

ACCOUNTABLE CARE ORGANIZATION SPOTLIGHT NEWSLETTER

AT A GLANCE

UPCOMING DEADLINES

- **Annual Certification Steps 3 & 4 due: Wednesday, December 13, 2017 at 12:00 p.m. (noon) ET**

ISSUE HIGHLIGHTS

- **Revised Track 1+ Model Participation Agreement**
- **Prepare for PY 2017 Quality Reporting**
- **Excel Template and Resources for Quality Reporting**
- **Sample Financial Reconciliation Report Templates Available**

UPCOMING WEBINARS

- **CCLF User Group – Shared Savings Program CCLF Dissemination in January 2018**
December 6 | 1:30 – 3:00 p.m. ET
- **Learning System Webinar: Addressing Data Exchange Issues within the ACO**
December 11 | 2:30 – 4:00 p.m. ET
- **Web Interface Kick-Off**
December 13 | 1:00 – 2:30 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' Health Plan Management System. 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.

December 1, 2017 | ISSUE 42

PROGRAM HIGHLIGHTS

Performance Year 2018 Annual Certification: Begin Steps 3 and 4

Step 3 of Annual Certification requires applicants and currently participating ACOs to review their ACO Provider/Supplier List in the [Health Plan Management System](#) (HPMS) SSP ACO Electronic Signature Management (ESM) module. Step 4 includes reviewing, certifying, and electronically signing documents in the HPMS SSP ACO ESM module. Applicants and currently participating ACOs, including those with pending Medicare ACO Track 1+ Model (Track 1+ Model) and/or Skilled Nursing Facility (SNF) 3-Day Rule Waiver applications, and 2018 Shared Savings Program renewal applicants can begin Step 3 on **Friday, December 1, 2017**.

Currently participating ACOs **without** a pending application may also begin Step 4 on **Friday, December 1, 2017**. Renewal applicants and currently participating ACOs with pending applications must wait until after CMS issues application final dispositions on December 6, 2017 to begin Step 4.

Completion of Steps 3 and 4 are due by **12:00 p.m. (noon) ET on Wednesday, December 13, 2017**. CMS issued a memo on Wednesday, November 29, notifying ACOs of actions to take to complete Steps 3 and 4.

Please refer to the memo sent on November, 30, 2017 with the subject ATTENTION: Beginning Steps 3 and 4 of Annual Certification for additional details. You may also refer to the Annual Certification: The HPMS ESM Module User Guide, which is available in [HPMS](#), for step-by-step instructions and HPMS screenshots for completing Annual Certification (Path: HPMS Home Page >> ACO Management >> SSP ACO ESM >> PY 2018 >> ESM User Manuals).

Attention: Revised Medicare ACO Track 1+ Model Participation Agreement

Section V.B.4 of the Track 1+ Model Participation Agreement describing the calculation of the revenue-based loss sharing limit was updated to reflect finalization of 8 percent as the generally applicable nominal amount standard for an Advanced Alternative Payment Model through 2020. For more information see the Calendar Year 2018 Quality Payment Program final rule with comment period (82 FR 53568), revising 42 CFR 414.1415(c)(3)(i)(A). The revised Track 1+ Model Participation Agreement is now available on the [Application Types & Timeline webpage](#). We recommend Track 1+

Model applicants review the agreement since they will be required to execute this agreement in Step 4 of the Annual Certification process.

Prepare for Performance Year 2017 Quality Reporting

The CMS Web Interface (CMS WI) will be open for Performance Year (PY) 2017 data collection starting Monday, January 22, 2018, and will close at 8:00 p.m. Eastern Time on Friday, March 16, 2018.

As we announced in Spotlight Issue 38 (October 25, 2017), in order to participate in CMS WI quality reporting for PY 2017, ACOs must set up the necessary Enterprise Identity Management (EIDM) accounts and roles. ACOs are encouraged to set up these accounts and roles as soon as possible so that they will be ready when the CMS WI opens. See information in the Resources Now Available section below on how to access the 2017 Medicare Shared Savings Program Quality Reporting Guide: EIDM Account and Role Set-Up guidance document.

- If PY 2017 is your ACO's first year in the Shared Savings Program, then your ACO must set up EIDM accounts and roles to be able to access the CMS WI for reporting.
- If your ACO participated in PY 2016 quality reporting and users maintained active passwords, accounts, and roles, then your users should not need to set up new accounts or roles. If user accounts are no longer active, please contact the Quality Payment Program (QPP) Service Center at gpp@cms.hhs.gov or 1-866-288-8292. When contacting the QPP Service Center, please note you are a Shared Savings Program ACO and need assistance with your EIDM account or role.

2017 ACO Quality Reporting and the Quality Payment Program

[The Shared Savings Program and MIPS Interactions guide](#) available in the [Quality Payment Program Resource Library](#) describes Merit-Based Incentive Payment System (MIPS) scoring and eligibility for eligible clinicians (ECs) participating in an ACO.

In summary, when an ACO successfully reports quality data:

- ECs participating in your ACO, as of August 31, 2017, will receive a MIPS quality performance score using the CMS WI data reported by the ACO.
- ECs participating in your ACO, as of August 31, 2017, will receive full credit for Improvement Activities. ECs who join after August 31, 2017 will receive 50 percent credit for Improvement Activities.
- ECs will need to report Advancing Care Information to MIPS. MIPS requires that ECs participating in an ACO report Advancing Care Information (ACI) as a taxpayer identification number (TIN).
- ECs participating in your ACO, as of August 31, 2017, will be scored under the MIPS Alternative Payment Model (APM) Scoring Standard.
- The low-volume threshold for MIPS eligibility will be determined at the ACO-level. This means that clinicians and practices below the low volume threshold that are part of an ACO are subject to MIPS under the APM scoring standard, if the ACO, as a whole, is below the low-volume threshold.

In summary, when an ACO does not successfully report quality data:

- ECs will receive a quality performance score of zero (unless they have successfully reported to MIPS outside of the ACO as a group or individual).
- ECs will continue to get full credit for improvement activities
- ECs will be assessed on Advancing Care Information at their group or solo practitioner level of reporting.

The timing of when an ACO ends its agreement with the Shared Savings Program can affect how ECs in the ACO will be scored under MIPS. If an ACO ends their agreement before March 31, 2017 then MIPS ECs in the ACO must report to MIPS as a group or solo practitioner and will be subject to regular MIPS scoring rules. However, if an ACO ends their agreement on or after March 31st, then the ACO must continue to report on behalf of their participating ECs. The rules regarding whether an ACO successfully or unsuccessfully reports described above will apply.

The interactions guide also explains that ECs participating in a Track 2 or 3 ACO can receive the Advanced APM incentive payment when their ACO meets or exceeds the Qualifying Participant threshold. Track 2 and Track 3 ACOs with Qualifying APM Participants (QPs) still need to report quality; however, their QPs will receive the Advanced APM incentive payment. In addition, ACO participant TINs will need to report ACI for purposes of the ACO-11 quality measure.

We strongly encourage that you review and share this interactions guide with your ACO participants.

CORRECTION: In Spotlight Issue 40 (November 11, 2017), CMS erroneously noted that the addition of the fourth APM participation assessment (Participant List “snapshot”) for clinicians to receive ACO quality performance scores for the MIPS quality domain would begin in 2017. However, the addition of the fourth snapshot does not take effect until Performance Year 2018, with the fourth snapshot occurring on December 31, 2018. The final Participant List “snapshot” for Performance Year 2017 occurred on August 31, 2017.

Enhanced Functionality for the SSP ACO Portal

The [SSP ACO Portal](#) has recently been enhanced to include the following new features:

- Events are easier to identify within the 3-month calendar as dates with scheduled events are now highlighted.
- Users may now export events to their personal calendars using the Export Calendar File functionality.
- Authenticated users can now access the Managed File Transfer (MFT) site by clicking a link at the bottom of the Static Reports section.
- Users are now able to download multiple attachments at once.
- If related documentation is not immediately available when events are scheduled, a new forthcoming attachment indicator will alert users as to when they can expect materials to be available.

Contact the ACO Information Center for questions related to [SSP ACO Portal](#). Call 1-888-734-6433 (select Option 2) or use TTY/TDD 1-888-734-6563.

RESOURCES NOW AVAILABLE

EIDM Account and Role Set-up

The 2017 Medicare Shared Savings Program Quality Reporting Guide: EIDM Account and Role Set-Up, is now available on the [SSP ACO Portal](#) under the Resource entitled 2017 Quality Measurement and Reporting Guides. The guide provides an overview of EIDM accounts and roles, and provides step-by-step instructions with screen shots on how to register and create EIDM accounts, set up the ACO Security Official role, set up the Web Interface Submitter Role, check role status, and remove roles.

If you have any questions on this process, please contact the QPP Service Center at qpp@cms.hhs.gov.

Excel Template and Resources for Quality Reporting

As noted in Spotlight Issue 37 (October 18, 2017), CMS will be moving forward with Excel file uploads and downloads **only** for CMS Web Interface quality reporting, and removing the Excel conversion to .xml step from the quality reporting process altogether. ACOs and group practices may also manually enter and submit data through the CMS Web Interface.

Recently, the Quality Payment Program has posted resources regarding Excel reporting. The Excel template and accompanying user guide are now available on the [Quality Payment Program Resource Library](#) under the heading MIPS Group Participation. In addition, a short [training video](#) is now available on YouTube to introduce the new Excel template that can be used to upload data to the CMS Web Interface. More videos will be posted on the CMS YouTube channel in the coming weeks and will be announced in the Spotlight when they are available.

Now Available: Sample Financial Reconciliation Report Templates

In response to requests during the Overview of Performance Year 2016 Finance Report webinar, CMS is making sample financial reconciliation report templates that contain formulas available to provide an additional resource for ACOs to understand financial reconciliation.

This template contains an illustrative example of a fictional ACO's shared savings or losses calculations. The Excel template allows you to view calculations that are used to determine shared savings or losses. The template also allows you to change certain input data to observe potential shared savings or losses based on your ACO's projected performance scenarios. We offer the following tips about using the template:

- Cells with formulas in them are locked; we discourage you from unlocking and modifying the formulas. Formulas have been extensively tested against program specifications to ensure that they accurately calculate financial performance.
- Input cells, which you can modify, are highlighted in yellow. Input cells are listed on the "Instructions" tab.
- Be sure to use the template corresponding to the desired agreement period (e.g., use the "2nd AP" template to estimate PY 16 results for an ACO that renewed in 2016).

These workbooks estimate hypothetical reconciliation results which may differ slightly from actual results due to rounding and other differences between Excel computations and the actual reconciliation computations.

New Data Available for Dynamic Reporting

The following data and reports are now available in the Dynamic Reporting section of the [ACO SSP Portal](#) for trending purposes:

- Assignment Summary Report, Trends for Tables 2-4 and 2-5
- Expenditure Utilization Report, All ACO Distribution Tables
- Expenditure Utilization Report, Trends, Graphs, and Drill Down for Table 1

Contact the ACO Information Center for questions related to the [SSP ACO Portal](#), MFT, and/or Claim and Claim Line Feeds (CCLFs). Call 1-888-734-6433 (select Option 2) or use TTY/TDD 1-888-734-6563.

Webinar Slides & Recordings

Links to the presentation slides and audio recordings for the following webinars are now available on the [SSP ACO Portal](#); search the Events calendar by date.

- Keys to Successful Reporting Part 2 – Measures Refresher: November 27, 2017
- Keys to Successful Reporting Part 1 – Measures Refresher: November 16, 2017
- Currently Participating ACOs: Training on the Annual Certification Requirements and the HPMS Electronic Signature Management Module: November 15, 2017
- Initial and Renewal Applicants: Training on the Annual Certification Requirements and the HPMS Electronic Signature Management Module: November 14, 2017

EVENT ANNOUNCEMENTS

Registration Closing Soon: Fall 2017 In-Person Learning Collaboratives

Registration for the **Region 4** In-person Learning Collaborative (IPLC) meeting scheduled for December 6, 2017, closes on November 29, 2017; a link to register can be found [here](#). There is no registration fee to attend; however, space for these meetings is limited. **Please limit enrollment to two participants per ACO, no vendors.**

Presentation slides for the following regions are now available on the [SSP ACO Portal](#); search the Events calendar by date.

- Regions IX and X – Phoenix: October 19, 2017
- Regions VII and VIII – Kansas City: October 12, 2017

CCLF User Group – Shared Savings Program CCLF Dissemination in January 2018

WEDNESDAY, DECEMBER 6, 2017, 1:30 P.M. – 3:00 P.M. EASTERN TIME

- [Join here](#); 1-857-232-0156; 271840
- **Audience:** All ACOs
- **Description:** The December Claim and Claim Line Feed (CCLF) User Group will primarily focus on upcoming Shared Savings Program CCLF distribution changes that occur each year during the month of January. Active ACOs transitioning from one track to another will receive two sets of CCLFs during the month of January with the intent of completing the prior performance period. An initial set of CCLFs will include the December 2017 claims data under their original agreement, and the second set will include December 2017 claims data under their new agreement. An overview will be provided outlining scenarios when ACOs can anticipate receiving two sets of CCLFs during the month of January.

Learning System Webinar: Addressing Data Exchange Issues within the ACO

MONDAY, DECEMBER 11, 2017, 2:30 P.M. – 4:00 P.M. EASTERN TIME

- [Register here](#); 1-857-232-0156; 271840
- **Audience:** All ACOs
- **Description:** This webinar will feature data sharing strategies for ACOs and an overview of data sharing resources that are provided by the Office of the National Coordinator for Health Information Technology (ONC). Presenters from the ONC will discuss opportunities to enhance data sharing among providers, the role of EHRs in supporting data extraction and exchange, as well as the challenges that ACOs face due to information blocking. The webinar will also feature Aledade Delaware ACO and Millennium ACO discussing data sharing opportunities and challenges from the ACO perspective, along with any experiences they have utilizing the ONC resources. Attendees will also have the opportunity to submit questions to presenters during the event.

Web Interface Kick-Off

WEDNESDAY, DECEMBER 13, 2017, 1:00 P.M. – 2:30 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** All ACOs
- **Description:** CMS will be hosting a series of webinars for ACOs and groups who are reporting quality data through the CMS Web Interface for the 2017 performance period. These webinars will highlight important information and updates about quality reporting, as well as offer ACOs and groups opportunities to ask CMS subject matter experts their questions. The CMS Web Interface is a secure, internet-based quality data submission method for ACOs and group practices of 25 or more MIPS eligible clinicians reporting quality data to CMS.

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.
- Assistance with user access to CMS systems.

ACO@cms.hhs.gov

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

Health Plan Management System (HPMS)

HPMS@cms.hhs.gov

- Technical inquiries that do not involve password resets.

CMS Portal

APOSD@cms.hhs.gov

- Technical inquiries related to MFT, CCLFs and the SSP ACO Portal.
- 1-888-734-6433 (select Option 2)

QNet Help Desk

qnetsupport@hcqis.org

- Inquiries related to quality reporting for the 2016 reporting year.
- 1-866-288-8912

CAHPS HelpDesk

ACOCAHPS@hcqis.org

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

CMS IT Help Desk

CMS_IT_Service_Desk@cms.hhs.gov

- Inquiries related to password resets for your 4 character CMS User ID.
- 1-800-562-1963

Quality Payment Program Service Center

QPP@cms.hhs.gov

- Inquiries related to MIPS, APMs, MACRA, quality measures and quality reporting for 2017 and future years, CMS Web Interface, and EIDM.
- 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 CMS' Health Plan Management System. 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 2) for assistance.