



MEDICARE SHARED SAVINGS PROGRAM

Public Reporting Guidance

Performance Year 2015

(Updated July 2017)

VERSION 6

REVISION HISTORY

Version	Date	Revision/change description	Affected area
1	12/17/2012	ACO Public Reporting Guidance issued	
2	09/16/2014	ACO Public Reporting Guidance issued (Version 2)	All
3	10/26/2015	Updated requirements per the issuance of the Final Rule on June 9, 2015; revised public reporting template	All
4	9/6/2016	Revised to clarify: descriptive details on the public reporting requirements; instructions for reporting shared savings/losses; instructions for reporting payment waivers; clarifying details on reporting quality performance results; updated template in Appendix A and example in Appendix B	All
5	10/11/2016	In Section 3 – added location of the HPMS Electronic Signature Module (ESM) Users Guide 2016, and SNF 3-Day Rule Waiver reporting; added location of the ACO Module User Manual; expanded Payment Rule Waiver section 5.1.5; Quality Performance Results section 5.1.6 clarified; re-inserted quality measure ACO-19 into Table 4 - 2012-2014 Quality Measure Reporting Requirements; other editorial revisions throughout.	Pages 5, 6, 11, 13, 16, All
6	07/15/2017	Revised Section 5.1.5 to remove unrelated language pertaining to fraud and abuse waivers.	Page 11

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EXECUTIVE SUMMARY

The purpose of this document is to describe the requirements that an Accountable Care Organization (ACO) participating in the Medicare Shared Savings Program (Shared Savings Program) must follow with respect to public reporting. Under the Shared Savings Program, CMS enters into agreements with ACOs. As part of ACO compliance requirements, each ACO must publicly report its ACO-specific information in a standardized format that is outlined in this document. Specifically, this document describes the information each Shared Savings Program ACO must publicly report in accordance with program requirements, as specified at 42 CFR [§425.308](#), including instructions on how and when the ACO must make required information publicly available. As described in this document, all ACOs are required to submit their public reporting webpage Uniform Resource Locator (URL) to CMS through the [Health Plan Management System \(HPMS\)](#) and use the format and template required by CMS to meet the Shared Savings Program public reporting requirements. ACOs can find information about HPMS, a central CMS IT system, on the [Health Plan Management System \(HPMS\) Overview webpage](#).

Transparency is an important aspect of patient centeredness and patient engagement in the Shared Savings Program. Public reporting aids transparency by promoting more informed patient choice and providing feedback to stakeholders and providers.

Information that ACOs must publicly report and that is outlined in this guidance include:

- Public reporting content and format requirements;
- Publication requirements for new and currently participating ACOs, and related to periodic organizational changes;
- Webpage URL submission; and,
- Public reporting webpage formatting requirements:
 - ACO Name and Location
 - ACO Primary Contact
 - Organizational Information
 - Shared Savings and Losses
 - Payment Rule Waivers
 - Quality Performance Results

For questions about the public reporting requirements, instructions and/or templates included in this guidance document, contact CMS by email at SharedSavingsProgram@cms.hhs.gov. Include your ACO ID and the phrase “Public Reporting” in the Subject line.

SECTION 1: BACKGROUND

An ACO is composed of groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated, high quality care to their Medicare fee-for-service beneficiaries. The Shared Savings Program rewards ACOs that improve the quality and cost efficiency of health care. The authority for the Shared Savings Program is Section 1899 of the Social Security Act (Act), which was added by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010. These public laws are collectively known as the Affordable Care Act. Section 1899 of the Act states that the Secretary may enter into an agreement with the ACO to participate in the Shared Savings Program, for a period not less than 3 years. CMS has published three final rules regulating the Shared Savings Program. The first final rule was published in November 2011, the second was published in June 2015, and the third was published in June 2016. Each of the final rules included public reporting requirements. Additionally, CMS has addressed certain issues related to the Shared Savings Program in the annual Physician Fee Schedule (PFS) rulemaking. Complete details of the Shared Savings Program's regulations can be found at [42 CFR 425](#). The [Electronic Code of Federal Regulations](#) site is another useful resource for viewing the program regulations.

The following terms, all of which are defined in the program regulations, are important in understanding the Shared Savings Program and this guidance document:

Accountable Care Organization (ACO) (42 C.F.R. §425.20) means a legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants(s) that is (are) defined at §425.102(a) and may also include any other ACO participants described at §425.102(b).

ACO participant (42 C.F.R. §425.20) means an entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under §425.118.

ACO professional (42 C.F.R. §425.20) means an individual who is Medicare-enrolled and bills for items and services furnished to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant, in accordance with applicable Medicare regulations and who is either of the following:

- 1) A physician legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.
- 2) A practitioner who is one of the following:
 - i. A physician assistant (as defined at §410.74(a)(2)).
 - ii. A nurse practitioner (as defined at §410.75(b)).
 - iii. A clinical nurse specialist (as defined at §410.76(b)).

Agreement period (42 C.F.R. §425.20) means the term of the Participation Agreement, which is 3 performance years unless otherwise specified in the participation agreement.

Performance year (42 C.F.R. §425.20) means the 12-month period beginning on January 1 of each year during the agreement period. For an ACO with a start date of April 1, 2012 or July 1, 2012, the ACOs first performance year is defined as 21 months and 18 months, respectively.

Taxpayer Identification Number (TIN) (42 C.F.R. §425.20) means a Federal taxpayer identification number or employer identification number as defined by the IRS in 26 CFR 301.6109-1.

SECTION 2: OVERVIEW OF PUBLIC REPORTING REQUIREMENTS– ACO-SPECIFIC INFORMATION

This section provides an overview of the information each ACO must publicly report.

Each ACO must create and maintain a dedicated webpage on which it must publicly report required organizational and programmatic information as specified in the Shared Savings Program regulation (§ 425.308(a)(b)). The ACO must report the web address of its public reporting webpage to CMS in a form and manner specified by CMS and must notify CMS of changes to the web address in the form and manner specified by CMS (§ 425.308(a)).

CMS requires all ACOs to submit their public reporting webpage URL through the HPMS, as described in Section 4. An ACO's public reporting webpage 1) must have a distinct URL within a larger website that is maintained separately from other website content; or 2) be a page on a website created solely for the purpose of Shared Savings Program public reporting.

2.1 Required Content

According to § 425.308(b), ACOs are required to report the following information in a standardized format specified by CMS:

- ACO Name and Location
- ACO Primary Contact
- Organizational Information, including all of the following:
 - Identification of ACO participants
 - Identification of participants in joint ventures between ACO professionals and hospitals
 - Identification of the members of the ACO governing body
 - Identification of key clinical and administrative leadership
 - Identification of associated committees and committee leadership
 - Identification of the types of ACO participants or combinations of participants that formed the ACO
- Shared Savings and Losses information, including the following:
 - The amount of any payment of shared savings received or shared losses owed to CMS
 - The total proportion of shared savings invested in infrastructure, redesigned care processes and other resources required to support the three-part aim goals of better health for populations, better care for individuals, and lower growth in expenditures, including the proportion distributed among ACO participants
- Use of payment rule waivers, specifically the Skilled Nursing Facility (SNF) 3-Day Rule Waiver specified under §425.612
- The ACO's performance on all quality measures

2.2 Required Format

CMS provides templates to Shared Savings Program ACOs for purposes of public reporting. Templates A and B (found in the Appendices of this guidance document) are provided to depict the form and manner that CMS requires ACOs use for publicly reporting required information. Template A is a blank template of the required public reporting information. Template B is the public reporting template with sample information to illustrate how ACOs should complete the template. All required public reporting information must be organized as outlined in the template. Templates/headings may not be customized and webpage information must match ACO data in HPMS. For example, the ACO name and location on its public reporting webpage must match the data entered/stored in HPMS.

Information reported on an ACO's public reporting webpage in compliance with this guidance is not subject to marketing review and approval under §425.310 (§ 425.308(c)). ACO information displayed on the ACO's optional marketing webpage requires CMS review through the HPMS Marketing Module as specified under §425.310.

SECTION 3: PUBLICATION REQUIREMENTS: NEW AND CURRENTLY PARTICIPATING ACOs

This section provides additional detail on the public reporting requirements for new ACOs and ACOs that are currently participating in the program.

3.1 New ACOs–Prior to Acceptance into the Shared Savings Program

New Shared Savings Program ACOs must establish a dedicated public reporting webpage and submit the webpage URL to CMS via HPMS (see Section 4) as part of their acceptance into the program. This must occur before the start of the new performance year. The public reporting URL must be entered in the ‘ACO Public Reporting Web Page’ field on the Basic Agreement Data screen in HPMS. New ACOs should reference Section 2 of the “[HPMS Electronic Signature Module \(ESM\) Users Guide 2016](#)” for requirements on establishing a dedicated webpage as part of their acceptance into the program. Login to HPMS to access the users guide. From the HPMS homepage >ACO Management>SSP ACO Electronic Signature Management Module>PY2015 User Manual.

3.2 New ACOs–Within 30 Days After the Start of the Performance Year

New Shared Savings Program ACOs must make all required information publicly available on an established webpage using the template in Appendix A within 30 calendar days after the start of the ACO’s first performance year (typically beginning January 1st).

3.3 Currently Participating ACOs–Annual Performance Results

ACOs participating in the Shared Savings Program that complete a performance year must make required information about their quality and financial performance publicly available within 30 calendar days of being notified by CMS to post performance year financial and quality performance results. The publicly reported information must match the data provided in the ACO performance reports provided annually by CMS.

3.4 Currently Participating ACOs–Periodic Organizational Changes

The ACO’s public reporting webpage must be updated to reflect ACO organizational changes, such as changes to the governing body, ACO participants, and use of the SNF 3-Day Rule Waiver. These updates are required within 30 calendar days of any change and must match updates in HPMS.

3.5 All ACOs Reporting Approved Use of the Skilled Nursing Facility (SNF) 3-Day Rule Waiver

The SNF 3-Day Rule Waiver is effective in the Shared Savings Program beginning January 1, 2017. All ACOs approved to use the SNF waiver are required to report their use of the waiver by posting a list of approved SNF affiliates on their public reporting webpage. ACOs should publicly report this required information within 30 days of the start of performance year 2017, beginning January 1. See Section 5.1.5 Payment Rule Waivers for more details.

SECTION 4: WEBPAGE URL SUBMISSION

This section provides additional detail on how to submit the ACO public reporting webpage URL. All ACOs are required to submit the public reporting webpage URL through the HPMS Basic Agreement Data page. There are two fields for URLs on this page: 1) an ACO Web Page URL field (must be used when an ACO has an optional marketing website) and 2) an ACO Public Reporting Web Page URL field (required of all ACOs). CMS will not accept a webpage URL in PDF format.

For more information about optional ACO marketing websites, see the Shared Savings Program Marketing Guidelines available to ACOs through the [SSP ACO Portal](#).

The public reporting webpage is required for all currently participating ACOs. ACOs should reference the HPMS “ACO Module User Manual” (available to HPMS users) for instructions on using [HPMS](#). Section 2 of the manual covers how to view basic agreement data. Login to HPMS to access the manual. From the HPMS homepage >ACO Management>ACO Agreement Management Module>Documentation>ACO Module User Manual.

SECTION 5: PUBLIC REPORTING WEBPAGE FORMATTING REQUIREMENTS

ACOs must report the required information specified in Section 2 using the public reporting template provided in Appendix A. This section provides additional detail on how to use the template to meet the program’s public reporting requirements. Including a placeholder (such as “to be determined” or “TBD”) for any CMS required information is not acceptable, unless specified by CMS.

5.1 Webpage Template Guidance

Each public reporting requirement is identified by a bolded heading in the public reporting template. Bolded headings are recommended so webpage visitors can easily scan and find information. ACOs may use other methods to emphasize headings such as font color or font size to remain consistent with other headings on the ACO’s website.

An ACO may include hyperlinks to information from its public reporting webpage. For example, an ACO may include a visible hyperlink on the public reporting webpage to display the ACO Participant List on a separate webpage.

All ACO webpages must meet Section 508 Compliance and Section 504 Compliance accessibility requirements. Find more information on the following websites:

- [Section 508 Compliance](#) and [United States Access Board Communication & IT](#).
- [Section 504 Compliance](#).

5.1.1 ACO Name and Location

The ACO Legal Entity Name and publicly reported address must match the information listed in HPMS.

5.1.2 ACO Primary Contact

The ACO primary contact name, phone number and email address must be listed and match the information listed in HPMS.

5.1.3 Organizational Information

5.1.3.1 ACO Participants (Legal Business Name)

ACO participants must be listed by legal business name (LBN) only. Taxpayer identification number (TIN) may not be listed.

All ACO participants that appear on the ACO’s certified ACO Participant List must match the information listed in the HPMS, specifically the ACO Participant List Management Module.¹

5.1.3.2 Identification of Participants in Joint Ventures between ACO Professionals and Hospitals

Program regulation (§425.308(b)(3)(ii)) requires “the identification of participants in joint ventures between ACO professionals and hospitals.” For the purpose of Shared Savings Program public reporting,

¹ For instructions regarding the ACO Participant List, please see the [ACO Participant List and Participant Agreement Guidance](#).

a joint venture is when two or more persons or entities engage in a defined project in which all of the following exists: 1) an express agreement; 2) a common purpose that the parties intend to carry out; 3) shared profits and losses related to the project; **and** 4) each party has a voice in controlling the project.

ACO participants’ arrangements must meet all of the criteria in this definition to be a joint venture. For a definition of ACO professional, see §425.20.

ACOs should evaluate all arrangements between ACO professionals and hospitals and or group practices comprised of ACO professionals to determine if they meet these requirements for joint venture reporting under the Shared Savings Program.

5.1.3.2.1 Reporting Joint Ventures

ACOs may choose one of the following options to denote which ACO participants are involved in a joint venture between ACO professionals and hospitals:

- 1) Place an asterisk (or any other distinguishing annotation element) next to the name of each ACO participant involved in a joint venture on the certified ACO Participant List.
 - a) Annotate the joint venture section of the template with the following: “ACO participants involved in a joint venture are identified by [element] next to their names on the Participant List.”
- 2) List the participants involved in a joint venture in the joint venture section of the template.
 - a) A hyperlink directing readers to a different webpage or excel document with the list of joint venture participants may be used to meet this requirement.

ACOs without joint venture arrangements must notate the following in the joint venture section of the template: “No participants are involved in a joint venture between ACO professionals and hospitals.”

Table 1 provides an example of reporting and identifying joint venture participants.

Table 1. Reporting and Identifying ACO Joint Venture Participants

Joint Venture Arrangements	Reporting Requirement
Yes	ACO Participant Name [distinguishing element, e.g., asterisk] Include a note stating: “ACO participants involved in a joint venture are identified by [element] next to their names on the Participant List”
Yes	Include a separate list of ACO participants involved in a joint venture
No	Include a note stating: No participants are involved in a joint venture between ACO professionals and hospitals

5.1.3.3 ACO Governing Body

ACOs must report the following information to satisfy the governing body public reporting requirement:

1. The name of each member of the governing body.
 - a. List governing body members in the following order:
 - Chairperson
 - ACO participant representative
 - Medicare Beneficiary Representative
 - Other
2. The member's role on the governing body.
3. The member's voting capacity on the governing body.
4. Whether the member is an ACO participant representative or another type of representative.
5. If the governing body member is an ACO participant representative, indicate the name of the ACO participant that he or she represents.
6. Clearly identify the Medicare beneficiary representative on the ACO governing body. If the ACO uses an alternative mechanism for beneficiary engagement it must disclose this information as part of public reporting and specify in the governing body section of the template. For example, identify the leadership and/or membership of the Beneficiary Advisory Board Committee by name and the stakeholder group they represent.

5.1.3.4 Key Clinical and Administrative Leadership

ACOs must list the name and position of all key clinical and administrative leaders. List key leadership in the following order:

- ACO Executive
- Medical Director
- Compliance Official
- Quality Assurance/Improvement Officer

Providing a hyperlink in this section to an ACO organizational chart that includes all required information is acceptable.

5.1.3.5 ACO Committees and Committee Leadership

ACOs must list all committees and committee leadership including leadership's name and position.

ACOs with a Beneficiary Advisory Board or similar committee must list this Board and the name and position of the chairperson.

Listing committees without specifying the names and positions of the committee leadership does not meet public reporting requirements.

Providing a hyperlink in this section to an ACO organizational chart that includes all required information is acceptable.

5.1.3.6 Identification of the Types of ACO Participants or Combinations of Participants in the ACO Composition

ACOs are required to describe their composition and identify parties that make up the ACO. ACOs must list in bulleted format all participant types that describe the ACO's composition. Composition choices include (per §425.102(a)) one or more of the following:

1. ACO professionals in a group practice arrangement
2. Networks of individual practices of ACO professionals
3. Partnerships or joint venture arrangements between hospitals and ACO professionals
4. Hospital employing ACO professionals
5. Critical Access Hospital (CAH) billing under Method II
6. Rural Health Clinic (RHC)
7. Federally Qualified Health Center (FQHC)
8. Electing Teaching Amendment (ETA) hospital

The publicly reported ACO composition must match the ACO's entity description listed in the Basic Agreement Data page of HPMS.

5.1.4 Shared Savings and Losses

ACOs are required to report financial results for all completed performance years, including shared savings, and shared losses owed to CMS. For ACOs with a start date of April 1, 2012 or July 1, 2012, the ACOs' first performance year is defined as 21 months and 18 months, respectively.

5.1.4.1 Reporting Financial Reconciliation Results

ACOs must publicly report shared savings or shared losses for all completed performance years. For each year for which the ACO has performance results, the ACO must specify the agreement period start date (year) and the performance period (e.g., calendar year) associated with the performance year, as the example in Appendix B indicates.

5.1.4.2 Shared Savings

Shared savings must be reported from the "Earned Performance Payment" dollar value provided to the ACO by CMS in the ACO's performance year Financial Reconciliation Report.

5.1.4.3 Shared Losses

Shared losses must be reported from the "Payment Due to CMS" dollar value provided to the ACO by CMS in the ACO's performance year Financial Reconciliation Report.

Shared losses must be designated with a minus sign (-) in front of the dollar amount and RED font must be used for text (e.g., -\$1,000,000).

These amounts of shared savings and shared losses are also publicly reported by CMS through an annual results data file, including the financial performance of all ACOs reconciled for the performance year. See, for example, [Medicare Shared Savings Program Accountable Care Organizations Performance Year 2015 Results](#) available through Data.CMS.gov. Earned Performance Payment on the ACO’s performance year Financial Reconciliation Report corresponds to the value for “Earned Shared Savings Payments” on the data file. Payment Due to CMS on the ACO’s performance year Financial Reconciliation Report corresponds to the value for “Owed Losses” on the data file.

5.1.4.4 Other Designations

ACOs that did not earn shared savings or incur losses for a given performance year must indicate \$0 in this section.

5.1.4.5 Distribution of Shared Savings

ACOs must publicly report distribution of shared savings for all applicable performance years. Publicly reported shared savings distribution information must match the methodology reported by the ACO to CMS in HPMS for the relevant performance year(s). The proportions reported must be specified as percentages, not dollar values. ACOs that did not earn shared savings or incur losses for a given performance year, must indicate \$0 in this section.

5.1.5 Payment Rule Waivers

Beginning in performance year 2017, for eligible Shared Savings Program ACOs (ACOs approved for use of the SNF 3-Day Rule Waiver), CMS will waive the requirement for a 3-day inpatient hospital stay prior to a Medicare-covered post-hospital extended care service for eligible beneficiaries. Eligible beneficiaries (1) are prospectively assigned to an ACO participating in Track 3, **and** (2) receive otherwise covered post-hospital extended care services furnished by an eligible SNF that has entered into a written agreement to partner with the ACO for purposes of this waiver.

ACOs are required to disclose their use of the SNF 3-Day Rule Waiver on their public reporting webpage by posting a list of their approved SNF affiliates (80 FR No. 110 page 32806). All ACOs approved to use the SNF waiver should publicly report this required information within 30 days of the start of performance year 2017, beginning January 1.

ACOs that do not use the SNF waiver must notate the following in the payment waiver section of the template: “No, our ACO does not use the SNF 3-Day Rule Waiver” as illustrated in Table 2. See the Shared Savings Program [SNF 3-Day Rule Waiver Guidance](#) on our website.

Table 2. Public Reporting of SNF 3-Day Rule Waiver

Waiver Used	Reporting Waiver Use
Yes	Yes, our ACO uses the SNF 3-Day Rule Waiver. (Post the approved list of SNF affiliates) <ol style="list-style-type: none"> 1. Mid-town Skilled Nursing Center 2. Anywhere SNF 3. Westside Skilled Nursing Facility
No	No, our ACO does not use the SNF 3-Day Rule Waiver.

5.1.6 Quality Performance Results

All Shared Savings Program ACOs are required to publicly report their annual quality performance results for each completed performance year. Given that the quality measures used in the program may change from year to year, CMS will issue an annual template to be used by ACOs for reporting quality measure results for each completed performance year. ACOs with a 2015 start date must use Table 3 as a template to display their 2015 quality performance results. The template may not be modified and all fields of the table must be populated unless otherwise directed by CMS. Additionally, ACOs must match the information they publicly report to the data in their Annual Quality Performance Report provided by CMS. Quality Performance Reports are provided by CMS annually and are available on the [SSP ACO Portal](#). ACOs with a 2016 start date do not yet have financial and quality performance year data to report. Given such, they may use the following language in the financial and quality performance results sections of the template to meet their public reporting requirements: **“To be completed after the conclusion of the performance year.”**

Table 3. 2015 Quality Performance Results Table Template

Measure number	Measure Name	2015 reporting period	
		ACO performance rate	Mean performance rate (SSP- ACOs)
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information		
ACO-2	CAHPS: How Well Your Providers Communicate		
ACO-3	CAHPS: Patients' Rating of Provider		
ACO-4	CAHPS: Access to Specialists		
ACO-5	CAHPS: Health Promotion and Education		
ACO-6	CAHPS: Shared Decision Making		
ACO-7	CAHPS: Health Status/Functional Status		
ACO-34	CAHPS: Stewardship of Patient Resources*		
ACO-8	Risk Standardized, All Condition Readmission		
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)* Readmission		
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes*		
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure*		
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions		
ACO-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (AHRQ Prevention Quality Indicator (PQI) #5)		
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)		
ACO-11	Percent of Primary Care Physicians who Successfully Meet Meaningful Use Requirements		
ACO-39	Documentation of Current Medications in the Medical Record*		
ACO-13	Falls: Screening for Future Fall Risk		
ACO-14	Preventive Care and Screening: Influenza Immunization		
ACO-15	Pneumonia Vaccination Status for Older Adults		
ACO-16	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up		
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan		

Measure number	Measure Name	2015 reporting period	
		ACO performance rate	Mean performance rate (SSP- ACOs)
ACO-19	Colorectal Cancer Screening		
ACO-20	Breast Cancer Screening		
ACO-21	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		
ACO-40	Depression Remission at Twelve Months*	N/A	N/A
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control		
ACO-41	Diabetes: Eye Exam*		
ACO-28	Hypertension: Controlling High Blood Pressure		
ACO-30	Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic		
ACO-31	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)		
ACO-33	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)		

CAHPS = Consumer Assessment of Healthcare Providers and Systems, PQI = Prevention Quality Indicator, LVSD = left ventricular systolic dysfunction, ACE = angiotensin-converting enzyme, ARB = angiotensin receptor blocker, CAD = coronary artery disease.
 *= Measure required beginning Reporting Year 2015.
 N/A= Reporting on the depression remission measure is not required for 2015, as indicated by N/A

When reporting the quality measure performance data:

- Numeric values must be used.
- Mean measure performance rates for all ACOs must be reported unless otherwise directed by CMS.
- If an ACO did not satisfactorily report on required quality measures, indicate “Did not report” for all applicable measures.

ACOs using Table 3 to report 2015 quality performance results that have completed prior performance years can include a hyperlink to the 2012 - 2014 Quality Measure Reporting Requirements Table (Table 4) in this section of the template. Alternatively, these ACOs may post Table 4 on their webpage; but it must follow the current reporting year’s 2015 quality results table (Table 3). Either option is acceptable to meet the requirement that an ACO must publicly report quality results for all years that it has completed in the program.

Table 4 specifies reporting requirements by measure for prior performance years (2012–2014). Quality measure reporting requirements varied for performance years 2012 and 2013 (measures were mandatory or optional). Beginning with reporting year 2014, it became mandatory to report all measures.

- **Mandatory** public reporting: ACOs were required to report measure rates for each performance year as specified and include the mean performance rate for all ACO in the corresponding column.

- **Optional** public reporting: ACOs had the option to choose to report measure rates for measures specified as optional. Reporting **was not** required. If an ACO chose to publicly report its measure rates on a given measure, the ACO must also include the mean performance rate for that measure in the corresponding column.

ACOs using Table 4 to report quality results from prior performance years should enter “**Not in operations**” in the table cells for performance years they did not complete.

Table 4. 2012 - 2014 Quality Measure Reporting Requirements Table

Measure number	Performance measure	2012 reporting period		2013 reporting period		2014 reporting period	
		ACO performance rate	Mean performance rate for all ACOs	ACO performance rate	Mean performance rate for all ACOs	ACO performance rate	Mean performance rate for all ACOs
ACO-1	Getting Timely Care, Appointments, and Information	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-2	How Well Your Doctors Communicate	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-3	Patients' Rating of Doctor	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-4	Access to Specialists	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-5	Health Promotion and Education	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-6	Shared Decision Making	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-7	Health Status/Functional Status	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-8	Risk Standardized, All Condition Readmissions	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
ACO-9	ASC Admissions: COPD or Asthma in Older Adults	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
ACO-10	ASC Admission: Heart Failure	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
ACO-11	Percent of PCPs who Qualified for EHR Incentive Payment	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
ACO-12	Medication Reconciliation	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-13	Falls: Screening for Fall Risk	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-14	Influenza Immunization	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-15	Pneumococcal Vaccination	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-16	Adult Weight Screening and Follow-up	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-17	Tobacco Use Assessment and Cessation Intervention	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-18	Depression Screening	Optional	Optional	Optional	Optional	Mandatory	Mandatory

Measure number	Performance measure	2012 reporting period		2013 reporting period		2014 reporting period	
		ACO performance rate	Mean performance rate for all ACOs	ACO performance rate	Mean performance rate for all ACOs	ACO performance rate	Mean performance rate for all ACOs
ACO-19	Colorectal Cancer Screening	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-20	Mammography Screening	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-21	Proportion of Adults who had blood pressure screened in past 2 years	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-22	Hemoglobin A1c Control (HbA1c) (<8 percent)	Optional	N/A	Optional	N/A	Mandatory	N/A
ACO-23	Low Density Lipoprotein (LDL) (<100 mg/dL)	Optional	N/A	Optional	N/A	N/A	N/A
ACO-24	Blood Pressure (BP) <140/90	Optional	N/A	Optional	N/A	Mandatory	N/A
ACO-25	Tobacco Non Use	Optional	N/A	Optional	N/A	Mandatory	N/A
ACO-26	Aspirin Use	Optional	N/A	Optional	N/A	Mandatory	N/A
ACO-27	Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent)	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-28	Percent of beneficiaries with hypertension whose BP <140/90	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-29	Percent of beneficiaries with IVD with complete lipid profile and LDL control <100mg/dl	Optional	Optional	Optional	Optional	N/A	N/A
ACO-30	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-31	Beta-Blocker Therapy for LVSD	Optional	Optional	Optional	Optional	Mandatory	Mandatory
ACO-32	Drug Therapy for Lowering LDL Cholesterol	Optional	N/A	Optional	N/A	N/A	N/A
ACO-33	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	Optional	N/A	Optional	N/A	Mandatory	N/A

Note: ASC = ambulatory sensitive conditions, COPD = chronic obstructive pulmonary disease, EHR = electronic health record, IVD = ischemic vascular disease, LVSD = left ventricular systolic dysfunction, ACE = angiotensin-converting enzyme, ARB = angiotensin receptor blocker, CAD = coronary artery disease.

Appendix A. Blank Template of Required ACO Information for Public Reporting

Below is the template format that should be used on your public reporting webpage with your ACO-specific information.

ACO Name and Location:

ACO Primary Contact:

Organizational Information:

- ACO participants:
- ACO participants in joint ventures between ACO professionals and hospitals:
- ACO governing body:
- Key ACO clinical and administrative leadership:
- Associated committees and committee leadership:
- Types of ACO participants, or combinations of participants, that formed the ACO:

Shared Savings and Losses:

Amount of Shared Savings/Losses

Agreement period beginning ____, Performance Year(s) ____, ____

Shared losses are designated with a minus sign (-) in front of the dollar amount and red font.

Shared Savings Distribution

Agreement period beginning ____, Performance Year(s) ____, ____

- Proportion invested in infrastructure:
- Proportion invested in redesigned care processes/resources:
- Proportion of distribution to ACO participants:

Payment Rule Waivers

Display one of the following options:

- Option 1: Yes, our ACO uses the SNF 3-Day Rule Waiver.
- [Provide a bulleted list of SNFs that the ACO has a written SNF affiliate agreement with for purpose of the waiver]
- SNF #1
- SNF #2
- Option 2: No, our ACO does not use the SNF 3-Day Rule Waiver.

Quality Performance Results

- Quality performance results based on template for quality measures reporting provided by CMS. For example, see Table 3 for the 2015 quality reporting period.

Appendix B. Example of Completed Template for Required ACO Public Reporting

Below is an example of a completed template to illustrate the information that must be presented on your public reporting webpage with your ACO-specific information.

ACO Name and Location:

ABC ACO
11 North Street
Anywhere, USA 12121

ACO Primary Contact:

Dr. Jackson J. Jackson
jjj@abc.aco.com 333-444-5555

Organizational Information:

- **ACO participants:**
 1. Anywhere Hospital
 2. Multi-Specialty Clinic of Anywhere
 3. Dr. Jones Solo Practice of Anywhere
- **ACO participants in joint ventures between ACO professionals and hospitals (annotated by asterisk [*]):**
 1. Anywhere Hospital*
 2. Dr. Jackson J. Jackson*
- **ACO governing body:**
 1. Dr. Jackson J. Jackson, Voting Member and Chair, ACO Participant, Anywhere Hospital,
 2. Dr. Jones, Voting Member, ACO provider/supplier, Dr. Jones Solo Practice of Anywhere,
 3. Mr. Benny Smith, Voting Member, Medicare Beneficiary Representative
- **Key ACO clinical and administrative leadership:**
 1. ACO Executive: Mr. John Smith
 2. Medical Director: Dr. Daniel Davis
 3. Compliance Official: Ms. Jane Miller
 4. Quality Assurance/Improvement Officer: Mr. Steven Johnson
- **Associated committees and committee leadership:**
 1. Quality Assurance and Improvement Committee: Amy Jones, Chair
 2. Compliance Committee: Arthur Jacobs, Chair

- **Types of ACO participants or combinations of participants that formed the ACO:**

1. ACO professionals in a group practice arrangement
2. Network of individual practices of ACO professionals
3. Partnership or joint venture arrangement between hospitals and ACO professionals

Shared Savings and Losses:

Amount of Shared Savings/Losses

Example 1–ACO in first year of first agreement period

- Agreement period beginning 2015, Performance Year 2015: \$4,004,667

Example 2–ACO in second year of first agreement period

- Agreement period beginning 2014, Performance Year 2014: \$3,240,503
- Agreement period beginning 2014, Performance Year 2015: \$4,004,667

Example 3–ACO in third year of first agreement period

- Agreement period beginning 2013, Performance Year 1: \$4,867,501
- Agreement period beginning 2013, Performance Year 2014: \$3,240,503
- Agreement period beginning 2013, Performance Year 2015: \$4,004,667

Example 4–ACO in first year of second agreement period

- Agreement period beginning 2013, Performance Year 1: \$4,867,501
- Agreement period beginning 2013, Performance Year 2014: \$3,240,503
- Agreement period beginning 2013, Performance Year 2015: \$4,004,667
- Agreement period beginning 2016, Performance Year 2016: \$4,867,501

Shared losses are designated with a minus sign (-) in front of the dollar amount and red font.

Shared Savings Distribution

Example 1–ACO in first year of first agreement period

- Agreement period beginning 2015, Performance Year 2015
 - Proportion invested in infrastructure: 25%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 70%

Example 2–ACO in third year of first agreement period

- Agreement period beginning 2013, Performance Year 1
 - Proportion invested in infrastructure: 30%

- Proportion invested in redesigned care processes/resources: 5%
- Proportion of distribution to ACO participants: 65%
- Agreement period beginning 2013, Performance Year 2014, 2015
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 60%

Example 3–ACO in first year of second agreement period

- Agreement period beginning 2013, Performance Year 1
 - Proportion invested in infrastructure: 25%
 - Proportion invested in redesigned care processes/resources: 5%
 - Proportion of distribution to ACO participants: 70%
- Agreement period beginning 2013, Performance Year 2014, 2015
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 10%
 - Proportion of distribution to ACO participants: 60%
- Agreement period beginning 2016, Performance Year 2016
 - Proportion invested in infrastructure: 30%
 - Proportion invested in redesigned care processes/resources: 15%
 - Proportion of distribution to ACO participants: 55%

Payment Rule Waivers

- Yes, Our ACO uses the SNF 3-Day Rule Waiver
 1. Mid-town Skilled Nursing Center
 2. Anywhere SNF
 3. Westside Skilled Nursing Facility

Quality Performance Results

- See 2015 Quality Performance Results Table on page 12
- See 2012 -2014 Quality Performance Results Table on page 15

(Note: Hyperlinks shown in these examples are for illustrative purposes only.)