



ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

February 20, 2020 | ISSUE 4

AT A GLANCE

UPCOMING DEADLINES

- **CMS Web Interface Closes Quality Reporting:** March 31st, 8:00 p.m. ET

ISSUE HIGHLIGHTS

- **Additional Information on New Telehealth Flexibilities**
- **ACO-18/PREV-12 Preventive Care and Screening: Screening for Depression and Follow-Up Plan Scoring Updates**
- **CMS Quality Conference**
- **When and How to File a DUA Addendum**

UPCOMING WEBINARS

- **CMS Web Interface Support Calls**
February 26th | 1:00–2:00 p.m. ET
March 4th | 1:00–2:00 p.m. ET
March 11th | 1:00–2:00 p.m. ET

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PROGRAM HIGHLIGHTS

Additional Information on New Telehealth Flexibilities

As a reminder, there is now special coverage for telehealth services furnished on or after January 1, 2020, to prospectively assigned beneficiaries, by physicians and other practitioners participating in a Shared Savings Program ACO that is under two-sided risk and that has selected prospective assignment. Specifically, these new policies remove the geographic limitations imposed under normal fee-for-service (FFS) rules and allow a beneficiary to receive many telehealth services from their home. The approved list of telehealth services is maintained on the [CMS List of Telehealth Services website](#) and is subject to annual updates.

However, as provided in section 1899(l)(3)(B) of the Social Security Act (SSA), in the case where the beneficiary's home is the originating site, Medicare will not pay for telehealth services that are inappropriate to be furnished in the home, even if the services are on the approved list of telehealth services. As discussed in the Shared Savings Program [Pathways to Success Final Rule](#) (83 FR 67975 and 67978), CMS has determined that Current Procedural Terminology (CPT) codes G0406, G0407, G0408, G0425, G0426, and G0427 are inappropriate to furnish in the home setting. CMS has identified these codes because they are specific to an inpatient setting, and it is inappropriate to deliver any service identified as an inpatient service in the home of a beneficiary. Please note that the G codes for telehealth services specifically created for Next Generation ACOs do not apply to Shared Savings Program ACOs.

The *Shared Savings Program Telehealth Fact Sheet* details the expanded benefit, including coverage and billing information. The Telehealth fact sheet is located on the [For Providers webpage](#).

ACO-18/PREV-12 Preventive Care and Screening: Screening for Depression and Follow-Up Plan Scoring Updates

CMS is responding to concerns raised by stakeholders regarding the CMS Web Interface 2019 Preventive Care and Screening: Screening for Depression and Follow-Up Plan (PREV-12) measure. Stakeholders expressed concerns that the changes to the 2019 PREV-12 measure were substantive and could impact the reporting of data for the measure. In the Calendar Year (CY) 2017 Quality Payment Program (QPP) Final Rule (81 FR 77137), it was determined that substantive changes to measures (i.e., measure specifications, measure title, and domain modifications) would be identified during the rulemaking process, while maintenance changes that do not

substantively change the intent of the measure (i.e., updated diagnosis and procedure codes, definitions, and changes to patient population exclusions) would not be included in the rulemaking process.

After the consideration of comments provided by stakeholders and the assessment of the coding modifications to the 2019 PREV-12 measure, CMS determined that the changes to the 2019 PREV-12 measure are substantive. The modifications to the 2019 PREV-12 measure removed codes that recognized the rescreening of a patient using an additional standardized depression screening tool as a means of meeting the performance criteria for implementing an appropriate follow-up plan.

Given that reporting of data via the CMS Web Interface is underway for the 2019 performance period, CMS is addressing the substantive changes to the 2019 PREV-12 measure by modifying the scoring of the measure.

For the 2019 performance period, the PREV-12 measure will be:

- Reclassified to “pay-for-reporting” for the Shared Savings Program as provided in §425.502(a)(5); and
- Excluded from the Merit-based Incentive Payment System (MIPS) scoring in accordance with §414.1380(b)(1)(i)(A)(2)(i) provided that the measure meets the data completeness requirement and the data applicable to the measure is reported via the CMS Web Interface.

For the 2019 performance period, if this measure is audited for any ACO, as part of the Shared Savings Program Quality Measures Validation (QMV) audit, the following will apply:

- For CMS Web Interface users with an Electronic Health Record (EHR) that currently reflects the 2018 PREV-12 measure specifications, CMS will accept the same types of documentation submitted as part of the QMV audit for Performance Year (PY) 2018.
- For CMS Web Interface users with an EHR that currently reflects the 2019 PREV-12 measure specifications, CMS will accept documentation that aligns with the 2019 measure specifications.

For assistance or questions regarding the CMS Web Interface, please contact the QPP at QPP@cms.hhs.gov or 1-866-288-8292. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) communications assistant.

An updated version of the PY 2019 Quality Measure Benchmarks, which reflects the PREV-12 change to pay-for-reporting, is available on the Shared Savings Program [Program Guidance & Specifications webpage](#).

CMS Quality Conference: February 25–27, 2020

Each year, CMS brings together over 3,000 leaders from across the health care spectrum to explore how patients, advocates, providers, researchers, and champions in health care quality improvement can develop and spread solutions to address America’s most pervasive health system challenges. This year’s conference will be held at the Hilton Baltimore, in Baltimore, from February 25–27, 2020. For more information or to register, please visit the [CMS Quality Conference webpage](#).

When and How to File a DUA Addendum

ACOs participating in the Shared Savings Program must execute and submit a Data Use Agreement (DUA) prior to the start of their ACO Participation Agreement, and during Annual Certification thereafter. The DUA governs the release of, or access to, specified data files containing protected health information and individual identifiers.

If your ACO plans to share covered data (in a manner permissible by the terms of the DUA) outside of your organization, or if it needs to add personnel to the DUA, then you must submit a DUA Addendum. Specifically, if your ACO meets any of the following five circumstances, you must complete and submit a DUA Addendum:

- If your ACO plans to share covered data (in a manner permissible by the terms of the DUA) outside of your organization; for example, if your ACO intends to work with a third party and share data obtained from CMS through the Shared Savings Program, it must complete and submit a DUA Addendum;
- If your DUA Requestor has changed;

- If you only have one DUA Custodian that is leaving the ACO and you are requesting to remove that DUA Custodian;
- If your ACO's legal entity name or address has changed; and/or
- If your ACO needs to add personnel to the DUA.

To fill out and submit a DUA Addendum, please follow the instructions below:

- Always include the current DUA number and user role on the [DUA Addendum](#) (please note that the addendum in the link provided was revised, as of October 2018). Though there are additional user roles listed on the DUA Addendum, the Shared Savings Program only utilizes the following user roles: DUA Requestor, DUA Custodian, and subcontractor. If adding a DUA Custodian or DUA Requestor, the DUA Addendum must be signed by the person who is requesting to be added to the DUA.
 - Note: AXXXX is the identification number assigned to the ACO (the letter "A" followed by four numbers) and ##### is the DUA number assigned to the ACO. An ACO can find its DUA number by logging into the [ACO Management System](#) (ACO-MS), clicking on the My ACOs tab, and selecting its ACO. On the Agreement Details page, the DUA number will be listed under "Other Information."
- If adding or changing the DUA Requestor or DUA Custodian: complete all fields in the DUA Addendum, including name, phone number, organization, address, email, and signature. More details regarding the DUA Custodian and the DUA Requestor can be found in the tip sheet, [Overview of ACO-MS User Access and ACO Contacts](#).
 - If adding a subcontractor: Include the name of the organization on the "Organization" line and the address only. Please note that only organizations can be subcontractors; individuals cannot be subcontractors.
- Leave the bottom section blank for CMS to complete.
- Email the completed DUA Addendum to SharedSavingsProgram@cms.hhs.gov with the following Subject line: "AXXXX DUA ##### Addendum." The DUA Addendum must be submitted by an ACO contact who is currently listed in ACO-MS.
- In order to process your request in a timely manner, please make sure you include the reason for your submission (e.g., add subcontractor, change requester, etc.) in your email content and attach the DUA Addendum to your email.

Once received, CMS will review the information submitted in the DUA Addendum. This includes verification that the form was submitted by a proper party. If approved, the ACO contacts who were listed on the original email request will receive a confirmation email that the DUA Addendum was executed. A PDF copy of the ACO's updated DUA will be attached to the confirmation email. The ACO contacts should review the updated DUA to confirm that the requested changes were made and retain a copy of the DUA for their organization's records. If you have questions or concerns about your DUA, email the Shared Savings Program at SharedSavingsProgram@cms.hhs.gov.

RESOURCES NOW AVAILABLE

February CCLFs and Claims Run-Out Files

February Claim and Claim Line Feeds (CCLFs) were available to approved ACOs on February 18th for PY 2020 beneficiaries (assignable or prospectively assigned). These files will be available in the ACO's Managed File Transfer (MFT) mailbox for 100 days after the delivery date.

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 February delivery timeline for the CCLFs and Exclusion files are as follows:

File	Delivery	Naming Convention
Regular CCLFs (All ACOs)	2/18/2020	P.A****.ACO.ZCY**.Dyymmdd.Thhmsst
Monthly Exclusion Files (All ACOs)	2/12/2020	P.A****.BNEX.Y**.Dyymmdd.Thhmsst
Run-Out CCLFs (ACOs continuing from 2019)	2/25/2020	P.A****.ACO.ZCR**.Dyymmdd.Thhmsst
Run-Out Exclusion Files (ACOs continuing from 2019)	2/19/2020	P.A****.BNEX.R**.Dyymmdd.Thhmsst

ACOs should refer to the *CCLF Information Packet (IP), Version 28* and *ACO and ACO Operational System (ACO-OS) Data Exchange User Guide, Version 9* for additional information on CCLFs and the Exclusion files.

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

SSP ACO Portal Enhanced Reports: Refreshed Data for EXPU and ASR Reports Reflecting PY 2019 Q4 Data Available February 24th

ACOs can expect to have access to their PY 2019 and PY 2019-A Quarter 4 (Q4) Expenditure Utilization (EXPU) and Assignment Summary Report (ASR) data within the Enhanced Reports section of the [SSP ACO Portal](#) on February 24th. This release adds the Q4 report data for PY 2019 and PY 2019-A to three enhanced reports in the SSP ACO Portal for these ACOs: *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*.

ACOs that participated in both the 6-month performance year from January 1, 2019, to June 30, 2019, and the 6-month performance year from July 1, 2019, to December 31, 2019, will have two new entries in the report prompts for this refresh. In reports, CMS refers to the July–December 2019 performance year as “2019-A” to distinguish this performance year from the January–June and January–December performance years, which are both referred to as “2019” in reports. The prompts will list the 2019 performance year data as “2019,” while for the 2019-A performance year data, the prompt will list it as “2019A” with no dash.

- 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 provides 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. This report also allows you to drill down to beneficiary-level data for select measures.

Reminder: CMS Releases Beneficiary Engagement Toolkit

CMS released the [ACO Beneficiary Engagement Toolkit](#) highlighting strategies used by ACOs and ESRD (End-stage Renal Disease) Seamless Care Organizations (ESCOs) to engage beneficiaries. Specifically, the toolkit explores how ACOs and ESCOs:

- Engage beneficiaries in ACO governance,
- Elicit beneficiary and family feedback,
- Support beneficiaries in self-care management,
- Enhance beneficiary communication in the clinical setting, and
- Communicate with beneficiaries about the ACO as a value-based care organization.

The beneficiary engagement toolkit is part of a broader series of toolkits designed to educate the public about the strategies ACOs use to provide value-based care while also providing actionable ideas to current and prospective ACOs to help them improve or begin operations. CMS released the first toolkit on care coordination in April 2019.

For more information on the toolkits and case studies, including the previously-released [Care Coordination Toolkit](#), please visit the [ACO General Information webpage](#).

EVENT ANNOUNCEMENTS

CMS Web Interface Weekly Support Call

WEDNESDAY, FEBRUARY 26, 2020, 1:00 P.M.–2:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs and group reporters
- **Description:** CMS is hosting a series of support calls for ACOs and groups that are reporting data for the Quality Performance Category through the CMS Web Interface for PY 2019. The support calls will highlight important information and updates on reporting quality data and provide ACOs and groups with an opportunity to engage in Q&A sessions with CMS SMEs. For more information on the CMS Web Interface Weekly Support Calls, view the [CMS Web Interface Support Calls for ACOs and Groups Reporting Quality Data to CMS flyer](#).
 - The topics for this call will include medical record documentation and frequently asked questions on MH-1, PREV-7, and PREV-13.

CMS Web Interface Weekly Support Call

WEDNESDAY, MARCH 4, 2020, 1:00 P.M.–2:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs and group reporters
- **Description:** CMS is hosting a series of support calls for ACOs and groups that are reporting data for the Quality Performance Category through the CMS Web Interface for PY 2019. The support calls will highlight important information and updates on reporting quality data and provide ACOs and groups with an opportunity to engage in Q&A sessions with CMS SMEs. For more information on the CMS Web Interface Weekly Support Calls, view the [CMS Web Interface Support Calls for ACOs and Groups Reporting Quality Data to CMS flyer](#).
 - The topics for this call will include frequently asked questions on CARE-2, PREV-7, MH-1, and PREV-13, and a Q&A opportunity.

CMS Web Interface Weekly Support Call

WEDNESDAY, MARCH 11, 2020, 1:00 P.M.–2:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs and group reporters
- **Description:** CMS is hosting a series of support calls for ACOs and groups that are reporting data for the Quality Performance Category through the CMS Web Interface for PY 2019. The support calls will highlight important information and updates on reporting quality data and provide ACOs and groups with an opportunity to engage in Q&A sessions with CMS SMEs. For more information on the CMS Web Interface Weekly Support Calls, view the [CMS Web Interface Support Calls for ACOs and Groups Reporting Quality Data to CMS flyer](#).
 - The topics for this call will include frequently asked questions on MH-1 and PREV-13, and a Q&A opportunity.

Save the Date for Spring 2020 IPLCs

All Shared Savings Program ACOs in each [CMS region](#) are invited to attend regional in-person learning collaborative (IPLC) meetings held in the spring and fall. Save the date for Spring 2020 meeting in your region. Registration will open at the end of February.

Note: CMS asks that ACOs located in Region 5 choose **either** the meeting in Detroit **or** the meeting in Chicago. Please do not register for both Region 5 events.

CMS Region	Date	City	Location
Region 1: CT, MA, ME, NH, RI, VT	May 5 th	Boston	Institute for Healthcare Improvement
Region 2: NJ, NY, PR, VI	April 30 th	New York City	Jacob K. Javits Federal Building
Region 3: DE, DC, MD, PA, VA, WV	June 18 th	Baltimore	CMS Central Office
Region 4: AL, FL, GA, KY, MS, NC, SC, TN	June 4 th	Atlanta	Sam Nunn Federal Building
Region 5(A): IL, IN, MI, MN, OH, WI	June 25 th	Chicago	Metcalfe Federal Building
Region 5(B): IL, IN, MI, MN, OH, WI	May 7 th	Detroit	University of Michigan Detroit Center
Region 6: AR, LA, OK, NM, TX	April 24 th	Dallas	The Meadows Conference Center
Regions 7 & 8: CO, IA, KS, MO, MT, NE, ND, SD, UT, WY	June 11 th	Kansas City	Richard Bolling Federal Building
Regions 9 & 10: AK, AZ, CA, HI, ID, NV, OR, WA	May 14 th	San Francisco	San Francisco Federal Building

Interest in Presenting

Does your ACO have an interesting story to share about a promising strategy to improve quality and lower costs? Based on requests from Fall 2019 attendees, CMS is seeking ACO presenters to share stories related to:

- Developing aims
- Using data to inform improvement
- Engaging stakeholders

ACOs interested in presenting formally at the IPLC meeting are encouraged to express interest using [this link](#). If your proposal is selected, a member of CMS' learning system team will contact you to discuss a potential presentation.

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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