

AT A GLANCE

UPCOMING DEADLINES

- **PY 2022 Change Request Cycle Phase 2 RFI: Correct Deficiencies by November 9, 2021, at 12:00 p.m. (noon) ET**
- **Targeted Reviews of MIPS Payment Adjustment Factor(s): November 29, 2021, by 8:00 p.m. ET**

EVENT ANNOUNCEMENTS

- **Shared Savings Program ACO Learning System Webinar: Engaging Beneficiaries with Telehealth**
November 9th | 3:00–4:00 p.m. ET | [Register](#)
- **CCLF User Group Webinar: API Key Management/CLI Tool for Data Hub**
November 30th | 1:30–2:30 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Final Medicare Shared Savings Program Policy Changes Included in the CY 2022 Physician Fee Schedule Final Rule](#)
- [PY 2022 Change Request Cycle Phase 2 RFI: Issued on November 3, 2021](#)
- [30 Days' Advance Notice Required for Voluntary Termination](#)
- [Second Snapshot of 2021 QP Status and APM Participation Data: Now Available](#)
- [Immediately Update ACO Contacts in ACO-MS When an Employee, Consultant, or Contractor Leaves Your ACO](#)
- [November CCLF Files](#)
- [Case Study on HMCC's Pharmacist-Led, Virtual Endocrinology Consult Program: Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Final Medicare Shared Savings Program Policy Changes Included in the CY 2022 Physician Fee Schedule Final Rule

On November 2, 2021, CMS issued a final rule entitled “CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-payment Medical Review Requirements” (herein Calendar Year (CY) 2022 Physician Fee Schedule (PFS) Final Rule). The CY 2022 PFS Final Rule includes the following final policies to amend the Shared Savings Program, discussed in section III.J. of the CY 2022 PFS Final Rule:

- A longer transition period for ACOs reporting electronic clinical quality measures/Merit-based Incentive Payment System clinical quality measures (eCQM/MIPS CQM) under the Alternative Payment Model (APM) Performance Pathway (APP), by extending the availability of the CMS Web Interface collection type for three additional years, through Performance Year (PY) 2024.
- Delay of the increase in the quality performance standard ACOs must meet to be eligible to share in savings until PY 2024, by maintaining the 30th percentile of the MIPS quality performance category score for PY 2023, and additional revisions to the quality performance standard to encourage ACOs to report all-payer measures.
- Updates to the definition of primary care services that are used for purposes of beneficiary assignment.
- Revisions to the methodology for calculating repayment mechanism amounts for risk-based ACOs to reduce the percentage used in the existing amount by 50 percent. CMS finalized modifications to the threshold for determining whether an ACO is required to increase its repayment mechanism amount during its agreement period. CMS also specified how the number of assigned beneficiaries used in the repayment mechanism amount calculations are identified.
- Allowance of a one-time opportunity for certain ACOs that established a repayment mechanism to support their participation in a two-sided model beginning on July 1, 2019; January 1, 2020; or January 1, 2021; to elect to decrease the amount of their existing repayment mechanisms.

- Reducing burden in the Shared Savings Program application process by modifying the prior participation disclosure requirement and reducing the frequency and circumstances under which ACOs submit sample and executed ACO participant agreements to CMS.
- Modifications to the beneficiary notification requirement as it applies to ACOs under prospective assignment.

To learn more, refer to:

- Press Release: [CMS Physician Payment Rule Promotes Greater Access to Telehealth Services, Diabetes Prevention Programs](#)
- Final Rule: [CY 2022 PFS](#)
- Fact Sheet: [Calendar Year \(CY\) 2022 Medicare Physician Fee Schedule Final Rule](#)
- Quality Payment Program (QPP): [2022 QPP Final Rule Resources](#) (zip)

PY 2022 Change Request Cycle Phase 2 RFI: Issued on November 3, 2021

CMS has issued the Phase 2 Request for Information (RFI). ACOs may correct deficiencies identified by CMS between **Wednesday, November 3, 2021, and Tuesday, November 9, 2021, at 12:00 p.m. (noon) Eastern Time (ET)**.

Phase 2 RFI is the **final opportunity** to:

- Correct Phase 2 deficiencies identified by CMS.
- Respond to all tasks on your Dashboard.
- Submit updates to the governing body and organizational chart.
- If applicable, you may also complete your Skilled Nursing Facility (SNF) 3-Day Rule Waiver application (that you started during Phase 1) and/or submit a Beneficiary Incentive Program (BIP) application.
- ACOs applying to enter a two-sided model or transitioning to a two-sided model for PY 2022 received an email notice on November 3, 2021, providing their ACOs final repayment mechanism amount, and final repayment mechanism documentation must be submitted no later than November 10, 2021.

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 the [ACO Management System \(ACO-MS\)](#). 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](#) tip sheet is available in the Program Resources section of the Knowledge Library tab in ACO-MS.
- 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](#).

30 Days' Advance Notice Required for Voluntary Termination

As a reminder, an ACO must provide at least 30 days' advance written notice to CMS and to its ACO participants of its decision to terminate its Shared Savings Program agreement, along with the effective date of its termination.

ACOs must submit a termination request on or before December 1st to choose a termination effective date on or before December 30th. ACOs that choose a termination effective date on or before December 30th are not financially reconciled for purposes of determining shared savings. However, ACOs in a two-sided track/level that choose a termination effective date after June 30th are financially reconciled and may be liable for a prorated share of any determined shared losses. ACOs in a one-sided or two-sided track/level that choose a termination effective date of December 31st are financially reconciled and may qualify to receive shared savings or be liable for shared losses if applicable.

Please note the Health and Human Services Secretary's declaration of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) in January 2020 triggered the Medicare Shared Savings Program's Extreme and Uncontrollable Circumstances Policy. The extreme and uncontrollable circumstance of the COVID-19 PHE will apply nationwide for the duration of the COVID-19 PHE. Shared losses will be mitigated for all ACOs participating in a performance-based risk

track (including Track 2; the ENHANCED Track; Levels C, D, and E of the BASIC Track; and the Track 1+ Model) based on the length of the COVID-19 PHE. For example, because the PHE covers 11 months of 2021 (January through November) any shared losses an ACO incurs for PY 2021 would be reduced by 91.67 percent; and if the PHE covers the full year (January through December 2021) any shared losses an ACO incurs for PY 2021 would be reduced completely, and the ACO would not owe any shared losses.

In order to notify CMS of the intent to voluntarily terminate the 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.

ACOs terminating their participation in the Shared Savings Program should download and review the [Medicare Shared Savings Program Voluntary Terminations](#) document, available in the Program Resources section of the Knowledge Library tab in ACO-MS, to learn about voluntary termination requirements ([42 CFR § 425.221](#)), close-out procedures, and payment consequences of early termination. ACOs that have already submitted a termination request in ACO-MS may begin to complete the close-out procedures outlined in the *Medicare Shared Savings Program Voluntary Terminations* document. New ACO-MS terminations module enhancements will be live in December 2021, after which ACOs will receive a formal termination acknowledgement notification via email. Contact your ACO Coordinator with any questions.

Second Snapshot of 2021 QP Status and APM Participation Data: Now Available

The [QPP Participation Status Tool](#) is now available. This tool is based on the second snapshot of APM data and includes data from Medicare Part B claims with **dates of service between January 1, 2021, and June 30, 2021**. The tool includes 2021 Qualifying APM Participant (QP) statuses and MIPS APM participation status.

To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the [APM Determination Periods webpage](#) on the [QPP website](#).

What Does QP Status Mean?

If you qualify as a QP, this means you are eligible for the 5% [APM](#) incentive bonus, eligible for APM-specific rewards, and exempt from participating in [MIPS](#).

How Do I Check My QP or APM Participation Status?

To view your QP or APM participation status at the individual level, visit the QPP Participation Status Tool and enter your 10-digit National Provider Identifier (NPI).

To check your 2021 eligibility at the APM entity level, log into the [QPP Sign-In webpage](#); learn how by downloading the [QPP Access User Guide](#) (zip). Browse to the Taxpayer Identification Number(s) (TIN) affiliated with your entity. Lastly, access the details screen to view the eligibility status of every clinician based on their NPI.

Learn More

For more information on APMs, visit the [QPP APM webpage](#). For a comprehensive list of APMs, reference [Alternative Payment Models in the Quality Payment Program as of November 2020](#) (PDF), [2021 Learning Resources for QP Status and APM Incentive Payment](#) (zip), and additional materials, visit the [QPP Resource Library](#).

For questions, contact the QPP at 1-866-288-8292 or via e-mail at QPP@cms.hhs.gov.

Immediately Update ACO Contacts in ACO-MS When an Employee, Consultant, or Contractor Leaves Your ACO

CMS encourages ACO users with administrative privileges to confirm that their ACO contacts are up to date and have access to [ACO-MS](#). When updating your contacts, please also make sure to update your data use agreement (DUA) tracking system accordingly. Only users with administrative privileges—ACO Executive, CMS Liaison, Authorized to Sign Contacts (primary and secondary), and the Application Contacts (primary and secondary)—can manage contact information.

For additional information on how to update contacts or how to add users to ACO-MS, refer to the tip sheet [Overview of ACO-MS User Access and ACO Contacts](#), available in the Program Resources section of the Knowledge Library tab in ACO-MS.

Follow the steps below when an individual leaves your ACO to ensure continuity of communication among remaining personnel and to protect CMS data from disclosure to unauthorized parties:

- Remove the contact from ACO-MS. An ACO official (ACO Executive, Authorized to Sign Contacts (primary and secondary), or CMS Liaison) must remove and/or replace the individual on the Contacts subtab in ACO-MS. If you have questions regarding updating information in ACO-MS, please email SharedSavingsProgram@cms.hhs.gov or call 1-888-734-6433 (select Option 1) or TTY/TDD 1-888-734-6563. Note: Once contacts are removed from ACO-MS, if the user was also granted a QPP Security Official or QPP Staff User role, they will no longer be able to use their ACO-MS log in credentials to access the [QPP website](#).
- If you are removing an entity with whom your ACO no longer works, you will need to remove that entity from your ACO's DUA tracking system.

You should maintain your ACO contacts throughout the year to keep them up to date. CMS does not maintain distribution lists for program correspondence. All email distributions are pulled directly from the ACO contacts listed in ACO-MS.

November CCLF Files

The November Claim and Claim Line Feed (CCLF) files for PY 2021 assignable or prospectively assigned beneficiaries will be available to ACOs on November 15th in the Data Hub tab in [ACO-MS](#). The November 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
PY2021 Beneficiary Exclusion and MBI XREF files	November 12 th	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst P.A****.BNEX.Y21.Dyymmdd.Thhmsst	2021	Excluded Beneficiary MBI XREF File delivered in November 2021 (txt) Beneficiary Data Sharing Exclusion File delivered in November 2021 (xml)
PY2021 CCLFs	November 15 th	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	2021	CCLF delivered in November 2021 (zip)

ACOs should refer to the [CCLF Information Packet \(IP\)](#), Version 32 (V32) 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).

Case Study on HMCC's Pharmacist-Led, Virtual Endocrinology Consult Program: Now Available

This case study from the Value Based Care (VBC) Learning System describes the pharmacist-led, virtual endocrinology consult program at Houston Methodist Coordinated Care (HMCC), which delivers individualized counseling to beneficiaries with uncontrolled type 2 diabetes mellitus. Through this program, HMCC supports primary care practitioners and their beneficiaries by facilitating access to the expertise of clinical pharmacists, consultations with an endocrinologist, and coordinated communications via secure platforms. Of the patients who completed the program, 94 percent showed improvement in their HbA1c control. HMCC's approach to increasing access to specialist care may be informative for other health care organizations that are considering ways to improve outcomes for beneficiaries with uncontrolled diabetes. The [HMCC case study](#) can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

EVENT ANNOUNCEMENTS

Shared Savings Program ACO Learning System Webinar: Engaging Beneficiaries with Telehealth

TUESDAY, NOVEMBER 9, 2021, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** Shared Savings Program ACOs
- **Description:** Join a virtual panel discussion exploring how ACOs use telehealth to engage beneficiaries and increase access to care. Panelists from multiple ACOs will describe their telehealth programs, including efforts to scale and sustain operations during the public health emergency. The discussion will highlight telehealth tools and strategies that ACOs leveraged to expand access to specialty care, support care delivery in rural communities, and address health disparities. Attendees will have an opportunity to ask questions during the webinar.

CCLF Event: API Key Management/CLI Tool for Data Hub

TUESDAY, NOVEMBER 30, 2021, 1:30 P.M.–2:30 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** The webinar will provide an introductory overview of the API Key Management (KM) and Command Line Interface (CLI) tool, scheduled to go live later this year. The new feature will assist Medicare Shared Savings Program ACOs and Center for Medicare & Medicaid Innovation (CMMI) model entities to schedule automated downloads of claims data and program reports from the Data Hub without logging into the ACO-MS/4i systems. The webinar will include a question-and-answer session to address any questions related to the new API KM and CLI tool.

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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