

AT A GLANCE

UPCOMING DEADLINES

- **PFS Proposed Rule Public Comment Period Closes:**
5:00 p.m. ET on September 6, 2022
- **Phase 1 RFI-2 Closes:**
12:00 p.m. ET on September 9, 2022
- **Update Public Reporting Webpage:**
Wednesday, September 28, 2022

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2023 Change Request Cycle: Preparing for Phase 1 RFI-2](#)
- [PY 2021 Embargoed Financial and Quality Performance Results](#)
- [Notice of Proposed Rulemaking and Ability to Remain in Level A or Level B of the BASIC Track](#)
- [Medicare Enrollment and SNF Star Rating Data Updates in ACO-MS](#)
- [Reminder: PFS Proposed Rule Public Comment Period Closing Soon](#)
- [HRSA Announces a Small Rural Hospital Funding Opportunity](#)
- [New! Case Study on New York Medical Partners ACO: Integrating Clinical Pharmacists to Expand Primary Care Teams](#)
- [Tell Us About Your QPP Performance Feedback Viewing Experience](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2023 Change Request Cycle: Preparing for Phase 1 RFI-2

The second Phase 1 request for information (RFI-2) of the Performance Year (PY) 2023 Change Request Cycle will be **open August 26th through September 9th**. RFIs will be assigned in the [ACO Management System \(ACO-MS\)](#). Navigate to your Dashboard to view and correct identified deficiencies and resubmit the change request task(s).

During the Phase 1 RFI-2 response period, which closes on **September 9, 2022, at 12:00 p.m. (noon) Eastern Time (ET)**, ACOs will have the **final opportunity** to:

- Upload executed agreements and merger/acquisition documentation.
- Change the merged/acquired indicator on pending change requests.
- Withdraw or delete ACO participants and/or Skilled Nursing Facility (SNF) affiliates.
- Submit SNF 3-Day Rule Waiver narratives (if applicable).
- Submit a Participation Options change request to change the ACO's selected beneficiary assignment methodology, to voluntarily elect or automatically transition to a higher level within the BASIC track's glide path, and to select the minimum savings rate (MSR)/minimum loss rate (MLR) (if applicable).
- Submit draft repayment mechanism documentation (if applicable). The final repayment mechanism amount will be available in the *Participation Options Report*.

Your ACO **cannot**:

- Add any ACO participant or SNF affiliate taxpayer identification numbers (TINs) or CMS Certification Numbers (CCNs).
- Elect to apply for a SNF 3-Day Rule Waiver.

Additionally, you should review the Application Cycle subtab and *Participation Options Report* provided with RFI-2. The *PY 2023 Participation Options Report Data Dictionary*, which can be found in the Application Cycle subtab (via the information bubble), contains more information on the data available in your ACO's *Participation Options Report*.

Refer to the [Change Request Cycle for Performance Year Beginning on January 1, 2023](#) document in the Knowledge Library tab in ACO-MS for more information on the actions you can take at this time and the corresponding due dates. The [Requests for Information in ACO-MS](#) tip sheet provides information on how to respond to RFIs in ACO-MS.

PY 2021 Embargoed Financial and Quality Performance Results

CMS delivered PY 2021 **EMBARGOED** *Financial Reconciliation Settlement Reports* and *Quality Performance Reports* to ACOs on Monday, August 22, 2022.

Financial and quality performance results and related data are EMBARGOED. You may not publicly release your financial and quality performance results until further notice from CMS. You may share the reports with your ACO's participants but must clearly communicate that the information is not releasable.

The ACO's PY 2021 **EMBARGOED** *Financial Reconciliation Settlement* and *Quality Performance Reports* package is available for download as a zip file via the Data Hub tab in [ACO-MS](#). The zip file is named per the following convention: "P.Axxxx.ACO.STLMT.D219999.T0000000." ACOs may access these files by navigating to PY 2021 in the Data Hub tab in ACO-MS. CMS strongly encourages ACOs to review the parameters page of each report for information on the data used in producing these reports, as well as the report footnotes. To help you understand your reports, please reference the report Cover Notice included in your report zip package for further information and resources.

If your ACO needs to submit updated banking information, submit Form CMS-588 documents (Form CMS-588, Form CMS-588 cover sheet, and supporting financial documentation) as a change request by going into the Documents subtab in ACO-MS, selecting the Agreement Documents subtab and then the Form CMS-588 dropdown, then clicking "Add document." For additional information, please refer to the [ACO Banking Form Instructions](#).

*****The EMBARGOED financial and quality performance reports are not an "initial determination" and therefore are not eligible for reconsideration, as described in [42 CFR part 425, subpart I](#).*****

The release of the **UNEMBARGOED** reports will constitute the "initial determination," and, at that time, your ACO may file a reconsideration by following the [Medicare Shared Savings Program Requesting Technical Assistance and Reconsideration Review Guidance](#).

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

In the [Calendar Year \(CY\) 2023 Physician Fee Schedule \(PFS\) proposed rule](#), CMS is proposing that ACOs currently participating in the BASIC track at Level A or Level B for 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.

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.

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 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.

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 (select Option 1) or TTY/TDD 1-888-734-6563.

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

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

Reminder: Currently participating ACOs that are not applying to renew with a start date of January 1, 2023, must rectify or delete any non-Medicare-enrolled ACO participant(s) and SNF affiliate(s) and any SNF affiliate(s) below 3 stars by September 9th. Failure to do so will result in CMS taking compliance action after September 9, 2022, to remove the ACO participant(s) and/or SNF affiliate(s) from your ACO Participant List and/or SNF Affiliate List.

Currently participating ACOs that are applying to renew with a start date of January 1, 2023, should continue to follow Phase 1 application cycle deadlines (available on the [Application Types & Timeline webpage](#)) for reviewing and addressing any deficiencies identified by CMS, including any Medicare enrollment or SNF star rating deficiencies for proposed ACO participants or SNF affiliates.

ACOs are encouraged to contact their ACO Coordinators with any questions. Additionally, ACOs may continue to refer to the [January 12, 2022 ACO Spotlight Newsletter](#) article, "Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS," for further instructions and information on how to access and review Medicare enrollment and SNF star rating information in ACO-MS. To locate this previous article, navigate to the *Spotlight* Newsletters section of the Knowledge Library tab in ACO-MS, select "MSSP ACO Spotlight Newsletter - 2022/01," and download the Issue 1 (January 12, 2022) PDF.

Reminder: PFS Proposed Rule Public Comment Period Closing Soon

CMS recently issued a proposed rule titled *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 PFS rule **no later than 5:00 p.m. ET on September 6, 2022**. Official comments must be submitted in one of the following ways: electronically through the [Regulations.gov website](#), or by regular, 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. ET on September 6, 2022**.
- [County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries Public Use File](#) (zip)

HRSA Announces a Small Rural Hospital Funding Opportunity

The Health Resources & Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) is pleased to announce the opportunity to apply for funding under the Small Rural Hospital Improvement Program (SHIP). This program supports eligible small rural hospitals (hospitals with 49 beds or fewer) in meeting value-based payment and care goals

for their respective organizations through purchases of hardware, software, and training. SHIP also assists such hospitals in participating in delivery system reforms, such as becoming or joining a Shared Savings Program or ACO; participating in other shared saving programs; and purchasing health information technology (hardware/software), equipment, and/or training to comply with quality improvement activities such as advancing patient care information, promoting interoperability, and payment bundling. It is anticipated that a total of over \$20 million in funding will be available for up to 46 grant awards. Eligible small rural hospitals in U.S. states should contact their State Offices of Rural Health to express interest in funding. Eligible small rural hospitals in U.S. territories only may apply individually. Interested parties must submit applications by November 8, 2022. For more information, please view the HRSA-23-033 grant opportunity [here](#).

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](#).

Tell Us About Your QPP Performance Feedback Viewing Experience

Please share your input by filling out the [QPP PY2021 Performance Feedback Survey](#). Your responses will help CMS better understand the experiences of QPP participants who have logged on to view PY 2021 Performance Feedback, including those that participated in the Shared Savings Program. Input from ACOs will assist CMS in identifying what is working well, and how current Performance Feedback can be improved.

Results will be reported in such a way that no single individual, group, or entity can be identified. This survey is conducted by outside contractors, and participation is completely voluntary and confidential. Your decision to participate or not to participate in this survey will not affect any pending or future determinations. This survey should take no more than 15 minutes to complete.

Thank you, your responses are essential to understanding how CMS can best serve QPP participants. Eligible clinicians who complete this survey may receive an Improvement Activity (IA) credit. If you have any questions, please reach out to qppuserresearch@cms.hhs.gov.

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

Not for Public Dissemination: The ACO Spotlight Newsletter is a biweekly publication by CMS for ACOs participating in the Shared Savings Program. It is distributed by email only to ACO contacts listed in CMS' ACO-MS. This newsletter is not intended to establish CMS policy and is for informational purposes only for the sole use of the individual(s) to whom it is addressed, and individuals associated with their ACO. The newsletter is not intended for public release. The ACO Spotlight Newsletter is published, produced, and disseminated at U.S. taxpayer expense. If you have received this in error, please notify the sender immediately by emailing SharedSavingsProgram@cms.hhs.gov.

Section 508 Disclaimer: This document and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. Those who are visually impaired should contact the ACO Information Center at 1-888-734-6433 (Option 1) for assistance.