

AT A GLANCE

UPCOMING DEADLINES

- **Draft 2022 CMS QRDA Category III IG and Schematron for Eligible Clinicians and Eligible Professionals Programs Public Comments: June 17, 2021 at 5:00 p.m. ET**
- **Application Submission: June 28, 2021, at 12:00 p.m. (noon) ET**

EVENT ANNOUNCEMENTS

- **Final Spring 2021 VLC**
June 24th | 1:00–3:30 p.m. ET | [Register here](#)
- **CMS Webinar on Reporting Electronic Clinical Quality Measures Using the FHIR® Standard**
July 1st | 3:00–4:00 p.m. ET | [Register here](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Change Request Submission Period for January 1, 2022 Performance Year: Closes June 28th](#)
- [Form CMS-588 EFT Authorization Agreement Submission via ACO-MS](#)
- [Reminder: Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs Accepting Public Comments](#)
- [Navigating Between Program Years in ACO-MS](#)
- [CMS Publishes User Guide for Shared Savings Program ACOs Reporting via APP for PY 2021](#)
- [Prevent and Report Potential Fraud](#)
- [Patient-Centered Care Digest: Now Available](#)
- [ACO Toolkits and Case Studies: Now Available on the ACO General Information Webpage](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Change Request Submission Period for January 1, 2022 Performance Year: Closes June 28th

The Phase 1 initial change request submission period is open until **June 28, 2021, at 12:00 p.m. (noon) Eastern Time (ET)**. Currently participating ACOs may take the actions described in 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 \(ACO-MS\)](#).

Actions Include but Are Not Limited to the Following:

- ACOs may modify their ACO Participant and/or Skilled Nursing Facility (SNF) Affiliate Lists. **Please note, the final opportunity for ACOs to submit new change requests to add ACO participants and/or SNF affiliates is during the Phase 1 first request for information (RFI-1) response period, which ends on August 3rd at 12:00 p.m. (noon) ET.**
- To apply for a SNF 3-Day Rule Waiver, ACOs must elect to apply for the waiver and must add SNF affiliates during Phase 1 of the application cycle and prior to the deadline to add SNF affiliates **on August 3rd at 12:00 p.m. (noon) ET.**
- 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. **Please note, the final opportunity to make this election in ACO-MS is September 10th at 12:00 p.m. (noon) ET.**

ACOs May Submit a Participation Options Change Request to:

- Change the ACO's selected beneficiary assignment methodology;
- Voluntarily elect a higher level within the BASIC track's glide path; and

- Select the minimum savings rate (MSR)/minimum loss rate (MLR) for the remainder of the ACO's agreement period (only for ACOs moving from one-sided to two-sided risk).

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 the ACO to submit draft repayment mechanism documentation.

Additional Resources:

- 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](#).

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

Currently participating ACOs who 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. ACOs may submit Form CMS-588 in ACO-MS from now until June 28th at 12:00 p.m. (noon) ET, and then again 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 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.

Reminder: Draft 2022 CMS QRDA III Implementation Guide and Schematron for Eligible Clinicians and Eligible Professionals Programs Accepting Public Comments

The draft 2022 *Centers for Medicare & Medicaid Services (CMS) Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG) and Schematron for Eligible Clinicians and Eligible Professionals Programs* are available for public comment now **through June 17th at 5:00 p.m. ET**. The 2022 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures (eCQMs) for the Calendar Year (CY) 2022 performance period. Visit the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System (Jira) QRDA Issue Tracker and use ticket number [QRDA-991](#) to submit public comments. You must have a Jira account to submit a comment. Refer to Issue 11 of the *ACO Spotlight Newsletter* published on June 2, 2021, for additional details.

Navigating Between Program Years in ACO-MS

As part of the current application and change request review cycle, a PY 2022 view is available in [ACO-MS](#). To access the PY 2022 view, navigate to the My ACOs tab and select your ACO. The default view of the information displayed for your ACO will reflect PY 2022 data. When reviewing either your complete ACO Provider/Supplier List in the *Providers and Suppliers List Report*, or individual ACO providers and suppliers under the ACO Participants subtab, ensure that the correct year is selected. For example, select PY 2021 in the drop-down menu to submit any modifications to your PY 2021 ACO Provider/Supplier List. Please note, if your ACO has a participation agreement end date of December 31, 2021, and did not submit a Notice of Intent to Apply for PY 2022, you will not see a PY 2022 view.

For more information on how to update your ACO Provider/Supplier List in ACO-MS, refer to the *Managing the ACO Provider/Supplier List in ACO-MS* tip sheet in the Program Resources section of the Knowledge Library tab in ACO-MS.

CMS Publishes User Guide for Shared Savings Program ACOs Reporting via APP for PY 2021

CMS posted a [user guide](#) that outlines the quality reporting and scoring policies that apply to Shared Savings Program for ACOs reporting via the Alternative Payment Model (APM) Performance Pathway (APP).

The APP is **required** for all Shared Savings Program ACOs. The final policies can be found in the [CY 2021 Medicare Physician Fee Schedule Final Rule](#) and in the [2021 QPP Final Rule Resources](#) (zip).

What Are the Requirements for Reporting Under the APP?

Reporting requirements under the Shared Savings Program align with the requirements that apply to the APP under the Quality Payment Program (QPP). ACOs only need to report one set of quality measures via the APP to satisfy the quality reporting requirements under both the Shared Savings Program and Merit-based Incentive Payment System (MIPS).

How Will the ACO's MIPS Quality Performance Category Score be Calculated?

Each ACO's MIPS quality performance category score will be calculated using the ACO's performance on the measures reported under the APP, any applicable MIPS bonus points, and quality improvement points.

For the purpose of the Shared Savings Program, the MIPS quality performance category scores will be used to determine shared savings and shared losses, meeting the reporting requirements for both programs.

How Will this Affect ACO Participants Reporting Outside of the ACO?

Starting with PY 2021, Shared Savings Program ACOs are required to report quality data via the APP on behalf of their participants. If an ACO reports via the APP, then the ACO is not required to report quality separately to MIPS.

Where Can I Find More Information?

To learn more about the APP, review the following resources:

- [2021 APM Performance Pathway \(APP\) Toolkit](#) (zip). Contains resources designed to help MIPS-eligible clinicians successfully participate in the APP, including:
 - 2021 APM Performance Pathway (APP) Toolkit Table of Contents
 - 2021 APM Performance Pathway for MIPS APM Participants Fact Sheet
 - 2021 APM Performance Pathway for Shared Savings Program Accountable Care Organizations (ACOs) User Guide
 - 2021 APM Performance Pathway Infographic
 - 2021 APM Performance Pathway Quick Start Guide
 - 2021 APM Performance Pathway Reporting Scenarios
- [APM Performance Pathway webpage](#)

Questions?

Contact the QPP at 1-866-288-8292 or by e-mail at: QPP@cms.hhs.gov. To receive quicker assistance, consider calling during non-peak hours: before 10:00 a.m. and after 2:00 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) communications assistant.

Prevent and Report Potential Fraud

An ACO can help prevent fraud, waste, or abuse by ensuring that there is "a method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities to anonymously report suspected problems related to the ACO to the compliance officer" per [42 CFR § 425.300\(a\)\(3\)](#).

ACOs are encouraged to report potential fraud, waste, or abuse by submitting a complaint to the [Office of Inspector General's \(OIG's\) website](#), OIG hotline at 1-800-HHS-TIPS (1-800-447-8477), TTY: 1-800-377-4950, or by mail or fax (listed below).

Mailing Address:

Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

Fax:

1-800-223-8164

ACOs suspecting healthcare fraud, waste, or abuse are also encouraged to visit the CMS' Center for Program Integrity [Reporting Fraud webpage](#).

Patient-Centered Care Digest: Now Available

The ACO Learning System produced the *Value-Based Care (VBC) Resource Digest*, which presents publicly available resources that capture evidence-based practices, promising approaches, and lessons learned related to delivering VBC. This edition of the digest focuses on patient-centered care. Stay tuned for future editions on different VBC topics.

Search for "VBC Resource Digest: Patient-Centered Care" in the Webinars section and Learning System subcategory in the Knowledge Library tab in [ACO-MS](#).

ACO Toolkits and Case Studies: Now Available on the ACO General Information Webpage

CMS has posted resources on the [ACO General Information webpage](#), highlighting strategies Medicare ACOs and End-stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) use to improve quality of care, lower health care costs, and enhance the beneficiary experience. These resources include:

- The new [Operational Elements Toolkit](#), the fifth and final release in the series, presents a collection of fundamental strategies that Medicare ACOs use to deliver value-based care when beginning or refining operations. The strategies discussed in this toolkit focus on approaches to establishing strategic partnerships, understanding beneficiary needs and preferences, and harnessing data to improve performance.
- Two case studies that feature specific ACO initiatives to:
 - Partner with emergency departments to improve care coordination services ([Reliance Healthcare's Emergency Department Care Coordination Program](#))
 - Create an Innovation Fund to distribute grants to local organizations to help improve quality, cost, and care experience ([OneCare Vermont ACO: Innovation Fund](#))

The toolkit and case studies join a collection of resources for organizations participating in VBC models, including the [Care Transformation Toolkit](#), [Provider Engagement Toolkit](#), [Beneficiary Engagement Toolkit](#), and the [Care Coordination Toolkit](#), as well as nearly two dozen case studies that describe ACO and ESCO strategies to improve care delivery.

For more information, please visit the ACO General Information webpage.

EVENT ANNOUNCEMENTS

Register for the Final Spring 2021 Virtual Learning Collaborative

Register by tomorrow, June 17th, for the final Spring 2021 Virtual Learning Collaborative (VLC) for ACOs participating in the Shared Savings Program. The Learning System will host this virtual, cross-regional meeting to convene ACOs across the country to exchange ideas and collaborate on improvement strategies, such as setting aims, using data to inform improvement, and engaging stakeholders. Event participants will explore these concepts through facilitated discussion and ACO presentations on topics, such as data integration, care coordination, beneficiary and provider engagement, and social determinants of health.

Who Should Attend?

Attendance is limited to ensure all interested ACOs have the opportunity to meaningfully connect with their peers through interactive breakout sessions. CMS requests you limit your enrollment to three participants per ACO. ACOs should prioritize staff who work on quality and performance improvement initiatives. A waitlist will become available once the event reaches its registration limit.

Please RSVP using the link below. The VLC agenda can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

| DATE | TIME | REGISTRATION |
|-----------------------|-------------------|--|
| June 24 th | 1:00–3:30 p.m. ET | Register here by June 17 th |

CMS Webinar on Reporting Electronic Clinical Quality Measures Using the FHIR® Standard

THURSDAY, JULY 1, 2021, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register here](#)
- **Audience:** Shared Savings Program ACOs
- **Description:** CMS is hosting a webinar on reporting eCQMs using the Fast Healthcare Interoperability Resources® (FHIR®) standard. FHIR® is the next generation standard for exchanging healthcare information electronically and the healthcare community is adopting it to advance interoperability. CMS is exploring a potential transition to FHIR®-based quality measurement and how it can support the sharing of standardized data electronically in clinical settings. Please join CMS for this webinar, which will be a technical, advanced-level session for health information technology professionals supporting Eligible Clinicians and Hospitals in reporting CMS eCQMs. This webinar assumes attendees have prior knowledge of Health Level Seven International® and FHIR® terminology. You can find other FHIR®-related educational materials on the Electronic Clinical Quality Improvement (eCQI) Resource Center [FHIR Education webpage](#). Find additional eCQM-related standards information on the [eCQI Resource Center](#). Submit FHIR®-related questions to fhir@esacinc.com.
 - This webinar will:
 - Review the quality measure architecture
 - Cover the Data Exchange for Quality Measures FHIR® Implementation Guide
 - Describe exchange roles and workflow steps
 - Review data exchange scenarios
 - Review measure reporting scenarios

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)

- 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

- 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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