

§ 425.308

42 CFR Ch. IV (10–1–24 Edition)

under subpart E of this part for the benchmark or performance year.

(ii) The ACO may be subject to the pre-termination actions set forth in § 425.216, termination under § 425.218, or both.

[80 FR 32840, June 9, 2015, as amended at 82 FR 53369, Nov. 15, 2017]

§ 425.308 Public reporting and transparency.

(a) *ACO public reporting Web page.* Each ACO must create and maintain a dedicated Web page on which it publicly reports the information set forth in paragraph (b) of this section. The ACO must report the address of such Web page 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.

(b) *Information to be reported.* The ACO must publicly report the following information in a standardized format specified by CMS:

- (1) Name and location.
- (2) Primary contact.
- (3) Organizational information, including all of the following:
 - (i) Identification of ACO participants.
 - (ii) Identification of participants in joint ventures between ACO professionals and hospitals.
 - (iii) Identification of the members of its governing body.
 - (iv) Identification of key clinical and administrative leadership.
 - (v) Identification of associated committees and committee leadership.
 - (vi) Identification of the types of ACO participants or combinations of ACO participants (as listed in § 425.102(a)) that formed the ACO.
- (4) Shared savings and losses information, including the following:
 - (i) Amount of any payment of shared savings received by the ACO or shared losses owed to CMS.
 - (ii) 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.

(5) The ACO's performance on all quality measures.

(6) Use of payment rule waivers under § 425.612, if applicable, or telehealth services under § 425.613, if applicable, or both.

(7) Information about a beneficiary incentive program established under § 425.304(c), if applicable, including the following, for each performance year:

- (i) Total number of beneficiaries who received an incentive payment.
- (ii) Total number of incentive payments furnished.
- (iii) HCPCS codes associated with any qualifying service for which an incentive payment was furnished.
- (iv) Total value of all incentive payments furnished.
- (v) Total of each type of incentive payment (for example, check or debit card) furnished.

(8) Information, updated annually about the ACO's use of advance investment payments under § 425.630, for each performance year, including the following:

- (i) The ACO's spend plan.
- (ii) The total amount of any advance investment payments received from CMS.
- (iii) An itemization of how advance investment payments were spent during the year, including expenditure categories, the dollar amounts spent on the various categories, any changes to the spend plan submitted under § 425.630(d), and such other information as may be specified by CMS.

(9) For performance year 2025 and subsequent performance years, the total number of ACO participants, ACO providers/suppliers, and ACO professionals that are MIPS eligible clinicians, Qualifying APM Participants (QPs), or Partial Qualifying APM Participants (Partial QPs) (each as defined at § 414.1305 of this chapter) that earn a MIPS performance category score for the MIPS Promoting Interoperability performance category as set forth in § 425.507 that is comprised of the following—

- (i) The number of ACO participants, ACO providers/suppliers, and ACO professionals that meet the requirements of § 425.507(a) and are not excluded under § 425.507(b) for the applicable performance year; and