

AT A GLANCE

UPCOMING DEADLINES

- **Phase 1 Final Dispositions:** October 12, 2022
- **Phase 2 Submissions Open:** October 13, 2022
- **Phase 2 Submissions Close:** October 20, 2022

EVENT ANNOUNCEMENTS

- **Engaging Clinical Specialists in Care Management Efforts**
October 27th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2023 Change Request Cycle: Final Dispositions for Phase 1 Change Requests and Phase 2 Submission Period Opens Soon](#)
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PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2023 Change Request Cycle: Final Dispositions for Phase 1 Change Requests and Phase 2 Submission Period Opens Soon

On Wednesday, October 12, 2022, CMS will issue final disposition(s) for your ACO's Phase 1 change request submission(s) for Performance Year (PY) 2023. 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 \(ACO-MS\)](#).

Note: Final dispositions for SNF 3-Day Rule Waiver applications will be issued at Phase 2 final disposition. 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 to CMS requirements or request relief from its own errors. For additional information on the reconsideration review request and process, please refer to the [Requesting Technical Assistance and Reconsideration Review Guidance](#).

Phase 2 of the Application Submission Period

Phase 2 of the Shared Savings Program application submission period will open on Thursday, October 13, 2022. If submitting, an authorized ACO contact must submit Phase 2 by 12:00 p.m. (noon) Eastern Time (ET) on Thursday, October 20, 2022, electronically through ACO-MS. During Phase 2, currently participating ACOs can elect to apply and submit narratives to establish and operate a Beneficiary Incentive Program (BIP) (if applicable).

Reminder: Managing Changes to ACO Governing Body in ACO-MS

CMS conducts reviews of ACOs' governing bodies periodically to ensure compliance with the shared governance requirements ([42 CFR § 425.106](#)). ACOs should plan to review their governing bodies regularly and may need to update their governing body if necessary, for example, if the ACO added or deleted ACO participants or changed their designated Medicare beneficiary during this year's Application and Change Request Cycle.

To manage and notify CMS of any changes, ACOs may submit a governing body change request in [ACO-MS](#). To submit a governing body change request, any contact from the ACO may select the My ACOs tab in ACO-MS, navigate to the Agreement Details subtab for their ACO, and select the pencil icon within the Governing Body section to view, edit, or add members to the ACO's governing body. If the composition of the ACO's governing body does not meet the 75 percent participant control or Medicare beneficiary requirements set forth in [42 CFR §§ 425.106\(c\)\(2\)](#) and [425.106\(c\)\(3\)](#), the ACO must upload a narrative describing why it seeks to differ from the governing body requirement (addressing the information specified in [42 CFR § 425.106\(c\)\(5\)](#)) for CMS' review within the change request.

Note: The "ACO Participant" dropdown selection within the governing body change request only includes "Approved" ACO participants. If the ACO's governing body includes terminated ACO participants that will remain in their capacity as a board member until their termination date, the ACO should ensure their public reporting webpage is up to date and plan to submit a change request in ACO-MS to capture all updates to their governing body at the start of the next calendar year.

For general information on how to submit change requests in ACO-MS and additional details about program compliance, ACOs may refer to the [Submitting Change Requests in ACO-MS](#) tip sheet, and the [Understanding Medicare Shared Savings Program Compliance Toolkit](#) available in the Program Resources section of the Knowledge Library tab in ACO-MS. ACOs can access the CMS.gov [Application Types & Timeline webpage](#) for information on application and change request cycle schedules.

As a reminder, when making changes to their governing body, ACOs should also plan to complete any necessary updates to their public reporting webpage, in accordance with [42 CFR § 425.308](#).

October CCLF Files

October 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 October 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 October 10 th	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in October 2022 (txt) Beneficiary Data Sharing Exclusion File delivered in October 2022 (xml)
PY 2022 CCLFs	Week of October 17 th	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in October 2022 (zip)

ACOs should refer to the [CCLF Information Packet \(IP\)](#), Version 35 (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 is available on the [Shared Savings Program Guidance & Specifications webpage](#) and the DEUG is 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).

November ACO Learning System Webinar on Implementing Health IT Tools to Improve Care Access in Rural Areas: Seeking Speakers

CMS will host a November ACO Learning System webinar highlighting how ACOs leverage health information technology (IT) (e.g., telemedicine or remote patient monitoring) to improve access to care for beneficiaries living in rural areas. Topics may include but are not limited to unique health IT delivery challenges in rural areas, such as transportation barriers, information sharing processes, and implementation of health IT tools. If your ACO has a rural health IT story to share, please express interest in presenting by emailing VBCLearningSystem@mathematica-mpr.com (subject line “Implementing Health IT Tools”) with a brief description of your ACO’s Health IT efforts and background by close of business Wednesday, October 12, 2022.

Summary of VBC Learning System Webinar on Advancing Health Equity in Palliative and Hospice Care: Now Available

In July 2022, the Value Based Care (VBC) Learning System hosted a webinar focused on ACO strategies to address disparities in palliative and hospice care. Search for “Advancing Health Equity in Palliative and Hospice Care” in the Webinars section and Learning System subcategory of the Knowledge Library tab in [ACO-MS](#).

Health Equity Digest (1 of 2): Now Available

The 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 of 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”).

EVENT ANNOUNCEMENTS

New SSP ACO Learning System Webinar: Engaging Clinical Specialists in Care Management Efforts

THURSDAY, OCTOBER 27, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACO staff. Primary care and specialty clinicians may be most interested to attend, as well as team members supporting care management.
- **Description:** Join us for a webinar exploring ACO approaches to coordinating care between primary and specialty care providers to ensure beneficiaries receive timely, appropriate care. ACO presenters will discuss innovative strategies to engage specialists in care management, including action steps to streamline care, define responsibilities, and share information between teams. Attendees will have an opportunity to ask questions during the webinar.

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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