

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

July 22, 2020 | ISSUE 15

AT A GLANCE

UPCOMING DEADLINES

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

ISSUE HIGHLIGHTS

- **PY 2021 Change Request Cycle**
- **Final Repayment Mechanism Amount Change Request Submissions for PY 2021**
- **ACOs Transitioning to a Risk-Bearing Level of the BASIC Track: Important Repayment Mechanism Information**

EVENT ANNOUNCEMENTS

- **ACO Approaches to Implementing Telehealth**
July 28th | 2:30–4:00 p.m. ET
- **Designing Dashboards Using CCLF Files and Data Sources**
August 4th | 2:30–4:00 p.m. ET

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PROGRAM HIGHLIGHTS

Performance Year 2021 Change Request Cycle: Next Steps

The Initial Change Request Submission Period for Performance Year (PY) 2021 closed on Monday, July 20, 2020. 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 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 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.

Final Repayment Mechanism Amount Change Request Submissions for PY 2021

CMS plans to issue final repayment mechanism amounts on September 16, 2020, for ACOs that do not have an existing repayment mechanism and plan to move into two-sided risk (BASIC track Levels C, D, or E) for PY 2021. ACOs will be able to review their repayment mechanism amount during the change request cycle in [ACO-MS](#) by selecting their ACO from the “My ACOs” tab and selecting the “Application Cycle” subtab, or by accessing the *Participation Options Report* available in the “Reporting” tab. All repayment mechanisms should be fully funded and executed by ACOs and the issuing entity by September 23, 2020.

If an ACO that currently does not have an existing repayment mechanism submits ACO Participant List additions or deletions during the RFI-2 response period, the ACO has two options when providing fully executed repayment mechanism documentation:

1. ACOs can use the repayment mechanism amount provided with RFI-2 on September 16, 2020, to finalize and submit the repayment mechanism documentation to CMS by September 23, 2020. The repayment mechanism amount may change from the amount CMS provides at RFI-2 if one of the following conditions occurs:
 - The repayment mechanism amount calculated and provided at Final Disposition on October 20, 2020, increases by an amount equal to or greater than 50 percent or \$1,000,000, whichever is the lesser value. In this case, the ACO will be required to increase the repayment mechanism amount by October 27, 2020.
 - The repayment mechanism amount calculated and provided at Final Disposition on October 20, 2020, decreases by any amount. In this case, the ACO will have the opportunity to decrease the repayment mechanism amount at any time before or after Annual Certification.
2. ACOs can finalize the repayment mechanism documentation after receiving the final repayment mechanism amount with Final Disposition on October 20, 2020. In this case, ACOs will be required to submit the final repayment mechanism documentation to CMS by October 27, 2020. As a reminder, the repayment mechanism amount provided with RFI-2 will change during the Final Disposition only if the calculated amount increases by an amount equal to or greater than 50 percent or \$1,000,000, whichever is the lesser value, or decreases by any amount.

CMS will notify ACOs and provide additional instruction if the ACO Participant List changes made during RFI-2 impact the repayment mechanism amount. CMS strongly encourages ACOs to submit draft repayment mechanism documentation via ACO-MS for review in advance of the deadline.

As a reminder: ACOs with agreement periods beginning on or after July 1, 2019, and Track 1+ Model ACOs, CMS recalculates the ACO's repayment mechanism amount before the second and each subsequent performance year in the agreement period based on the certified ACO Participant List for the relevant performance year. CMS will determine if the recalculated repayment mechanism amount exceeds the existing repayment mechanism amount by at least 50 percent or \$1,000,000, whichever is the lesser value. If applicable, CMS will notify the ACO in writing after Annual Certification is completed that the amount of its repayment mechanism must be increased to the recalculated repayment mechanism amount.

For more information on the repayment mechanism requirement, review the [Repayment Mechanism Arrangements Guidance](#). Email SharedSavingsProgram@cms.hhs.gov with any questions, and include your ACO ID and the phrase “Repayment Mechanism” in the Subject line of the email.

Reminder for ACOs Transitioning to a Risk-Bearing Level of the BASIC Track: Important Repayment Mechanism Information

If your ACO elected to participate in Level B of the BASIC track of the Shared Savings Program starting July 1, 2019, or January 1, 2020, and intends to remain in Level B for PY 2021, your ACO must elect to maintain its participation in Level B of the BASIC track by **September 22, 2020 at 12:00 p.m. (noon) ET**. If your ACO does not make an election to maintain its participation at Level B of the BASIC track, your ACO will be transitioned to Level C of the BASIC track, which is a two-sided risk model. An ACO in a two-sided risk model is required to establish a repayment mechanism in an amount specified by CMS.

CMS strongly encourages ACOs to begin conversations now with a financial institution or surety bond company to help ensure the repayment mechanism is completed in a timely manner. ACOs should also submit draft repayment mechanism documentation in a Microsoft Word document via [ACO-MS](#) by uploading the draft documentation in accordance with the *Change Request Cycle for Performance Year Beginning on January 1, 2021* schedule, found in the Program Operational Schedules section of the Knowledge Library tab in ACO-MS.

CMS posted the updated *Repayment Mechanism Arrangements Guidance* to the [Program Guidance & Specifications webpage](#) in late June. CMS encourages ACOs to refer to the guidance for additional information to ensure their repayment mechanism(s) meet CMS requirements.

Screening for Clinical Depression and Follow-up Plan: Quality PY 2020 Measure Scoring Change

On July 14, 2020, CMS announced that for the quality PY 2020, CMS is modifying the scoring of the CMS Web Interface 2020 Preventive Care and Screening: Screening for Depression and Follow-Up Plan (PREV-12) measure. The coding changes that were made to the 2019 PREV-12 measure are the same coding changes that were made to the 2020 PREV-12 measure, which have been determined by CMS to be substantive changes to the measure.

The modifications to the 2020 PREV-12 measure removed the Systematized Nomenclature of Medicine (SNOMED) 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 specific to a patient with a positive depression screening (as outlined in the 2020 PREV-12 measure specifications) when an adequate follow-up plan may not have been provided to the patient. As a result, the changes to the 2020 PREV-12 measure no longer allow clinicians to meet the performance criteria of implementing a follow-up plan without providing an appropriate follow-up plan to the patient (patient would not be eligible for the measure numerator).

The following will apply to the 2020 PREV-12 measure:

- 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.

In the event that Web Interface data submitted by an ACO is audited under the Shared Savings Program, an ACO would be required to submit the medical record documentation supporting performance of the quality action they reported. For the 2020 PREV-12 measure, the following will apply:

- For CMS Web Interface users with an electronic health record (EHR) that currently reflects the 2018 CMS Web Interface PREV-12 measure specifications, CMS will continue to accept the same types of documentation submitted during the 2018 submission period for the 2020 performance period.
- For CMS Web Interface users with an EHR that currently reflects the 2019/2020 CMS Web Interface PREV-12 measure specifications, CMS will accept documentation that aligns with the 2019/2020 measure specifications. The CMS Web Interface PREV-12 measure specifications and coding documents for the 2019 and 2020 performance years are the same.
- For assistance or questions regarding the CMS Web Interface, please contact the Quality Payment Program (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.

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

On July 20, 2020, CMS updated its [QPP Participation Status Tool](#) based on the first snapshot of data from Alternative Payment Model (APM) entities. The first snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2020 and March 31, 2020**. The tool includes 2020 Qualifying APM Participant (QP) and MIPS APM participation status.

To learn more about how CMS determines QP and the APM participation status for each snapshot, visit the [Advanced APMs webpage](#) on the [QPP website](#).

If you qualify as a QP, this means you are eligible for the 5 percent APM incentive bonus, and exempt from participating in the [MIPS](#).

To view your QP or APM participation status at the individual level, visit the QPP Participation Status Tool and enter your 10-digit National Provider Identifier (NPI). Click on "Check All Years." Scroll down to find the display of your participation status in the center of the page.

To check your 2020 eligibility at the APM entity level:

- Log into the CMS QPP website. Learn how by downloading the [QPP Access User Guide](#).
- Review the taxpayer identification number(s) (TIN) affiliated with your entity.
- Access the details screen to view the eligibility status of every clinician based on their NPI.

For more information on APMs, visit the [QPP APM webpage](#). For a comprehensive list of APMs and additional materials, visit the [QPP Resource Library](#). For questions, contact the QPP at 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.

Upcoming Design Changes in ACO-MS

Beginning August 6, 2020, your ACO may notice design changes to [ACO-MS](#). These updates will include a new color scheme and style for the Dashboard and column headings, as well as a collapsible left-side menu for easy access to ACO-MS tabs. Please note that while the design will be updated, the functionality of the Dashboard, column headings, and menu will not change.

RESOURCES NOW AVAILABLE

New Provider Engagement Toolkit: Now Available

CMS released the [Provider Engagement Toolkit](#) highlighting strategies used by ACOs to engage health care providers. Specifically, the toolkit explores how ACOs:

- Communicate with providers about the ACO as a value-based care organization,
- Use data to identify and address opportunities for improving care,
- Offer customized support to primary care providers and specialists, and
- Implement financial incentives.

The Provider 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.

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

New Case Study on Fresenius Kidney Care's Home Dialysis Program: Now Available

This case study describes Fresenius Kidney Care's approach to increasing patients' access to home dialysis. The organization's leaders laid the foundation for this transition by meeting with clinic staff and nephrologists to increase their understanding of home dialysis while expanding the Fresenius Kidney Care staffing model to support this care option. Fresenius Kidney Care also established a workflow to identify and engage patients for whom home dialysis is appropriate, prepare them for treatment, and provide them with support in their homes. This case study is useful for dialysis organizations and other health care organizations that are considering strategies for expanding access to, and participation in, home dialysis.

Many thanks to Fresenius Kidney Care for sharing the details of their home dialysis program in the newest Learning System for ACOs case study. The case study can be accessed using the search under the Program Resources section of the Knowledge Library tab in [ACO-MS](#).

EVENT ANNOUNCEMENTS

MSSP Learning System Shared Learning Webinar: ACO Approaches to Implementing Telehealth

TUESDAY, JULY 28, 2020, 2:30 P.M.–4:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs
- **Description:** This webinar will feature information on implementing the Medicare Shared Savings Program (MSSP) telehealth waiver that became available for ACOs in two-sided risk beginning January 1, 2020. Presenters will discuss findings on beneficiary experiences of telehealth and share lessons learned from Next Generation ACOs that already implemented the telehealth waiver. The webinar will also feature insights from a Shared Savings Program ACO's implementation of telehealth initiatives.

MSSP ACO Data Affinity Group Webinar: Designing Dashboards Using CCLF Files and Other Data Sources

TUESDAY, AUGUST 4, 2020, 2:30 P.M.–4:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs
- **Description:** Join the next Learning System for ACOs data affinity group to learn about designing and implementing dashboards using Claim and Claim Line Feed (CCLF) files and other data. A speaker from the Learning System for ACOs will discuss resource considerations and how to design dashboards to meet user needs and support monitoring. The event will also feature ACO presenters who will share how they developed their dashboard and address data validation to engage providers in quality improvement at the point of care. Attendees will have the opportunity to submit questions to presenters during the event.

MSSP ACO Shared Learning Webinar: Addressing Social Determinants of Health

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

- [Register 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.

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 ACO Model, and the Comprehensive ESRD Care (CEC) Model. Meetings for each [CMS region](#) will begin in July and 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 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
Region 1 (Boston): CT, MA, ME, NH, RI, VT	October 8 th	Register here by October 1 st
Region 2 (New York City): NJ, NY, PR, VI	November 12 th	Register here by November 5 th
Region 3 (Philadelphia): DE, DC, MD, PA, VA, WV	August 6 th	Register here by July 30 th
Region 4 (Atlanta): AL, FL, GA, KY, MS, NC, SC, TN	September 24 th	Register here by September 17 th
Region 5 (Chicago): IL, IN, MI, MN, OH, WI	July 23 rd	Registration closed
Region 6 (Dallas): AR, LA, OK, NM, TX	October 22 nd	Register here by October 15 th
Regions 7 (Kansas City) & 8 (Denver): CO, IA, KS, MO, MT, NE, ND, SD, UT, WY	September 17 th	Register here by September 10 th
Regions 9 (San Francisco) & 10 (Seattle): AK, AZ, CA, HI, ID, NV, OR, WA	October 1 st	Register here by September 24 th
Non-Specific Region*	November 19 th	Register here by November 12 th

*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

- 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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