions for creating a HARP account and requesting a role are available in the [Quality Payment Program \(QPP\) Access User Guide](#), available in the [QPP Resource Library](#).

Resources are available to guide you through accessing the CMS Web Interface and downloading the Patient Sample file in the QPP Resource Library. CMS recommends reviewing the [2020 CMS Web Interface Excel Template with Sample Data](#).

For assistance with downloading your Patient Sample file from the CMS Web Interface, or with questions about your HARP account, or general questions, please contact the QPP at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

CMS Web Interface Weekly Support Calls

CMS is hosting a series of support calls for ACOs, groups, and virtual groups that are reporting data for the quality performance category through the CMS Web Interface for the 2020 performance period.

If you are part of an ACO and would like to join the support calls, please register through the links provided below. You can listen to each support call from your computer or via phone. If you encounter any issues with registration or technical issues with your computer during a support call, please send an email to CMSQualityTeam@ketchum.com. For additional details, please view the [2020 Performance Period: CMS Web Interface Support Calls for ACOs, Groups, and Virtual Groups Reporting Quality Data to CMS](#) informational flyer.

Please note: All weekly support calls listed below will be held on Wednesdays from 1:00 p.m. to 2:30 p.m. Eastern Time (ET).

January 27, 2021	February 10, 2021	February 24, 2021	March 10, 2021	March 24, 2021
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Additional Resources

The following CMS Web Interface resources are now available on the [QPP Resource Library](#):

- 2020 CMS Web Interface Data Dictionary
- 2020 CMS Web Interface Excel Template with Sample Data
- 2020 CMS Web Interface Excel Template List

Refer to the [QPP Access User Guide](#) for detailed instructions on creating a HARP account, requesting a role, managing your password, and requesting authorization to access other organizations.

Refer to the [2020 Medicare Shared Savings Program and Quality Payment Program Interactions](#) guide for more information on the interactions between the Shared Savings Program and the QPP.

Contact the QPP at QPP@cms.hhs.gov or 1-866-288-8292 if you are unsure about your ACO's current HARP access, need to determine the Security Official(s) within your ACO, or have any other account questions. Note that you will need to provide the ACO's primary TIN and legal entity name. 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.

2021 Public Reporting Deadline: January 22, 2021

All ACOs participating in the Shared Savings Program in PY 2021 must update their public reporting webpage with PY 2021 information by Friday, January 22, 2021, if changes to your organization occurred. ACOs terminating in 2020 do not need to update their public reporting webpage.

ACOs must use the updated *PY 2021 Public Reporting Template and Instructions*, posted to [ACO-MS](#) December 23, 2020, to update their public reporting webpage. It is available in the Program Resources section of the Knowledge Library tab in the ACO-MS and includes instructions on how to populate the template and the locations of some ACO-specific information.

As a reminder, ACOs only need to include the section on Payment Rule Waivers if they are approved to use the Skilled Nursing Facility (SNF) 3-Day Rule Waiver pursuant to [42 CFR § 425.612](#) and/or if they provide telehealth services using the flexibilities under § 425.612(f) and [42 CFR § 425.613](#) for the performance year.

Please reference [42 CFR § 425.308](#) for additional details on public reporting requirements. All ACOs must update their public reporting webpage during the performance year when changes occur. In addition, ACOs should make corresponding updates in ACO-MS.

Updates to the Marketing Toolkit and Beneficiary Notification Templates

Updated versions of the following documents are now available in [ACO-MS](#): *Medicare Shared Savings Program Accountable Care Organization Marketing and Outreach Materials Guidance*, *SNF 3-Day Rule Waiver Notice Template* (English & Spanish), *Voluntary Alignment Beneficiary Fact Sheet* (English & Spanish), *Voluntary Alignment ACO Fact Sheet*, and *Beneficiary Information Notice Templates*.

The *Beneficiary Information Notice Templates* have been updated to remove a link to a video that provided instructions for choosing a preferred clinician that is no longer current. A new “How to Add Your Primary Clinician on MyMedicare.gov” [video](#), providing current instructions, is now available. If your organization has already disseminated or printed the beneficiary notices that were previously available in ACO-MS, you may proceed with using those notices. If not, please utilize the beneficiary notices that are now available in ACO-MS.

Migration of Historical Static Reports to ACO-MS Data Hub

On December 21, 2020, historical static reports delivered to ACOs prior to October 2020 and historically available through the SSP ACO Portal were migrated to the [ACO-MS](#) Data Hub. This will allow ACOs to have continued access to older reports once the current [SSP ACO Portal](#) is decommissioned on December 31, 2020. Within the ACO-MS Data Hub, reports are filtered by “Program Year.”

Beginning with the PY 2020 Quarter 3 Report Packages, static reports were and will continue to be delivered based on the applicable performance year, which will be represented by the “Program Year” in the system. For example, the PY 2021 Preliminary Prospective/Prospective Report Packages, delivered on December 9, 2020, can be found under program year 2021 in the ACO-MS Data Hub. However, for historical static reports, “Program Year” will be categorized based on the calendar year in which they were delivered. For example, an ACO may find its *PY 2019 Unembargoed Financial Reconciliation Report*, delivered on September 14, 2020, under “Program Year” 2020 in the ACO-MS Data Hub. ACOs should reference the Report Delivery Year column in the Static Report Crosswalk to find the calendar year in which a report was delivered, which will correspond to the program year in the ACO-MS Data Hub. CMS will continue to update and maintain the Static Report Crosswalk as future reports are delivered to ACOs via the ACO-MS Data Hub. Access the Static Report Crosswalk in the Program Operational Schedules section of the Knowledge Library in ACO-MS by searching for “Static Report Crosswalk.”

Helpdesk Tickets Submission Feature: Now Available in ACO-MS

ACOs can now submit and view helpdesk tickets in [ACO-MS](#). This functionality is available to anyone within your ACO that has an ACO-MS account.

ACOs may submit inquires related to the Shared Savings Program through this feature. This includes program operations and policy inquiries; technical inquiries related to MFT, the [SSP ACO Portal](#), Claim and Claim Line Feeds (CCLFs), and assistance with user access and password resets to CMS systems including ACO-MS. The Shared Savings Program mailbox at SharedSavingsProgram@cms.hhs.gov will remain active, however the new ACO-MS Helpdesk feature is the preferred method to send inquires to the program.

Continue to send questions related to Merit-Based Incentive Payment Systems (MIPS), Alternative Payment Models (APMs), Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for ACOs survey, quality measures, quality reporting, and CMS Web Interface to the QPP Service Center at QPP@cms.hhs.gov.

How to Access the Feature

The Helpdesk icon is located within the ACO-MS banner; once clicked, a green “Create Helpdesk Ticket” button appears. Once the ticket is successfully submitted, users will be redirected to the Helpdesk Tickets Management page, and a confirmation box will appear with the ticket number.

Next, users will receive an automatic inquiry submission email confirmation shortly after the submission from CMS Services (CMSITSM@cms.hhs.gov) at the email address associated with their ACO-MS account. The submission confirmation email will contain the ticket number, which you will need for any follow-up communication with CMS about your Shared Savings Program inquiry. To inquire about the status of your inquiry, or to follow-up, reply to the CMS Services email containing the ticket number. Status updates regarding inquiries will only be received via email and will not be reflected in ACO-MS. Please do not submit a new help desk inquiry if your ticket number is pending resolution.

For detailed instructions on how to submit a helpdesk inquiry in ACO-MS, refer to the *Submitting Helpdesk Tickets in ACO-MS* tip sheet, which will be available in the Program Resources section of the Knowledge Library tab in ACO-MS as of December 23rd.

ACO Spotlight Newsletter Last Issue for 2020

This *Spotlight* newsletter, Issue 26, will be the last *Spotlight* newsletter for 2020. The *Spotlight* newsletter will resume on January 13, 2021, and will be issued every other week going forward.

RESOURCES NOW AVAILABLE

Updated Shared Savings and Losses and Assignment Methodology Specifications: Now Available

CMS issued the *Shared Savings and Losses and Assignment Methodology Specifications of Policies to Address the Public Health Emergency for COVID-19* document on the [Program Guidance & Specifications webpage](#). This resource provides detailed information on certain Shared Savings Program policies addressing the impact of the public health emergency for coronavirus disease 2019 (COVID-19) on ACOs, as finalized in the [Calendar Year \(CY\) 2021 Physician Fee Schedule \(PFS\) Final Rule](#).

2019 Data for ACOs to Calculate Share of Services in Each Applicable Primary Service Area: Now Available

Each year CMS updates its website to provide data files for ACOs interested in participating in the Shared Savings Program to allow them to calculate their share of services in each applicable primary service area (PSA), as described in the Federal Trade Commission/Department of Justice (FTC/DOJ) final [Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program](#) (the Policy Statement).

Each file contains an aggregate dollar amount, reflecting total Medicare payments or allowed charges including deductibles and co-insurance, for each ZIP code and each service category. The Policy Statement also provides instructions on using the data files to calculate PSA shares. CY 2019 data files and additional PSA information can be found on the [How to Calculate Your Primary Service Areas](#) fact sheet.

Update to Substance Use Disorder Codes Excluded from the CCLFs and BCDA API: Now Available

CMS updated the Appendix A in the *Claim and Claim Line Feed Information Packet (CCLF IP)* to include an additional 29 Alcohol and Substance Abuse-related codes. The CCLFs generated after January 1, 2021, and data available through the Beneficiary Claims Data Application Programming Interface (API) (BCDA) will exclude the claims with these additional substance abuse codes.

The CCLF IP, V31.0, will be made available the week of December 21, 2020, and will be effective January 1, 2021. The "Appendix A: Alcohol and Substance Abuse Code Tables" in the CCLF IP provides details on the additional 29 Alcohol and Substance Abuse Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) codes.

PY 2020 Quality Measurement Methodology and Resources Update: Available December 23rd

The *2020 Quality Measurement Methodology and Resources* document will be made available December 23rd on the [Program Guidance & Specifications webpage](#). This document reviews the quality performance standard and scoring methodology for ACOs participating in the Shared Savings Program and describes the Shared Savings Program's quality measurement and reporting methodology. The updated version includes modifications for 2020 as finalized in the [CY 2021 PFS Final Rule](#), including waiving the requirement to field a CAHPS® for ACOs survey and provide automatic full credit for summary survey measures in the Patient/Caregiver Experience domain.

Updated PY 2020 Quality Measure Benchmark Document: Available December 23rd

The updated *Medicare Shared Savings Program Quality Measure Benchmarks for the 2020 Performance Year* document will be made available December 23rd on the [Program Guidance & Specifications webpage](#). The changes reflect quality performance benchmarks for PY 2020 and the removal of the CAHPS® for ACOs benchmarks due to CMS waiving the requirements for ACOs to field a CAHPS® for ACOs survey for PY 2020.

QPP Participation Status Tool: Now Includes Third Snapshot of 2020 Qualifying APM Participant and MIPS APMs Data

CMS updated its [QPP Participation Status Tool](#) based on the third snapshot of data from APM entities.

The third snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2020, and August 31, 2020**. The tool includes 2020 Qualifying APM Participant (QP) and MIPS APM participation status.

To learn more about how CMS determines QP and APM participation status for each snapshot, please view the [2020 Learning Resources for QP Status and APM Incentive Payment](#) zip file or visit the [Advanced APMs webpage](#) on the [QPP website](#).

What Does QP Status Mean?

If you qualify as a QP, this means you are eligible for the five percent [APM](#) incentive bonus and are exempt from participating in [MIPS](#).

- To view your QP or APM participation status at the individual level, visit the QPP Participation Status Tool. Then enter your 10-digit NPI.
- To check your 2020 eligibility at the APM entity level, log into the QPP website. Learn how to log in by downloading the [QPP Access User Guide](#) zip file. Then browse to the TIN(s) affiliated with your entity. Access the details screen to view the eligibility status of every clinician based on their NPI.

A Look Ahead at 2021: QP Thresholds

What are the QP Thresholds for 2021?

- For QP status: The **payment amount threshold** is increasing from 50 percent in 2020 to **75 percent** in 2021. The **patient count threshold** is increasing from 35 percent in 2020 to **50 percent** in 2021.
- For Partial QP status: The **payment amount threshold** is increasing from 40 percent in 2020 to **50 percent** in 2021. The **patient count threshold** is increasing from 25 percent in 2020 to **35 percent** in 2021.

If you qualify as a Partial QP, you will be able to choose whether or not you want to participate in MIPS, but you will not be eligible for the five percent incentive payment. To learn more, please view the [2021 Qualifying APM Participant \(QP\) Quick Start Guide](#).

CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

ACO Information Center

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

- 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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