

AT A GLANCE

UPCOMING DEADLINES

- **Phase 1 RFI-1:**
12:00 p.m. ET on August 4, 2022
- **PFS Proposed Rule Public Comments:**
5:00 p.m. ET on September 6, 2022
- **Indicate Interest in Remaining in BASIC Track Levels A or B:**
12:00 p.m. ET on September 9, 2022

EVENT ANNOUNCEMENTS

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

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Physician Fee Schedule Proposed Rule](#)
- [Notice of Proposed Rulemaking and Ability to Remain in Level A or Level B of the BASIC Track](#)
- [2021 MIPS Final Score Preview: Now Available](#)
- [PY 2022 Q1 Opioid Utilization Report: Delivered June 15th](#)
- [The CoC Program Supplemental Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Physician Fee Schedule Proposed Rule

On July 7, 2022, CMS issued a proposed rule entitled *Medicare and Medicaid Programs: Calendar Year 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Medicare Shared Savings Program Requirements, etc.*, which includes proposed changes to the Shared Savings Program to advance CMS' overall value-based care strategy of growth, alignment, and equity.

CMS encourages interested parties to review and submit comments on the proposed rule. Public comments on the proposed rule are **due no later than 5:00 p.m. Eastern Time (ET) on September 6, 2022**. Official comments must be submitted in one of the following ways: electronically through the [Regulations.gov website](#), regular mail, or express or overnight mail.

To learn more, refer to:

- Press Release: [CMS Proposes Physician Payment Rule to Expand Access to High-Quality Care](#)
- MSSP Fact Sheet: [Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Proposed Rule - Medicare Shared Savings Program Proposals](#)
- PFS Fact Sheet: [Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Proposed Rule](#)
- Quality Payment Program (QPP) Fact Sheet: [2023 Quality Payment Program Proposed Rule Resources](#) (zip)
- Proposed Rule: [CY 2023 PFS proposed rule](#). Note: Public comments on the proposed rule are **due no later than 5:00 p.m. on September 6, 2022**.
- [County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries Public Use File](#) (zip)

Notice of Proposed Rulemaking and Ability to Remain in Level A or Level B of the BASIC Track

CMS is proposing in the [CY 2023 Medicare Physician Fee Schedule Notice of Proposed Rulemaking](#) that ACOs currently participating in the BASIC track at Level A or Level B for performance year (PY) 2022 have the option to elect to remain in their current level of the BASIC track glide path for PY 2023 and continue at this level for the remainder of the ACO's current agreement period. The annual Application and Change Request Cycle for PY 2023 began June 8, 2022.

Accordingly, eligible ACOs in Level A or Level B of the BASIC track's glide path will have the opportunity to indicate interest in continuing participation at their current level during the current change request cycle. **If the proposed policy is finalized**, the election will not require CMS adjudication, and your ACO will remain at its current participation (Level A or Level B) for the remainder of the ACO's current agreement period unless the ACO elects to transition to a higher level of risk and potential reward within the BASIC track's glide path.

Starting July 22, 2022, eligible ACOs that want to indicate interest in the proposed policy to remain in their current Level A or Level B participation of the BASIC track's glide path must do so via the [ACO Management System \(ACO-MS\)](#).

- Navigate to the My ACOs tab of ACO-MS.
- Click on the applicable ACO.
- During both Phase 1 RFI response periods, eligible ACOs will see a banner describing the voluntary election.
- Click on the banner to remain in current Level A or Level B of the BASIC track.
- Confirm the selection when prompted.
- Once confirmed, and if the proposed policy is finalized, the change will automatically take effect in ACO-MS, as this election does not require CMS adjudication. The banner will then become a read-only message confirming the ACO's election.

The last opportunity to indicate interest in remaining in Level A or Level B of the BASIC track's glide path in ACO-MS is **September 9, 2022, at 12:00 p.m. (noon) ET**. If this proposed policy is not finalized and your ACO is required to advance from Level A or Level B to a two-sided risk model for PY 2023, your ACO will have a limited opportunity to submit a repayment mechanism, resolve any deficiencies, and have it approved in time for the start of the performance year.

If you have any questions about ACO-MS or require technical assistance, click the ACO-MS Helpdesk icon (located within the ACO-MS banner) or call 1-888-734-6433 (select Option 1) or TTY/TDD 1-888-734-6563.

2021 MIPS Final Score Preview: Now Available

CMS initiated the new Final Score Preview to allow eligible clinicians an opportunity to review the 2021 MIPS final score and submit any concerns and identify potential issues to CMS for evaluation before calculating payment adjustments for MIPS-eligible clinicians. Clinicians are strongly encouraged to preview their final scores during the Final Score Preview to have any concerns addressed prior to CMS finalizing scores.

Shared Savings Program ACO QPP Security Official (SO) or QPP Staff User contacts in [ACO-MS](#) can preview the ACO's final score based on performance under the Alternative Payment Model (APM) Performance Pathway (APP) by signing in to the [Quality Payment Program \(QPP\) website](#) using their ACO-MS username and password.

Please contact your ACO Coordinator as your first line of contact if you believe there's an error with information displayed during the MIPS Final Score Preview period. You may also contact the QPP Service Center (Monday-Friday, 8:00 a.m.–8:00 p.m. ET) at 1-866-288-8292 (telecommunications relay services (TRS) 711) or by email at QPP@cms.hhs.gov. Please share your QPP Service Ticket number with your ACO Coordinator to help facilitate you receiving a prompt response.

PY 2022 Q1 Opioid Utilization Report: Delivered June 15th

CMS released the informational PY 2022 Quarter 1 (Q1) Opioid Utilization Report package on June 15, 2022. The report package was delivered to your ACO as a zip file that included a cover notice and the opioid report. The report is accessible through the Data Hub tab in [ACO-MS](#). The download is titled "Opioid Measures Report (zip)." The zip file is named with the following convention: "P.Axxxx.ACO.QQR." This file will be available through the Data Hub tab in ACO-MS indefinitely.

Beginning on January 1, 2022, the Overutilization Monitoring System (OMS) criteria, which identifies potential at-risk beneficiaries ([42 CFR § 423.153\(f\)16](#)), expanded to include Part D beneficiaries with a primary diagnosis of opioid-related overdose within the most recent 12 months and a Part D opioid prescription (not including medication-assisted therapy) within the most recent 6 months, in addition to the preexisting morphine milligram equivalent and provider count criteria.

Due to this change, there is a notable increase in beneficiaries meeting the inclusion criteria for the OMS measure when compared to beneficiary counts prior to January 1, 2022.

For additional assistance, the informational [“Opioid Utilization Report Overview” video](#) is available to help you review the contents of the quarterly *Opioid Utilization Report* and understand details of the three opioid utilization measures.

The CoC Program Supplemental Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness

The Department of Housing and Urban Development (HUD) announced the [Continuum of Care \(CoC\) Program Supplemental Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness](#), which makes \$322 million in competitive funding available to communities to address unsheltered and rural homelessness. As part of the application, HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare resources. Because of the importance placed on partnership with health care organizations, this is an opportunity for ACOs to better partner with your local community to address homelessness, a key social determinant of health.

The applicants would be CoCs, which are not separate organizations, but rather are collaborative bodies that should include organizations that address homelessness locally, including Department of Health and Human Services (HHS) grantees, local community-based organizations, health care providers, municipal/county/state governments, and more. If your ACO is not already a member or a partner with a CoC, contact your local CoC to find out how to be a member or partner and use this as an opportunity to start the conversation about how you can work together to address homelessness. Applications must be submitted **no later than October 20, 2022, at 8:00 p.m. ET**.

Resources

- [List of the Continuums of Care](#) (this list includes contact information ACOs can use to reach out)
- [Additional Background Information on Continuums of Care](#)
- [Information on the Continuums of Care Notice of Funding Opportunity](#)

EVENT ANNOUNCEMENTS

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

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

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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