

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

AT A GLANCE

UPCOMING DEADLINES

- **PY 2022 Application Redesign Volunteer Sign-up: September 9, 2020 at 5:00 p.m. ET**
- **RFI-2 Response: September 22, 2020, at 12:00 p.m. ET**
- **Beneficiaries Selecting a Primary Clinician: September 30, 2020**

ISSUE HIGHLIGHTS

- **PY 2022 Shared Savings Program ACO Application Redesign**

EVENT ANNOUNCEMENTS

- **CCLF User Group Webinar: New Delivery Mechanism for CCLFs and Reports**

September 3rd | 2:00–3:30 p.m. ET

- **BCDA Office Hours**

September 15th | 2:00–3:00 p.m. ET

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PROGRAM HIGHLIGHTS

Last Opportunity to Make Changes and Correct Deficiencies for Performance Year 2021: Response Due September 22, 2020, at 12:00 p.m. (noon) Eastern Time

CMS will issue the second request for information (RFI-2) on Wednesday, September 16, 2020, and ACOs may take the following actions by Tuesday, September 22, 2020, at 12:00 p.m. (noon) Eastern Time (ET). Please note that this deadline is the final opportunity for ACOs to take the following actions for Performance Year (PY) 2021:

- Correct deficiencies identified by CMS.
- “Freeze” or maintain their BASIC track’s glide path participation level at the same level of the BASIC track’s glide path that it entered for PY 2020.
- Voluntarily elect to extend its existing agreement period for an optional fourth performance year for an ACO whose ACO Participation Agreement is scheduled to end December 31, 2020.
- Apply for a Skilled Nursing Facility (SNF) 3-Day Rule Waiver and/or establish and operate a Beneficiary Incentive Program (BIP) (refer to the [Application Types & Timeline webpage](#) for sample applications).
- Submit change requests to add/edit ACO participants and SNF affiliates for PY 2021.*
- Delete current ACO participants and/or SNF affiliates.
- Change its selection of beneficiary assignment methodology.*
- Choose to move to a two-sided risk level (Level C, D, or E) of the BASIC track’s glide path by submitting a Participation Options change request to select the desired level of the BASIC track and 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. All repayment mechanisms should be fully funded and executed by ACOs and the issuing entity by September 23, 2020. For additional information please reference the July 22, 2020, ACO *Spotlight Newsletter*, Issue 15.

***Note:** If your ACO no longer wants to make the change, and CMS has not yet issued a disposition, you can withdraw the change request in the Active Pending Disposition subtab.

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](#). Refer to the *Overview of Participation Options in ACO-MS* tip sheet, which can be found in the Program Resources section of the Knowledge Library tab in ACO-MS.

Deadline Approaching for Beneficiaries Selecting a Primary Clinician to be Prospectively Assigned for 2021

The deadline for beneficiaries to select their primary clinician on [MyMedicare.gov](#) and be included in an ACO's PY 2021 prospective assignment list is September 30, 2020.

Medicare beneficiaries may continue to select their primary clinician after September 30, 2020, but will be prospectively assigned to an ACO for PY 2022. Medicare beneficiaries are prospectively assigned to an ACO if the primary clinician to which they voluntarily align is an ACO clinician. A beneficiary who selects their primary clinician after September 30, 2020, is still eligible for claims-based assignment to an ACO for PY 2021.

For additional information on selecting a primary clinician, refer to the [Register for MyMedicare.gov and Choose Your Primary Clinician](#) tip sheet available in the Marketing Toolkit in the Program Resources section in the Knowledge Library tab of [ACO-MS](#), and the [For Providers webpage](#).

PY 2022 Shared Savings Program ACO Application Redesign

CMS is currently working to redesign and streamline the Shared Savings Program application process for the application cycle that will occur in 2021 for an agreement start date of January 1, 2022. CMS' goal is to provide quicker feedback to ACOs, allow more time to correct deficiencies, and design a more efficient and effective process. The application cycle is scheduled to begin in the spring of 2021.

To help ensure a more efficient, effective, and meaningful application process for all stakeholders, CMS invites ACO representatives to provide feedback on the design and development of this new process. If you are interested in volunteering, please email the SharedSavingsProgram@cms.hhs.gov mailbox with the Subject line "PY 2022 Application Redesign Volunteer." Please submit only one request per ACO to volunteer.

In the body of the email, please provide the following:

- Your ACO's legal business name (LBN);
- Your ACO ID; and
- One primary contact's information (name, email, phone number).

The deadline to submit your request is Wednesday, September 9, 2020, by 5:00 p.m. ET. Depending on the number of requests received, CMS may randomly select ACOs to assist in the design and development of the new application process.

RESOURCES NOW AVAILABLE

2020 CMS Web Interface Quick Start Guide: Now Available on QPP Website

CMS is announcing that the [2020 CMS Web Interface Quick Start Guide](#) (created August 10, 2020) is now posted on the [Quality Payment Program \(QPP\) Resource Library](#).

CMS Web Interface Application Programming Interface: Now Available on QPP Website

CMS continues to enhance and improve quality reporting based on feedback from ACOs and QPP group practices. As a result, CMS is providing functionality on the Submissions Application Programming Interfaces (API) for the 2020 CMS Web Interface that will be accessible through the [QPP website](#). The API allows organizations to programmatically submit and receive data via a predefined structured format. Immediate, clear, and actionable feedback is provided when you submit CMS Web Interface data using the API.

The 2020 CMS Web Interface API will be accessible for preview in the Developer Preview Testing Environment to provide early access and enable testing of the API endpoints, allowing organizations to submit and receive data via the API. To test the 2020 CMS Web Interface API, ACOs, groups, and virtual groups are provided with a dataset containing mock patients. For more information about accessing and using the CMS Web Interface API functionality in the Developer Preview Testing Environment, please review the [Developer Tools Developer Preview Testing Environment](#).

For more information, please review:

- [CMS Web Interface API Documentation webpage](#)
- [CMS Web Interface API Swagger documentation](#)
- [Measures.json](#)
- [Schema.json](#)

For assistance or questions regarding the CMS Web Interface, contact the QPP at QPP@cms.hhs.gov or 1-866-288-8292. To receive quicker assistance, consider calling during non-peak hours: before 10:00 a.m. and after 2:00 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) communications assistant.

Provider Engagement Toolkit

CMS released the [Provider Engagement Toolkit](#), highlighting strategies used by ACOs to engage health care providers. Specifically, the toolkit explores how ACOs do the following:

- Communicate with providers about the ACO as a value-based care organization;
- Use data to identify and address opportunities for improving care;
- Offer customized support to primary care providers and specialists; and
- Implement financial incentives.

The Provider Engagement Toolkit is part of a broader series of toolkits designed to educate the public about the strategies ACOs use to provide value-based care, while also providing actionable ideas to current and prospective ACOs to help them improve or begin operations.

For more information on the toolkits and case studies, including the previously-released [Care Coordination Toolkit](#) and [Beneficiary Engagement Toolkit](#), please visit the [ACO General Information webpage](#).

Case Study on Fresenius Kidney Care's Home Dialysis Program

This case study describes Fresenius Kidney Care's approach to increasing patients' access to home dialysis. The organization's leaders laid the foundation for this transition by meeting with clinic staff and nephrologists to increase their understanding of home dialysis while expanding the Fresenius Kidney Care staffing model to support this care option. Fresenius Kidney Care also established a workflow to identify and engage patients for whom home dialysis is appropriate, prepare them for treatment, and provide them with support in their homes. This case study is useful for dialysis organizations and other health care organizations that are considering strategies for expanding access to, and participation in, home dialysis.

Many thanks to Fresenius Kidney Care for sharing the details of their home dialysis program in the newest Learning System for ACOs case study. The case study can be accessed using the search under the Program Resources section of the Knowledge Library tab in [ACO-MS](#) by searching "Fresenius."

EVENT ANNOUNCEMENTS

CCLF User Group Webinar: New Delivery Mechanism for CCLFs and Reports

THURSDAY, SEPTEMBER 3, 2020, 2:00 P.M.–3:30 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs
- **Description:** CMS will provide detailed information on the new delivery mechanism for program reports that will replace the existing Managed File Transfer (MFT) mailbox and [SSP ACO Portal](#). The Claim and Claim Line Feed (CCLF) files and the static quality and financial reports will be made available through this new delivery mechanism via [ACO-MS](#) using single sign-on functionality.

Beneficiary Claims Data Application Programming Interface Office Hours

TUESDAY, SEPTEMBER 15, 2020, 2:00 P.M.–3:00 P.M. EASTERN TIME

- [Join here](#) or [find your local dial-in number](#)
- **Meeting ID:** 961 0995 4242
- **Audience:** All ACOs
- **Description:** The Beneficiary Claims Data API (BCDA) enables ACOs participating in the Shared Savings Program to retrieve Medicare Part A, Part B, and Part D claims data for their assigned or assignable beneficiaries. On Tuesday, September 15th, from 2:00–3:00 p.m. ET, the BCDA Team will be holding office hours with current and prospective users to solicit community feedback on improvements to BCDA's data dictionary/crosswalk document, available at [BCDA Data Dictionary](#), as well as the API in general. The BCDA Team is excited to discuss ACOs' thoughts about the API and how CMS can best meet ACOs' needs and expectations. Please visit the [BCDA website](#) to answer any questions about the API, and visit/join the [BCDA Google Group](#) for logistical information about the office hours session. BCDA is going through a number of major and exciting updates in the next few months. The BCDA Team appreciates ACOs' continued cooperation and curiosity in the process.

Registration for Summer and Fall 2020 Virtual Learning Collaboratives

This summer and fall, CMS will host a series of region-specific virtual learning collaboratives (VLCs) for all ACOs and End-Stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) participating in the Shared Savings Program, the Next Generation ACO (NGACO) Model, and the Comprehensive ESRD Care (CEC) Model. Meetings for each [CMS region](#) began in July and will continue through November. 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 link](#). 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 4 (Atlanta): AL, FL, GA, KY, MS, NC, SC, TN	September 24 th	Register here by September 17 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

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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