



# ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

June 10, 2020 | ISSUE 12

## AT A GLANCE

### ISSUE HIGHLIGHTS

- **Reminder: Actions Available During the Change Request Cycle for PY 2021**
- **ACOs Transitioning to a Risk-Bearing Level of the BASIC Track: Important Repayment Mechanism Information**
- **Available June 18, 2020: PY 2020 Final Historical Benchmark Report Packages**
- **Updated COVID-19 FAQs Related to Annual Wellness Visits Conducted via Telehealth**
- **Best Practices for Protecting Beneficiary-Level Data**

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## PROGRAM HIGHLIGHTS

### Reminder: Actions Available During the Change Request Cycle for PY 2021

Beginning June 18, 2020, currently participating ACOs may take the actions described in the *Change Request Cycle for Performance Year Beginning on January 1, 2021* schedule, which can be found in the Program Operational Schedules section in the Knowledge Library tab of the [ACO Management System](#) (ACO-MS). The schedule outlines the deadline dates applicable to the change request cycle. Please note that all dates are subject to change.

### Voluntary Elections Applicable to PY 2021 Only

As a result of the public health emergency (PHE), CMS is offering the following voluntary elections for eligible ACOs for Performance Year (PY) 2021:

#### Maintain Current Participation Level of the BASIC Track

An ACO participating in the BASIC track's glide path may elect to maintain, or "freeze," its participation level for PY 2021 in the same level of the BASIC track's glide path that it entered for PY 2020. For PY 2022, an ACO that elects to maintain its participation level for PY 2021 will be automatically advanced to the level of the BASIC track's glide path in which it would have participated if it had advanced automatically to the next level for PY 2021 (unless the ACO elects to advance more quickly before the start of PY 2022).

#### Extend Agreement Period for a Fourth Performance Year

For an ACO whose ACO Participation Agreement is scheduled to end December 31, 2020, CMS is allowing a one-time, voluntary election to extend its existing agreement period for an optional fourth performance year.

The above elections must be made in ACO-MS during the initial change request submission and request for information (RFI) response periods.

**Please note that the final opportunity to make these elections in ACO-MS is during the RFI-2 response period, which ends at 12:00 p.m. (noon) Eastern Time (ET) on September 22, 2020.** Contact your CMS Coordinator for specific information on making each election.

## Modifications to an ACO's Participant List and/or SNF Affiliate List

ACOs may modify their ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists during the change request cycle for the performance year beginning January 1, 2021. CMS reviews change requests for ACO participant and/or SNF affiliate additions during the established review cycle, which includes CMS feedback and the opportunity for the ACO to correct deficiencies in advance of the upcoming performance year.

**Please note, the final opportunity for ACOs to submit new change requests is during the RFI-2 response period, which ends at 12:00 p.m. (noon) ET on September 22, 2020.** ACOs will not have the opportunity to correct deficiencies identified for submissions made during the RFI-2 response period; CMS will issue final dispositions after RFI-2.

## Pathways to Success Participation Options

ACOs under Pathways to Success may submit a Participation Options change request to:

- Change the ACO's beneficiary assignment methodology;
- Voluntarily elect a higher level within the BASIC track's glide path; and
- Select the minimum savings rate (MSR)/minimum loss rate (MLR) for the ACO's agreement period (only for ACOs moving from one-sided to two-sided risk).

**Note:** ACOs that choose 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 to select their MSR/MLR. A task will then be automatically created in ACO-MS for the ACO to submit draft repayment mechanism documentation.

## SNF 3-Day Rule Waiver and/or BIP Applications

Eligible ACOs may apply for a SNF 3-Day Rule Waiver and/or apply to operate a Beneficiary Incentive Program (BIP) with a January 1, 2021 start date.

More information is available on the [Application Types & Timelines webpage](#), which includes sample applications for the SNF 3-Day Rule Waiver and BIP.

## Additional Resources

Additional resources can be found on the [Program Guidance & Specifications webpage](#), including the updated [ACO Participant List and Participant Agreement Guidance](#), [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#), and [Beneficiary Incentive Program Guidance](#).

## 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 **12:00 p.m. (noon) ET on September 22, 2020**. 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 anticipates posting 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.

## **Available June 18, 2020: Final PY 2020 Financial Historical Benchmark Report Packages for ACOs With an Agreement Beginning January 1, 2020**

On June 18, 2020, CMS anticipates providing ACOs, with an agreement period beginning January 1, 2020, their *PY 2020 Final Historical Benchmark Report* packages. The packages include an ACO's *PY 2020 Final Historical Benchmark Report* along with informational files for each of the ACO's three benchmark years: *Annual Assignment List Report*, *Annual Assignment Summary Report*, *Annual Aggregate Expenditure/Utilization Report*, and *Annual Non-Claims-Based Payment File*.

CMS establishes an ACO's historical benchmark at the start of its agreement period and the benchmark is based on the most recent three calendar years prior to the start of the ACO's current agreement period. For ACOs receiving their final historical benchmark report packages, CMS applied the benchmarking methodology that was finalized in the [December 2018 Final Rule](#) and codified at [42 CFR § 425.601](#). This historical benchmark report package is based on the PY 2020 ACO Participant List that your ACO certified and the assignment methodology your ACO selected for PY 2020.

### **Additional Information for the Historical Benchmark Reports**

CMS encourages ACOs to view a video walkthrough of the historical benchmark report applicable to ACOs beginning an agreement period on July 1, 2019, and in subsequent years, which is available through the Program Resources section of the Knowledge Library tab in [ACO-MS](#) by searching for "Overview of Historical Benchmark Reports for Agreement Periods Beginning on July 1, 2019."

Further, CMS hosted a webinar on the benchmarking methodology applicable to this cohort of ACOs and encourages ACOs to listen to the recording of this event and review the related materials, which are available through the Webinars section of the Knowledge Library tab in ACO-MS by searching for "July 2019 Historical Benchmark and Methodology."

ACOs should use the *Final Historical Benchmark Reports* when using the *Updated Benchmark Estimation Tool*. For ACOs that received *Preliminary Historical Benchmark Reports* on March 30, 2020, these reports provided preliminary data for historical benchmark expenditures and for national and regional per capita expenditures from Benchmark Year (BY) 3. When using the *Updated Benchmark Estimation Tool* with information from the preliminary historical benchmark reports, calculations such as enrollment type proportions, expenditure growth update factors, and other projected updates may not provide an accurate estimate of the updated benchmark.

## **Updated COVID-19 FAQs Related to Annual Wellness Visits Conducted via Telehealth**

CMS recently updated the [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#) document. Refer to question 23 under the Medicare Telehealth section addressing annual wellness visits conducted via telehealth. The following question and answer was added:

**Question:** Are beneficiary-provided vital signs sufficient to satisfy that portion of the annual wellness visits (AWV) when conducted via telehealth?

**Answer:** If the beneficiary is at home and has access to the types of equipment they would need to self-report vital signs (e.g., weight, blood pressure), and if the visit meets all other requirements of the code, this scenario would satisfy the requirements for purposes of billing the AWV code. CMS maintains a list of services that are normally furnished in-person that may be furnished via Medicare telehealth during the PHE.

## Best Practices for Protecting Beneficiary-Level Data

CMS takes protecting data for millions of Medicare beneficiaries seriously and has policies in place to safeguard it. By implementing the best practices listed below, ACOs help CMS in its effort to protect beneficiaries' personally identifiable information (PII), protected health information (PHI), and other sensitive data via email.

- Avoid sharing PII, PHI, or sensitive data by email. If you must email it, encrypt the file and share the password with the recipient by phone (e.g., your CMS coordinator), or fax it directly to the recipient.
- Do not email passwords. CMS policy prohibits emailing passwords for encrypted files sent via email.
- If you are emailing encrypted files to the Shared Savings Program mailbox ([SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov)), ACOs should include the name and phone number of a person CMS can contact by phone to get the password. If you are the best contact to convey the password, indicate that in your email.
- Do not open a link or attachment until you have talked to the sender or you are expecting the attachment.
- Do not share passwords to encrypted files with anyone who does not require access.
- Do not send work information to or from your personal email account.

Do not include full taxpayer identification numbers (TINs), PII, or sensitive personal information (SPI), in an email (including screenshots). Since TINs can often be a provider's social security number, you should submit this type of information in a redacted manner. For example, listing a TIN as "TIN ending in 1234" or "XXXXX1234" is a best practice since only the last 4 digits are displayed. Alternatively, you could list the TINs in a password-protected document, attached to an email, and provide a daytime phone number where you may be reached. After sending the email, you will be contacted by a representative from LMI Consulting (a CMS support contractor) who will retrieve the password over the phone. **DO NOT send the password via email.**

In addition to Shared Savings Program requirements, ACOs must comply with other state and federal laws including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. ACOs should work with their legal counsel to ensure that they are also meeting requirements in accordance with those laws. CMS appreciates your attention to this matter.

If you believe that Medicare beneficiary (or provider) data has been compromised, report the incident to the CMS IT Service Desk at 1-800-562-1963 or via email at [CMS\\_IT\\_SERVICE\\_DESK@cms.hhs.gov](mailto:CMS_IT_SERVICE_DESK@cms.hhs.gov) (refer to your Data Use Agreement (DUA) for further instructions).

Visit the [CMS Information Security and Privacy Overview webpage](#) to learn more about CMS security, privacy guidance, and best practices that may be useful to your ACO. Please share this information with your ACO staff.

## RESOURCES NOW AVAILABLE

### SSP ACO Portal Enhanced Report: Refreshed Data for EXPU and ASR Reports Reflecting PY 2020 Q1 Data

ACOs now have access to their PY 2020 Quarter 1 (Q1) Expenditure Utilization (EXPU) and Assignment Summary Report (ASR) data within the Enhanced Reports section of the [SSP ACO Portal](#). This release adds the Q1 report data for PY 2020 to three enhanced reports in the SSP ACO Portal: *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.*

- 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 fee-for-service (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.

Additionally, during the week starting June 15, 2020, ACOs can expect to have access to an additional period of aggregate EXPU drill down data. This release will add drill down data associated with the *PY 2020 Q1 Expenditure Utilization Report*. This data can be accessed through the Enhanced Report section of the SSP ACO Portal, through the *Expenditure Utilization Report, Trends, Graphs, and Drill Down for Table 1* enhanced report. This report allows drill down to beneficiary-level person years, total expenditures, and health service utilization aggregate measures seen on the EXPU report.

## June CCLF Files

June Claim and Claim Line Feed (CCLF) files will be available to ACOs on June 12<sup>th</sup> for the 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 June delivery timeline for the CCLF and Exclusion files are as follows:

| FILE                    | DELIVERY      | NAMING CONVENTION                 |
|-------------------------|---------------|-----------------------------------|
| CCLF Files              | June 12, 2020 | P.A****.ACO.ZCY**.Dyymmdd.Thhmsst |
| Monthly Exclusion Files | June 8, 2020  | P.A****.BNEX.Y**.Dyymmdd.Thhmsst  |

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

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).

## Updated Tip Sheets for the Upcoming Change Request Cycle: Coming Soon

CMS anticipates the following updated tip sheets will be posted by June 18, 2020:

- *Submitting Change Requests in ACO-MS*
- *Adding ACO Participants & SNF Affiliates in ACO-MS*

These tip sheets will be available in the Program Resources section in the Knowledge Library tab of [ACO-MS](#) alongside the *Overview of Participation Options in ACO-MS* tip sheet.

## CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

### Medicare Shared Savings Program

[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
- 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](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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