

## AT A GLANCE

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### UPCOMING DEADLINES

- **PY 2022 Change Request Cycle: Ends August 3, 2021, at 12:00 p.m. (noon) ET**
- **CY 2022 Medicare PFS Notice of Proposed Rulemaking Comment Period: Ends September 13, 2021**

### EVENT ANNOUNCEMENTS

- **CMS Webinar on the Overview of the 2022 Proposed Rule for the QPP**  
July 21<sup>st</sup> | 2:00–3:30 p.m. ET | [Register here](#)

### PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Calendar Year 2022 Medicare Physician Fee Schedule Notice of Proposed Rulemaking: Now Available for Comment](#)
- [PY 2022 Change Request Cycle: Phase 1 RFI-1 to Be Issued on July 21, 2021](#)
- [How to Review Participation Options Information in ACO-MS Applicable to PY 2022](#)
- [Form CMS-588 EFT Authorization Agreement Submission via ACO-MS](#)
- [July CCLF Files](#)
- [First Snapshot of 2021 QP Status and APM Participation Data: Now Available](#)
- [Educational Toolkit for ACOs: Now Available](#)

## PROGRAM ANNOUNCEMENTS AND RESOURCES

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### Calendar Year 2022 Medicare Physician Fee Schedule Notice of Proposed Rulemaking: Now Available for Comment

On July 13, 2021, CMS issued a proposed rule entitled *Medicare Program: 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; Provider and Supplier Prepayment and Post-payment Medical Review Requirements* (herein [Calendar Year \(CY\) 2022 Physician Fee Schedule \(PFS\) proposed rule](#)). This proposed rule announces and solicits public comments on proposed policy changes for Medicare payments under the PFS, on or after January 1, 2022.

The CY 2022 PFS proposed rule includes proposals for the Shared Savings Program and the Quality Payment Program (QPP). CMS encourages ACOs to review and submit comments on the proposed rule. Public comments on the proposed rule are **due September 13, 2021**. Official comments must be submitted in one of the following ways: electronically through the [Regulations.gov website](#), regular mail, or express or overnight mail.

#### Shared Savings Program Proposals

Within the CY 2022 PFS proposed rule, proposals to amend Shared Savings Program policies are discussed, primarily, in section III.J, and include the following:

- A longer transition for ACOs reporting electronic clinical quality measures/Merit-based Incentive Payment System clinical quality measures (eCQMs/MIPS CQMs) under the Alternative Payment Model (APM) Performance Pathway (APP), by extending the availability of the CMS Web Interface collection type for two additional years, through Performance Year (PY) 2023.
- An additional one-year freeze before the phase-in of the increase in the quality standard ACOs must meet to share in savings and an additional revision in the quality standard to encourage ACOs to report all-payer eCQMs/MIPS CQMs.
- Revisions to the definition of primary care services that are used for purposes of beneficiary assignment. CMS is also seeking comment on whether stakeholders believe other codes should be included in this definition to inform future rulemaking.

- 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 is also proposing to modify the threshold for determining whether an ACO is required to increase its repayment mechanism amount during its agreement period and allowing 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 and streamlining the Shared Savings Program application process by modifying the prior participation disclosure requirement, so that the disclosure is required only at the request of CMS during the application process, and reducing the frequency and circumstances under which ACOs submit sample ACO participant agreements and executed ACO participant agreements to CMS.
- Modifications to the beneficiary notification requirement as it applies to ACOs under prospective assignment.

CMS is also seeking comments from stakeholders on certain aspects of the Shared Savings Program's benchmarking methodology, specifically calculation of regional fee-for-service (FFS) expenditures used in determining the regional adjustment, and blended national-regional growth rates for trending and updating the benchmark, as well as the risk adjustment methodology, which could inform future rulemaking.

For more information, refer to the following resources:

QPP Fact Sheet: [Calendar Year \(CY\) 2022 Physician Fee Schedule Notice of Proposed Rule Making: Quality Payment Program \(QPP\) Proposals Overview](#)

PFS Fact Sheet: [CY 2022 Medicare Physician Fee Schedule Proposed Rule](#)

Press Release: [CMS Proposes Physician Payment Rule to Improve Health Equity, Patient Access](#)

Proposed Rule: [CY 2022 PFS proposed rule](#)

## **PY 2022 Change Request Cycle: Phase 1 RFI-1 to Be Issued on July 21, 2021**

CMS will issue the first request for information (RFI-1) of Phase 1 on Wednesday, July 21, 2021. CMS will provide the *Participation Options Report* for Phase 1 RFI-1 in [ACO Management System \(ACO-MS\)](#) that is applicable for PY 2022 on July 23, 2021 (refer to the next article). ACOs may take the following actions between **Wednesday, July 21, 2021, and Tuesday, August 3, 2021, at 12:00 p.m. (noon) Eastern Time (ET)**:

- Correct deficiencies identified by CMS.
- Add/modify ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists. **Please note, this is the final opportunity for ACOs to submit new change requests to add ACO participants and/or SNF affiliates.**
- Elect to apply for a SNF 3-Day Rule Waiver (if eligible) and add SNF affiliates prior to the deadline, which ends on **August 3<sup>rd</sup> at 12:00 p.m. (noon) ET.**
- ACOs on the BASIC track's glide path have the opportunity to indicate interest in maintaining participation at their current level. **Please note, if the proposal is finalized, the final opportunity to make this election in the ACO-MS is September 10<sup>th</sup> at 12:00 p.m. (noon) ET.\***
- Voluntarily elect a higher level within the BASIC track's glide path.
- Select the minimum savings rate (MSR)/minimum loss rate (MLR) for the remainder of their agreement period (only for ACOs moving from one-sided to two-sided risk). **Please note, ACOs that choose to move to a two-sided risk level (Level C, D, or E) on the BASIC track's glide path will need to submit a Participation Options change request to select their MSR/MLR; and ACO-MS will automatically create a task for ACOs to submit draft repayment mechanism documentation.**
- Change selected beneficiary assignment methodology.
- Update Form CMS-588 [Electronic Funds Transfer \(EFT\) Authorization Agreement](#).
- If your ACO submitted a change request but no longer wants to make the change, and CMS has not yet issued a disposition, you can withdraw the change request using the Change Request tab on the left-side menu in ACO-MS to find the change request in the Active Pending Disposition subtab.

\*For PY 2022, CMS is proposing that ACOs participating in the BASIC track's glide path may elect to maintain, or "freeze," their participation level in the same level of the BASIC track's glide path that it entered for PY 2021. In the event that this

proposed policy is not finalized and your ACO is required under [42 CFR § 425.600\(a\)\(4\)\(i\)\(B\)\(2\)](#) to advance from Level A or Level B to a two-sided risk model for PY 2022, your ACO will have a limited opportunity to submit a repayment mechanism.

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 ACO-MS. Reminder that all approved change requests are effective for PY 2022, which begins January 1, 2022.

### Additional Resources

- On July 21, 2021, CMS will release the *Requests for Information in ACO-MS* tip sheet, which provides information on how to respond to RFIs in ACO-MS. This tip sheet will be available in the Program Resources section of the Knowledge Library tab in ACO-MS.
- The *Overview of Participation Options in ACO-MS*, *Submitting Change Requests in ACO-MS*, and *Adding ACO Participants & SNF Affiliates in ACO-MS* tip sheets are available in the Program Resources section of the Knowledge Library tab in ACO-MS.
- Updated 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](#).

### How to Review Participation Options Information in ACO-MS Applicable to PY 2022

On July 23, 2021, CMS will provide all ACOs with a *Participation Options Report* for Phase 1 RFI-1 in [ACO-MS](#) that is applicable for PY 2022. The report provides information on the ACO participants' prior experience in two-sided models, their ACO participants' prior participation in the Shared Savings Program, a preliminary determination of the ACO's high or low revenue status, an estimate of the ACO's repayment mechanism amount (if applicable), beneficiary assignment estimates for the benchmark years and upcoming performance year, and track eligibility information. ACOs should review this report for any changes to their participation eligibility, including changes to their revenue determination, which may impact their participation in the program. This report is also designed to help ACOs evaluate future participation options.

The *Participation Options Report* has four tabs:

- 50% ACO Composition
- 40% Risk Check
- Estimate of High or Low Revenue
- ACO Summary

For more information about the report, download the *PY 2022 Participation Options Report Data Dictionary*, which can be found in both the Application Cycle subtab (via the information bubble) and the Program Resources section of the Knowledge Library tab in ACO-MS.

On July 23, 2021, *Participation Options Report* information will be accessible in ACO-MS by either of the two methods below (note that only information from the ACO Summary tab of the *Participation Options Report* is available via Option 1, while the full *Participation Options Report* and all four tabs are available via Option 2):

#### Option 1

1. Navigate to the My ACOs tab on the left-side menu and select your ACO.
2. Select the Application Cycle subtab.
3. Select 2022 in the program year drop-down menu to access participation options information.

#### Option 2

1. Navigate to the Reporting tab on the left-side menu.
2. Select your ACO from the drop-down menu.

3. Select 2022 in the program year drop-down menu to access information for PY 2022.
4. Select .xlsx format (the report is not available in .csv format).
5. Select the *Participation Options Report* to download the report.

The *Participation Options Report* will also be available in future RFIs.

## Form CMS-588 EFT Authorization Agreement Submission via ACO-MS

Currently participating ACOs that need to update their banking information may electronically upload the [Electronic Funds Transfer \(EFT\) Authorization Agreement](#) (Form CMS-588), the accompanying cover sheet, and supporting documentation in [ACO-MS](#) to start the review process during the PY 2022 application/change request cycle. ACOs may submit Form CMS-588 in ACO-MS from July 21<sup>st</sup> until August 3<sup>rd</sup> at 12:00 p.m. (noon) ET.

An ACO with Form CMS-588 questions should contact the Shared Savings Program via the ACO-MS Helpdesk icon (located within the ACO-MS banner) or the Shared Savings Program mailbox at [SharedSavingsProgram@cms.hhs.gov](mailto:SharedSavingsProgram@cms.hhs.gov). Please include your ACO Identification Number (ACO ID) and "Form CMS-588" in the subject line. Refer to the [ACO Banking Form Instructions](#) for detailed information.

CMS cannot confirm any information regarding Form CMS-588 that your ACO may already have on file with CMS. If your ACO has specific questions concerning your current Form CMS-588, your ACO will need to fill out a new *Electronic Funds Transfer (EFT) Authorization Agreement* and check the appropriate box.

## July CCLF Files

July Claim and Claim Line Feed (CCLF) files for the PY 2021 assignable or prospectively assigned beneficiaries will be available to ACOs on July 16<sup>th</sup> in the Data Hub tab in [ACO-MS](#).

The July 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
PY21 Beneficiary Exclusion and MBI XREF files	July 15 <sup>th</sup>	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst P.A****.BNEX.Y21.Dyymmdd.Thhmsst	2021	Excluded Beneficiary MBI XREF File delivered in July 2021 (txt)  Beneficiary Data Sharing Exclusion File delivered in July 2021 (xml)
PY21 CCLFs	July 16 <sup>th</sup>	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	2021	CCLF delivered in July 2021 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, Version 31 (V31) 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 under 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).

## First 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 first snapshot of APM data and includes data from Medicare Part B claims with **dates of service between January 1, 2021, and March 31, 2021**. The tool includes 2021 Qualifying APM Participant (QP) status 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, navigate to the [QPP Sign-In webpage](#); learn how by downloading the [QPP Access User Guide](#) (zip). Browse to the Taxpayer Identification Number(s) 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 webpages](#). For a comprehensive list of APMs, reference [Alternative Payment Models in the Quality Payment Program as of November 2020](#), [2021 Learning Resources for QP Status and APM Incentive Payment](#) (zip), and for additional materials, visit the [QPP Resource Library](#).

For questions, contact the Quality Payment Program at 1-866-288-8292 or via e-mail at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## Educational Toolkit for ACOs: Now Available

The *Educational Toolkit for Accountable Care Organizations* provides a brief overview of finance and assignment educational resources available to ACOs. The resources in the toolkit cover topics including financial calculations, assignment of beneficiaries, and finance and assignment reports. These educational resources are intended to help ACOs better understand financial and beneficiary assignment methodologies and calculations in the Shared Savings Program. Each item includes a brief description as well as a link to the resource. The *Educational Toolkit for Accountable Care Organizations* is now available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#) and can be found by searching for “Educational Toolkit.”

## EVENT ANNOUNCEMENTS

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### CMS Webinar on the Overview of the 2022 Proposed Rule for the Quality Payment Program

**WEDNESDAY, JULY 21, 2021, 2:00 P.M.–3:30 P.M. EASTERN TIME**

- [Register here](#)
- **Audience:** Shared Savings Program ACOs
- **Description:** CMS is hosting a webinar to provide an overview of proposed policies for the PY 2022 of the QPP. This webinar will:
  - Provide an overview and future direction of the QPP
  - Discuss 2022 proposed policy changes for traditional MIPS, MIPS Value Pathways (MVPs), the APP, and Advanced APMs
  - Highlight key differences between 2021 and proposed 2022 requirements

## CONTACT INFORMATION FOR ACOs

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To help ACOs navigate questions regarding the Shared Savings Program.

### 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](mailto: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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