

AT A GLANCE

UPCOMING DEADLINES

- **CY 2022 Medicare PFS Notice of Proposed Rulemaking Comment Period: Ends September 13, 2021**
- **CAHPS® for MIPS Vendor Authorization: September 15, 2021**
- **Targeted Reviews of MIPS Payment Adjustment Factor(s): October 1, 2021**

EVENT ANNOUNCEMENTS

- **Medicare Shared Savings Program Learning System Webinar: Harnessing Data to Improve Quality**
August 30th | 2:00–3:00 p.m. ET | [Register](#)
- **CCLF User Group Webinar: CCLF Files Expansion—January 2022**
September 15th | 1:30–3:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle: Phase 1 RFI-2 to Be Issued on August 25, 2021](#)
- [CAHPS® for MIPS Vendor Authorization Tool: Now Open](#)
- [Creating and Managing QPP Contacts and HARP Accounts with QPP Roles in ACO-MS: Now Available](#)
- [2020 MIPS Performance Feedback, Final Score, and 2022 MIPS Payment Adjustment Information: Now Available](#)
- [2020 MIPS Payment Adjustment Factor\(s\) Targeted Reviews: Now Open](#)
- [Managing Changes to ACO Ownership Information in ACO-MS: Now Available](#)
- [PY 2021 Quarter 2 Report Package: Available August 12, 2021](#)
- [August CCLF Files](#)
- [Reminder: Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs Available in ACO-MS](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle: Phase 1 RFI-2 to Be Issued on August 25, 2021

CMS will issue the second request for information (RFI-2) of Phase 1 on Wednesday, August 25, 2021. ACOs may correct deficiencies identified by CMS between **Wednesday, August 25, 2021, and Friday, September 10, 2021, at 12:00 p.m. (noon) Eastern Time (ET)**.

CMS previously communicated August 25, 2021, as the date the final repayment mechanism amount would be provided to ACOs, and final repayment mechanism documentation would be due to CMS on September 10, 2021. In the Calendar Year (CY) 2022 Physician Fee Schedule (PFS) proposed rule, CMS is proposing changes to required repayment mechanism amounts that, if finalized, would be effective and applicable January 1, 2022. **After the issuance of the CY 2022 PFS final rule, CMS will provide written notice to ACOs of the final repayment mechanism amount and the due date for final repayment mechanism documentation. ACOs may have a limited opportunity to resolve any deficiencies and have the repayment mechanism approved in time for the start of Performance Year (PY) 2022.**

- ACOs have the option to use the repayment mechanism amount provided on August 25, 2021, to finalize their repayment mechanism documentation, or **hold on finalizing their repayment mechanism arrangement until further notice from CMS of the required amount, pending issuance of the CY 2022 PFS final rule.**
- For ACOs that choose to hold on finalizing their repayment mechanism arrangement, pending notice from CMS of the repayment mechanism amount following the issuance of the CY 2022 PFS final rule: CMS encourages ACOs to submit **draft** repayment mechanism documentation to CMS for review, in response to Phase 1 RFI-2 (due by September 10, 2021, at 12:00 p.m. (noon) ET) via [ACO Management System \(ACO-MS\)](#). This will allow for additional time for reviewers to provide feedback on documentation and for the ACO to resolve any issues with repayment mechanism terms other than the amount.

If your ACO submitted a change request but no longer wants to make the change, and CMS has not yet issued a disposition, you can withdraw the change request using the Change Request tab on the left-side menu in ACO-MS to find the change request in the Active Pending Disposition subtab.

Phase 1 RFI-2 is the **final opportunity** to:

- Withdraw or delete ACO participants and/or Skilled Nursing Facility (SNF) affiliates.
- Upload executed ACO Participant and/or SNF Affiliate Agreements.
- Submit a Sample SNF Affiliate Agreement.
- ACOs on the BASIC track's glide path may indicate interest in maintaining participation at their current level.
- Voluntarily elect a higher level within the BASIC track's glide path.
- Select the minimum savings rate (MSR)/minimum loss rate (MLR) for the remainder of their agreement period (only for ACOs moving from one-sided to two-sided risk). **Please note, ACOs that choose to move to a two-sided risk level (Level C, D, or E) on the BASIC track's glide path will need to submit a Participation Options change request to select their MSR/MLR; ACO-MS will automatically create a task for ACOs to submit draft repayment mechanism documentation.**
- Change selected beneficiary assignment methodology.

For further information on the actions available to currently participating ACOs, refer to the *Change Request Cycle for Performance Year Beginning on January 1, 2022* schedule, which can be found in the Program Operational Schedules section of the Knowledge Library tab in ACO-MS. As a reminder, all approved change requests are effective for PY 2022, which begins January 1, 2022.

Additional Resources

- The Requests for Information in ACO-MS, Overview of Participation Options in ACO-MS, Submitting Change Requests in ACO-MS, and Adding ACO Participants & SNF Affiliates in ACO-MS tip sheets are available in the Program Resources section of the Knowledge Library tab in ACO-MS.
- Updated guidance documents can be found on the [Program Guidance & Specifications webpage](#), including the [ACO Participant List and Participant Agreement Guidance](#), [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#), and [Repayment Mechanism Arrangements Guidance](#).

CAHPS® for MIPS Vendor Authorization Tool: Now Open

On August 10, 2021, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Merit-based Incentive Payment System (MIPS) vendor authorization tool opened. Each ACO's Primary Authorized to Sign (ATS) contact (unless a Primary ATS was not designated, in those instances, the link was sent to the Secondary ATS or ACO Executive) should have received an individualized link to access the online Vendor Authorization Tool from aco-cahps@rand.org.

Your ACO's Primary ATS contact or their designee must authorize a vendor using the web-based Vendor Authorization Tool by Wednesday, September 15, 2021.

If you have questions about selecting a survey vendor or completing the vendor authorization process, please log in to [ACO-MS](#) and click the Helpdesk icon (located within the ACO-MS banner), email the ACO Information Center at SharedSavingsProgram@cms.hhs.gov and copy your ACO Coordinator, or call 1-888-734-6433 (Option 1).

Creating and Managing QPP Contacts and HARP Accounts with QPP Roles in ACO-MS: Now Available

On August 5, 2021, ACOs were granted access to manage their Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) Security Official and Staff User roles in [ACO-MS](#). ACO-MS now allows specific ACO contacts (ACO Executive, ATS (Primary and Secondary), Application Contact (Primary and Secondary), and CMS Liaison) to invite individuals to obtain a HARP account with a Quality Payment Program (QPP) Security Official or QPP Staff User role in order to access the [QPP website](#). Individuals associated with Shared Savings Program no longer need to create a HARP account for these roles or manage their roles via the QPP website. Users can also use the same login credentials to access both the ACO-MS and the QPP website.

Existing HARP Users

For individuals who have an existing HARP account with a Security Official or Staff User role, the account and role information has been migrated to ACO-MS. These users were automatically set up with the appropriate role(s) associated with their ACO(s) in ACO-MS. Please log in to ACO-MS and confirm your contact information and user role. These individuals will not need to maintain separate login credentials and may use their same HARP credentials (username and password) to log in to ACO-MS.

New HARP Users

All individuals who need to access the QPP website should contact one of the ACO contacts specified above to request an invitation to obtain a QPP Security Official or QPP Staff User role and manage their QPP roles in ACO-MS. Individuals **should not** create HARP accounts or manage their QPP roles via the QPP website. These individuals can access the QPP website by signing in with their same ACO-MS login credentials.

Who Needs a QPP Security Official or QPP Staff User Role?

Each individual associated with a Shared Savings Program ACO who needs to access the QPP website in order to submit the quality measures data required under the Shared Savings Program, access the ACO's MIPS performance feedback, and request a targeted review needs a HARP account with a QPP Security Official or QPP Staff User role. This may include practice staff, abstractors, or other third-party representatives.

Each ACO must have at least one individual with the QPP Security Official role. Additional individuals who need access to the QPP website may be invited to obtain the QPP Security Official or QPP Staff User role.

Resources

For information on the functions you can perform with these roles in the QPP website, please refer to *Creating and Managing Quality Payment Program Contacts in ACO-MS* tip sheet available next week in the Program Resources section of the Knowledge Library tab in ACO-MS.

For guidance on how to add the QPP Security Official and QPP Staff User role contacts to an ACO in ACO-MS, refer to the [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet.

If you have any questions, please log in to ACO-MS and click the Helpdesk icon (located within the ACO-MS banner) or contact the ACO Information Center at SharedSavingsProgram@cms.hhs.gov or 1-888-734-6433 (Option 1).

2020 MIPS Performance Feedback, Final Score, and 2022 MIPS Payment Adjustment Information: Now Available

CMS released the MIPS performance feedback and final scores for PY 2020 and associated MIPS payment adjustment information for payment year 2022.

If you are the ACO's QPP Security Official or QPP Staff User contact in [ACO-MS](#), then you can view your MIPS performance feedback, final score, and payment adjustment by logging in to the [QPP website](#) with your ACO-MS credentials.

Additional Resources

To learn more about your performance feedback, review the following 2020 MIPS Performance Feedback Resources:

- NEW! [2020 Performance Period Benchmarks](#) (zip): Identifies the performance period benchmark results (as available) for measures without a historical benchmark and provides general information about performance period benchmarks.
- [2020 MIPS Performance Feedback FAQs](#) (pdf): Highlights what performance feedback is, who receives the feedback, and how to access it on the QPP website.
- [Payment Year 2022 MIPS Payment Adjustment User Guide](#) (pdf): Provides information about the calculation and application of MIPS payment adjustments, and answers frequently asked questions.

Contact the QPP Helpdesk at 1-866-288-8292 or by email at QPP@cms.hhs.gov with questions. To receive assistance quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

2020 MIPS Payment Adjustment Factor(s) Targeted Reviews: Now Open

MIPS eligible clinicians, groups, and virtual groups (along with their designated support staff or authorized third party intermediary), including Alternative Payment Model (APM) participants, may request that CMS review the calculation of their MIPS payment adjustment factor(s) through a process called targeted review.

When to Request a Targeted Review

If you believe an error was made in the calculation of your MIPS payment adjustment factor(s), you can request a targeted review until **October 1, 2021**. Some examples of previous targeted review circumstances include data having been submitted under the wrong taxpayer identification number (TIN) or National Provider Identifier (NPI), eligibility and special status issues (e.g., you fall below the low-volume threshold and shouldn't receive a payment adjustment), or performance categories not automatically having been reweighted even though you qualify for reweighting due to extreme and uncontrollable circumstances.

Note: This is not a comprehensive list of circumstances. If you have questions about whether a targeted review is warranted for your circumstance, please contact the QPP Helpdesk.

How to Request a Targeted Review

If you are the ACO's QPP Security Official or QPP Staff User contact in [ACO-MS](#), then you can access your MIPS final score and performance feedback and request a targeted review by logging in to the [QPP website](#) using your ACO-MS credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the [QPP Access User Guide](#) (zip) for additional details.

CMS generally requires documentation to support a targeted review request, which varies by circumstance. You'll be contacted by a representative with information about any specific documentation required. If the targeted review request is approved and results in a scoring change, CMS will update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Please note that targeted review decisions are final and not eligible for further review.**

Resources

For more information about how to request a targeted review, please refer to the [2020 Targeted Review User Guide](#) (pdf). For more information on payment adjustments, please refer to the [2022 MIPS Payment Year Payment Adjustment User Guide](#) (pdf).

Contact the QPP Helpdesk at 1-866-288-8292 or by e-mail at QPP@cms.hhs.gov. To receive assistance quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

Managing Changes to ACO Ownership Information in ACO-MS: Now Available

ACOs can now manage changes to ownership information, including notifying CMS of any changes, by submitting an entity information change request in [ACO-MS](#). This functionality is available to the ACO Executive and ATS (Primary/Secondary) contacts only.

As of August 4, 2021, ACOs may submit entity information change requests to update their ownership information in the same manner as changes to their ACO legal entity name, ACO TIN, and/or date of formation changes are managed. Authorized users may navigate to the Agreement Details tab in ACO-MS, click on the pencil icon next to "Entity Information," and type the ACO's prior ownership name and the ACO's current ownership name in the respective data fields in the pop up box labeled "Request Edit to ACO Legal Entity." If the ACO is also changing its ACO legal entity name, ACO TIN, and/or ACO date of formation, those changes must be submitted in the same entity information change request. Authorized users cannot submit another entity information change request for the ACO, until the first entity information change request is completed or withdrawn. All ACO contacts can view the change request, but only authorized users can withdraw the change request from the change request tab once it is submitted for CMS disposition.

CMS recently released a new tip sheet, *Managing ACO Entity Information in ACO-MS*, to provide information about managing changes to the ACO entity and submitting those changes for CMS' review. This new tip sheet and the previously available *Submitting Change Requests in ACO-MS* tip sheet are available in the Program Resources section of the Knowledge Library tab in ACO-MS.

PY 2021 Quarter 2 Report Package: Available August 12, 2021

On August 12, 2021, CMS anticipates releasing the PY 2021 Quarter 2 (Q2) reports packages to ACOs via the Data Hub tab in [ACO-MS](#). The report package will be sent as a zip file and includes the following:

- Cover notice
- Assignment List Report (ALR)
- Assignment Summary Report (ASR)
- Aggregate Expenditure/Utilization Report (EXPU)
- Beneficiary Expenditure Utilization Report (BEUR)
- Non-Claims Based Payment File (NCBP)

ACOs may find their Q2 report packages under PY 2021 in the Data Hub with the file name "P.Axxxx.ACO.QEXPU.D219999.T0200000." Please note that "D219999" indicates that the reports are applicable for PY 2021, and "T0200000" indicates that the reports are applicable to Q2.

Resources

For additional information about the Q2 report package, please reference the Q2 cover notice and the most recently available report user guides: *Assignment List Report and Assignment Summary Report User's Guide* and *Annual and Quarterly Aggregate Expenditure/Utilization and Beneficiary Expenditure/Utilization Reports User's Guide*. The user's guides provide detailed information about the data elements included in the referenced program reports. These guides can be found in the Program Resources section of the Knowledge Library tab in ACO-MS by searching "Report User's Guides."

August CCLF Files

August Claim and Claim Line Feed (CCLF) files for the PY 2021 assignable or prospectively assigned beneficiaries will be available to ACOs on August 17, 2021 in the Data Hub tab in [ACO-MS](#).

The August delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER FRIENDLY FILE NAMING CONVENTION
PY21 Beneficiary Exclusion and MBI XREF files	August 16 th	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst P.A****.BNEX.Y21.Dyymmdd.Thhmsst	2021	Excluded Beneficiary MBI XREF File delivered in August 2021 (txt) Beneficiary Data Sharing Exclusion File delivered in August 2021 (xml)
PY21 CCLFs	August 17 th	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	2021	CCLF delivered in August 2021 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, version 31 (V31) and the *ACO and ACO-OS Data Exchange User Guide (DEUG)*, V11 for additional information on the CCLF and Exclusion files. The CCLF IP and the DEUG are available under the Program Resources section of the Knowledge Library tab in ACO-MS.

For technical assistance, please contact the ACO Information Center using the ACO-MS Helpdesk icon (located within the ACO-MS banner) or call 1-888-734-6433 (Option 1).

Reminder: Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs Available in ACO-MS

This new tip sheet from the Value Based Care Learning System highlights how OneCare Vermont leverages data to monitor and improve performance in its state-wide care coordination program. The ACO's community care coordination program encourages primary care practices and local organizations to form multidisciplinary care teams to improve outcomes for high-risk beneficiaries. To ensure that its program delivers high-quality, value-based care, OneCare established care management metrics and regularly reviews its care teams' performance on these metrics. To learn more about OneCare's community care coordination program, refer to the [OneCare Vermont ACO Case Study: Community Care Coordination Program](#).

Search for "Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs" in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

EVENT ANNOUNCEMENTS

Medicare Shared Savings Program Learning System Webinar: Harnessing Data to Improve Quality

MONDAY, AUGUST 30, 2021, 2:00 P.M.–3:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** CMS welcomes Shared Savings Program ACOs to join us on Monday, August 30th at 2:00 p.m. ET for a webinar focused on ways organizations leverage data to improve quality. This event will review insights that ACOs shared with the Learning System team to inform development of the [Operational Elements Toolkit](#), released in June 2021. Additionally, ACO speakers from MultiCare Connected Care and Northwestern Medicine ACO will describe their ACOs' strategies to integrate data from multiple sources to analyze patterns in care delivery, address care gaps, and facilitate quality reporting. Both ACOs will also speak to their early plans for reporting on electronic clinical quality measures (eCQMs) in future performance years. Attendees will have an opportunity to ask questions during the webinar.

CCLF User Group Webinar: CCLF Files Expansion—January 2022

WEDNESDAY, SEPTEMBER 15, 2021, 1:30 P.M.–3:00 P.M. EASTERN TIME

- [Register Here](#): 1-415-919-4130 (Direct), 833-478-0835 (US/Canada); Access Code: 3299784
- **Audience:** All ACOs
- **Description:** The CCLF files will expand in January 2022 to include additional variables. CMS is hosting a webinar to provide an overview of the layout changes and new elements. CMS strongly encourages technical staff routinely consuming and analyzing these files to attend in order to prepare for system readiness. The overview will be followed by live questions and answers with subject matter experts.

CONTACT INFORMATION FOR ACOs

To help ACOs navigate questions regarding the Shared Savings Program.

ACO Information Center

Click the [ACO-MS](#) Helpdesk Icon (located within the ACO-MS banner)

Hours: Monday–Friday, 8:30 a.m.–7:30 p.m. ET

- Program operations and policy inquiries; technical inquiries related to program data and program reports; ACO-MS; and assistance with user access to CMS systems, including password resets
- 1-888-734-6433 (select Option 1) or 1-888-734-6563 (TTY/TTD)

Quality Payment Program Service Center

QPP@cms.hhs.gov

Hours: Monday–Friday, 7:00 a.m.–7:00 p.m. ET; non-peak hours: before 10:00 a.m. and after 2:00 p.m. ET

- Inquiries related to MIPS, APMs, MACRA, CAHPS® for ACOs survey, quality measures, quality reporting for 2017 and future years, and CMS Web Interface
- 1-866-288-8292

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