

AT A GLANCE

UPCOMING DEADLINES

- **Targeted Reviews of MIPS Payment Adjustment Factor(s): November 29, 2021, by 8:00 p.m. ET**
- **ACO Signing Event: November 29, 2021, to December 6, 2021, by 12:00 p.m. (noon) ET**
- **Care Compare Preview Period: November 15, 2021, through December 14, 2021**
- **Submit PY 2021 MIPS EUC Exception Application: by December 31, 2021**

EVENT ANNOUNCEMENTS

- **CCLF User Group Webinar: API Key Management/CLI Tool for Data Hub**
November 30th | 1:30–2:30 p.m. ET | [Register](#)
- **CCLF Files Expansion Webinar**
December 8th | 1:30–2:30 p.m. ET | [Register](#)
- **SSP ACO Learning System Webinar: Strategies to Identify and Address HRSN**
December 15th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle: Phase 2 Final Application Dispositions](#)
- [ACO Signing Event](#)
- [MSSP MIPS EUC Policy for Quality for PY 2021 in Response to COVID-19 PHE](#)
- [30 Days' Advance Notice Required for Voluntary Termination](#)
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- [PY 2021 Q3 Report Package: Now Available](#)
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- [November CCLF Files](#)
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PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle: Phase 2 Final Application Dispositions

Phase 2 Final Dispositions

On Friday, November 19, 2021, CMS will issue final dispositions for ACOs' Phase 2 application submissions for Performance Year (PY) 2022. These final dispositions may include the Initial/Renewal application, Skilled Nursing Facility (SNF) 3-Day Rule Waiver application, Beneficiary Incentive Program (BIP) application, and participation options change requests, as applicable. The dispositions will be labeled either "Approved" or "Denied" in the [ACO Management System \(ACO-MS\)](#).

How to Request a Reconsideration Review for Phase 2 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 an initial 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.

Once CMS has released Final Application Dispositions, that will start the 15-day clock for reconsiderations. Reconsideration review requests must be submitted within 15 calendar days (by 11:59 p.m. Eastern Time (ET)) from the date of CMS' notice of initial determination ([42 CFR § 425.802\(a\)\(1\)](#)). If the 15th day falls on a weekend or a federal holiday, then the timeframe is extended until the end of the next business day ([42 CFR § 425.802\(a\)\(1\)\(i\)](#)).

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

Personally Identifiable Information (PII) reminder: When emailing files, forms, or other documents that contain any health or personal information, please remember to encrypt the document before emailing it.

ACO Signing Event

Beginning on November 29, 2021, all approved applicants must log into ACO-MS to review and sign their ACO Signing Event documents. All ACO Signing Event activities **must be completed by December 6, 2021, at 12:00 p.m. (noon) ET**.

Refer to the resources below for additional information about the ACO Signing Event process and step-by-step instructions:

- [ACO Signing Event Instructions](#)
- [How to Review and Certify the ACO Participant List and ACO Provider/Supplier List in ACO-MS](#)
- [Managing the ACO Provider/Supplier List in ACO-MS](#)
- [ACO Provider/Supplier Bulk Upload in ACO-MS](#)
- [Overview of ACO-MS User Access and ACO Contacts](#)

MSSP MIPS EUC Policy for Quality for PY 2021 in Response to COVID-19 PHE

CMS continues to provide relief where possible to clinicians responding to the coronavirus disease 2019 (COVID-19) public health emergency (PHE). CMS is applying the [Merit-based Incentive Payment System \(MIPS\) Automatic Extreme and Uncontrollable Circumstances \(EUC\) Policy](#) to all individually eligible MIPS eligible clinicians for PY 2021. Please note that this announcement is for PY 2021 only.

The automatic EUC policy only applies to MIPS eligible clinicians who are eligible to participate in MIPS as individuals. The MIPS Automatic EUC policy does not apply to ACOs.

ACOs can submit a PY 2021 EUC Exception Application on behalf of its MIPS eligible clinicians if they are unable to report via the Alternative Payment Model (APM) Performance Pathway (APP). To submit a PY 2021 EUC Exception Application, ACOs must demonstrate that greater than 75 percent of its MIPS eligible clinicians would be eligible for reweighting the Promoting Interoperability performance category. ACOs can submit PY 2021 EUC Exception Applications by signing in to qpp.cms.gov and clicking Exception Applications on the left-hand navigation through December 31, 2021.

Note: [The Shared Savings Program Quality EUC Policy](#) for determining shared savings and losses applies to all Shared Savings Program ACOs for PY 2021. CMS considers all ACOs to be affected by the COVID-19 PHE and the Shared Savings Program EUC policy applies for PY 2021. ACOs that are able to report quality data via the APP and meet MIPS data completeness and case minimum requirements will receive the higher of their ACO quality score or the 30th percentile MIPS quality performance category score. ACOs that are unable to report quality data via the APP and meet the MIPS quality data completeness and case minimum requirements, will have their quality score set equal to the 30th percentile MIPS quality performance category score.

Additional Resources

- [MIPS 2021 Extreme and Uncontrollable Circumstances Application Guide](#)
- [Quality Payment Program—COVID-19 Response](#) fact sheet

For more information, please see the [COVID-19 Response webpage](#) on the Quality Payment Program (QPP) website. You can contact QPP at 1-866-288-8292 (Telecommunications Relay Service (TRS): 711), Monday through Friday, 8:00 a.m.–8:00 p.m. ET or by email at: QPP@cms.hhs.gov.

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.

Public Health Emergency Impacts

Please note the Health and Human Services Secretary's declaration of the COVID-19 PHE in January 2020 triggered the Medicare Shared Savings Program's EUC 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 currently 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.

How to Notify CMS of the Intent to Voluntarily Terminate

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.

Resources

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.

Care Compare Doctors and Clinicians Preview Period: Now Open

The Care Compare 30-day Preview Period for doctors and clinicians opened Monday, November 15, 2021, and will run through December 14, 2021.

The Shared Savings Program ACOs and Next Generation Model ACOs can preview their performance information via their 2020 MIPS Performance Feedback Reports. Shared Savings Program ACOs can also review quality performance information on their previously provided 2020 Quality Performance Reports. A list of ACO performance information targeted for public reporting is available on the [Care Compare: Doctors and Clinicians Initiative webpage](#) in the downloadable [2020 ACO Performance Information](#) document. ACO-level data is not available for viewing during the Preview Period.

PY 2021 Q3 Report Package: Now Available

On November 10, 2021, CMS released the PY 2021 Quarter 3 (Q3) reports packages to ACOs in the Data Hub tab in [ACO-MS](#). The report package was sent as a zip file and included the following:

- Cover notice
- Assignment List Report (ALR)
- Assignment Summary Report (ASR)
- Aggregate Expenditure/Utilization Report (EXPU)
- Beneficiary Expenditure Utilization Report (BEUR)
- Non-Claims Based Payment File (NCBP)

ACOs may find their Q3 report packages under “PY 2021” in the Data Hub tab in ACO-MS with the file name “P.Axxxx.ACO.QEXPU.D219999.T0300000.” Please note that “D219999” indicates the reports are applicable for PY 2021, and “T0300000” indicates that the reports are applicable to Q3 of PY 2021.

Resources

For additional information about the Q3 report package, please reference the Q3 cover notice and the most recently available report user’s guides:

- [Assignment List Report and Assignment Summary Reports User’s Guide](#)
- [Annual and Quarterly Aggregate Expenditure/Utilization and Beneficiary Expenditure/Utilization Reports User’s Guide](#)

These report user’s guides provide detailed information about the data elements included in the referenced program reports and can be found in the Program Resources section of the Knowledge Library tab in ACO-MS by searching “Report User’s Guides.”

CCLF Information Packet V33 and Test Files

The Claim and Claim Line Feed (CCLF) file layouts will be expanded in January 2022. In order to prepare for system readiness, CMS posted the CCLF Information Packet (IP), Version 33 (V33) and test files on November 8, 2021. This compressed (zipped) package includes 12 test files which do not contain PII or protected health information (PHI). The populated files will be available in an expected format in January 2022, and will contain approximately five records in each file.

The current [CCLF Information Packet \(IP\)](#), V32 will continue to be effective through December 2021.

November CCLF Files

The November CCLF files for PY 2021 assignable or prospectively assigned beneficiaries became 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)*, 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).

Webinar Slides

Links to the presentation slides and audio recording for the following presentations are available in the [QPP Webinar Library](#):

- “2022 Quality Payment Program Final Rule” November 10, 2021: CMS subject matter experts (SMEs) presented information about the 2022 QPP Final Rule.
 - [Slide Deck](#)

EVENT ANNOUNCEMENTS

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.

CCLF Files Expansion Webinar

WEDNESDAY, DECEMBER 8, 2021, 1:30 P.M.–2:30 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** The CCLF files will be expanding in January 2022 to include additional variables. The December webinar will provide updates to materials recently presented at the CCLF Files Expansion webinar on September 15, 2021. CMS will give an overview of the layout expansion, new elements and changes in approach. Based on stakeholder feedback, CMS will not be making select variables null, but instead continue to deliver this data. Updates to the Substance Abuse codes used for claims exclusion beginning January 2022 will also be outlined. The webinar will include a question-and-answer session to address questions related to the CCLF files. CMS strongly encourages technical staff routinely consuming and analyzing CCLF files to attend in order to prepare for system readiness.

SSP ACO Learning System Webinar: Strategies to Identify and Address HRSN

WEDNESDAY, DECEMBER 15, 2021, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** Shared Savings Program ACOs, Direct Contracting Entities, Kidney Contracting Entities, and CMS Kidney Care First Practices
- **Description:** Join a webinar exploring how ACOs use non-medical care strategies to address beneficiaries' health-related social needs (HRSN) and improve social determinants of health (SDOH). Panelists from multiple ACOs will describe their action steps to build SDOH initiatives, including efforts to address housing instability and food insecurity, and discuss solutions to common challenges to delivering care to address HRSN. This event is open to all

SSP ACO staff; although, leadership, administrators, and staff working on SDOH-related initiatives may be most interested to attend. 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, 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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