

AT A GLANCE

UPCOMING DEADLINES

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

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle: Phase 1 RFI-1 Response Due by August 3, 2021](#)
- [Addressing Overlap Deficiencies in ACO Participant Change Requests](#)
- [Form CMS-588 EFT Authorization Agreement Submission via ACO-MS](#)
- [PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs Measure Information: Now Available](#)
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- [Updated PY 2019A Shared Savings Program ACO Public Use File](#)
- [Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs: Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle: Phase 1 RFI-1 Response Due by August 3, 2021

CMS issued the first request for information (RFI-1) of Phase 1 on July 20, 2021. ACOs have until **12:00 p.m. (noon) Eastern Time (ET) on August 3, 2021**, to respond to the first RFI-1 of Phase 1. ACOs may take the following actions between now and August 3, 2021:

- Correct deficiencies identified by CMS.
- Add/modify ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists. **Please note, August 3rd 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 3rd 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 [ACO Management System \(ACO-MS\)](#) is September 10th 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 [Electronic Funds Transfer \(EFT\) Authorization Agreement](#) (Form CMS-588).
- 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 Performance Year (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: All approved change requests are effective for PY 2022, which begins January 1, 2022.

Additional Resources

- The *Requests for Information in ACO-MS*, *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.
- The *Participation Options Report* for Phase 1 RFI-1, applicable for PY 2022, is available in ACO-MS. 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.
- 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](#).

Addressing Overlap Deficiencies in ACO Participant Change Requests

The Shared Savings Program requires each ACO participant that submits claims for services used to determine the ACO's assigned population to be exclusive to one Shared Savings Program ACO. An ACO participant change request will generate an impermissible overlap deficiency if the submitted taxpayer identification number (TIN) is already included on another ACO Participant List or a change request to add this TIN has been submitted by another ACO, including a Center for Medicare and Medicaid Innovation (CMMI) model that prohibits overlap. A TIN submitted for an ACO participant in a change request with an overlap and/or enrollment-related deficiency is not included in the beneficiary assignment estimates provided during the application cycle.

Question: *If my ACO participant change request receives an overlap deficiency indicating the proposed ACO participant TIN appears on another ACO Participant List, what actions can I take?*

Answer: If a change request has been identified as having an impermissible overlap deficiency due to the proposed ACO participant appearing on another ACO Participant List, CMS encourages your ACO to have discussions with your participants about their intentions for participation in shared savings initiatives in 2022 to ensure the correct actions are taken in the system. This must be corrected by the Phase 1 RFI-2 final deadline on September 10, 2021, at 12:00 p.m. (noon) ET to withdraw "Add Participant" change requests and/or remove ACO participants to resolve the overlap deficiency. If one ACO withdraws their "Add Participant" change request for this TIN or terminates this ACO participant TIN from their ACO Participant List by the Phase 1 RFI-2 final deadline on September 10, 2021, at 12:00 p.m. (noon) ET, then the deficiency will be removed from the other ACO's ACO Participant change request. If the overlap remains past this deadline, the "Add Participant" change request may be denied.

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](#), the accompanying cover sheet, and supporting documentation in [ACO-MS](#) to start the review process during the PY 2022 application/change request cycle. To be eligible for shared savings payments, your ACO must have a valid Form CMS-588 on file. **ACOs may submit Form CMS-588 in ACO-MS from July 21st until August 3rd 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. 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.

PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs Measure Information: Now Available

The [PY 2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs](#) (MCCs for ACOs) measure information (zip) is available on the [Quality Payment Program \(QPP\) Resource Library](#). As noted in the Measure Information Form (MIF), this measure provides the rate of risk-standardized acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) beneficiaries 65 years and older with MCCs who are assigned to an ACO. The MCC for ACOs is one of the two administrative claims-based measures that CMS will calculate on behalf of the Shared Savings Program ACOs for PY 2021. As noted in the MIF, the rationale for this measure is to assess the quality of care as experienced by the patient and to drive overall improvements in care quality, coordination, and efficiency that are not specific to certain diseases. Please note that the zip file contains the *PY_2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs* Excel workbook and *PY_2021 Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs* PDF.

CMS Releases Redesigned Data.CMS.gov Website

CMS recently launched a redesigned [Data.CMS.gov website](#) that makes it easier to discover, access, and understand CMS data. Data.CMS.gov gives you direct access to public data released by CMS. CMS' goal is to ensure that CMS data is readily available in open, accessible, and machine-readable formats. For the most available data, you can:

- Download data in a variety of formats.
- View and analyze data using interactive tools.
- Access data through an [Application Programming Interface](#) (API). An API lets developers connect other applications to data in real time.

Shared Savings Program Datasets

The Shared Savings Program datasets are now available on a separate [Data.CMS.gov Medicare Shared Savings Program landing page](#) on the Data.CMS.gov website. This page includes links to all Shared Savings Program datasets, listed by the last updated date. Each dataset includes a landing page that provides a summary of the dataset, resources, and details with links to historical datasets in one location. Please note that as CMS migrates its data to this new website redesign, datasets are now listed by month and year instead of performance year. Additionally, the ACO interactive map is temporarily unavailable; CMS will provide a notification when it is accessible. Please save the new website links for your reference. All previous links are now inactive.

Please send feedback on the new site to OEDAUserResearch@cms.hhs.gov.

Updated PY 2019A Shared Savings Program ACO Public Use File

CMS has identified and updated the PY 2019A Shared Savings Program ACO Public Use File (PUF). For 29 ACOs, the binary variables indicating an ACO's initial track in the Shared Savings Program were set incorrectly in the original version of this file.

The initial track variable values for the impacted 29 ACOs have now been corrected to reflect the track each ACO selected upon entry to the program under their current ACO ID.

Shared Savings Program ACO PUFs are available on the [Data.CMS.gov Medicare Shared Savings Program landing page](#). To download the 2019A PUF, click the download button on the [Performance Year Financial and Quality Results webpage](#). The ACO PUFs are also linked from the [Program Data webpage](#).

Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs: Now Available

This new tip sheet from the Value Based Care Learning System highlights how OneCare Vermont leverages data to monitor and improve performance in its state-wide care coordination program. The ACO's community care coordination program encourages primary care practices and local organizations to form multidisciplinary care teams to improve outcomes for high-risk beneficiaries. To ensure that its program delivers high-quality, value-based care, OneCare established care management metrics and regularly reviews its care teams' performance on these metrics. To learn more about OneCare's community care coordination program, refer to the [OneCare Vermont ACO Case Study: Community Care Coordination Program](#).

Search for "Tip Sheet on Strategies to Monitor and Improve Performance in Care Coordination Programs" in the Webinars section and Learning System subcategory of the Knowledge Library tab in [ACO-MS](#).

CONTACT INFORMATION FOR ACOs

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

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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