

AT A GLANCE

UPCOMING DEADLINES

- **Phase 1 RFI-2 Closes:**
12:00 p.m. ET on September 9, 2022
- **Authorize CAHPS for MIPS Vendor:**
8:00 p.m. ET on September 14, 2022
- **Update Public Reporting Webpage:**
Thursday, September 29, 2022

PROGRAM ANNOUNCEMENTS AND RESOURCES

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PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2023 Change Request Cycle: Phase 1 RFI-2 Response Due September 9, 2022

The deadline to respond to the Performance Year (PY) 2023 Change Request Cycle Phase 1 Second Request for Information (RFI-2) is **12:00 p.m. (noon) Eastern Time (ET) on September 9, 2022**. Please log in to the [ACO Management System \(ACO-MS\)](#) and 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) 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 repayment mechanism documentation (if applicable). The final repayment mechanism amount is 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 Program Operational Schedules section of 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 (PDF) provides information on how to respond to RFIs in ACO-MS.

CAHPS for MIPS Vendor Authorization Tool: Closes September 14th

On August 9, 2022, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Merit-based Incentive Payment System (MIPS) vendor authorization tool opened. Your ACO's Primary Authorized to Sign (ATS) contact, or their designee, must authorize a vendor using the web-based Vendor Authorization Tool **by Wednesday, September 14, 2022, at 8:00 p.m. ET**. If an ACO does not administer a CAHPS for MIPS survey under the Alternative Payment Model (APM) Performance Pathway (APP), the ACO will not meet the Shared Savings Program quality performance standard. If you have questions about selecting a survey vendor or completing the vendor authorization process, please contact mips-cahps@rand.org, (888) 580-7732, or your ACO Coordinator.

The following CAHPS for MIPS resources are available on the [QPP Resource Library](#):

- *Merit-based Incentive Payment System (MIPS): 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Approved Survey Vendors* (PDF)
- *2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey via the Centers for Medicare & Medicaid Services (CMS) Approved Survey Vendor Reporting* (PDF)

Updated Public Reporting Template: Now Available

Pursuant to [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 must update their public reporting webpage to reflect this information. The deadline to update your ACO's public reporting webpage is **Thursday, September 29, 2022**.

ACOs must use the [PY 2022 Public Reporting Instructions and Template](#), Version 6.1 (V6.1), to update their public reporting webpage. This document includes instructions on how to populate the template and the locations of some ACO-specific information.

Note: This latest version of the *PY 2022 Public Reporting Instructions and Template* was posted on September 8, 2022, (following the initial release on August 30, 2022) with a minor update to the Quality Performance Results section to clarify how ACOs can access the quality performance results through the Public Use Files (PUF) and the format in which the quality performance results table should be presented on the public reporting webpage.

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

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 by clicking the ACO-MS Helpdesk icon (located within the ACO-MS banner), calling 1-888-734-6433 (select Option 1), or using TTY/TDD 1-888-734-6563.

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

On September 1, 2022, CMS refreshed 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 and SNF affiliate, as well as any SNF affiliate below 3 stars, by September 9, 2022. Failure to do so will result in CMS taking compliance action after September 9, 2022, to remove any such ACO participants and/or SNF affiliates 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 the Phase 1 application cycle deadline of September 9, 2022, at 12:00 p.m. (noon) ET (reference 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 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. ACOs are encouraged to contact their ACO Coordinators with any questions.

Supplemental Notices Delivery

A supplemental notice is a report that includes clarifications or updated data that became available subsequent to the delivery of the original report. Supplemental notices occur infrequently and usually impact a small number of ACOs. As of September 1, 2022, CMS has added functionality to deliver Shared Savings Program Supplemental Notices (if applicable) for reports in the Data Hub tab of [ACO-MS](#). The ACO-MS Data Hub detail view of the Report folder has been updated to a table format that lists reports delivered to the ACOs. If there is a supplemental notice for a report, the table includes an expandable folder structure listing all the reports (i.e., the original parent and the supplemental(s)) of a report type. The "Update" badge/icon will display at the folder level if a **new** supplemental report has been delivered. The [ACO-MS Data Hub tip sheet](#) (PDF), reflecting the supplemental notice information, was made available in the Knowledge Library tab of ACO-MS on September 7, 2022.

Advanced Notifications Feature for Data Hub Deliveries

Starting September 1, 2022, the Shared Savings Program Advanced Notifications feature in [ACO-MS](#) has been updated to include an out of office feature. ACO users with certain roles may now pause their Data Hub email notifications temporarily. The new Pause Notifications function will save user's preferences and pause notifications from 12:00 a.m. (midnight) of the start date to 11:59 p.m. of the end date set by the user (at which time notifications will resume). During the pause period, the Master Report toggle button and all sub-toggle buttons are transparent and not clickable. Users may resume notifications before the time elapses by selecting the Resume Notifications button. The ACO contacts who receive advanced notifications and have access to this feature are the ACO Executive, Application Contact, Authorized to Sign, CMS Liaison, and Information Technology Contact. The [ACO-MS Data Hub tip sheet](#) (PDF), reflecting the new features, was made available in the Knowledge Library tab of ACO-MS on September 7, 2022.

September CCLF Files

September 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 September 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 September 12 th	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in September 2022 (txt) Beneficiary Data Sharing Exclusion File delivered in September 2022 (xml)
PY 2022 CCLFs	Week of September 19 th	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in September 2022 (zip)

ACOs should refer to the [CCLF Information Packet \(IP\)](#), 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 MIPS Resources: Now Available

On August 22, 2022, two new items were posted in the [Quality Payment Program \(QPP\) Resource Library](#):

- The [2023 Merit-based Incentive Payment System \(MIPS\) Payment Year Payment Adjustment User Guide](#) (PDF): This guide provides details regarding the 2023 payment adjustments based on MIPS final scores for the 2021 performance year.
- The [2021 Merit-based Incentive Payment System \(MIPS\) Performance Feedback and 2023 Payment Adjustment FAQs](#) (PDF): This resource will help answer the most frequently asked questions about MIPS 2021 performance feedback.
- The 2022 CMS Web Interface Benchmarks can be found in [Performance Year 2022 APM Performance Pathway: Proposed CMS Web Interface Measure Benchmarks for ACOs](#) (PDF).

Health Equity Digest (1 of 2): Now Available

The Value Based Care (VBC) Learning System produced the [VBC Resource Digest: Health Equity \(1 of 2\)](#) (PDF), which presents publicly available resources that capture evidence-based practices, promising approaches, and lessons learned related to delivering value-based care.

The first edition of the health equity digest features resources on screening for social determinants of health (SDOH) and health-related social needs (HRSN), addressing SDOH and HRSN through cross-sector partnerships, designing initiatives to address SDOH and HRSN, and developing tailored interventions to address SDOH.

Search for “VBC Resource Digest: Health Equity (1 of 2)” in the Webinars section and Learning System subcategory in the Knowledge Library tab in [ACO-MS](#). Previous digests on patient-centered care, provider engagement, and care delivery can also be found there by searching by title for “digest.”

Stay tuned for future editions on different value-based care topics. To provide feedback or suggest topics for future digests, email VBCLearningSystem@cms.hhs.gov (subject line “VBC Resource Digest”).

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

This case study from the 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](#).

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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