

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

November 1, 2018 | ISSUE 43

AT A GLANCE

UPCOMING DEADLINES

- **Voluntary Election of 6-Month Extension Period: November 5th through November 13th**
- **Annual Certification: November 19th through December 6th**

ISSUE HIGHLIGHTS

- **2019 Physician Fee Schedule and Quality Payment Program Final Rule Released**
- **Guidance on ACOs Electing to Extend ACO Participant Agreements**
- **2019 ACO Participant and SNF Affiliate List: Final Dispositions Issued November 16th**

UPCOMING WEBINARS

- **Track 1+ Model Learning System Beneficiary Engagement Affinity Group: Strategies and Lessons Learned**

November 8th | 2:00-3:30 p.m. ET

Not for Public Dissemination: The ACO Spotlight Newsletter is a weekly publication by CMS for ACOs participating in the Shared Savings Program. It is distributed by email only to ACO contacts listed in CMS' ACO-MS. This newsletter contains information intended for the use of the individual(s) to whom it is addressed, and individuals associated with their ACO. The newsletter is not intended for public release. If you have received this in error, please notify the sender immediately by emailing ACO@cms.hhs.gov.

PROGRAM HIGHLIGHTS

CMS Releases 2019 Physician Fee Schedule and Quality Payment Program Final Rule

On November 1, 2018, CMS issued the [2019 Physician Fee Schedule \(PFS\) and Quality Payment Program Final Rule](#). This final rule addresses a subset of changes to the Medicare Shared Savings Program for ACOs proposed in the August 2018 proposed rule *Medicare Program; Medicare Shared Savings Program; Accountable Care Organizations Pathways to Success* and other revisions designed to update program policies under the Shared Savings Program. In order to ensure continuity of participation, finalize time-sensitive program policy changes for currently participating ACOs and streamline the ACO core quality measure set to reduce burden and encourage better outcomes. CMS is finalizing the following policies.

- 1) Allow ACOs with a participation agreement ending on December 31, 2018, the opportunity to extend their current agreement period for an additional 6-month performance year (January 1, 2019, through June 30, 2019) and provide for the methodology for determining financial and quality performance for this 6-month performance year from January 1, 2019, through June 30, 2019.
- 2) Reduce the Shared Savings Program ACO core quality measure set by eight measures, including retiring the current quality measure on the percentage of eligible clinicians using Certified Electronic Health Record Technology (CEHRT). This results in a core quality measure set of 23 measures for ACOs to report starting in Performance Year (PY) 2019.
- 3) Promote interoperability among ACO providers and suppliers by adding a new CEHRT threshold criterion to determine ACO eligibility for program participation. Beginning in 2019, ACOs will certify annually that they have met the CEHRT-use requirement specific to their track, during the performance year. All ACOs in a track, or a payment model within a track, that does not meet the financial risk standard to be an Advanced Alternative Payment Model (APM) (e.g., Track 1) must certify that at least 50 percent of their eligible clinicians use CEHRT to document and communicate clinical care to their patients or other health care providers. For Shared Savings Program tracks (or payment models within tracks) that meet the financial risk standard to be an Advanced APM (e.g., Tracks 1+, 2, and 3), the rule aligns the CEHRT requirement with the Quality Payment Program Advanced APM CEHRT use criterion at 42 CFR § 414.1415(a)(1)(i), which is 75 percent.

- 4) Refine the voluntary alignment methodology, as authorized under the *Bipartisan Budget Act of 2018*, to remove the requirement for a primary care service visit with a physician in the ACO, which allows beneficiaries who voluntarily align to a nurse practitioner, physician assistant, or certified nurse specialist, as well as a physician specialty not used in assignment, to be prospectively assigned to an ACO—if the clinician they align with is part of an ACO.
- 5) Continue policies to provide relief to ACOs affected by extreme and uncontrollable circumstances in 2018 and subsequent years. Specifically, if 20 percent or more of the ACO's assigned beneficiaries reside in an area that has been impacted by an extreme and uncontrollable circumstance (as determined under the Quality Payment Program), or the ACO's legal entity is located in such an area, CMS will use the higher of the ACO's quality performance score (if the ACO completely and accurately reports all quality measures) or the mean quality performance score for all Shared Savings Program ACOs. For ACOs under performance-based risk, shared losses determined to be owed (under the existing methodology for calculating shared losses) will be reduced by an amount determined using the percentage of the total months in the performance year affected by an extreme and uncontrollable circumstance and the percentage of the ACO's assigned beneficiaries who reside in an area affected by an extreme and uncontrollable circumstance.
- 6) Update the definition of primary care services used in beneficiary assignment to improve the accuracy of the assignment methodology and help to ensure that beneficiaries are assigned to the ACO that is responsible for coordinating their overall care. We are revising the definition of primary care services in § 425.400(c) to incorporate advance care planning codes; administration of health risk assessment service codes; and codes for annual depression screening, alcohol misuse screening, and alcohol misuse counseling. Specifically, we are adding current procedural terminology (CPT) codes 99497, 99498, 96160, 96161, 99354, and 99355, and Health Care Common Procedure Coding System (HCPCS) codes G0444, G0442, and G0443.

More information about these provisions will be forthcoming in future issues of the *ACO Spotlight Newsletter* and other Shared Savings Program communications. In addition, we anticipate summarizing and responding to public comments on the remaining "Pathways to Success" policies in an upcoming final rule.

For additional information, please contact the [Shared Savings Program mailbox](#). Include your ACO ID and copy your CMS coordinator on any correspondence.

Guidance on Electing to Extend ACO Participant Agreements Ending on December 31, 2018

ACOs with an agreement period ending on December 31, 2018, now have the opportunity to voluntarily elect to extend their current agreement period in the Shared Savings Program for an additional 6-month performance year, which begins January 1, 2019, and ends on June 30, 2019.

All ACOs with an agreement period ending on December 31, 2018, that have not already notified CMS of their decision to terminate from the Shared Savings Program must log into ACO Management System (ACO-MS) between **November 5, 2018, through 12:00 p.m. (noon) Eastern Time (ET) on November 13, 2018**, to make their voluntary election to extend their agreement. These ACOs must indicate whether they are electing the voluntary 6-month extension or voluntarily terminating their participation in the program on December 31, 2018. (Note: ACOs that have already informed CMS of their voluntary termination from the Shared Savings Program do not have to follow the actions detailed below.)

- Log into the ACO-MS and complete the ACO Extension task(s). Only the ACO Executive contact can complete the ACO Extension task(s), which will appear in the Task widget on the Dashboard. ACOs must complete the ACO Extension task(s) between **November 5, 2018, through 12:00 p.m. (noon) ET on November 13, 2018**.
- Select "Yes" to indicate that the **ACO will extend** its participation agreement; or
- Select "No" to indicate that the **ACO will not extend** its participation agreement and will end its participation agreement as scheduled on December 31, 2018.

ACOs that **elect to extend** their agreement period should then take the following steps:

- Update the terms of their ACO Participant Agreements and, if applicable, Skilled Nursing Facility (SNF) Affiliate Participant Agreements before the beginning of the next performance year to reflect the extension; and during Annual Certification, certify that they have notified their ACO participants and, if applicable, SNF affiliates of their continuation in the Shared Saving Program in 2019 and that their agreements have been updated. However, ACOs do not need to submit updated agreements reflecting the extension to CMS for review.
- ACOs participating in a performance-based risk track also need to update the term of their repayment mechanism to reflect the extension. ACOs should submit their draft repayment mechanism documentation for review to CMS as soon as possible via the Shared Savings Program mailbox. Upon conditional approval, ACOs should submit final repayment mechanism documentation to CMS via tracked mail by December 14, 2018.

ACOs that **do NOT elect to extend** their agreement period will end participation in the Shared Savings Program on December 31, 2018, and must complete close-out actions in the form and manner and by the deadline specified by CMS. These ACOs should monitor email for additional information regarding close-out procedures.

Resources to Assist with the Election Extension

To assist your ACO with the election extension, on **Monday, November 5, 2018**, CMS will make the following documents available in the Resources section of the [SSP ACO Portal](#):

- Tip Sheet: *Action Items for ACOs Whose Participation Agreement Expires on December 31, 2018*
- Tip Sheet: *Extending an ACO's Repayment Mechanism*
- Template: *CMS Escrow Agreement Amendment*

2019 ACO Participant and SNF Affiliate List: Final Dispositions Coming November 16th

On November 16th, CMS will finalize and issue final dispositions to ACOs that submitted change requests to update their ACO Participant List and/or SNF Affiliate List for PY 2019. The period for Annual Certification will open on **November 19, 2018, and run through December 6, 2018**.

Annual Certification requires all currently participating ACOs to review, certify, and electronically sign documents related to their participation in the Shared Savings Program and, if applicable, the Medicare ACO Track 1+ Model (Track 1+ Model), and/or the SNF 3-Day Rule Waiver. The ACO Executive, Authorized to Sign (primary and secondary) contacts, Data Use Agreement (DUA) Requestor, and DUA Custodian must complete all required actions in ACO-MS by **12:00 p.m. (noon) ET on December 6, 2018**.

IMPACT ACT Research Study: Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors

The Assistant Secretary for Planning and Evaluation (ASPE) has issued a [request for information](#) (RFI) related to the *Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014*. Responses will be accepted until **November 16, 2018**, by email at ASPEImpactStudy@hhs.gov. The RFI, titled *IMPACT ACT Research Study: Provider And Health Plan Approaches To Improve Care For Medicare Beneficiaries With Social Risk Factors*, focuses on one aspect of the larger study described below.

Section 2(d) of the *IMPACT Act of 2014* calls for the Secretary of Health and Human Services (HHS), acting through ASPE, to conduct a study evaluating the effect of individuals' socioeconomic status on quality measures and measures of resource use under the Medicare program. The first component of the required work, a 2016 Report to Congress, focused on socioeconomic information currently available in Medicare data. Following up on ASPE's first Report to Congress, HHS is interested in:

- How providers and plans serving Medicare beneficiaries identify beneficiaries with social risk factors;
- Approaches providers and plans have used to address the needs of beneficiaries with social risk factors;
- Evidence regarding the impact of these approaches on quality outcomes and the total cost of care; and
- Ways in which providers and plans disentangle beneficiaries' social and medical risks and address each.

We encourage you to respond to this RFI and share it with others. Comments will be received until November 16, 2018, by email at ASPEImpactStudy@hhs.gov.

Reminder: CAHPS® for ACOs Survey

CMS invites ACOs that participated in the CAHPS® for ACOs in 2017 to complete a brief (10–15 minute) survey about how ACOs use the *CAHPS® for ACOs* performance reports. We would like to hear how this report can be more useful to you. CMS sent a survey link to contact people who authorized CAHPS® vendors, or one of the following contacts from ACOs that received the 2017 CAHPS® for ACOs report: ACO quality, executive, CMS liaison, compliance, or IT contacts.

CMS wants to hear from as many 2017 CAHPS® for ACOs report recipients as possible. If you received an invitation and a survey link, CMS encourages you to complete the survey by **November 6, 2018**, and share your experiences and suggestions for consideration in future *CAHPS® for ACOs Survey Performance Report* refinements.

RESOURCES NOW AVAILABLE

SSP ACO Portal Enhanced Report – Refreshed Drill Down Data for 2018 Q2 Expenditure Utilization

ACOs now have access to an additional period of *Aggregate Expenditure Utilization Report (EXPU)* drill down data. This release adds drill down data associated with the *2018 Q2 EXPU Report*. This data can be accessed through the enhanced report section of the SSP ACO Portal, through the *Expenditure Utilization Report, Trends, Graphs, and Drill Down for Table 1* enhanced report. This report allows ACOs to drill down to beneficiary level person years, total expenditures, and health service utilization for select aggregate measures in the *EXPU Report*.

Data Exchange User Guide, Version 6

Version 6.0 of the *Data Exchange User Guide* is now available within the Resources section of the [SSP ACO Portal](#).

CCLF Information Packet, Version 25

The *Claim and Claim Line Feed (CCLF) Information Packet*, version 25, is now available within the Resources section of the [SSP ACO Portal](#). Please review the packet to prepare for the CCLF file name updates and new fields.

Webinar Slides & Recordings

Links to the presentation slides, audio recordings, and transcripts for the following webinars will be available on the [SSP ACO Portal](#) Events calendar (search by date).

- “Population Analytics in a Medicare ACO: A Precursor to Building Your Beneficiary Engagement Strategy,” October 24, 2018

EVENT ANNOUNCEMENTS

Track 1+ Model Learning System Beneficiary Engagement Affinity Group: Strategies and Lessons Learned

THURSDAY, NOVEMBER 08, 2018, 2:00–3:30 P.M. EASTERN TIME

- [Register here](#): 1-857-232-0156; 271840
- **Audience:** All ACOs
- **Description:** This webinar will include an overview of the benefits of beneficiary engagement and strategies that ACOs can use to engage with beneficiaries and their caregivers. In addition, Banner Health Network will share its approaches to beneficiary engagement and educating staff on the steps to take. Attendees will have the opportunity to ask questions of presenters during the event. This is the first in a series of Track 1+ Model sessions about beneficiary engagement.

Registration for Fall 2018 In-Person Learning Collaboratives

All Shared Savings Program ACOs in each [CMS region](#) are invited to exchange ideas and information at regional in-person learning collaborative (IPLC) meetings held in the spring and fall. Registration is still open for some fall regional meetings. Please act quickly to register if you are interested in attending the upcoming IPLC meeting in your region.

CMS Region	Date	City	Location	Registration
Region 1: CT, MA, ME, NH, RI, VT	December 6, 2018	Boston	Institute for Healthcare Improvement	Register Here by November 22 nd
Region 3: DE, DC, MD, PA, VA, WV	November 9, 2018	Baltimore	CMS Central Office	Registration Closed
Region 5: IL, IN, MI, MN, OH, WI	November 15, 2018	Chicago	Metcalfe Federal Building	Register Here by November 1 st
Regions 9 & 10: AK, AZ, CA, HI, ID, NV, OR, WA	November 29, 2018	Portland	Portland Art Museum	Register Here by November 15 th

Presentation slides are now available on the [SSP ACO Portal](#) for the spring 2018 meetings. Upon logging into the SSP ACO Portal, please navigate to the Events section, select the date of the event, and you will have access to the corresponding materials.

CONTACT INFORMATION FOR ACOS

To help ACOs navigate questions regarding the Shared Savings Program.

Program and Policy

SharedSavingsProgram@cms.hhs.gov

- For current Shared Savings Program ACOs
- Be sure to specify your ACO ID (Axxxx) in the subject line or text of the email

ACO@cms.hhs.gov

- For external parties (i.e., non-ACOs)

ACO Information Center

APOSD@cms.hhs.gov

- 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

CAHPS® Help Desk

ACOCAHPS@hcqis.org

- Inquiries related to technical assistance, comments, or questions on the CAHPS® survey for ACOs
- 1-855-472-4746

Quality Payment Program Service Center

QPP@cms.hhs.gov

- Inquiries related to MIPS, APMs, MACRA, quality measures, quality reporting for 2017 and future years, and CMS Web Interface
- 1-866-288-8292

Not for Public Dissemination: The ACO Spotlight newsletter is a weekly publication by CMS for ACOs participating in the Shared Savings Program. It is distributed by email only to ACO contacts listed in ACO-MS. This newsletter contains information intended for the use of the individual(s) to whom it is addressed, and individuals associated with their ACO. The newsletter is not intended for public release. If you have received this in error, please notify the sender immediately by emailing ACO@cms.hhs.gov.

Section 508 Disclaimer: This document and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. Those who are visually impaired should contact the ACO Information Center at 1-888-734-6433 (Option 1) for assistance.