

AT A GLANCE

UPCOMING DEADLINES

- **PY 2020 Change Request Cycle: Ends August 3, 2021, at 12:00 p.m. ET**

EVENT ANNOUNCEMENTS

- **CMS Webinar on Reporting eCQMs Using the FHIR® Standard**

July 1st | 3:00–4:00 p.m. ET | [Register here](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Change Request Cycle: Next Steps](#)
- [2021 APM Incentive Payment Details: Now Available](#)
- [2019 QPP Performance Information on Care Compare: Now Available](#)
- [2021 Quality Benchmarks File Update](#)
- [Patient-Centered Care Digest: Now Available](#)
- [Webinar Slides and Recordings](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Change Request Cycle: Next Steps

The Phase 1 initial change request submission period for Performance Year (PY) 2022 closed on Monday, June 28, 2021. CMS will issue the first request for information (RFI-1) of Phase 1 on Wednesday, July 21, 2021. 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.
- Modify 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 RFI-1 response period, which ends on August 3rd at 12:00 p.m. (noon) ET.**
- 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 Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement.

*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

- 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](#).

2021 APM Incentive Payment Details: Now Available

For Merit-based Incentive Payment System (MIPS)-eligible clinicians that participate in MIPS, note that CMS has published 2021 Alternative Payment Model (APM) Incentive Payment details on the Quality Payment Program (QPP) website. To access this information, clinicians and surrogates can now log in to the [QPP website](#) using their Health Care Quality information System (HCQIS) Access Roles and Profile (HARP) credentials. Refer to the [QPP Access User Guide](#) (zip) for instructions.

Eligible clinicians who were Qualifying APM Participants (QPs) based on their 2019 performance will begin receiving their 2021 5% APM Incentive Payments this month. CMS has posted the [2021 Learning Resources for QP Status and APM Incentive Payment](#) (zip), which includes:

- **2021 APM Incentive Payment Fact Sheet** (PDF): Provides information on APM Incentive Payments based on PY 2019, including who is eligible to receive a payment in 2021 and how payments are determined.
- **2019 QP Methodology Fact Sheet** (PDF): Describes the process and methodology that CMS used to identify who were QPs for PY 2019 and who are eligible to receive an APM Incentive Payment in 2021.
- **CPS Codes 2017-2021**: Includes the base year codes for calculating 2021 APM Incentive Payments.
- **2021 APM Incentive Payment Notice & 2021 Billing Information Collection Form** (PDF): Informs QPs who are eligible to receive APM Incentive Payments as a result of their 2019 QP status and provides links to several key documents.
- **2021 APM Incentive Payment Guide** (PDF): Explains who is eligible to receive a 2021 APM Incentive Payment based on their QP status in PY 2019, and answers frequently asked questions.
- **2021 Qualifying APM Participant (QP) Quick Start Guide** (PDF): Provides guidance for APM participants who may be QPs in PY 2021.

CMS has taken time to ensure correct payments and information are available during the 2021 payment year. CMS' process includes verifying eligible clinicians' Advanced APM participation and the calculation of the APM Incentive Payment.

You can now log in to the QPP website to see the amount and the organization paid for both the 10-digit National Provider Identifier (NPI) and the organization.

What Do I Need to Do in Order to Receive the APM Incentive Payment?

You will not need to do anything to receive your payment if CMS is able to verify your Medicare billing information. If you do not receive your payment, CMS was unable to verify your Medicare billing information; therefore, your name should be on this [QP Notice for APM Incentive Payment](#) (zip) public notice, which indicates that you will need to verify your Medicare billing information. If you do not verify your Medicare billing information **by November 1, 2021**, then CMS will not be able to issue your APM Incentive Payment. For instructions on how to verify your Medicare billing information, review the public notice.

Questions?

Contact the QPP Service Center at QPP@cms.hhs.gov or 1-866-288-8292.

2019 QPP Performance Information on Care Compare: Now Available

CMS has added new QPP performance information for doctors, clinicians, groups, and ACOs to the Doctors and Clinicians section of the [Medicare Care Compare](#) website and in the [Provider Data Catalog \(PDC\)](#). Performance information for doctors and clinicians is displayed using measure-level star ratings, percent performance scores, and checkmarks.

As a reminder, CMS is required to report MIPS-eligible clinicians' Final Scores, MIPS-eligible clinicians' performance under each MIPS performance category, names of eligible clinicians in Advanced APMs, and, to the extent feasible, the names and performance of such Advanced APMs.

Visit the [Care Compare: Doctors and Clinicians Initiative webpage](#) for details about the 2019 QPP performance information that has been added to Care Compare profile pages and the PDC. The [2019 Quality Payment Program: Doctors and Clinicians Performance Information on Medicare Care Compare](#) video presentation about the release is also available.

Questions?

If you have any questions about public reporting for doctors and clinicians on Care Compare, visit the Care Compare: Doctors and Clinicians Initiative webpage or contact the QPP Service Center at QPP@cms.hhs.gov or 1-866-288-8292. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant.

2021 Quality Benchmarks File Update

CMS is committed to transparency, data integrity, and open communication with stakeholders. Through ongoing quality assurance efforts, CMS identified and corrected an error with the decile outputs affecting the [2021 MIPS Quality Benchmarks](#) (zip). This issue affected every measure in the benchmarks file (except the CMS Web Interface measure benchmarks). As a result of the correction, the range of performance rates for a given decile have shifted down one decile.

For example:

- The range of performance rates that were previously identified for Decile 5 (eligible for 5–5.9 points) now show correctly as the range of performance rates for Decile 4 (eligible for 4–4.9 points).
- The range of performance rates that were previously identified for Decile 8 (eligible for 8–8.9 points) now show correctly as the range of performance rates for Decile 7 (eligible for 7–7.9 points).

Shared Savings Program ACOs who plan to submit Electronic Clinical Quality Measures (eCQMs) or MIPS CQMs under the APM Performance Pathway (APP) for PY 2021 should use this updated file to view the corrected benchmarks for the three eCQM/MIPS CQM measures. Third-party intermediaries, such as qualified registries and qualified clinical data registries (QCDRs) that have already ingested the 2021 quality measure benchmarks through the Application Programming Interface (API), must update this information.

CMS realizes this may affect your understanding of your current performance on your selected quality measures. However, CMS is committed to ensuring that clinicians are accessed accurately and has put additional safeguards in place to prevent this issue from recurring in the future.

Questions?

If you have questions, contact the QPP Service Center at QPP@cms.hhs.gov or 1-866-288-8292.

Patient-Centered Care Digest: Now Available

The Value-Based Care (VBC) Resource Digest 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” under the Webinars category and Learning System subcategory in the Knowledge Library tab in [ACO-MS](#).

Webinar Slides and Recordings

Links to the presentation [slides](#), [audio recording](#), and [transcript](#) for the following presentation are available in the Webinars section of the [QPP Resource Library](#):

- “MSSP ACO Use of the APP Listening Session”

EVENT ANNOUNCEMENTS

CMS Webinar on Reporting eCQMs 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 [Fast Healthcare Interoperability Resources® \(FHIR\) 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 (DEQMs) 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)

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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