

ACCOUNTABLE CARE ORGANIZATION  
**SPOTLIGHT**  
NEWSLETTER

May 29, 2020 | ISSUE 11

## AT A GLANCE

## ISSUE HIGHLIGHTS

- **Actions Available During the Change Request Cycle for PY 2021**
- **Compliance with 5,000 Assigned Beneficiary Requirement**
- **Reporting Fraud to OIG**

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## PROGRAM HIGHLIGHTS

**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 of the [ACO Management System](#) (ACO-MS) Knowledge Library. 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 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, 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 selected beneficiary assignment methodology;
- Voluntarily elect a higher level within the BASIC track's glide path;
- 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); and
- **Note:** ACOs that choose to move to a two-sided risk level (Level C, D or E) on the BASIC track's glide path will need to submit a Participation Options change request to select their MSR/MLR; and ACO-MS will automatically create a task 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](#), [SNF 3-Day Rule Waiver Guidance](#), and [Beneficiary Incentive Program Guidance](#).

### Compliance with 5,000 Assigned Beneficiary Requirement

On May 21, 2020, ACOs received their PY 2020 Quarter 1 (Q1) Report packages via their Managed File Transfer (MFT) mailbox and the [SSP ACO Portal](#). Pursuant to [42 CFR § 425.110](#), if at any time during the performance year, an ACO's assigned population falls below 5,000, the ACO may be subject to the actions described in [42 CFR § 425.216](#) and [42 CFR § 425.218](#). ACOs may add ACO participants up until September 22<sup>nd</sup> at 12:00 p.m. (noon) ET 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 [ACO-MS Knowledge Library](#).

### Reporting Fraud to the Office of the Inspector General

Do you suspect someone is submitting fraudulent claims to Medicare? Help protect the Medicare program and your patients. Watch a brief video on [How to Report Fraud to the Office of the Inspector General \(OIG\)](#) and learn how you can report these activities anonymously to the OIG. This video is part of the OIG Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative to prevent fraud, waste, and abuse.

## RESOURCES NOW AVAILABLE

### Quality Measure Benchmarks: Now Available

The following Shared Savings Program quality measure benchmark documents are now available on the [Program Guidance and Specifications webpage](#):

- The [Shared Savings Program Quality Measure Benchmarks for PY 2019](#) is updated to indicate that ACO-14, Preventative Care and Screening: Influenza Immunization, is pay-for-reporting for PY 2019.
- The [Shared Savings Program Quality Measure Benchmarks for PY 2020/2021](#) includes:
  - An overview of the quality scoring approach;
  - The PY 2020 and 2021 quality measure set and performance phase-in schedule;
  - Details on the data used to calculate the benchmarks; and
  - Benchmarks for measures that are pay-for-performance for PY 2020 and 2021.

### PY 2020 Measure Information Forms for the Informational Claims-Based Measures: Now Available

The PY 2020 Measure Information Forms (MIFS) for the informational claims-based measures that are provided to ACOs in the quarterly quality reports (QQRs) are now available in the [ACO-MS](#) Knowledge Library:

- ACO-35 – Skilled Nursing Facility 30-Day Readmission
- ACO-36 – Risk-Standardized Acute Admission Rates for Patients with Diabetes
- ACO-37 – Risk-Standardized Acute Admission Rates for Patients with Heart Failure

### HIPAA Breach Reporting Tool

The [Health Insurance Portability and Accountability Act \(HIPAA\) Breach Reporting Tool \(HBRT\)](#) is available to help healthcare entities better identify breaches of health information and learn how these breaches are investigated and resolved. The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) created this tool to provide information about reported security breaches available to entities covered by HIPAA.

The HBRT highlights breaches currently under investigation and reported within the last 24 months, as well as maintains an archive that includes all past breaches and information about how these breaches were resolved.

CMS encourages ACOs to share this tool with their participants so that they stay informed about current security threats and use the tool in the event that a breach occurs. For additional information on HIPAA breach notification, visit the [HIPAA Breach Notification Rule webpage](#).

## 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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