Reminder: ACO Spotlight Newsletter is NOT for Public Release

We recently discovered that some ACOs are posting the ACO Spotlight Newsletters on their ACO websites. This is a reminder that the ACO Spotlight Newsletter is NOT for public release and any ACO that has posted any ACO Spotlight Newsletters or articles on its website(s) should remove them immediately. The purpose of the ACO Spotlight Newsletter is to communicate Shared Savings Program operational and technical information to participating ACOs. While ACOs may share information in the Spotlight with other individuals associated with their ACO, broader dissemination is prohibited. Please review the distribution notice at the bottom of the At A Glance column on this page, and on the final page of every issue.

Increased Expenditures on 2017 Quarter 1 Program Reports Compared to 2016 Reports

With the recent delivery of the 2017 Quarter 1 (Q1) reports, ACOs have inquired about observed increases in total per capita expenditures from Performance Year (PY) 2016 to 2017 quarterly reports. There are five primary reasons that may have contributed to ACOs seeing differences in expenditure trends from PY 2016 to PY 2017 Q1, including: 1) claims run-out used for each quarter, 2) truncation thresholds used for each performance year, 3) assignment algorithm changes effective for 2017, 4) participant list changes effective for 2017, and 5) number and composition of active ACOs.

A key factor behind these observed trends is the number of days of claims run-out used in the expenditure calculations for the different report periods. For quarterly reports, the claims run-out date is typically set as the first Friday following the end of the report period, allowing up to seven days of run-out. For 2017 Q1 reports there was a seven-day claims run-out (Friday, March 31 to Friday, April 7) whereas for 2016 Q1 reports there was only a single day of run-out (Thursday, March 31 to Friday, April 1). For both reports, we used the same claims completion factor. The additional six days of run-out used in the 2017 Q1 reports led to higher observed expenditures because a higher volume of claims incurred during the report period had a chance to be processed and paid. This impact will affect 2016 Q1 to 2017 Q1 trends for all ACOs, but will be especially pronounced for Track 3 ACOs whose quarterly expenditures are calculated based on a year-to-date report period versus a rolling four quarters for Track 1 and 2 ACOs.
For Track 3 ACOs the extra six days of run out represents a 6.6 percent increase in the length of time available for claims to accumulate compared to only 1.6 percent for Tracks 1 and 2.

In addition, the truncation points for expenditures differed between 2016 quarterly reports and the 2017 Q1 reports because starting in 2017 the truncation thresholds are based on the national assignable Medicare fee-for-service (FFS) population, which is a subset of the FFS Medicare population. Assignable beneficiaries are those who receive at least one primary care service with a date of service during a specified 12-month assignment window from a Medicare-enrolled physician who is a primary care physician or who has one of the specialty designations included in 42 CFR § 425.402(c). For all tracks, the thresholds used to truncate expenditures allowed for a higher expenditure amount to be included prior to truncation for most enrollment types which contributed to the observed increase in expenditures.

Observed trends between the 2016 quarterly reports and the 2017 Q1 reports are explained further by changes in the underlying assigned beneficiary population for each ACO. This stems from factors including: changes to the assignment algorithm applicable beginning in PY2017, changes to the ACO’s participant list, and the number and composition of ACOs included in the assignment process. The impact of such changes would have also been reflected in the adjusted historical benchmarks calculated for PY 2017.

Finally, the national column in the Aggregate Expenditure/Utilization reports also showed increases between the 2016 quarterly reports and 2017 Q1, with total expenditures increasing from $9,742 in 2016 Q1 to $11,271 in 2017 Q1, a change of 15.7 percent. The observed increase from 2016 Q4 to 2017 Q1 was similar, at 15.6 percent. The national values for all tracks for all quarters are based on a 12-month report period (the same report period as Track 1 and 2 ACO expenditures). Beginning in PY 2017, expenditures in this column are based on the national assignable Medicare FFS population. This change in population is likely a key driver of the observed trend in this column; for example, as the assignable FFS population excludes non-utilizers. The national column will also be affected by the previously described differences in claims run-out and truncation factors.

RESOURCES NOW AVAILABLE

Revised Form CMS-588: Electronic Funds Transfer Authorization Agreement

A revised version of Form CMS-588: Electronic Funds Transfer Authorization Agreement is now available. The revised form, version 01/17, replaces the previous version 09/13. The revised form is posted on the CMS Forms List webpage at Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement.

Changes to the form include:

- A new indicator in Parts 1 and 2 (Reason for Submission and Account Holder Information) shows if the electronic funds transfer (EFT) is for an individual or a group/organization/corporation.
- It is now optional to list the financial institution's contact person.
- Four digits were added to the "Provider's/Supplier's/Indirect Payment Procedure Entity's Account Number with Financial Institution" section, making it consistent with the industry standard.

Use the revised CMS-588 when you need to update your banking information. CMS will accept both the current and revised versions of the form through December 31, 2017, but ACOs must use the revised CMS-588 form beginning January 1, 2018. Instructions for updating the form are covered in the ACO Banking Form Guidance document on the Statutes/Regulation/Guidance webpage.
Updated HPMS User Guides

CMS has updated the following guidance documents and they have been posted to their respective modules in the Health Plan Management System (HPMS). These user guides include important information that ACOs may use to make annual participant list changes and engage in Annual Certification for the upcoming 2018 performance year.

- The HPMS SSP ACO Participant List Management Module User Guide is available via the following path in HPMS: ACO Management >> SSP ACO Participant List Management >> ACO Participant List User Manual.
- The Annual Certification: HPMS ESM Module User Guide is available via the following path in HPMS: ACO Management >> SSP ACO Electronic Signature Management >> PY 2017 >> ESM User Manuals.

Please review the revision history table in each document for a list of updates.

Claim and Claim Line Feed Information Packet v.19

The Claim and Claim Line Feed (CCLF) Information Packet was revised to include additional definitions and descriptions of existing variables. The CCLF Information Packet is located on the SSP ACO Portal, under the Resources section. ACOs should familiarize themselves with the information outlined in the latest IP to ensure they are aware of the new descriptors.

June CCLFs

June CCLFs are available for eligible ACOs to download from their Managed File Transfer (MFT) mailbox. These files are available in your MFT mailbox for 30 days.

Webinar Slides & Recordings

Links to the presentation slides and audio recordings for the following webinars are available on the SSP ACO Portal Events Calendar, search by date.

- Medicare Shared Savings Program ACO: Application Submission Review for Currently Participating ACOs and Renewal Applicants: June 14, 2017
- Medicare Shared Savings Program ACO: Application Submission Review for Initial Applicants: June 13, 2017

EVENT ANNOUNCEMENTS

2017 Claims-Based and Administrative Quality Measures

**THURSDAY, JUNE 15, 2017, 1:30 P.M. – 3:00 P.M. EASTERN TIME**

- [Join the event](#); 1-415-527-5035; 907 222 187
- **Audience:** All ACOs
- **Description:** This webinar will provide an overview of the 2017 quality measures that are calculated using Medicare claims and administrative data.

ACO Learning System Webinar: Moving to Performance Based Risk – Session I

**WEDNESDAY, JUNE 21, 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 Collaborative Health ACO, Essentia Health, and MissionPoint Health Partners. The ACOs will discuss their experiences with switching to a higher risk track in the Shared Savings Program. Attendees will also have the opportunity to submit questions to presenters during the event.
Integrated Learning System Webinar: Making a Market: The Case for Community-Based Care Transition Programs

THURSDAY, JUNE 22, 2017, 1:00 P.M. – 2:00 P.M. EASTERN TIME

- Register here: additional details provided upon registration
- Audience: All ACOs
- Description: Attendees to this webinar will learn about the value of care transition services to reduce readmissions and poor health outcomes, and discuss program sustainability, payer engagement, and organizational culture change. Participants across all CMS initiatives such as Shared Savings Program ACOs, Bundled Payments for Care Improvement, and Health Care Innovation Awards, are invited to join this webinar and all ILS activities.

Medicare Shared Savings Program Beneficiary Voluntary Alignment Overview

WEDNESDAY, JUNE 28, 2017, 12:00 P.M. – 1:00 P.M. EASTERN TIME

- Join the event: 1-415-527-5035; 908 965 620
- Audience: All ACOs
- Description: During this webinar, we will explain what Voluntary Alignment is and its relationship to beneficiary assignment in the Shared Savings Program. We will also provide a demonstration of new automated functionality that will support this process operationally.

ACO Learning System Webinar: Providing High Quality Care in Rural Settings

WEDNESDAY, JUNE 28, 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 Anew Care Collaborative, Integral Healthcare, LLC, and Qualuable Medical Professionals. The ACOs will discuss their strategies for providing high quality care to rural populations and their approaches to addressing care challenges specific to rural settings. Attendees will also have the opportunity to submit questions to presenters during the event.

Training on Health Plan Management System ACO 2018 Application Submission Modules

THURSDAY, JULY 6, 2017, 1:00 P.M. – 3:00 P.M. EASTERN TIME

- Join the event: 1-415-527-5035; 908 048 121
- Audience: 2018 Shared Savings Program renewal, Medicare ACO Track 1+ Model and/or SNF 3-Day Rule Waiver applicants.
- Description: CMS subject matter experts will discuss how to submit your application(s) for the Medicare Shared Savings Program Medicare, ACO Track 1+ Model (Track 1+ Model), and/or a SNF 3-Day Rule Waiver through the Health Plan Management System (HPMS). This call will cover topics including the application submission process, track selection options, HPMS modules, and an overview of application resources. A question and answer session follows the presentation.
ACO Learning System Webinar: Moving to Performance Based Risk – Session II

TUESDAY, JULY 11, 2017, 2:30 P.M. – 4:00 P.M. EASTERN TIME

- Register here: 1-857-232-0156; 271840
- Audience: All ACOs
- Description: This learning event will feature presentations and a roundtable discussion with former Track 1 Shared Savings Program ACOs that have transitioned to a higher risk track: Millenium Accountable Care Organization, MetroHealth Care Partners ACO, and Torrance Memorial Integrated Physicians, LLC. This event is intended to be a follow-up to the June 21 webinar on risk track transitions. Presenters will discuss their experiences with switching to a higher risk track, as well as any operational changes they have implemented to sustain their work in the new track. Attendees will also have the opportunity to submit questions to presenters during the event.

Medicare Shared Savings Program ACO: ACO Application Q&A Session

THURSDAY, JULY 13, 2017, 1:00 P.M. – 3:00 P.M. EASTERN TIME

- Join the event: 1-415-527-5035; 906 671 612
- Audience: All ACOs
- Description: CMS subject matter experts provide useful reminders, updates, suggestions and resources to help you submit an application(s).
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).

### Health Plan Management System (HPMS)

**HPMS@cms.hhs.gov**
- Technical inquiries that do not involve password resets.

**HPMS_access@cms.hhs.gov**
- Inquiries related to User accessing.

### 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, including quality sampling and measures specifications, use of the GPRO Web Interface, and EIDM accounts.
- 1-866-288-8912
- Be sure to note your incident number provided by the help desk for future reference.

### 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 the Quality Payment Program.
- 1-866-288-8292

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*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.*