

AT A GLANCE

UPCOMING DEADLINES

- **PY 2019 APM Incentive Payment: Verify Medicare Billing Information by November 1, 2021**
- **Targeted Reviews of MIPS Payment Adjustment Factor(s): November 29, 2021 by 8:00 p.m. ET**

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle: Final Dispositions for Phase 1 Change Requests and Phase 2 of the Application Submission Period](#)
- [CMS Updates 2020 MIPS Performance Feedback and 2022 MIPS Payment Adjustments](#)
- [Creating and Managing QPP Contacts and HARP Accounts with QPP Roles in ACO-MS Resources: Now Available](#)
- [Seeking ACO Panelists for Fall Webinar on Telehealth and Beneficiary Access to Care](#)
- [Shared Savings Program VBC Learning System Webinar on Harnessing Data to Improve Quality: Now Available](#)
- [Reminder: VBC Learning System Case Study on OneCare Vermont's Comprehensive Payment Reform Program for Independent Primary Care Practices Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle: Final Dispositions for Phase 1 Change Requests and Phase 2 of the Application Submission Period

Final Dispositions for Phase 1 Change Requests

On Tuesday, October 12, 2021, CMS will issue final disposition(s) for your ACO's Phase 1 change request submission(s) for Performance Year (PY) 2022. These final dispositions may include Participation Options, ACO Participant List, and Skilled Nursing Facility (SNF) Affiliate List change requests, as applicable. The dispositions will be labeled either "Approved" or "Denied" in the [ACO Management System \(ACO-MS\)](#). Participation Options change requests for ACOs transitioning to a two-sided risk level for the first time will not be adjudicated in ACO-MS until the corresponding repayment mechanism is adjudicated by CMS.

How Do You Request a Reconsideration Review for Phase 1 Final Dispositions?

Pursuant to [42 CFR § 425.206\(b\)\(2\)](#) and [42 CFR part 425 subpart I](#), you have the right to request a reconsideration review of a change request determination if it is not prohibited from administrative or judicial review under [42 CFR § 425.800](#). ACOs should request a reconsideration review only when they believe CMS has made an error in the initial determination. The reconsideration review process is not an opportunity for an ACO to seek an exception from CMS requirements or request relief from its own errors.

If you have any questions or concerns, please click the ACO-MS Helpdesk icon (located within the ACO-MS banner), email the Shared Savings Program at SharedSavingsProgram@cms.hhs.gov, or contact your ACO Coordinator. Please include your ACO ID (AXXXX) in the subject line of the email.

Phase 2 of the Application Submission Period

Phase 2 of the Shared Savings Program application submission period will open on Wednesday, October 13, 2021. ACOs that successfully submitted Phase 1 of the Shared Savings Program application for a January 1, 2022 agreement start

date must complete Phase 2. An authorized ACO contact must submit Phase 2 by 12:00 p.m. (noon) Eastern Time (ET) on Tuesday, October 19, 2021, electronically through ACO-MS.

During Phase 2, ACOs should submit their application, including the following:

- Governing body (including governing body members, membership type, voting power, and the ACO participant legal business name (LBN) for ACO Participant Representatives) and organizational chart
- Attestations and applicable narratives
- If applicable, SNF 3-Day Rule Waiver application, repayment mechanism documents, and/or Beneficiary Incentive Program (BIP) application

CMS Updates 2020 MIPS Performance Feedback and 2022 MIPS Payment Adjustments

Recently, CMS identified two issues during the PY 2020 targeted review process that required correction.

In response, CMS corrected the Merit-based Incentive Payment System (MIPS) scoring logic, which resulted in changes to performance feedback, including the 2020 final scores and the 2022 MIPS payment adjustments.

CMS determined the complex patient bonus was not added to the final scores of Shared Savings Program ACOs. This issue affected every Shared Savings Program ACO with MIPS eligible clinicians. In their updated performance feedback, Shared Savings Program ACOs will see up to 10 complex patient bonus points reflected in their performance feedback and added to their final scores, if applicable.

Impact to MIPS Payment Adjustments

The statute requires MIPS to be a budget neutral program, which means that the projected negative adjustments must be balanced by the projected positive adjustments. As a result of changes to MIPS final scores from this correction, CMS reassessed the associated MIPS payment adjustments to maintain budget neutrality. Some clinicians that weren't affected by the issues identified will see slight changes in their payment adjustment due to the reapplication of budget neutrality.

Additional Adjustment for Exceptional Performance

In addition to the standard MIPS payment adjustment, MIPS eligible clinicians with a final score between 85 and 100 points receive an additional adjustment for exceptional performance. This adjustment isn't subject to budget neutrality but is scaled to ensure the appropriate distribution of available funds. When CMS corrected final scores for alignment with its existing policies, more clinicians moved into the exceptional performance pool, causing a slight decrease in the exceptional performance adjustment.

Sign-In to View Updated Feedback

The 2020 final scores and 2022 MIPS Payment Adjustments revisions were made to the performance feedback on the [Quality Payment Program \(QPP\) website](#) on September 27, 2021. CMS encourages you to sign in to the QPP website as soon as possible to review your performance feedback. If you believe an error still exists with your 2022 MIPS payment adjustment calculation, the targeted review process is available to you.

Targeted Review Extension

To offer additional time for clinicians, groups, virtual groups, and Alternative Payment Model (APM) entities and their participants to access and review your performance feedback, CMS is extending the targeted review deadline to **November 29, 2021, at 8:00 p.m. ET**. You can submit a targeted review by signing in to the QPP website.

Additional Resources

There are resources available in the [QPP Resource Library](#) to help you understand your performance feedback and the targeted review process, including:

- [2020 Merit-based Incentive Payment System \(MIPS\) Performance Feedback and 2022 Payment Adjustment FAQs](#) (PDF)
- [MIPS 2020 Targeted Review Guide](#) (PDF)
- [MIPS Scoring Guide for the 2020 Performance Year](#) (PDF)

Questions?

Contact the QPP at 1-866-288-8292 or by email at: QPP@cms.hhs.gov. To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

Creating and Managing QPP Contacts and HARP Accounts with QPP Roles in ACO-MS Resources: Now Available

As a reminder, on August 5, 2021, ACOs were granted access to manage their Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) Security Official and Staff User roles in [ACO-MS](#). ACO-MS allows specific ACO contacts (ACO Executive, Authorized to Sign (ATS) (Primary and Secondary), Application Contact (Primary and Secondary), and CMS Liaison) to invite individuals to obtain a HARP account with a QPP Security Official or QPP Staff User role in order to access the [QPP website](#). Individuals associated with Shared Savings Program no longer need to create a HARP account for these roles or manage their roles via the QPP website. Users can also use the same login credentials to access both the ACO-MS and the QPP website.

For more information, please reference the “Creating and Managing QPP Contacts and HARP Account with QPP Roles in ACO-MS: Now Available” article in [ACO Spotlight Newsletter \(Spotlight\) Issue 16](#) available in the Spotlight Newsletters section of the Knowledge Library tab in ACO-MS .

Resources

For information on the functions you can perform with these roles in the QPP website, please refer to [Creating and Managing Quality Payment Program Contacts in ACO-MS](#) tip sheet available in the Program Resources section of the Knowledge Library tab in ACO-MS.

For guidance on how to add the QPP Security Official and QPP Staff User role contacts to an ACO in ACO-MS, refer to the [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet. If you have any questions, please log in to ACO-MS and click the Helpdesk icon (located within the ACO-MS banner) or contact the ACO Information Center at SharedSavingsProgram@cms.hhs.gov or 1-888-734-6433 (Option 1).

Seeking ACO Panelists for Fall Webinar on Telehealth and Beneficiary Access to Care

CMS will host a webinar this fall highlighting ACOs’ strategies for using telehealth and is seeking a few ACOs to serve as panelists in a facilitated discussion. Discussion topics may include—but are not limited to—expanding and sustaining ACO telehealth initiatives since 2020, overcoming obstacles to beneficiary use of telehealth technology, and leveraging telehealth to increase health equity and access to care.

Does your ACO have a telehealth story to share?

Please express interest in participating as a panelist by emailing VBCLearningSystem@mathematica-mpr.com with the subject line “Fall Telehealth Webinar” and a brief description of your ACO’s telehealth initiative and background by Friday, October 8, 2021.

Shared Savings Program VBC Learning System Webinar on Harnessing Data to Improve Quality: Now Available

On August 30, 2021, the Value Based Care (VBC) Learning System hosted a webinar on leveraging data to improve quality. Links to the webinar post-event materials (slides, recording, transcript, summary, and feedback from the presenters) are now 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 Electronic Clinical Quality Measures (eCQMs) in future performance years.

Reminder: VBC Learning System Case Study on OneCare Vermont's Comprehensive Payment Reform Program for Independent Primary Care Practices 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 (FFS) 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 [OneCare Vermont Comprehensive Payment Reform Program 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, 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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