PROGRAM ANNOUNCEMENTS

Performance Year 2016 Quality Reporting

All Shared Savings Program ACOs that participated in the 2016 performance year should be actively working to complete 2016 quality reporting through the GPRO Web Interface (WI) via the PQRS Portal. The GPRO WI closes on Friday, March 17, 2017, at 8 p.m. ET (7 p.m. CT, 6 p.m. MT, and 5 p.m. PT). We will not grant extensions to this deadline.

Do not wait until the last minute to complete reporting and complete the system’s submission requirement. Remember, you are not done until you click “Submit Data to CMS”. As of January 23, 2017, 1 ACO has completed reporting and submitted their data to CMS, and 21% of ACOs have entered some data into the WI.

<table>
<thead>
<tr>
<th>Percent Complete &amp; Submitted</th>
<th>Number of ACOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>75% - 99%</td>
<td>1</td>
</tr>
<tr>
<td>50% - 74%</td>
<td>3</td>
</tr>
<tr>
<td>25% - 49%</td>
<td>3</td>
</tr>
<tr>
<td>&gt;0% - 24%</td>
<td>27</td>
</tr>
<tr>
<td>0%</td>
<td>397</td>
</tr>
</tbody>
</table>

21 of these ACOs have not yet accessed the GPRO WI.
Quality Reporting Reminders

✓ For questions regarding EIDM access or WI reporting, please contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via qnetsupport@hcqis.org. The QualityNet Help Desk is available from 7:00 a.m. to 7:00 p.m. CT Monday through Friday.

✓ Detailed information on Performance Year 2016 Quality Reporting is available on the GPRO Web Interface webpage and the SSP ACO Portal under the Announcement, 2016 Quality Measurement and Reporting Guides, which includes the “2016 Quality Reporting Updatesv11817.pdf;” a Quality Reporting News and Updates Quick Reference Guide.

Helpful Hint for 2016 Quality Reporting! How to Request an ‘Other CMS Approved Reason’ Skip

ACOs may request to skip patients in their quality sample for an “Other CMS Approved Reason.” This is done on a case-by-case basis. To request CMS approval, a QualityNet Help Desk ticket should be submitted to qnetsupport@hcqis.org and must include:

• the disease module or patient care measure,
• the beneficiary rank (never send any protected health information, “PHI”), and
• an explanation of why you think it is appropriate to skip the beneficiary.

You may request to use “Other CMS Approved Reason” for multiple patients at one time. Below is an example of the information you would provide to the QualityNet Help Desk for the use of “Other CMS Approved Reason” for PREV-5:

We are requesting approval to use “Other CMS Approved Reason” for the beneficiaries listed below:

PREV-5: Breast Cancer Screening
Rank: 5, 23, 56, 200-242
Reason for the request: Only 3D mammography was provided.

CMS will either approve or deny the request and will identify appropriate next steps (if any) that need to be taken. This information will be provided in the resolution of the QualityNet Help Desk inquiry. You should retain this documentation and enter the QualityNet Help Desk resolution number in the GPRO WI. You are not to select this option without prior approval from CMS.
New ICD-10-CM Updates and Web Interface Reporting

On October 1, 2016, new ICD-10-CM codes went into effect. CMS determined that there is minimal impact of the new ICD-10-CM codes for the quality measures reported via the GPRO WI due to the assignment and sampling process. Therefore, ACOs will not be impacted by the new ICD-10-CM codes. We also want to clarify that the newly added ICD-10-CM code descriptions can be used to satisfy the numerators when reporting on quality measures via the GPRO WI, where applicable.

There are two acceptable methods for ACOs to enter data in the GPRO WI. ACOs may map from a data source, such as the electronic medical record (EMR), or manually enter data based on medical record documentation. You may use the ICD-10-CM code descriptions to assist you in locating medical record documentation to confirm a diagnosis since these codes are not yet added to the measure owner’s specification. You are required to report information that is documented in the medical record unless the information has been pre-filled in the GPRO WI (i.e., Influenza Immunization (ACO-14) in PY 2016). Please note, if your ACO is selected for the 2016 Quality Measures Validation Audit, you must provide the medical record documentation that supports the quality data reported through the GPRO WI.

For further information on PQRS reporting and the recent ICD-10-CM updates, visit the PQRS ICD-10 Section webpage and click on the FAQs under “Related Links.”

New CAD-7 Sampling Announcement

Some ACOs have reported they are skipping a higher than expected number of beneficiaries in the CAD-7 sample due to not being able to confirm the diagnosis. CAD-7 requires two diagnosis confirmations: one for CAD and one for either diabetes or LVSD.

Historically, the beneficiary sample has been populated with beneficiaries who have claims evidence of a CAD diagnosis, with the ACO responsible for confirming the presence of diabetes or LVSD. Upgrades to our programming processes inadvertently changed the sampling criteria for this measure. Specifically, some beneficiaries in the sample will have claims evidence of a CAD diagnosis with the ACO responsible for confirming the presence of diabetes or LVSD, and some beneficiaries in the sample will have claims evidence of diabetes diagnosis, with the ACO responsible for confirming the presence of CAD. Though this may result in more cases in which a CAD diagnosis cannot be confirmed, however, we provide an oversample of 616 beneficiaries for reporting. Our preliminary analysis indicates, on average, 53% of sampled beneficiaries have claims evidence of only diabetes, therefore there is still an adequate sample size for reporting. As with all measures, the ACO is
required to consecutively confirm and complete 248 beneficiaries, or as many as are possible until the sample is exhausted. We will continue to monitor the reporting and results of this measure.

**Update ACO Press Release Template for Announcing 2017 Shared Savings Program ACOs**

CMS sent an email to new and renewing ACOs on January 18, 2017 notifying them that they could make a public announcement regarding their acceptance into the Shared Savings Program, effective January 1, 2017. The ‘MSSP ACO_PR_Template_January 2017.doc’ template file in the email contained two typos. Specifically, the third and fourth bullet in the third paragraph incorrectly stated the number of ACOs and ACOs in a risk-bearing track, respectively. The correct number of ACOs across the Shared Savings Program, Next Generation ACO Model, and CEC Model is 562, not 572. The correct number of ACOs in a risk-bearing track, including in the Shared Savings Program, Next Generation ACO Model, and CEC Model, is 121, not 131. CMS updated the national press release as well, which is located on this [CMS.gov webpage](http://www.cms.gov). Please use the updated information in any future press releases sent by your ACO.

**Update Skilled Nursing Facility (SNF) 3-Day Rule Waiver Notice Template**

On January 18, 2017, we held a webinar on the Skilled Nursing Facility (SNF) 3-Day Rule Waiver and received several questions about how to use the waiver notice template CMS provided in the 2017 Marketing Toolkit for the purpose of patient education.

As a reminder, CMS announced 26 Track 3 ACOs approved to use the SNF 3-Day Rule Waiver, effective January 1, 2017. **Only these 26 approved ACOs have the option to use the waiver notice template, included in the 2017 Marketing Toolkit, to educate their Medicare beneficiaries on the SNF 3-Day Rule Waiver.** For example, a participating physician can use the waiver notice to supplement their conversation with a patient who may be admitted to a SNF for care.

If your ACO was **not** approved to use the SNF 3-Day Rule Waiver (*only Track 3 ACOs are eligible to apply for the waiver*), you can **not** use the waiver notice template. It is not intended as a general information piece and could confuse Medicare beneficiaries.

We will post Questions & Answers from the January 18th webinar about use of the waiver notice template on the [SSP ACO Portal](http://www.sspacoportal.com) soon and alert you of their availability in the Spotlight. Although the Q&A will be generally available on the Portal, only the 26 Track 3 ACOs approved to use the SNF 3-Day Rule Waiver have the option to use the waiver notice template.
SSP ACO Portal Enhancements – Visual Makeover

The SSP ACO Portal received a visual makeover over the January 21st weekend. ACOs are now greeted by a sleek new design for better usability and allowing for easier navigation. CMS hosted an overview of these changes on November 16, 2016. ACOs are encouraged to access the recording for additional information.

The ACO Information Center is available to answer questions about these enhancements or any other questions related to SSP ACO Portal, Managed File Transfer (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.

Now Available – County-Level Public Use File Related to Benchmark Rebasing Policies

CMS recently released data files (in CSV format) that can be used to inform those interested in the policies finalized in the June 2016 final rule for incorporating factors based on regional fee-for-service (FFS) expenditures into ACOs’ rebased historical benchmarks for second or subsequent agreement periods beginning in 2017 and onward, and the annual updates to these rebased benchmarks.

Now available through CMS.gov as public use files (PUFs) are files including the following aggregate data on assignable beneficiaries by county: per capita FFS expenditures, average CMS-HCC prospective risk scores; and total person-years for assignable beneficiaries by Medicare enrollment type (ESRD, disabled, aged/dual eligible, aged/non-dual eligible). Data files are available for 2014 and 2015. We plan to subsequently release data in the summer following the conclusion of the calendar year to which it relates (e.g., release 2016 data in summer 2017).

We encourage you to review the data files, including the parameters and data dictionary that contain important information on the data. For instance, per capita expenditures, mean risk scores, and number of assignable beneficiary person-years for a given county for a given enrollment type have been suppressed if there are fewer than 11 assignable beneficiaries included in the calculations for that county and enrollment type.

We anticipate releasing additional PUFs soon for 2014 and 2015 with aggregate data on total assigned beneficiaries by ACO for each county where at least one of their assigned beneficiaries reside. Availability of these data files will be announced in a future issue of the ACO Spotlight.
Best Practices for Protecting Beneficiary-Level Data

CMS takes protecting data for millions of Medicare beneficiaries seriously and has policies in place to safeguard data. By implementing the best practices listed below, ACOs help CMS in its effort to protect beneficiaries’ personally identifiable information (PII), protected health information (PHI), and other sensitive data via email.

1. Avoid sharing PII, PHI, or sensitive data by email. If you must email it, encrypt the file and share the password with the recipient by phone (e.g. your CMS Coordinator), or fax it directly to the recipient.

2. Do not email passwords. CMS policy prohibits emailing passwords for encrypted files sent via email.

3. If you are emailing encrypted files to the program mailbox **SharedSavingsProgram@cms.hhs.gov**, ACOs should include in your email the name and phone number of a person we can contact by phone to get the password. If you are the best contact to convey the password, indicate that in your email. Please share this information with your ACO staff.

4. Do not click to open a link or attachment until you have talked to the sender or you are expecting the attachment.

5. Do not share the password to encrypted files.

6. Do not send work information to or from your personal email account.

7. 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 or via email at **CMS_IT_SERVICE_DESK@cms.hhs.gov** (see your Data Use Agreement for further instructions).

Click **here** if you are interested in learning more about CMS security, privacy guidance, and best practices that may be useful to your ACO.
WEBINAR ANNOUNCEMENTS

Looking for details or materials for past or upcoming webinars? Go to the Events Calendar on the SSP ACO Portal and use the “Start/End Date” search option to locate a webinar by date. You can also click on the webinar date within one of the calendars displayed.

CCLF User Group – CCLF Expansion in April 2017

Wednesday, February 1, 2017

Audience: All ACOs

February’s User Group will be focused on outlining the upcoming CCLF expansion. CCLFs to be distributed in April 2017 will consist of two additional files. CCLFs are a shared resource across CMS ACO initiatives. The new files will include variables specific to one or a subset of ACO initiatives. The new files, CCLFA and CCLFB, will include elements such as claim Demonstration and Benefit Enhancement Codes, Performance Payment Indicators, and other variables pertaining to a specific model or program. We strongly encourage all ACOs to attend February’s CCLF User Group to learn more about the new files, as well as changes to existing layouts. CMS will be releasing version 18 of the CCLF Information Packet (IP) following the User Group to allow ACOs to prepare and reconfigure their internal systems in a timely manner.

**Topic:** ACO CCLF User Group – CCLF Expansion in April 2017  
**Date:** Wednesday, February 1, 2017  
**Time:** 1:30 p.m. – 3:00 p.m. Eastern Time

**Option 1:** To register and join the webinar, click on the following link or copy/paste it into your web browser:  
http://event.on24.com/wcc/r/1303155/F7AB27B4D371AA1AA55FAA0D8F2F5B85

**Option 2:** To join the event by telephone only  
Access code: 271840
GPRO Web Interface Support Calls

CMS will host weekly support calls during the GPRO WI submission period. Details for calls within the next four weeks will be provided each week in the ACO Spotlight. A complete list of the calls is available on the [SSP ACO Portal Events Calendar](https://www.sspacoportal.com/events) and in Spotlight Issue 47 (November 23, 2016).

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Logistics</th>
</tr>
</thead>
</table>
| 01/26/17 | 1:00 pm – 2:00 pm Eastern Time | GPRO Web Interface Q&A Session               | WebEx Link: [https://events-cms.webex.com/events-cms/onstage/g.php?MTID=ef82590d3877c6cfa00961873a88c3db1](https://events-cms.webex.com/events-cms/onstage/g.php?MTID=ef82590d3877c6cfa00961873a88c3db1)  
Dial In: 1-844-396-8222  
Access Code: 905 174 782 |
| 02/02/17 | 1:00 pm – 2:00 pm Eastern Time | GPRO Web Interface Q&A Session               | WebEx Link: [https://events-cms.webex.com/events-cms/onstage/g.php?MTID=eda915d4d1ad1511d8e363045c5abf10f](https://events-cms.webex.com/events-cms/onstage/g.php?MTID=eda915d4d1ad1511d8e363045c5abf10f)  
Dial In: 1-844-396-8222  
Access Code: 907 792 380 |
| 02/09/17 | 1:00 pm – 2:00 pm Eastern Time | GPRO Web Interface Q&A Session               | WebEx Link: [https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e35026b6c7f536dc75ef5602631daa9c3](https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e35026b6c7f536dc75ef5602631daa9c3)  
Dial In: 1-844-396-8222  
Access Code: 906 228 561 |
| 02/16/17 | 1:00 pm – 2:00 pm Eastern Time | GPRO Web Interface Q&A Session               | WebEx Link: [https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e4c1f1f65a234a884a84ac1c6de99bd98](https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e4c1f1f65a234a884a84ac1c6de99bd98)  
Dial In: 1-844-396-8222  
Access Code: 907 671 642 |
WEBSITE ANNOUNCEMENTS

There are no website announcements this week.

SSP ACO PORTAL POSTINGS

You can find the resources below on the SSP ACO Portal by browsing the Events Calendar or the Announcements section. In the Events Calendar section, use the “Start/End Date” search option or one of the calendars displayed to locate events by date. Go to the Announcements section to find a variety of resources. Search by topic Category or use the Start/End Date to see results by published date. For Shared Savings Program webinar audio recordings, click on the Announcement, 2016 Shared Savings Program Webinar Recordings.

Updated Skilled Nursing Facility (SNF) 3-Day Rule Waiver

Wednesday, January 18, 2017: Skilled Nursing Facility (SNF) 3-Day Rule Waiver. The presentation slides are available on the SSP ACO Portal Events Calendar, search by webinar date. Note, if you downloaded the slides for this presentation on Wednesday, January 18th, the slide deck was incomplete. We apologize for any inconvenience. On Wednesday, January 19th, we posted the complete slide deck to the SSP ACO Portal.
HAVE YOU HEARD?

Contact Information for ACOs
To help you navigate your questions regarding the Shared Savings Program ACO.

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Type of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:SharedSavingsProgram@cms.hhs.gov">SharedSavingsProgram@cms.hhs.gov</a></td>
<td>All program and policy inquiries from Shared Savings Program ACOs.</td>
</tr>
<tr>
<td>Be sure to specify your ACO ID (Axxxx) in the Subject line or text of the email.</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:ACO@cms.hhs.gov">ACO@cms.hhs.gov</a></td>
<td>All program-related inquiries from external parties (i.e., non-ACOs).</td>
</tr>
<tr>
<td><a href="mailto:HPMS@cms.hhs.gov">HPMS@cms.hhs.gov</a></td>
<td>All technical inquiries related to HPMS that do not involve password resets.</td>
</tr>
<tr>
<td><a href="mailto:HPMS_access@cms.hhs.gov">HPMS_access@cms.hhs.gov</a></td>
<td>All inquiries related to User issues with accessing HPMS.</td>
</tr>
<tr>
<td>QualityNet help desk: <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></td>
<td>All inquiries related to quality reporting, including quality sampling and measures specifications, use of the GPRO Web Interface, and EIDM accounts.</td>
</tr>
<tr>
<td>Phone: 866-288-8912, TTY: 1-877-715-6222</td>
<td></td>
</tr>
<tr>
<td>Fax: 888-329-7377</td>
<td></td>
</tr>
<tr>
<td>Hours: Monday – Friday 7 am – 7 pm CT</td>
<td></td>
</tr>
<tr>
<td>Be sure to note your incident number (provided by the help desk) for future reference.</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:ACOCAHPS@hcqis.org">ACOCAHPS@hcqis.org</a></td>
<td>All inquiries related to technical assistance, comments or questions on the CAHPS survey for ACOs.</td>
</tr>
<tr>
<td>1-800-562-1963</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:CMS_IT_Service_Desk@cms.hhs.gov">CMS_IT_Service_Desk@cms.hhs.gov</a></td>
<td>All inquiries related to password resets for your 4 character CMS User ID.</td>
</tr>
<tr>
<td>ACO Information Center: 1-888-734-6433 (select Option 2) TTY/TDD 1-888-734-6563: <a href="mailto:APOSID@cms.hhs.gov">APOSID@cms.hhs.gov</a></td>
<td>All technical inquiries related to MFT, CCLFs and the SSP ACO Portal.</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 8:30 a.m. – 7:30 p.m. ET</td>
<td></td>
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<tr>
<td>Quality Payment Program Service Center: 1-866-288-8292 <a href="mailto:gpp@cms.hhs.gov">gpp@cms.hhs.gov</a></td>
<td>All inquiries related to MIPS, MACRA and APMs</td>
</tr>
<tr>
<td>Hours: Monday – Friday, 8 a.m. – 8 p.m. ET</td>
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The ACO Spotlight Newsletter is a weekly publication by CMS for ACOs participating in the Shared Savings Program. It is emailed only to ACO contacts listed CMS’ Health Plan Management System (HPMS) and individuals with access to ACO data via HPMS. This newsletter is not intended for public release.