

## AT A GLANCE

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### UPCOMING DEADLINES

- **Change Request Cycle Phase 1:**  
12:00 p.m. ET on June 29, 2022
- **Phase 1 RFI-1:**  
12:00 p.m. ET on August 4, 2022

### EVENT ANNOUNCEMENTS

- **Advancing Health Equity in Palliative and Hospice Care**  
July 19<sup>th</sup> | 3:00–4:00 p.m. ET | [Register](#)

### PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Reminder: Actions Available During the Change Request Cycle for PY 2023](#)
- [Form CMS-588 EFT Authorization Agreement Submission via ACO-MS: New Functionality Now Available](#)
- [PY 2022 Final Financial Historical Benchmark Report Packages for ACOs With an Agreement Beginning January 1, 2022: Available This Week](#)
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- [Seeking ACO Speakers on Leveraging Patient Registries to Support Beneficiaries With Complex Care Needs](#)

## PROGRAM ANNOUNCEMENTS AND RESOURCES

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### Reminder: Actions Available During the Change Request Cycle for PY 2023

The change request cycle Phase 1 submission period for the performance year (PY) beginning on January 1, 2023, is now open through **June 29, 2022, at 12:00 p.m. (noon) Eastern Time (ET)**.

Currently participating ACOs may take the actions described in the [Change Request Cycle for Performance Year Beginning on January 1, 2023](#) (PDF) schedule, which can be found in the Program Operational Schedules section of the Knowledge Library tab in the [ACO Management System \(ACO-MS\)](#).

### Modifications to an ACO's Participant List and/or SNF Affiliate List

ACOs may modify their ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists during the change request cycle for the performance year beginning January 1, 2023. CMS reviews change requests for ACO participant and/or SNF affiliate additions during the established review cycle, which includes CMS feedback and the opportunity for ACOs to correct deficiencies in advance of the upcoming performance year.

**Note: The final opportunity for ACOs to submit new change requests to add ACO participants and/or SNF affiliates is during the Phase 1 first request for information (RFI-1) submission period, which ends on August 4, 2022, at 12:00 p.m. (noon) ET.** ACOs will have the opportunity to correct deficiencies identified in RFI-1 submissions during the RFI-2 response period; CMS will issue dispositions on participant and/or SNF affiliate change requests after RFI-2.

### Participation Options

ACOs may submit a Participation Options change request to:

- Change the ACO's selected beneficiary assignment methodology.
- 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 the ACO's agreement period (only for ACOs moving from one-sided to two-sided risk).

For more information, refer to the [Overview of Participation Options in ACO-MS tip sheet](#) (PDF), available in the Program Resources section of the Knowledge Library tab in ACO-MS.

## Repayment Mechanism and ACOs Moving to Two-Sided Risk

ACOs automatically advancing from one-sided to two-sided risk level (Level C, D or E) on the BASIC track's glide path will have a Participation Options change request automatically generated on their dashboard.

All ACOs moving to a two-sided risk level will need to submit a Participation Options change request to select their MSR/MLR; ACO-MS will automatically create a task for the ACO to submit draft repayment mechanism documentation. ACOs can now use the new [Repayment Mechanism Checklist](#) as a quick reference to help evaluate your documentation before submitting and to help meet the requirements.

ACOs can download template repayment documentation that will automatically populate some of the ACO's information. CMS strongly encourages ACOs to submit draft repayment mechanism documentation, preferably in a Word document, early on in the change request cycle. This approach will allow additional time for reviewers to provide feedback on documentation and for the ACO to resolve any issues.

## SNF 3-Day Rule Waiver and/or BIP Applications

Eligible currently participating ACOs may apply for a SNF 3-Day Rule Waiver and/or to establish and operate a Beneficiary Incentive Program (BIP) without renewing their participation in the Shared Savings Program. To apply for a SNF 3-Day Rule Waiver, ACOs must elect to apply for a SNF 3-Day Rule Waiver application and must add SNF affiliates by the Phase 1 RFI-1 **deadline on August 4, 2022, at 12:00 p.m. (noon) ET**.

ACOs have the opportunity to submit a BIP application during Phase 2 of the application process.

## Additional Resources

The [Change Request Cycle for Performance Year Beginning on January 1, 2023](#) schedule, which can be found in the Program Operational Schedules section of the Knowledge Library tab in ACO-MS, outlines the actions available and deadline dates applicable to the change request cycle. Please note that all dates are subject to change. Additional resources can be found on the [Program Guidance & Specifications webpage](#), including the updated [ACO Participant List and Participant Agreement Guidance](#), [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#), [Repayment Mechanism Arrangements Guidance](#), and [Beneficiary Incentive Program Guidance](#). CMS has also released updates to the [Submitting Change Requests in ACO-MS](#) and [Adding ACO Participants & SNF Affiliates in ACO-MS tip sheets](#). Both documents are available in the Program Resources section of the Knowledge Library tab in ACO-MS.

## Form CMS-588 EFT Authorization Agreement Submission via ACO-MS: New Functionality Now Available

New functionality to enable currently participating ACOs to submit the [Electronic Funds Transfer \(EFT\) Authorization Agreement](#) (Form CMS-588) at any time is now available in the Documents subtab of the My ACOs tab in [ACO-MS](#). Currently participating ACOs may electronically upload the Form CMS-588, the accompanying cover sheet, and supporting financial documentation via the Documents tab in ACO-MS to start the review process.

Submit these documents as a change request by going to the Documents subtab of the My ACOs tab in ACO-MS, selecting "Form CMS-588" from the Agreement Documents drop-down menu, then clicking "Upload Document" (within the 2022 drop-down menu). ACO-MS will allow documents in Word, Excel, or PDF formats to be uploaded. **Do not submit documents in any other format.** Once you have submitted the change request for Form CMS-588, you will receive a confirmation message that includes the task ID for Form CMS-588.

An ACO with Form CMS-588 questions should contact the Shared Savings Program by using the ACO-MS Helpdesk icon (located within the ACO-MS banner); emailing the Shared Savings Program mailbox at [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov) (include your ACO ID and "Form CMS-588" in the subject line); or calling 1-888-734-6433 (Option 1). CMS cannot confirm any information regarding Form CMS-588 that your ACO may already have on file with CMS. If your ACO has specific questions concerning your current Form CMS-588, your ACO will need to fill out a new Form CMS-588 and check the appropriate box (Change to Current EFT Enrollment, or Revalidation). For additional information on completing Form CMS-588, reference the [ACO Banking Form Instructions](#), available in the Program Resources section of the Knowledge Library tab in ACO-MS.

## PY 2022 Final Financial Historical Benchmark Report Packages for ACOs With an Agreement Beginning January 1, 2022: Available This Week

CMS plans to release PY 2022 Final Financial Historical Benchmark Report packages to ACOs with an agreement period start date of January 1, 2022, by the end of this week. The packages include an ACO's PY 2022 Final Historical Benchmark Report along with informational files for each of the ACO's three benchmark years: *Annual Assignment List Report*, *Annual Assignment Summary Report*, *Annual Aggregate Expenditure/Utilization Report*, *Beneficiary Expenditure Utilization Report*, and *Annual Non-Claims-Based Payment File*.

CMS establishes an ACO's historical benchmark at the start of its agreement period and the benchmark is based on the most recent three calendar years prior to the start of the ACO's current agreement period. For ACOs receiving their final historical benchmark report packages, CMS applied the benchmarking methodology that was finalized in the [December 2018 Final Rule](#) and codified at [42 CFR § 425.601](#). This historical benchmark report package is based on the PY 2022 ACO Participant List that your ACO certified and the assignment methodology your ACO selected for PY 2022.

Because of the timing of the Preliminary Historical Benchmark Report, certain data needed to calculate values for Benchmark Year 3 (BY3), which aligns with Calendar Year (CY) 2021, was not yet available at the time the preliminary report was produced in March 2022. The CY 2021 data, which was used in the Final Historical Benchmark Report, replaces CY 2020 data that was used for the Preliminary Historical Benchmark Report. ACOs with an agreement period that started prior to January 1, 2022, and received their Adjusted PY 2022 Historical Benchmark Report Package in March 2022 will not receive a Historical Benchmark Report Package this week, because all the data needed to calculate their historical benchmarks was available in March 2022.

### Historical Benchmark Resources

CMS encourages ACOs to view the ["Overview of Historical Benchmark Reports for Agreement Periods Beginning on July 1, 2019, and in Subsequent Years" video](#), which provides a walkthrough of the historical benchmark report applicable to ACOs that began an agreement period on July 1, 2019, or in subsequent years. This [video](#) is also available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#).

A CMS [webinar recording](#) providing an overview of the benchmarking methodology is available in the Webinars section of the Knowledge Library tab in ACO-MS by searching for "July 2019 Historical Benchmark and Methodology." CMS also encourages ACOs to access the [Shared Savings and Losses and Assignment Methodology Specifications](#) on [CMS.gov](#).

**Note:** Resources that are applicable to your ACO are listed in the cover notices provided with your historical benchmark report packages.

### June CCLF Files

June Claim and Claim Line Feed (CCLF) files for the PY 2022 assignable or prospectively assigned beneficiaries will be made available to ACOs in the Data Hub tab of [ACO-MS](#). The June delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files is as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER FRIENDLY FILE NAMING CONVENTION
PY 2022 Beneficiary Exclusion and MBI XREF files	Week of June 6 <sup>th</sup>	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in June 2022 (txt)  Beneficiary Data Sharing Exclusion File delivered in June 2022 (xml)
PY 2022 CCLFs	Week of June 13 <sup>th</sup>	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in June 2022 (zip)

ACOs should refer to the [CCLF Information Packet \(IP\)](#), Version 35 (V35) 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 in 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).

## CCLF Files Expansion 2022: Change to Approach

In September and December 2021, CMS hosted webinars titled “CCLF Files Expansion January 2022.” Following the webinars, CMS received a series of feedback and is addressing your concerns.

The original approach, defined during the webinar, defaulted 11 National Provider Identifier (NPI) and Online Survey Certification & Reporting System (OSCAR) variables to null, and this change was to begin in January 2023. Based on your feedback, the 11 variables will continue to be populated to provide NPI and OSCAR data elements in the CCLF1–CCLF6 files sourced from the Provider Enrollment Change of Ownership System (PECOS).

Due to this change in approach, the [CCLF Information Packet \(IP\)](#), V35 and the CCLF User Group’s [CCLF Files Expansion January 2022 webinar slides and video presentation](#) from September 15, 2021, and December 9, 2021, were updated with language related to this approach. These files can be found in the Program Resources section of the Knowledge Library tab in [ACO-MS](#).

## Seeking ACO Speakers on Leveraging Patient Registries to Support Beneficiaries With Complex Care Needs

CMS will host an ACO Learning System webinar this summer highlighting how ACOs use registries to identify and support beneficiaries with chronic conditions and/or complex needs. Topics may include but will not be limited to developing patient registries, integrating registries into care coordination processes or clinical workflows, identifying care needs using registry data, and advancing population health goals related to chronic care management through registries.

### Does Your ACO Have a Patient Registry Story to Share?

To express interest in presenting, email [VBCLearningSystem@mathematica-mpr.com](mailto:VBCLearningSystem@mathematica-mpr.com) with the subject line “Summer Patient Registries Webinar” by close of business Friday, July 1<sup>st</sup>. In your email, please briefly describe how your ACO is leveraging registries to identify and manage complex care needs.

## EVENT ANNOUNCEMENTS

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### VBC Cross-model Webinar: Advancing Health Equity in Palliative and Hospice Care

**TUESDAY, JULY 19, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME**

- [Register Here](#)
- **Audience:** Shared Savings Program ACOs
- **Description:** The Value Based Care (VBC) Learning System is hosting a cross-model webinar exploring ways health systems can address disparities in access to high-quality palliative and hospice care by engaging beneficiaries, improving care coordination, and expanding partnerships with community-based hospice organizations. Studies have shown that underserved communities are less likely to have access to palliative care professionals and, as a result, access and care disparities exist across diverse patient populations. This webinar will feature expert speakers who will describe promising practices for evaluating data on disparities in palliative and hospice care access and effective strategies for engaging interdisciplinary teams in improving the quality of care to meet beneficiaries’ unique and diverse needs.

**Delaware Valley ACO** will provide an ACO perspective on meeting the challenge of equity and inclusiveness in palliative care, including the use of innovative strategies to identify and understand disparities. **Vitas Healthcare**, a hospice provider, will provide insight into their strategies and approaches for engaging beneficiaries and clinicians,

and building community partnerships to reduce disparities in access to hospice care. Attendees will have an opportunity to engage speakers and ask questions about their approaches to advance health equity during a Q&A session.

## CONTACT INFORMATION FOR ACOs

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### ACO Coordinator

To help ACOs navigate questions regarding the Shared Savings Program, **please contact your ACO Coordinator as your first line of contact.** These additional resources are also available:

### 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](mailto:QPP@cms.hhs.gov)

Hours: Monday–Friday, 8:00 a.m.–8:00 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 MIPS survey, quality measures, quality reporting for 2017 and future years, and CMS Web Interface
- 1-866-288-8292

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