

AT A GLANCE

UPCOMING DEADLINES

- **Phase 1 RFI-2 Closes:**
12:00 p.m. ET on September 9, 2022
- **CAHPS® for MIPS Vendor Authorization:**
by 8:00 p.m. ET on September 14, 2022

EVENT ANNOUNCEMENTS

- **Leveraging Patient Registries for Complex Patient Management**
August 16th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Q2 Report Package: Now Available](#)
- [August CCLF Files](#)
- [New Case Study on New York Medical Partners ACO: Integrating Clinical Pharmacists to Expand Primary Care Teams](#)
- [Managing Significant Changes to ACOs in ACO-MS](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Q2 Report Package: Now Available

On August 4, 2022, CMS released the Performance Year (PY) 2022 Quarter 2 (Q2) report packages to ACOs in the Data Hub tab in the [ACO Management System \(ACO-MS\)](#). The report packages were sent as a zip file and included 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 Payments (NCBP) file

Note: ACOs without Non-Claims Based Payments during the report period will not receive the NCBP file.

ACOs can find their PY 2022 Q2 report packages as a zip file under “PY 2022” in the Data Hub tab in ACO-MS with the file name “P.Axxxx.ACO.QEXPU.D229999.T0200000.” The “D229999” indicates the reports are applicable for PY 2022, and “T0200000” indicates the reports are applicable to Q2 of PY 2022.

For additional information about the Q2 report package, refer to the Q2 cover notice and the [Performance Year 2022 Report User's Guides](#):

- Assignment List Report and Assignment Summary Report User's Guide (PDF)
- Annual and Quarterly Aggregate Expenditure/Utilization, Beneficiary Expenditure/Utilization, and Non-Claims Based Payment Reports User's Guide (PDF)

These report user's guides provide detailed information about the data elements included in the referenced program reports. They can be found in the Program Resources section of the Knowledge Library tab in ACO-MS by searching “Report User's Guides” and then selecting “Performance Year 2022 Report User's Guides.”

August CCLF Files

August 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 August 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 August 8 th	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in August 2022 (txt) Beneficiary Data Sharing Exclusion File delivered in August 2022 (xml)
PY 2022 CCLFs	Week of August 15 th	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in August 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).

New Case Study on New York Medical Partners ACO: Integrating Clinical Pharmacists to Expand Primary Care Teams

This case study from the Value Based Care (VBC) Learning System describes how New York Medical Partners ACO integrates clinical pharmacists into primary care clinics to expand access to care. Within the ACO’s primary care practices, clinical pharmacists deliver a broad range of services, including remote patient monitoring (RPM) and chronic care management (CCM), to enhance primary care teams’ reach and depth of treatment. Since they were first integrated into the ACO’s primary care clinics in 2018, clinical pharmacists have provided over 17,000 visits, including care to 208 CCM patients and 1,000 RPM patients. New York Medical Partners ACO’s use of clinical pharmacists to expand primary care teams may be informative for other ACOs and health care organizations.

The New York Medical Partners ACO case study can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

Managing Significant Changes to ACOs in ACO-MS

While participating in the Shared Savings Program, an ACO may need to manage changes during the agreement period, including updating an ACO’s legal entity name, taxpayer identification number (TIN), and/or ownership, which could require updates to its ACO Participation Agreement. Per [42 CFR § 425.214](#), a “significant change” occurs when an ACO is no longer able to meet the eligibility or requirements of the Shared Savings Program. For example, certain changes in an ACO’s legal entity or ownership may result in a significant change.

Note: An ACO is required to notify CMS of a potential significant change within 30 days of the change occurring. An ACO Executive or Authorized to Sign (Primary/Secondary) contact will need to submit an entity information change request in [ACO-MS](#) with supporting documentation for CMS review. CMS may request that an ACO sign a novation agreement or name change agreement prior to effectuating the change in ACO-MS.

The tip sheet [Managing Changes to the ACO During the Agreement Period](#) is available to ACOs in the Program Resources section of the Knowledge Library tab in ACO-MS. This document provides ACOs guidance on managing changes during the agreement period and instructions on what documents are requested for entity information change requests in ACO-MS. When submitting an entity information change request to notify CMS of a significant change, the ACO must provide a written statement explaining the change in detail, confirming no other material changes from the ACO’s approved application, and providing documentation showing evidence of the change, along with updated governing

body information and an updated ACO organization chart. The guidance document can be used with its companion tip sheet [Managing ACO Entity Information in ACO-MS](#), available in the Program Resources section of the Knowledge Library tab in ACO-MS, that provides information about managing changes to the ACO entity and notifying CMS of such changes. Additionally, the [Submitting Change Requests in ACO-MS](#) tip sheet, available in the Program Resources section of the Knowledge Library tab in ACO-MS, has helpful information about how to submit change requests in ACO-MS.

EVENT ANNOUNCEMENTS

SSP ACO Learning System Webinar: Leveraging Patient Registries for Complex Care Management

TUESDAY, AUGUST 16, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACO staff members, though team members supporting care coordination or data management may be most interested in attending.
- **Description:** The SSP ACO Learning System is hosting a webinar highlighting ACOs' strategies for applying patient registry data to complex care-management goals. Presenters from ACOs will discuss their experiences building infrastructure and designing workflows to support care coordination for beneficiaries with complex needs, such as chronic conditions. Presenters will also review approaches to analyzing registry data to assess overall population health and identify beneficiaries with complex needs. Attendees will have an opportunity to ask questions during the webinar.

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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