

Subpart F—Quality Performance Standards and Reporting

- 425.500 Measures to assess the quality of care furnished by an ACO for performance years (or a performance period) beginning on or before January 1, 2020.
- 425.502 Calculating the ACO quality performance score for performance years (or a performance period) beginning on or before January 1, 2020.
- 425.504 Incorporating reporting requirements related to the Physician Quality Reporting System Incentive and Payment Adjustment.
- 425.506 Incorporating reporting requirements related to adoption of certified electronic health record technology.
- 425.507 Incorporating Promoting Interoperability requirements related to the Quality Payment Program for performance years beginning on or after January 1, 2025.
- 425.508 Incorporating quality reporting requirements related to the Quality Payment Program.
- 425.510 Application of the Alternative Payment Model Performance Pathway (APP) to Shared Savings Program ACOs for performance years beginning on or after January 1, 2021.
- 425.512 Determining the ACO quality performance standard for performance years beginning on or after January 1, 2021.

Subpart G—Shared Savings and Losses

- 425.600 Selection of risk model.
- 425.601 Establishing, adjusting, and updating the benchmark for agreement periods beginning on or after July 1, 2019, and before January 1, 2024.
- 425.602 Establishing, adjusting, and updating the benchmark for an ACO's first agreement period beginning on or before January 1, 2018.
- 425.603 Resetting, adjusting, and updating the benchmark for a subsequent agreement period beginning on or before January 1, 2019.
- 425.604 Calculation of savings under the one-sided model.
- 425.605 Calculation of shared savings and losses under the BASIC track.
- 425.606 Calculation of shared savings and losses under Track 2.
- 425.608 Determining first year performance for ACOs beginning April 1 or July 1, 2012.
- 425.609 Determining performance for 6-month performance years during CY 2019.
- 425.610 Calculation of shared savings and losses under the ENHANCED track.
- 425.611 Adjustments to Shared Savings Program calculations to address the COVID-19 pandemic.

- 425.612 Waivers of payment rules or other Medicare requirements.
- 425.613 Telehealth services.
- 425.614–425.629 [Reserved]
- 425.630 Option to receive advance investment payments.
- 425.631–425.649 [Reserved]
- 425.650 Benchmarking methodology.
- 425.652 Establishing, adjusting, and updating the benchmark for agreement periods beginning on January 1, 2024, and in subsequent years.
- 425.654 Calculating county expenditures and regional expenditures.
- 425.655 Calculating the regional risk score growth cap adjustment factor.
- 425.656 Calculating the regional adjustment to the historical benchmark.
- 425.658 Calculating the prior savings adjustment to the historical benchmark.
- 425.659 Calculating risk scores used in Shared Savings Program benchmark calculations.
- 425.660 Accountable Care Prospective Trend (ACPT).
- 425.661 [Reserved]
- 425.662 [Reserved]
- 425.663 [Reserved]
- 425.664 [Reserved]
- 425.665 [Reserved]
- 425.666 [Reserved]
- 425.667 [Reserved]
- 425.668 [Reserved]
- 425.669 [Reserved]
- 425.670 Adjustments to mitigate the impact of significant, anomalous, and highly suspect billing activity on Shared Savings Program financial calculations involving calendar year 2023.

Subpart H—Data Sharing With ACOs

- 425.700 General rules.
- 425.702 Aggregate reports.
- 425.704 Beneficiary-identifiable data.
- 425.706 Minimum necessary data.
- 425.708 Beneficiaries may decline claims data sharing.
- 425.710 Data use agreement.

Subpart I—Reconsideration Review Process

- 425.800 Preclusion of administrative and judicial review.
- 425.802 Request for review.
- 425.804 Reconsideration review process.
- 425.806 On-the-record review of reconsideration official's recommendation by independent CMS Official.
- 425.808 Effect of independent CMS official's decision.
- 425.810 Effective date of decision.

AUTHORITY: 42 U.S.C. 1302, 1306, 1395hh, and 1395jj.

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