



February 24, 2017

NOTICE ABOUT PERFORMANCE YEAR 2016 QUARTER 4 REPORTS FOR TRACK 1 AND 2 ACOS

Today we are making available your ACO's Performance Year 2016 Quarter 4 (2016 Q4) Report Package. Assignment for the reports is based on claims with dates of service during the 12-month period of January 1, 2016 through December 31, 2016.

Reports Delivered & How to Download

Your ACO's 2016 Q4 report files will be accessible to you through your MFT mailbox and through the [SSP ACO Portal](#). Please look for a zip file named according to the following convention: "P.Axxxx.ACO.QEXPU." You will need to save the file and append ".zip" to the end of the file name in order to open the zip file and its contents. This file will be available in your MFT mailbox for 30 days from the delivery date, and through the [SSP ACO Portal](#) indefinitely.

The zip file contains this notice and the following contents:

2016 Q4 Quarterly Report Package

- **Assignment List Report** (Excel file named "P.Axxxx.ACO.QASSGN"). This report shows your ACO's quarterly preliminary prospective assignment list.
- **Assignment Summary Report** (Excel file named "P.Axxxx.ACO.QASR"). This report provides additional, aggregate data about the characteristics of your ACO's preliminary prospectively assigned population.
- **Aggregate Expenditure / Utilization Report** (Excel file named "P.Axxxx.ACO.QEXPU"). This report provides aggregate cost and utilization data on your ACO's preliminary prospectively assigned population.
- **Supplemental file for Q4** (Excel file named "P.Axxxx.ACO.QSUP"). Estimated assignment and expenditure figures based on corrected 2016 Q4 preliminary prospectively assigned population. ACOs will receive this file if they had beneficiaries erroneously excluded from Q4 assignment as described below.

We strongly encourage you to review the parameters page of each report for information on the data used in producing this report as well as the reports' footnotes.

Comprehensive ESRD Care (CEC) Model Exclusions

We recently identified an issue affecting 2016 Q3 and Q4 preliminary prospective assignment data that resulted in erroneous exclusion of beneficiaries from Track 1 and 2 Shared Savings Program ACOs, because the beneficiaries were incorrectly identified as assigned to participants in the CEC model. Track 3 ACOs were not impacted. Specifically, we determined 5,148

beneficiaries were incorrectly excluded from Track 1 and 2 ACOs in 2016 Q4 reports as a result of this issue and that 269 ACOs had at least one incorrectly excluded beneficiary. The table below provides information on the aggregate impact:

	Number of Incorrect CEC Model Exclusions for Q4	Estimated Impact on Q4 Total Per Capita Expenditures (\$)	Estimated Impact on Q4 Total Per Capita Expenditures (%)
Mean	19	73	0.69%
Minimum	1	-3	-0.04%
25 th Percentile	1	5	0.05%
Median	4	17	0.17%
75 th Percentile	22	88	0.84%
Maximum	191	797	6.29%

We recalculated total assigned beneficiaries, total assigned beneficiary person-years, assigned beneficiary person-years by enrollment type, total per capita expenditures, and per capita expenditures by enrollment type for each affected ACO based on a corrected assigned beneficiary population. Affected ACOs are receiving a supplemental file in their Q4 report packages that present these estimated corrected values. ACOs should compare the values in this supplemental file with the values reported in their Q4 Aggregate Expenditure/Utilization Report to gauge the financial impact on their particular ACO.

The issue has been resolved prior to final retrospective assignment for Performance Year 2016 financial reconciliation.

Claims Run-out

For Quarterly Reports for Track 1 and 2 ACOs, CMS determines assignment and expenditures based on claims with dates of service in the rolling 12 month period ending in the calendar quarter. These claims have been processed as of the first Friday following the end of the calendar quarter. This approach allows for 1 to 7 days of claims run-out, depending on which day of the week the end of the quarter falls. Due to a delay in the loading of claims to CMS data systems that affected this quarterly report run only, assignment and expenditures for 2016 Q4 reports are based on claims that were processed as of Friday, December 30, 2016. Use of this earlier date ensured timely delivery of the Q4 report packages and is not anticipated to significantly impact quarterly assignment and expenditures. Assignment and expenditures for the 2016 performance year used for shared savings and losses calculations will have three months of claims run-out.

Looking for More Information on Program Reports?

You might find the following resources helpful in understanding the contents of your program reports:

- *Assignment List Report and Assignment Summary Report User's Guide (version 6)* and *Annual and Quarterly Aggregate Expenditure / Utilization Report User's Guide (version 5)*. These documents provide additional detailed information concerning the data elements included in the referenced program reports. Access these guides through the

Resources section of the [SSP ACO Portal](#) (in the Program Reports category), as attachments to the posting titled “PY2016 Report Templates and User’s Guides.”

- [Shared Savings and Losses and Assignment Methodology Specifications](#) (version 4, December 2015). The specifications describe the methodology for assigning beneficiaries to an ACO, and determining ACO financial performance including: establishing the ACO’s historical benchmark and updated benchmark, and calculating shared savings and losses under the program’s financial models.

Questions?

- For questions about the contents of your quarterly reports, please email SharedSavingsProgram@cms.hhs.gov and specify your ACO ID (Axxxx).
- If you have technical trouble accessing your reports by MFT or the [SSP ACO Portal](#), please contact the ACO Information Center help desk: Phone: 1-888-734-6433 (select Option 2); TTY/TDD 1-888-734-6563; E-mail APOSD@cms.hhs.gov.

Take Steps to Protect Beneficiary- and Provider-Identifiable Data ACO reports contain sensitive data. It’s important to ensure that necessary steps are taken to keep the data secure. By implementing the below listed best practices, we can all help to better protect the data:

1. Do not click on a link or attachment until you have talked to the sender or are expecting the attachment.
2. Never share your password.
3. Avoid sharing Personally Identifiable Information (PII), Protected Health Information (PHI), or sensitive data by email. If you must share, encrypt it, and do not send the password over email.
4. Never send work information to or from your personal account.
5. Forward suspicious email to your organization’s IT administrator. If you believe Medicare beneficiary or provider data has been compromised, report the incident to the CMS IT Service Desk at 1-800-562-1963.

More information on CMS security, privacy guidance, and best practices is available at CMS’ Information Security website.