

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

June 24, 2020 | ISSUE 13

AT A GLANCE

UPCOMING DEADLINES

- **Initial Change Request Submission Period: July 20, 2020 at 12:00 p.m. (noon) ET**

ISSUE HIGHLIGHTS

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- **Updated Repayment Mechanism Arrangements Guidance**
- **Updated COVID-19 FAQs**
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- **Public Reporting and Transparency**

EVENT ANNOUNCEMENTS

- **ACO Approaches to Implementing Telehealth**
July 28th | 2:30–4:00 p.m. ET
- **Summer and Fall 2020 Virtual Learning Collaboratives**

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PROGRAM HIGHLIGHTS

Initial Change Request Submission Period for the January 1, 2021 Performance Year: Now Open

The initial change request submission period is now open. Currently participating ACOs may take the following actions:

- 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 Performance Year (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 eligible 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.

Please note that the deadline for these actions during the initial change request submission period is **Monday, July 20, 2020, at 12:00 p.m. (noon) Eastern Time (ET)**.

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. 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](#).

Updated Repayment Mechanism Arrangements Guidance: Now Available

The updated [Repayment Mechanism Arrangements Guidance \(Version 9\)](#), is now available via the [Program Guidance & Specifications webpage](#). An ACO that participates in two-sided risk is required to establish a repayment mechanism in an amount specified by CMS. CMS encourages ACOs to refer to the guidance and use the templates to ensure the repayment mechanism(s) meet CMS requirements, and that your ACO's repayment mechanism can be reviewed timely and with minimal/no deficiencies.

The *Repayment Mechanism Arrangements Guidance* (Version 9), includes, but is not limited to, the following updates:

- Provides guidance for and encourages ACOs to submit draft repayment mechanism documentation to CMS in Microsoft Word format to assist with the review feedback process. ACOs may receive repayment mechanism review feedback in Microsoft Word format with Track Changes.
- Provides repayment mechanism templates and sample documentation in a fillable Microsoft Word format. Please download the referenced documents using the following URLs:
 - [Appendix A: Escrow Agreement Template](#)
 - [Appendix B: Escrow Agreement Amendment Sample](#)
 - [Appendix C: Letter of Credit Sample](#)
 - [Appendix D: Surety Bond Sample](#)
 - [Appendix E: Repayment Mechanism Documentation Cover Sheet](#)
- Provides the opportunity to use digital signature for each repayment mechanism type:
 - The *Appendix A: Escrow Agreement Template*.
 - Terms that provide for electronic presentation of a letter of credit and the circumstances for electronic presentation will be considered by CMS.
 - A surety bond or rider executed using an electronic seal may be accepted by CMS. ACOs requiring this flexibility should notify CMS in writing during the repayment mechanism review process. If the use of an electronic seal is permitted, at a later date, CMS may request to receive an original hard copy (paper) by traceable carrier.
- Provides the *Appendix E: Repayment Mechanism Documentation Cover Sheet*. CMS recommends ACOs and financial institutions include a cover sheet when sending original repayment mechanism documentation to CMS.

ACOs with repayment mechanism questions should email SharedSavingsProgram@cms.hhs.gov and include your ACO ID and the phrase "Repayment Mechanism" in the subject line of the email.

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) (page 81) for new FAQs (questions 7–27). The questions cover:

- SNF 3-Day Rule Waiver star-rating requirements (question 7);
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for ACOs (question 8); and
- 2019 Quality Measures Validation (QMV) Audit (question 9).

Questions that address program changes based on the [Interim Final Rule with Comment Period](#), effective May 8, 2020, include:

- Participation options for PY 2021 (questions 10–16);
- Extreme and Uncontrollable Circumstances Policy for shared losses (question 17);
- Beneficiary assignment (questions 18, 23–26);

- Financial reconciliation (questions 19, 20, 22);
- Telehealth diagnosis code (question 21); and
- Quarterly reports (question 27).

Quality Measure Performance to be Reported on Physician Compare

The Shared Savings Program aligns with the Quality Payment Program (QPP) to publicly report ACO performance on a subset of Patient/Caregiver Experience and CMS Web Interface measures. In the fall of 2020, ACOs' PY 2018 measure performance for 17 of the measures used for the Shared Savings Program quality measurement will be available on the [Physician Compare website](#). The publicly reported quality performance rates will match the rates found in your ACO's 2018 Quality Performance reports that were made available on August 16, 2019. The Physician Compare website will use consumer-oriented, plain language measure titles and descriptions rather than the measure titles displayed in your ACO's quality report. A measure crosswalk is available on the [Physician Compare Initiative webpage](#). The measure crosswalk displays the ACO measure numbers, the measure titles, and the plain language descriptions that will be displayed on the Physician Compare website.

Please note that ACO scores will not be displayed during the Physician Compare preview period that opened on June 22, 2020.

You can find more information about Physician Compare on the Physician Compare Initiative webpage. To contact the Physician Compare support team with any questions about public reporting or Physician Compare, email PhysicianCompare@Westat.com.

Public Reporting and Transparency

As a reminder, ACOs participating in the Shared Savings Program must create and maintain a dedicated webpage on which it publicly reports the information set forth in [42 CFR § 425.308](#). This information includes, but is not limited to:

- Your ACO's contact information;
- Organization information, including ACO participant(s) information, governing body and other committee information;
- Shared savings and losses, including shared savings distribution;
- Quality performance results; and
- Use of payment rule waivers or telehealth services.

CMS provides ACOs with a sample *Public Reporting Template* in the Program Resources section of the Knowledge Library tab of [ACO-MS](#) for ACOs to populate using data from ACO-MS and data they have on hand. The sample *Public Reporting Template* includes instructions on how to populate the template and includes the location of where some of your ACO-specific information can be found in ACO-MS.

Please reference 42 CFR § 425.308 for additional details on public reporting requirements. ACOs should update their public reporting webpage during the performance year when changes occur using the provided sample template. In addition, ACOs should make corresponding updates in ACO-MS.

RESOURCES NOW AVAILABLE

Quarter 1 Opioid Utilization Reports Delivered on June 10th

CMS released the informational-only *2020 Quarter 1 Opioid Utilization Report* package on June 10, 2020. The report package was delivered to your ACO as a zip file that includes a cover notice and the opioid report. The report is accessible through your ACO's Managed File Transfer (MFT) mailbox and through the [SSP ACO Portal](#). The download is entitled *Quarterly Claims-Based Quality Measure Report*.

The zip file is named with the following convention: "P.Axxxx.ACO.QQR." If accessing the file through your MFT mailbox, save the file and append ".zip" to the end of the file name to open the zip file and its contents. This file will be available in the MFT mailbox for 100 days from the delivery date, and through the SSP ACO Portal indefinitely.

For additional assistance, the informational [Opioid Utilization Report Overview video](#) is available to help review the contents of the quarterly *Opioid Utilization Report* and details of the four opioid utilization measures.

2020 Driver Diagram Guidance: Now Available

To help stakeholders and ACO staff understand planned approaches for achieving ACO objectives, ACO leaders may find value in developing a driver diagram, a structured logic model that supports implementation and continuous improvement of the organization's key strategies.

CMS and the Learning System team worked with ACOs and End-stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) in the Next Generation ACO and Comprehensive ESRD Care (CEC) Models to develop driver diagrams and update them periodically. Based on the positive experiences in these models, CMS and the Learning System team provided guidance and templates to Shared Savings Program ACOs in the summer of 2019 to support interested ACOs with the development of driver diagrams.

Please note that CMS does not require ACOs to develop driver diagrams. CMS is sharing this guidance as a reference only, as developing or updating a driver diagram may help ACOs refine organizational objectives, identify key drivers of success, and facilitate internal planning. As ACOs consider their future strategies, CMS encourages organizations to review the "MSSP ACO: Driver Diagram Guidance" and templates available in the Webinar section of the Knowledge Library tab in [ACO-MS](#).

Please send questions via email to ACOLearningActivities@mathematica-mpr.com with the subject line "Driver Diagrams."

EVENT ANNOUNCEMENTS

ACO 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 Shared Savings Program 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.

Registration for Summer and Fall 2020 Virtual Learning Collaboratives: Now Open

This summer and fall, CMS will host a series of region-specific, virtual learning collaboratives (VLCs) for all ACOs and ESCOs participating in the Shared Savings Program, the Next Generation ACO Model, and the CEC Model. Meetings for each [CMS region](#) will begin in July and continue through November. You can 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	Register here by July 16 th
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.

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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