MEDICARE SHARED SAVINGS PROGRAM

ACCOUNTABLE CARE ORGANIZATION
SPOTLIGHT
NEWSLETTER

AT A GLANCE

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EVENT ANNOUNCEMENTS

- **Highlights of the Care Coordination Toolkit**

  December 9th | 2:30–4:00 p.m. ET

- **Using the Data Hub in ACO-MS to Access CCLFs and Reports**

  December 15th | 1:30–3:00 p.m. ET

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PROGRAM HIGHLIGHTS

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 Shared Savings Program agreement and the effective date of its termination.

ACOs must submit a termination request on or before December 1st to choose a termination effective date on or before December 30th. ACOs that choose a termination date on or before December 30th are not financially reconciled for purposes of determining shared savings. However, ACOs in a two-sided track/level that choose a termination date on or before December 30th are financially reconciled and may be liable for a prorated share of any determined shared losses. ACOs that choose a termination date of December 31st are financially reconciled and may qualify to receive shared savings or be liable for shared losses if applicable.

Please note the Health and Human Services Secretary's declaration of the coronavirus disease 2019 (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 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. Therefore, any shared losses an ACO incurs for Performance Year (PY) 2020 will be reduced by at least 91.66 percent (for 11 of the 12 months, to date). If the PHE covers the full year (January through December 2020), any shared losses an ACO incurs for PY 2020 would be reduced completely, and the ACO would not owe any shared losses.

In order to notify CMS of its intent to voluntarily terminate, the ACO Executive or Authorized to Sign contacts (primary or secondary) must submit a voluntary termination request in the ACO Management System (ACO-MS). For step-by-step instructions, review the *Submitting a Voluntary Termination Notice* tip sheet, found in the Program Resources section of the Knowledge Library tab in ACO-MS.

For additional information, 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. Include your ACO ID and copy your CMS coordinator on any correspondence.

Reminder: Upcoming MIPS Important Dates and Deadlines

Below are important dates and deadlines for ACOs related to extreme and uncontrollable circumstances exception requests and data submission:

- **December 31, 2020**: The Extreme and Uncontrollable Circumstances application for PY 2020 is currently open and will close on December 31, 2020. Clinicians, groups, and virtual groups who believe they are eligible for these exceptions may apply, and if approved, will qualify for a re-weighting of one or more Merit-based Incentive Payment System (MIPS) performance categories. CMS will notify applicants via email whether their requests are approved or denied. If approved, the exception will also be added to the QPP Participation Status Tool but may not appear in the tool until the submission window opens in 2021.
    - **Note**: CMS has proposed for PY 2020 to allow Alternative Payment Model (APM) Entities to submit Extreme and Uncontrollable Circumstances applications as a result of COVID-19. For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the QPP COVID-19 Response webpage.
- **January 4, 2021**: 2020 MIPS performance year data submission window opens.
- **March 31, 2021**: 2020 MIPS performance year data submission window closes.

For More Information

To learn more, visit the QPP website and access the following resources:

- About QPP Exceptions Webpage
- *2020 Quality Payment Program (QPP) Exceptions Application Fact Sheet*

Additional Assistance

For additional assistance, contact QPP at QPP@cms.hhs.gov, or 1-866-288-8292. To receive quicker assistance, consider calling during non-peak hours: before 10 a.m. and after 2 p.m. Eastern Time (ET). Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant.

QP Thresholds are Increasing in 2021

Qualifying APM Participant (QP) thresholds are increasing beginning on January 1, 2021. Depending on your status, you may be required to participate in MIPS even if you have not participated in previous years.

As a reminder, if you qualify as a QP, you are eligible for the 5 percent APM incentive payment and are exempt from participating in MIPS. CMS has provided the following frequently asked questions for your reference.

What are the Thresholds for 2021?

For QP status:

- The **payment amount threshold** is increasing from 50 percent in 2020 to **75 percent** in 2021.
- The **patient count threshold** is increasing from 35 percent in 2020 to **50 percent** in 2021.

For Partial QP status:

- The **payment amount threshold** is increasing from 40 percent in 2020 to **50 percent** in 2021.
- The **patient count threshold** is increasing from 25 percent in 2020 to **35 percent** in 2021.

If your ACO has an eligible clinician who qualifies as a Partial QP, the ACO will be able to choose whether or not to participate in MIPS on behalf of the clinician.

How do I know if I am a QP in 2021?

CMS will use three snapshot dates—March 31, June 30, and August 31, 2021—to review data and make QP determinations. CMS will make determinations approximately 4 months after the end of each snapshot date, at which point you will be able to check the QPP Participation Status Tool for updates to your APM status.

How do I know if I'm required to participate in MIPS in 2021?

If you are MIPS-eligible and not determined to be a QP or a Partial QP, you will be required to participate in MIPS and subject to a MIPS Final Score and payment adjustment, unless otherwise excluded. To learn more about MIPS, visit the QPP website.

For More Information

- Review the *2021 Qualifying APM Participant (QP) Quick Start Guide* for an overview of what it means to be a QP and how determinations are made. For additional details, reference the 2020 Learning Resources for QP Status and APM Incentive Payment zip file.
- Answer the questions in the 2021 MIPS Eligibility Decision Tree to help you understand if you will need to participate in MIPS.

For additional assistance, contact QPP at QPP@cms.hhs.gov, or 1-866-288-8292. To receive quicker assistance, consider calling during non-peak hours: before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Reminder: Set Up Your ACO's HARP Account for PY 2020 Quality Reporting

The submission period for PY 2020 CMS Web Interface quality reporting will **open on January 4, 2021, and will close on March 31, 2021**.

- All Shared Savings Program ACOs must completely and accurately report all CMS Web Interface quality measures to be eligible to share in savings and avoid compliance actions.
- The ACO-reported CMS Web Interface data is used to calculate the Quality performance category score for the MIPS-eligible clinicians in ACOs in Track 1 and Levels A through D of the BASIC track's glide path for the performance year beginning January 1, 2020.

Who Needs a HARP Account?

Each person associated with an ACO who needs to access the CMS Web Interface will need their own Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account with the appropriate role to download their Beneficiary Samples and submit or view the ACO's CMS Web Interface data. This may include practice staff, abstractors, or other third-party representatives.

New ACOs That Began January 1, 2020: Act Now

Creating a HARP account and establishing a user role is a multi-step process. If the performance year beginning January 1, 2020, is the first performance year for your ACO in the Shared Savings Program, you are encouraged to identify **at least one individual** within your ACO who can obtain a HARP account with the Security Official role **as soon as possible**. If you wish to have additional individuals submit or view CMS Web Interface data and download Beneficiary Samples, the individual may request the Security Official or Staff User role.

To create a HARP account and request a role, go to the QPP website and click "Sign In" in the upper right-hand corner. The HARP registration process will take between 5 and 15 minutes, depending on how quickly your identity can be verified.

Existing ACOs

If your ACO reported PY 2019 quality data through the CMS Web Interface, then someone within your ACO already has HARP credentials. Check your ACO contacts within ACO-MS to confirm that your ACO's quality contacts are up to date and that the individual(s) who will submit your ACO's PY 2020 CMS Web Interface data have HARP access.

Have these individuals sign in to the QPP website using their HARP credentials to confirm that their account is active and they have access to the appropriate organizations.

Additional Resources

Refer to the *QPP Access User Guide* for detailed instructions on creating a HARP account, requesting a role, managing your password, and requesting authorization to access other organizations.

Refer to the *2020 Medicare Shared Savings Program and Quality Payment Program Interactions* guide for more information on the interactions between the Shared Savings Program and the QPP.

Contact the QPP at QPP@cms.hhs.gov or 1-866-288-8292 if you are unsure about your ACO's current HARP access, need to determine the Security Official(s) within your ACO, or have any other account questions. Note that you will need to provide the ACO's primary taxpayer identification number (TIN) and legal entity name. To receive quicker assistance, consider calling during non-peak hours: before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Million Hearts® Hypertension Control Challenge

The Million Hearts® Hypertension Control Challenge is an annual recognition program that recognizes health care professionals, practices, and health systems that are achieving a hypertension control rate of at least 80 percent among their patient populations. Million Hearts® is excited to recognize 15 new Champions for 2020! Check out the list of 2020 Champions on the Million Hearts® website. CMS is pleased to note that several ACOs and ACO participants appear on this list, including the following:

- Bon Secours Charity Health System Medical Group, PC, Suffern, New York
- Chota Community Health Services, Madisonville, Tennessee
- Delaware Primary Care LLC, Dover, Delaware
- La Clínica Tepeyac, Inc., Denver, Colorado
- Maple City Health Center, Goshen, Indiana
- Miami Beach Community Health Center, Miami, Florida
- Northeast Missouri Health Council, Kirksville, Missouri
- PrairieStar Health Center, Hutchinson, Kansas

RESOURCES NOW AVAILABLE

Care Coordination Case Study: Now Available

This case study describes OneCare Vermont's approach to supporting providers and other community organizations in providing care coordination services for high-risk beneficiaries. The ACO's approach includes (1) launching an online communication platform to support collaboration across the care team, (2) engaging regional provider collaboratives to refine and expand care coordination, (3) developing a multi-modal training and technical assistance system, and (4) distributing payments to incentivize high-value care coordination. The case study also describes the ACO's care coordination workflow that providers and other community organizations may leverage to guide the implementation of care coordination in their practices.

Many thanks to OneCare Vermont for sharing the details of its care coordination strategy in the newest case study. You can find the *Care Coordination Case Study* PDF in the Webinars section of the Knowledge Library tab in ACO-MS.

EVENT ANNOUNCEMENTS

MSSP Learning System Webinar: Highlights of the Care Coordination Toolkit

WEDNESDAY, DECEMBER 9, 2020, 2:30 P.M.–4:00 P.M. EASTERN TIME

- Register here
- **Audience**: All ACOs
- **Description**: This webinar will feature an overview of the components of the ACO *Care Coordination Toolkit*, available on the CMS ACO General Information webpage. The event will cover examples of strategies that ACOs can integrate and build upon in their own care coordination work. ACO speakers will describe their approaches to care coordination and how their initiatives and methods have evolved over time. Attendees will have an opportunity to ask questions throughout the webinar.

CCLF User Group Webinar: Using the Data Hub in ACO-MS to Access CCLFs and Reports

TUESDAY, DECEMBER 15, 2020, 1:30 P.M.–3:00 P.M. EASTERN TIME

- Register here
- **Audience:** All ACOs
- **Description:** CMS will provide information on how to access the Claim and Claim Line Feed (CCLF) files and the static quality and financial reports in the Data Hub tab of ACO-MS. The delivery of CCLFs and program reports in the Data Hub will replace the delivery via the MFT mailbox and SSP ACO Portal.

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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