

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 NPRM Comment Period:**
Ends **September 13, 2021**
- **CAHPS® for MIPS Vendor Authorization: September 15, 2021**
- **Public Reporting Deadline:**
September 24, 2021
- **Beneficiary Selection of a Primary Clinician for PY 2022 Voluntary Prospective Assignment: September 30, 2021**
- **Targeted Reviews of MIPS Payment Adjustment Factor(s):**
Extended (TBD)

EVENT ANNOUNCEMENTS

- **CCLF Files Expansion Webinar**
September 15th | 1:30–3:00 p.m. ET | [Register](#)
- **APM Performance Pathway Webinar**
September 27th | 1:30–3:00 p.m. ET | [Register](#)
- **VBC Cross-model Webinar**
September 29th | 1:00–2:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle Phase 1 RFI-2: Response Due September 10, 2021](#)
- [Deadline Approaching for Beneficiaries Selecting a Primary Clinician to be Prospectively Assigned for PY 2022 Based on Voluntary Alignment](#)
- [Medicare Shared Savings Program Voluntary Terminations Document: Now Available in ACO-MS](#)
- [Reminder: CY 2022 Medicare Physician Fee Schedule Notice of Proposed Rulemaking Comment Period Closes September 13th](#)
- [Resources in the QPP Resource Library: Now Available](#)
- [Provider Engagement Digest: Now Available](#)
- [Case Study on OneCare Vermont's Comprehensive Payment Reform Program for Independent Primary Care Practices: Now Available](#)
- [Webinar Slides and Recordings](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle Phase 1 RFI-2: Response Due September 10, 2021

ACOs have until **12:00 p.m. (noon) Eastern Time (ET) on Friday, September 10, 2021**, to respond to the second request for information (RFI-2) of Phase 1. ACOs may correct deficiencies identified by CMS between now and September 10, 2021.

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 \(PFS\) Notice of Proposed Rulemaking \(NPRM\)](#) (CY 2022 PFS NPRM), CMS is proposing changes to required repayment mechanism amounts that, if finalized, would be effective and applicable January 1, 2022. **After issuing 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 Performance Year (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 the [ACO Management System \(ACO-MS\)](#). 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). **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](#).

Deadline Approaching for Beneficiaries Selecting a Primary Clinician to be Prospectively Assigned for PY 2022 Based on Voluntary Alignment

Medicare beneficiaries are prospectively assigned to an ACO if the primary clinician to which they voluntarily align is an ACO clinician. The deadline for beneficiaries to select their primary clinician on [Medicare.gov](#) and be included in an ACO's PY 2022 prospective assignment list is September 30, 2021. Medicare beneficiaries may continue to select their primary clinician after September 30, 2021, but that selection will be used for prospective assignment to an ACO for PY 2023. A beneficiary who selects their primary clinician after September 30, 2021, is still eligible for claims-based assignment to an ACO for PY 2022.

For additional information on selecting a primary clinician, refer to the [Choose Your Primary Clinician on Medicare.gov](#) fact sheet available in the [Marketing Toolkit](#) in the Program Resources section of the Knowledge Library tab in [ACO-MS](#).

Medicare Shared Savings Program Voluntary Terminations Document: Now Available in ACO-MS

The [Medicare Shared Savings Program Voluntary Terminations](#) document is now available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#). This document will replace the termination acknowledgement package that ACOs previously received. ACOs terminating their participation in the Shared Savings Program should download and review the document to learn about voluntary termination requirements ([42 CFR § 425.221](#)), close-out procedures, and payment consequences of early termination. ACOs that submit a termination request in ACO-MS will receive confirmation of their termination and relevant close-out requirements to their authorized ACO contacts identified in ACO-MS. The *Medicare Shared Savings Program Voluntary Terminations* document includes links to download templates needed to notify ACO participants and SNF affiliates (if applicable) of the ACO's termination of its Shared Savings Program participation agreement as well as the *Data Use Agreement (DUA) Certificate of Disposition (COD)* that must be completed and returned to CMS in order to complete the required ACO closeout actions for termination.

As a reminder, pursuant to [42 CFR § 425.220\(a\)](#), an ACO must provide at least 30 days' advance written notice to CMS and its ACO participants of its decision to terminate its Shared Savings Program participation agreement and the effective date of its termination.

In order to notify CMS of its intent to voluntarily terminate an ACO, the ACO Executive or Authorized to Sign contacts (primary or secondary) must submit a voluntary termination request in ACO-MS. For step-by-step instructions, review the [Submitting a Voluntary Termination Notice in ACO-MS](#) tip sheet, found in the Program Resources section of the Knowledge Library tab in ACO-MS.

Reminder: CY 2022 Medicare Physician Fee Schedule Notice of Proposed Rulemaking Comment Period Closes September 13th

On July 13, 2021, CMS issued the [CY 2022 PFS NPRM](#). This proposed rule announces and solicits public comments on proposed policy changes for Medicare payments under the PFS and other Medicare Part B issues, on or after January 1, 2022. The proposed rule includes proposals for the Shared Savings Program and proposed policies for Year 6 (2022) of the Quality Payment Program (QPP). Within the CY 2022 PFS proposed rule, Shared Savings Program proposed policies are discussed primarily in 86 Federal Register (FR) 39261-39296 (section III.J).

As a reminder, CMS encourages ACOs to review and submit comments on the proposed rule by the September 13, 2021 deadline. Electronic comments are due **no later than 11:59 p.m. ET on September 13, 2021**, and mailed comments must be received **by 5:00 p.m. ET, September 13, 2021**. Official comments must be submitted in one of the following ways:

- Electronically, through [Regulations.gov](#);
- Regular mail; or
- Express or overnight mail.

For more information, refer to the following resources:

- PFS Fact Sheet: [Calendar Year \(CY\) 2022 Medicare Physician Fee Schedule Proposed Rule](#)
- QPP Fact Sheet: [Calendar Year \(CY\) 2022 Physician Fee Schedule Notice of Proposed Rule Making: Quality Payment Program \(QPP\) Proposals Overview](#)
- Press Release: [CMS Proposes Physician Payment Rule to Improve Health Equity, Patient Access](#)
- Proposed Rule: [CY 2022 PFS NPRM](#)

Resources in the QPP Resource Library: Now Available

Additional resources are available for the Alternative Payment Model (APM) Performance Pathway (APP).

- The [2021 APM Performance Pathway \(APP\) Toolkit](#) has been updated with new resources, and now includes the following:
 - **2021 APM Performance Pathway Scoring Guide:** Provides a general summary about scoring for the APP.
 - **2021 APP Data Aggregation Reporting Scenario:** This scenario document provides examples and acceptable methods to Shared Savings Program ACOs about how to aggregate and submit their electronic clinical quality measures (eCQMs)/Merit-Based Incentive Payment System (MIPS) clinical quality measure (CQM) data to CMS when reporting via the APP.
- The [2021 Qualified Clinical Data Registries \(QCDRs\) Qualified Posting](#): Provides a list of the 2021 Qualified Clinical Data Registries (QCDRs) for MIPS.
- The [2023 Learning Resources for QP Status and APM Incentive Payment](#): The zip file includes the *2021 Qualifying APM Participant (QP) Methodology Fact Sheet: Medicare Option 2021 Performance Period*.

Provider Engagement Digest: Now Available

The Value Based Care (VBC) Learning System produced the [August 2021 – 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.

Previous issues of the VBC Resource Digest: Provider Engagement can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

Case Study on OneCare Vermont’s Comprehensive Payment Reform Program for Independent Primary Care Practices: Now Available

This case study from the VBC Learning System describes OneCare Vermont’s Comprehensive Payment Reform program, an initiative to redesign how independent primary care practices are paid in order to grant greater flexibility to treat patients’ holistic health care needs. Practices that participate in this voluntary program receive monthly fixed payments instead of fee-for-service payments to cover the cost of primary care services. OneCare Vermont’s experience may be useful for health care organizations implementing fixed payment programs for primary care providers.

The [August 2021 - OneCare Vermont Comprehensive Payment Reform Program Case Study](#) can be found in the Webinars section 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 Knowledge Library tab in [ACO-MS \(8/30/2021 – SSP ACO Learning System Webinar: Harnessing Data to Improve Quality\)](#):

- “Medicare Shared Savings Program Learning System Webinar: Harnessing Data to Improve Quality”: This webinar focused on ways organizations leverage data to improve quality.
 - This event reviewed insights that ACOs shared with the Learning System team to inform development of the [Operational Elements Toolkit](#), released in June 2021. Additionally, speakers from MultiCare Connected Care and Northwestern Medicine ACO described their ACOs’ strategies to integrate data from multiple sources to analyze patterns in care delivery, address care gaps, and facilitate quality reporting. Both ACOs also shared their early plans for reporting on eCQMs in future performance years.

EVENT ANNOUNCEMENTS

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.

APM Performance Pathway (APP) Webinar

MONDAY, SEPTEMBER 27, 2021, 1:30 P.M.–3:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** Clinicians and support staff who would like details on the APP, including all Shared Savings Program ACOs who are required to report using the APP beginning with PY 2021.
- **Description:** This webinar will provide an overview of APP-related policies for the QPP. During the webinar, CMS subject matter experts will review:
 - QPP basics
 - APP reporting information
 - APP requirements for Shared Savings Program ACOs
 - APP reporting scenarios

Following the presentation, CMS will answer questions from attendees as time permits.

VBC Cross-model Webinar: Advancing Health Equity Through Value-based Care

WEDNESDAY, SEPTEMBER 29, 2021, 1:00 P.M.–2:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** CMS welcomes Shared Savings Program ACOs, Direct Contracting Entities (DCEs), Kidney Care Entities, and Kidney Care First practices to join CMS for a cross-model webinar to explore how addressing health disparities can help organizations work towards CMS' goals of increasing quality of care, improving beneficiary experience, and lowering the overall cost of care. Speakers from L&M Policy Research will discuss how addressing health disparities can improve population health and financial performance. A speaker from Vively Health will highlight how the DCE is designing new workflows to identify and address health disparities among their beneficiaries. Attendees will have an opportunity to ask questions during the webinar.

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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