

# ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

May 18, 2020 | ISSUE 10

## AT A GLANCE

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## PROGRAM HIGHLIGHTS

### 2021 Annual Application Cycle for New ACOs

On April 30, 2020, CMS announced it is forgoing the 2021 annual application cycle due to the COVID-19 pandemic. As a result, CMS and OIG jointly issued special guidance regarding the start date and end dates of the ACO Pre-Participation Waiver for the 2021 application cycle. This new guidance can be found on the CMS website [here](#).

### 30 Days' Advance Notice Required for Voluntary Termination

As a reminder, an ACO must provide **at least 30 days'** advance written notice to CMS and to its ACO participants of its decision to terminate its agreement and the effective date of its termination.

- ACOs must submit a termination request **on or before June 1<sup>st</sup>** to choose a termination effective date on or before June 30<sup>th</sup>.
- ACOs that choose a termination date **on or before June 30<sup>th</sup>** are not financially reconciled. Therefore, they will not qualify to receive shared savings and are not liable for shared losses.

In order to notify CMS of its intent to voluntarily terminate, the ACO Executive or Authorized to Sign contacts (primary and secondary) must submit a voluntary termination request via the [ACO Management System](#) (ACO-MS). For step-by-step instructions, search the ACO-MS Knowledge Library for *ACO-MS Tip Sheet: Submitting a Voluntary Termination Notice in ACO-MS*.

For additional information, please review the program regulations on termination of the ACO Participation Agreement by the ACO ([CFR § 425.220](#)) and close-out procedures and payment consequences of early termination ([CFR § 425.221](#)) or contact the Shared Savings Program mailbox at [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov). Include your ACO ID and copy your CMS coordinator on any correspondence.

### Extreme and Uncontrollable Policy FAQ

CMS recently updated the [COVID-19 FAQs on Medicare Fee-for-Service \(FFS\) Billing](#) document for ACOs (refer to Question 6 in the Accountable Care Organization section). The following question and answer were added:

**Question:** If an ACO terminated its Shared Savings Program agreement effective August 31, 2020, and if the ACO were to incur shared losses for performance year 2020, for how many months would the ACO owe shared losses if the Extreme and Uncontrollable policy was triggered?

**Answer:** The Secretary's declaration of the COVID-19 Public Health Emergency (PHE) in January 2020 triggered the Medicare Shared Savings Program's Extreme and Uncontrollable Circumstances Policy. The extreme and uncontrollable circumstance of the COVID-19 PHE began in January 2020, and will apply nationwide for the duration of the PHE for the COVID-19 pandemic. Shared losses will be mitigated for all ACOs participating in a performance-based risk track, including: Track 2, the ENHANCED track, the BASIC track, levels C through E, and the Track 1+ Model, based on the length of the PHE. For example, if the PHE is in effect for 7 months (January through July 2020) any shared losses an ACO incurs for performance year 2020 will be reduced by at least 58.33% (for 7 of the 12 months). Then, if an ACO terminates on August 31<sup>st</sup>, the ACO would owe 66.66% (for 8 of the 12 months) of any remaining shared losses for performance year 2020 after adjusting for the extreme and uncontrollable circumstance. If the PHE covers the full year (January through December 2020) any shared losses an ACO incurs for performance year 2020 would be reduced completely, and the ACO would not owe any shared losses.

## COVID-19 FAQs: Shared Savings Program Beneficiary Notification Update

CMS recently updated the [COVID-19 FAQs on Medicare Fee-for-Service \(FFS\) Billing](#) document for ACOs (refer to the Accountable Care Organizations section). The following questions and answers were added:

**Question:** Our organization is preparing the beneficiary notification for our Medicare FFS beneficiaries. In an effort to focus operational resources on the prevention and treatment of COVID-19 for our Medicare beneficiaries, can we delay proactive beneficiary notifications?

**Answer:** CMS is aware that the COVID-19 PHE may impact an ACO's ability to furnish the standardized written notice to beneficiaries prior to or at the first primary care visit, as required by [§ 425.312\(a\)\(2\)](#). CMS is sensitive to the challenges caused by the pandemic and will consider the impact that these circumstances have on an ACO's ability to carry out the required beneficiary notifications in a timely manner. Accordingly, due to the PHE posed by COVID-19 and the urgent need for ACOs to focus on responding to the pandemic, CMS is exercising its enforcement discretion to adopt a temporary policy of relaxed enforcement in connection with the deadline for furnishing the standardized written beneficiary notifications required under [§ 425.312\(a\)](#) as long it is completed by the end of the current performance year.

**Question:** Our organization has experienced a significant reduction in office primary care visits due to the COVID-19 PHE. We would like to know how to provide the standardized written beneficiary notification in instances of e-visit and telehealth services?

**Answer:** Under [§ 425.312\(a\)\(2\)](#), ACOs are permitted to distribute the annual standardized written notice to beneficiaries in a form and manner specified by CMS. CMS has stated in the *Medicare Shared Savings Program Accountable Care Organizations Marketing and Outreach Materials Guidance* that the standardized written notifications may be provided through electronic transmission (such as email or secure portal) or mail. These methods can be used in conjunction with e-Visits and Telehealth technology. CMS is sensitive to the challenges caused by the pandemic and will consider the impact that these circumstances have on an ACO's ability to carry out the required beneficiary notifications in a timely manner. Accordingly, due to the PHE posed by COVID-19 and the urgent need for ACOs to focus on responding to the pandemic, CMS is exercising its enforcement discretion to adopt a temporary policy of relaxed enforcement in connection with the deadline for furnishing the standardized written beneficiary notifications required under [§ 425.312\(a\)](#) as long it is completed by the end of the current performance year.

## ACO-14/PREV-7 Preventive Care and Screening: Influenza Immunization Update

CMS would like to provide an update regarding the CMS Web Interface PREV-7 Measure: Preventive Care and Screening: Influenza Immunization (PREV-7/ACO-14) that is included in the 2019 Merit-based Incentive Payment System (MIPS) performance period. A communication about this update was sent from CMS Web Interface Support ([CMS-WISupport@gdit.com](mailto:CMS-WISupport@gdit.com)) on May 1, 2020.

The guidance provided within the 2019 CMS Web Interface PREV-7 measure specifications does not align with the updated clinical guidelines from the CDC's Advisory Committee on Immunization Practices (ACIP). CMS believes that adherence to the

updated clinical guidelines versus the measure specification guidance for the 2019 CMS Web Interface PREV-7 measure could cause misleading results as to what is measured as good quality of care. Therefore, CMS is suppressing the scoring of the CMS Web Interface PREV-7 measure for the 2019 performance period.

- CMS will suppress the measure for MIPS scoring in accordance with [CFR § 414.1380\(b\)\(1\)\(vii\)\(A\)](#). By suppressing the measure, CMS will reduce the denominator of available measure achievement points for the quality performance category by 10 points ([83 FR 59847](#)).
- CMS will reclassify the measure as “pay-for-reporting” in the Shared Savings Program as provided in [CFR § 425.502\(a\)\(5\)](#).

## **PY 2020 Quarter 1 Report Package: Available May 21<sup>st</sup>**

On May 21, 2020, ACOs will receive their Performance Year (PY) 2020 Quarter 1 (Q1) Report packages via their Managed File Transfer (MFT) mailbox and the [SSP ACO Portal](#). The report package will be sent as a zip file and will include: the cover notice, *Assignment List Report (ALR)* (zip file), *Assignment Summary Report (ASR)*, *Aggregate Expenditure/Utilization (EXPU) Report*, Non-Claims Based Payment File, and *2019 Q4 Claims-Based Quality Measures Report*.

The PY 2020 Q1 reports were generated before the [April 30, 2020 Interim Final Rule with Comment \(IFC\)](#) was released, so the Q1 reports do not account for the new policies in the IFC. CMS anticipates incorporating these new policies in the PY 2020 Q2 reports available in August.

### **Additional Resources**

For additional information about the Q1 Report Package, reference the accompanying cover notice and the PY 2020 report user guides: *Assignment List Report*, *Assignment Summary Report User’s Guide (Version 11)*, and *Annual and Quarterly Aggregate Expenditure/Utilization Report User’s Guide (Version 9)*. These user guides provide detailed information about the data elements included in the referenced program reports. They will be available with the release of the PY 2020 Q1 reports and can be found in the Program Resources section of the [ACO-MS](#) Knowledge Library by searching “Performance Year 2020 Report User’s Guides.”

CMS encourages ACOs to review the video walkthroughs for the PY 2020 Quarterly Assignment and Expenditure/Utilization reports. Three separate videos for each of the reports, *ALR*, *ASR*, and the *EXPU*, applicable to quarterly reports starting PY 2020 Q1, will be available with the release of the PY 2020 Q1 reports. These videos provide an overview of what is included in each of the reports, as well as any differences between the reports received by ACOs under prospective assignment and ACOs under preliminary prospective assignment with retrospective reconciliation. These videos can be found in the Program Resources section of the ACO-MS Knowledge Library by searching “2020 Quarterly Assignment and Expenditure/Utilization Report Walkthrough Videos.”

Additionally, a new estimation calculator will be available with the release of the PY 2020 Q1 reports on the ACO-MS Knowledge Library that applies a blended national and regional update factor and is applicable to ACOs in any agreement period beginning on or after July 1, 2019. ACOs can use information from their PY 2020 Q1 *EXPU* reports, which now include information on national and regional weights, in this new tool. A video walkthrough of this estimation calculator will also be available. Both the estimation calculator and walkthrough video can be found in the Program Resources section of the ACO-MS Knowledge Library by searching “Updated Benchmark Estimation Tool.”

CMS anticipates completing the release of the enhanced PY 2020 Q1 Quarterly Reports in the SSP ACO Portal, which include drill-down functionality, by mid-June. Please look for a future *ACO Spotlight Newsletter* article notifying you of availability of these enhanced reports.

## RESOURCES NOW AVAILABLE

### QPP Participation Status Tool Update

CMS updated its [Quality Payment Program \(QPP\) Participation Status Tool](#) based on the fourth snapshot of data for full-taxpayer identification number (TIN) Alternative Payment Models (APMs) that joined after August 31<sup>st</sup> for the purpose of identifying clinicians who are subject to the APM Scoring Standard for the MIPS.

Full-TIN APM means an APM where participation is determined at the TIN level, and all eligible clinicians who have assigned their billing rights to a participating TIN are therefore participating in the APM. For Shared Savings Program ACOs only, a final review of participation data takes place in the last 4 months of the year, from the end of Snapshot 3 until the end of the performance year. If a clinician joins an ACO participant TIN during that period, they will be considered a participant in the ACO and will receive the ACO's MIPS final score and payment adjustment.

This snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2019, and December 31, 2019**. Unlike the other snapshot periods, these tool updates only include 2019 MIPS APM status and do not include Qualifying APM Participant (QP) status.

To learn more about how CMS determines MIPS APM status for each snapshot, please view the *QP Methodology Fact Sheet* in the [2019 Learning Resources for QP Status and APM Incentive Payment \(zip\)](#).

### How Do I Check My MIPS APM Status?

To view your MIPS APM status at the individual level, visit the [QPP Participation Status Tool](#) and enter your 10-digit National Provider Identifier (NPI).

To check your group's 2019 eligibility at the APM Entity-level, log into the CMS [QPP website](#). Learn how by downloading the [QPP Access User Guide](#). Browse to the TIN affiliated with your group. Access the details screen to view the eligibility status of every clinician based on their NPI.

For assistance, contact the QPP at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292. To receive assistance more quickly, consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. Eastern Time (ET).

### May CCLF Files

May Claim and Claim Line Feed (CCLF) files for the current performance year were made available to ACOs today, on May 18<sup>th</sup>. The monthly exclusion files were delivered on May 11<sup>th</sup> to ACOs. These files will be available in the ACO's MFT mailbox for 100 days after the delivery date, as well as in the [SSP ACO Portal](#).

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 CCLFs 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).

## 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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