

AT A GLANCE

UPCOMING DEADLINES

- **Response to Phase 1 RFI-2: Due September 10, 2021 at 12:00 p.m. (noon) ET**
- **CY 2022 Medicare PFS Notice of Proposed Rulemaking Comment Period: Ends September 13, 2021**
- **CAHPS® for MIPS Vendor Authorization: September 15, 2021**
- **Public Reporting Deadline: September 24, 2021**
- **Targeted Reviews of MIPS Payment Adjustment Factor(s): Extended (TBD)**

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

- [Unembargoed PY 2020 Financial and Quality Performance Results Released](#)
- [Updated Public Reporting Template: Now Available](#)
- [PY 2022 Change Request Cycle Phase 1 RFI-2: Issued on August 24, 2021](#)
- [How to Review Participation Options Information in ACO-MS Applicable to PY 2022](#)
- [Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS](#)
- [Addressing Overlap Deficiencies in ACO Participant Change Requests](#)
- [PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs Measure Information: Updated](#)
- [2020 MIPS Performance Feedback, Final Score, and 2022 MIPS Payment Adjustment Information—Updated](#)
- [Updated Assignment List Report and Assignment Summary Report User's Guide](#)
- [Provider Engagement Digest: Now Available](#)
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PROGRAM ANNOUNCEMENTS AND RESOURCES

Unembargoed PY 2020 Financial and Quality Performance Results Released Today

Today, August 25, 2021, CMS will deliver Performance Year (PY) 2020 Unembargoed *Financial Reconciliation* and *Quality Performance* reports to ACOs and announce the results through a press release available on the [CMS Newsroom webpage](#) and a PY 2020 Performance Results Public Use Files (PUFs) for all ACOs on the [Data.CMS.gov Performance Year Financial and Quality Results webpage](#).

Any public statements by your ACO regarding results must be complete, accurate, and not misleading. ACOs do not need to submit their press releases to CMS for review and approval. CMS is planning to process shared savings payments in late September, and it generally takes up to 48 hours once payments are sent for the payments to be received by your financial institution.

The ACO's PY 2020 **Unembargoed** *Financial Reconciliation* and *Quality Performance* reports package will be available for download as a zip file via the Data Hub tab in the [ACO Management System \(ACO-MS\)](#).

The zip file is named per the following convention: "P.Axxxx.ACO.STLMT.D209999.T1111111." ACOs may access these files by navigating to PY 2020 in the Data Hub tab in ACO-MS. CMS strongly encourages ACOs to review the cover notice for important information and the parameters page and report footnotes of each report for information on the data used in producing these reports.

Updated Public Reporting Template: Now Available

As required under [42 CFR § 425.308](#), ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and financial and quality performance results on a designated webpage. ACOs receiving unembargoed PY 2020 *Financial Reconciliation* and *Quality Performance* reports must update their public reporting webpage with this information. The deadline to update your ACO's public reporting webpage is **Friday, September 24, 2021**.

ACOs updating their public reporting webpage must use the updated Public Reporting Template, posted to [ACO-MS](#) on August 25, 2021. It is available in the Program Resources section of the Knowledge Library tab in ACO-MS and includes instructions on how to populate the template and the locations of some of your ACO-specific information.

Please refer to 42 CFR § 425.308 for additional details on public reporting requirements. ACOs may also contact their ACO Coordinators with any public reporting questions. All ACOs must update their public reporting webpage during the performance year when changes occur and make any necessary corresponding updates in ACO-MS.

PY 2022 Change Request Cycle Phase 1 RFI-2: Issued on August 24, 2021

CMS issued the second request for information (RFI-2) of Phase 1. 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)**.

Repayment Mechanism

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 PY 2022.**

ACOs have the option to use the repayment mechanism amount provided on August 25, 2021, to finalize their repayment mechanism documentation, or to **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-MS](#). This will allow 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.

Change Requests

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 Active Pending Disposition subtab of the Change Request tab in ACO-MS.

Final Opportunities

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.
- Maintain participation at their current level of the glide path for BASIC track ACOs.
- 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](#).

How to Review Participation Options Information in ACO-MS Applicable to PY 2022

On August 24, 2021, CMS provided all ACOs with a *Participation Options Report* for Phase 1 RFI-2 in [ACO-MS](#) that is applicable for PY 2022. The report provides information on the ACO participants' prior experience in two-sided models, their ACO participants' prior participation in the Shared Savings Program, a preliminary determination of the ACO's high or low revenue status, the ACO's repayment mechanism amount (if applicable, see earlier article), beneficiary assignment estimates for the benchmark years and upcoming performance year, and track eligibility information. ACOs should review this report for any changes to their participation eligibility, including changes to their revenue determination, which may impact their participation in the program. This report is also designed to help ACOs evaluate future participation options.

The *Participation Options Report* has four tabs:

- 50% ACO Composition
- 40% Risk Check
- Estimate of High or Low Revenue
- ACO Summary

For more information about the report, download the *PY 2022 Participation Options Report Data Dictionary*, which can be found in both the Application Cycle subtab (via the information bubble) and the Program Resources section of the Knowledge Library tab in ACO-MS.

Participation Options Report information is accessible in ACO-MS by either of the two methods below (note that only information from the ACO Summary tab of the *Participation Options Report* is available via Option 1, while the full *Participation Options Report* and all four tabs are available via Option 2). CMS encourages you to review the full report.

Option 1

1. Navigate to the My ACOs tab on the left side menu and select your ACO.
2. Select the Application Cycle subtab.
3. Select 2022 in the program year drop-down menu to access participation options information.

Option 2

1. Navigate to the Reporting tab on the left side menu.
2. Select your ACO from the drop-down menu.
3. Select 2022 in the program year drop-down menu to access information for PY 2022.
4. Select .xlsx format (the report is not available in .csv format).

5. Select the *Participation Options Report* to download the report.

The *Participation Options Report* will also be available in future RFIs. ACOs are encouraged to download and save each version of the report during the application/change request cycle, as only the current version is available in the Reporting tab.

Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS

On September 1st, CMS will refresh the ACO participant and SNF affiliate Medicare enrollment information and SNF affiliate star ratings under the CMS 5-star Quality Rating System in [ACO-MS](#).

For currently participating ACOs that **are not applying for renewal** for a start date of January 1, 2022, **September 10th** is the deadline to rectify the non-enrollment or delete any non-Medicare-enrolled ACO participant(s) and SNF affiliates or rectify the failure to maintain a rating of 3 stars or higher or delete any SNF affiliates with ratings below 3 stars. Failure to do so will result in CMS taking compliance action after September 10, 2021, to remove the ACO participant(s) and/or SNF affiliates from your ACO Participant List and/or SNF Affiliate List.

For currently participating ACOs that **are applying for renewal** for a start date of January 1, 2022, CMS will review proposed ACO participants and SNF affiliates (if applicable) during the application cycle. ACOs can submit a change request that does not initially pass the ACO-MS Provider Enrollment, Chain, and Ownership System (PECOS) checks; however, the proposed ACO participant or SNF affiliate must pass all checks by the final PECOS check date to be approved. Additionally, a SNF affiliate change request will be denied if a SNF affiliate eligible for inclusion in the CMS 5-star Quality Rating System does not have a minimum 3-star rating at the time of CMS' final check.

ACOs may continue to refer to the October 28, 2020 *ACO Spotlight Newsletter* article "Enhanced Medicare Enrollment and SNF Star Rating Functionality in ACO-MS" for instructions and information on how to access and review Medicare enrollment and SNF star rating information in the Spotlight Newsletters section of the Knowledge Library tab in ACO-MS. This article includes actions that ACOs may consider for addressing non-Medicare-enrolled ACO participants and SNF affiliates and SNF affiliates below 3 stars. ACOs may also contact their ACO Coordinators with questions regarding Medicare enrollment and SNF star rating updates in ACO-MS.

Addressing Overlap Deficiencies in ACO Participant Change Requests

The Shared Savings Program requires each ACO participant that submits claims for services used to determine the ACO's assigned population to be exclusive to one Shared Savings Program ACO. An ACO participant change request will generate an impermissible overlap deficiency if the submitted taxpayer identification number (TIN) is already included on another ACO Participant List or a change request to add this TIN has been submitted by another ACO, including a Center for Medicare and Medicaid Innovation (CMMI) model that prohibits overlap. A TIN submitted for an ACO participant in a change request with an overlap and/or enrollment-related deficiency is not included in the beneficiary assignment estimates provided during the application cycle.

Question: If my ACO participant change request receives an overlap deficiency, indicating the proposed ACO participant TIN appears on another ACO Participant List, what actions can I take?

Answer: If a change request has been identified as having an impermissible overlap deficiency due to the proposed ACO participant appearing on another ACO Participant List, CMS encourages your ACO to have discussions with your participants about their intentions for participation in shared savings initiatives in 2022 to ensure the correct actions are taken in the system. This must be corrected by the Phase 1 RFI-2 final deadline on September 10, 2021, by 12:00 p.m. (noon) ET to withdraw "Add Participant" change requests and/or remove ACO participants to resolve the overlap deficiency. If one ACO withdraws their "Add Participant" change request for this TIN or terminates this ACO participant TIN from their ACO Participant List by the Phase 1 RFI-2 final deadline on September 10, 2021, by 12:00 p.m. (noon) ET, then the deficiency will be removed from the other ACO's ACO Participant change request. If the overlap remains past this deadline, the "Add Participant" change request may be denied.

PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs Measure Information: Updated

The [PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs](#) (MCCs for ACOs) measure information (zip) is updated on the [Quality Payment Program \(QPP\) Resource Library](#). The update includes revisions to the PY2021 SSP ACO MCC code set which can be found in the *PY_2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs* Excel workbook.

2020 MIPS Performance Feedback, Final Score, and 2022 MIPS Payment Adjustment Information—Update

CMS will be updating the Merit-based Incentive Payment System (MIPS) performance feedback and final scores for some clinicians for performance year 2020 and the associated MIPS payment adjustment information for payment year 2022.

We are committed to ensuring transparency in our program and alerting clinicians as soon as possible when issues are discovered. Our intention is to provide clinicians advanced notice that they may see some change to their current final scores and payment adjustment information. Additionally, because of these expected changes we will also be extending the targeted review period. **More details about what will change from the initial release, who is impacted and how this will affect MIPS payment adjustments, as well as the new targeted review period deadline are coming soon.** We appreciate your patience as we work to confirm the information we're providing you is accurate.

Updated Assignment List Report and Assignment Summary Report User's Guide

The *Assignment List Report* and *Assignment Summary Report User's Guide*, Version 13 (V13) has been updated to reflect the use of the V24 CMS-Hierarchical Conditions Categories (HCC) model for risk adjustment beginning in Quarter 2 of PY 2021. Appendix Table 6, which provided a crosswalk between variables used in both previous and current CMS-HCC models, has been removed from the User's Guide. The crosswalk can be found in the Assignment List Report Data Dictionary, which is included in report packages. The User's Guide can be found in the Program Resources section of the Knowledge Library tab in [ACO-MS](#) by searching for "Performance Year 2021 Report User's Guides."

Provider Engagement Digest: Now Available

The Value Based Care (VBC) Learning System produced the *VBC Resource Digest: Provider Engagement*, which presents publicly available resources that capture evidence-based practices, promising approaches, and lessons learned related to delivering value-based care. This edition of the digest focuses on provider engagement. Stay tuned for future editions on different value-based care topics.

Search for "VBC Resource Digest: Provider Engagement" in the Webinars section and Learning System subcategory of the Knowledge Library tab in [ACO-MS](#).

Webinar Slides and Recordings

Links to the [presentation slides](#), [audio recording](#), and [transcript](#) for the following presentation are available in the Webinars section of the [QPP Resource Library](#):

- "2022 Quality Payment Program Proposed Rule Overview": This webinar includes an overview of the proposals related to the Shared Savings Program, included on slides 61-63.

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 SSP 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](#)
- **Audience:** All ACOs
- **Description:** The Claim and Claim Line Feed (CCLF) files will be expanding 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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