

AUGUST 24, 2023 | ISSUE 17

AT A GLANCE

UPCOMING DEADLINES

- **Phase 1 RFI-2**
Due: September 5, 2023, at 12:00 p.m. (noon) ET
- **CAHPS® for MIPS Survey Vendor Authorization Tool**
Due: September 13, 2023, at 8:00 p.m. ET

EVENT ANNOUNCEMENTS

- **Shared Savings Program Application Webinar: Finalizing Phase 1 & Preparing for Phase 2**
August 30, 2023 | 1:00–2:30 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2022 Unembargoed Financial and Quality Performance Results: Delivered Today](#)
- [Upcoming Public Reporting Deadline](#)
- [CAHPS® for MIPS Survey Vendor Authorization Tool: Opened August 8th](#)
- [PY 2024 Change Request Cycle: Phase 1 RFI-2 Actions Available](#)
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- [Reminder to Monitor ACO Participant and SNF Affiliate Medicare Enrollment Status and SNF Star Ratings in ACO-MS](#)
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- [Now Available: 2022 MIPS Targeted Review](#)
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PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2022 Unembargoed Financial and Quality Performance Results: Delivered Today

Today, August 24, 2023, CMS delivered Performance Year (PY) 2022 Unembargoed *Financial Reconciliation Settlement and Quality Performance Reports* to ACOs. CMS announced the results through a press release available on the [CMS Newsroom](#) and a PY 2022 Performance Results Public Use File (PUF) for all ACOs on the Data.CMS.gov [Performance Year Financial and Quality Results webpage](#).

Any public statements by your ACO regarding results must be complete, accurate, and may not be misleading. ACOs do not need to submit press releases to CMS for review and approval. CMS is planning to process shared savings payments in late September, and it generally takes up to 48 hours once payments are sent for the payments to be received by your financial institution.

ACOs' PY 2022 **Unembargoed** *Financial Reconciliation Settlement and Quality Performance Reports* packages are available for download as a zip file via the Data Hub tab in the [ACO Management System \(ACO-MS\)](#).

Upcoming Public Reporting Deadline

Pursuant to [42 CFR § 425.308](#), ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and financial and quality performance results on a designated webpage. ACOs that received the PY 2022 Unembargoed *Financial Reconciliation Settlement and Quality Performance Reports* must update their public reporting webpage to reflect this information. The deadline to update your ACO's public reporting webpage is **Monday, September 25, 2023**.

ACOs must use the [PY 2023 Public Reporting Instructions and Template](#), Version 7, to update their public reporting webpage. This document, now located in the Public Reporting section of the CMS.gov [Program Guidance & Specifications webpage](#), includes instructions on how to populate the template and the locations of some ACO-specific information.

ACOs may contact their ACO Coordinators with any public reporting questions. In addition, refer to 42 CFR § 425.308 for details on public reporting requirements. All ACOs must update their public reporting webpage during the performance year when changes occur and make any necessary corresponding updates in [ACO-MS](#).

CAHPS® for MIPS Survey Vendor Authorization Tool: Opened August 8th

On August 8, 2023, the Consumer Assessment of Healthcare Providers & Systems (CAHPS) for Merit-based Incentive Payment System (MIPS) Survey vendor authorization tool opened. Each ACO's Primary Authorized to Sign (ATS) contact should have received an individualized link to access the online Vendor Authorization Tool from mips-cahps@rand.org (if a Primary ATS was not designated, the link was sent to the Secondary ATS or ACO Executive). Your ACO's Primary ATS contact, or their designee, must authorize a vendor using the web-based Vendor Authorization Tool by **Wednesday, September 13, 2023, at 8:00 p.m. Eastern Time (ET)**.

The list of [2023 CAHPS for MIPS Survey Approved Vendors](#) is available in the [QPP Resource Library](#). If you have questions about selecting a survey vendor or completing the vendor authorization process, please contact mips-cahps@rand.org, (888) 580-7732, or your ACO Coordinator.

PY 2024 Change Request Cycle: Phase 1 RFI-2 Actions Available

The second Phase 1 request for information (RFI-2) of the PY 2024 Change Request Cycle is now **open from August 22nd through September 5th at 12:00 p.m. (noon) ET**. RFIs were assigned in [ACO-MS](#). Navigate to your Dashboard to view and correct identified deficiencies and promptly resubmit the change request task(s).

Currently participating ACOs may take the actions described in the [Change Request Cycle for Performance Year Beginning on January 1, 2024](#) schedule, which can be found in the Knowledge Library tab of ACO-MS.

During the Phase 1 RFI-2 response period, ACOs will have the final opportunity to:

- Upload executed agreements and merger/acquisition documentation.
- Change the merged/acquired indicator on pending change requests.
- Withdraw or delete ACO participants and/or withdraw Skilled Nursing Facility (SNF) affiliates.
- Submit a Participation Options change request to change the ACO's selected beneficiary assignment methodology, to voluntarily elect or automatically transition to a higher level within the BASIC track's glide path, and to select the minimum savings rate (MSR)/minimum loss rate (MLR) (if applicable).
- Submit repayment mechanism documentation (if applicable). **Note:** The final repayment mechanism amount will be available both in the Application Subtab and the *Participation Options Report*.
- For ACOs whose agreement period began on January 1, 2023, and are participating at Level A or B of the BASIC track: Elect to maintain participation at Level A or B of the BASIC track for the remainder of your agreement period.

ACOs cannot:

- Add/edit any ACO participant or SNF affiliate taxpayer identification numbers (TINs).
- Elect to apply for a SNF 3-Day Rule Waiver.

ACOs should also review the Application Cycle subtab and *Participation Options Report* provided with RFI-2. The *PY 2024 Participation Options Report Data Dictionary*, which can be found in the Application Cycle subtab (via the information bubble), contains more information on the data available in your ACO's *Participation Options Report*.

How to Review Participation Options Information in ACO-MS Applicable to PY 2024

CMS provided all ACOs with a *Participation Options Report* that is applicable for PY 2024 with the release of RFI-2 on August 21, 2023, in [ACO-MS](#). The *Participation Options Report* has been revised for the PY 2024 Application and Change Request Cycle to include two new tabs for Beneficiary Assignment Estimates and Advance Investment Payments (AIP) estimates. Additionally, the Revenue-Repayment Mechanism tab has been revised. ACOs should review this report for any changes to their eligibility to participate in the program. This report is also designed to help ACOs evaluate future participation options.

For more information about the report, download the *PY 2024 Participation Options Report Data Dictionary*, which was available with the release of RFI-1 in the Application Cycle subtab (via the information bubble), the Reporting tab (via the information bubble in the Participation Options Report tile), and the Knowledge Library tab in ACO-MS.

The *Participation Options Report* has six tabs:

- 50% ACO Composition
 - Provides ACOs with information on the Shared Savings Program participation history of the ACO participants on their latest ACO Participant List for the upcoming performance year.
- 40% Risk Check
 - Provides ACOs with information on whether the ACO meets the definition of experienced or inexperienced with performance-based risk Medicare ACO initiatives (as those terms are defined at [42 CFR § 425.20](#)) based on the latest version of the proposed ACO Participant List for the upcoming performance year.
- Revenue-Repayment Mechanism
 - Revised to provide more concise information about estimated and final repayment mechanism amounts for ACOs establishing a new repayment mechanism.
- Beneficiary Assignment Estimate (NEW)
 - Provides ACOs with assigned beneficiary estimates for the benchmark years and the upcoming performance year at the ACO level and the individual ACO participant TIN level. In the RFI versions of the report, rows for proposed and currently participating ACO participant TINs and rows at the ACO level, which summarizes beneficiary-level estimates across all TINs, will be displayed. Values in the ACO-level rows reflect ACO participants after accounting for all deficiencies (deficiency information is provided for all ACO participants). For example, for an ACO with an agreement level deficiency (Y) value, the ACO participant TIN will be included in the ACO-level row. However, for an ACO with an overlap deficiency (Y) value, the ACO participant TIN will not be included in the ACO-level row.
- AIP Estimate (NEW)
 - Provides ACO participant TIN-level and ACO-level information related to AIP to all initial applicants, inclusive of quarterly advance investment payment estimates.
- ACO Summary
 - Includes a new AIP eligibility column for initial applicants and combines information presented in other tabs to summarize an ACO's participation options and program eligibility.

Accessing the Participation Options Report

Option 1: Application Cycle subtab (**Note:** Only the information from the ACO Summary tab of the *Participation Options Report* is available through this method.)

- Navigate to the My ACOs tab on the left-side menu and select your ACO.
- Select the Application Cycle subtab.
- Select "2024" in the program year drop-down menu to access participation options information.

Option 2: *Participation Options Report* (Full *Participation Options Report* and all six tabs are available.)

- Navigate to the Reporting tab on the left-side menu.
- Select your ACO from the drop-down menu.
- Select "2024" in the program year drop-down menu to access information for PY 2024.
- Select the .xlsx format (the report is not available in .csv format).
- Select the *Participation Options Report* to download the report.

An updated version of the *Participation Options Report* will be available at Phase 1 Dispositions.

Reminder to Monitor ACO Participant and SNF Affiliate Medicare Enrollment Status and SNF Star Ratings in ACO-MS

As a reminder, CMS encourages ACOs to use the monthly Medicare enrollment and SNF star rating updates in [ACO-MS](#) to monitor their ACO Participant List and SNF Affiliate List and work with their ACO participants and SNF affiliates to rectify instances of non-enrollment in Medicare or an overall SNF star rating below 3 stars.

For ACOs with current ACO participants and/or SNF affiliates:

ACOs are advised that after September 5, 2023, CMS will remove any non-Medicare-enrolled ACO participant(s). After November 2, 2023, CMS will remove any non-Medicare-enrolled SNF affiliate(s) or SNF affiliate(s) below 3 stars.

For ACOs submitting change requests to add or carry forward ACO participants and/or SNF affiliates for Performance Year 2024, including ACOs applying to early renew with a start date of January 1, 2024:

Any ACO participant or SNF affiliate change requests submitted for a January 1, 2024 start date, or as part of an ACO's early renewal application, are not subject to the timelines above and will instead be reviewed and adjudicated according to the separate, established application and change request cycle deadlines. Refer to the [Application Types & Timeline webpage](#) for key dates.

For further information, including instructions on identifying ACO participants and/or SNF affiliates that remain non-Medicare-enrolled or below 3 stars, refer to the article, "Managing ACO Participant and SNF Affiliate Medicare Enrollment Status and SNF Star Ratings in ACO-MS" from the [ACO Spotlight Newsletter \(Issue 11\)](#), published June 1, 2023.

ACOs are encouraged to contact their ACO Coordinators with any questions regarding Medicare enrollment and SNF star rating updates in ACO-MS.

Now Available: 2022 MIPS Performance Feedback, 2022 MIPS Final Score, and 2024 MIPS Payment Adjustment Information

CMS has released MIPS performance feedback and final scores for PY 2022 and associated MIPS payment adjustment information for the 2024 payment year.

ACOs can view 2022 MIPS performance feedback, including final scores and 2024 payment adjustments on the QPP website.

- Sign in using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) system credentials; these are the same credentials that allowed you to submit your 2022 MIPS data.
- Click "View Feedback" on the homepage.
- Select your organization (Practice, APM Entity, Virtual Group).
- Practice representatives can access both individual and group feedback.

Note: Representatives of Shared Savings Program ACO Participant TINs and practices with clinicians receiving their APM Entity's final score **won't** be able to access the APM Entity's performance feedback unless they have been approved as a staff user for the APM Entity. ACOs can provide this access for an approved staff user with their HARP account via [ACO-MS](#).

Performance Feedback Resources Available

To learn more about the information in your performance feedback, review the following 2022 MIPS Performance Feedback resources:

- [2022 MIPS Performance Feedback FAQs](#): Highlights what performance feedback is, who receives the feedback, and how to access it on the QPP website.
- [2022 MIPS Performance Feedback Patient-Level Data Reports Supplement](#): Reviews the data included and answers questions about the downloadable patient-level reports included in performance feedback.

- [2022 Quality Performance Period Benchmarks](#) (zip): Identifies the performance period benchmark results (as available) for quality measures without a historical benchmark and provides general information about performance period benchmarks.
- [2022 Cost Performance Period Benchmarks](#) (zip): Identifies the performance period benchmark results (as available) for cost measures.
- [2024 MIPS Payment Year Payment Adjustment User Guide](#): Reviews information about the calculation and application of MIPS payment adjustments and answers frequently asked questions.

Now Available: 2022 MIPS Targeted Review

ACOs that participated in the MIPS in 2022, can now review performance feedback, including MIPS final score and payment adjustment factor(s), on the [Quality Payment Program website](#).

For MIPS-eligible clinicians, your 2022 final score determines the payment adjustment you'll receive in 2024; a positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished in 2024.

MIPS-eligible clinicians, groups, virtual groups, and APM Entities (along with their designated support staff or authorized third party intermediary) may request that CMS review the calculation of their MIPS payment adjustment factor(s) through a process called targeted review.

When to Request a Targeted Review

ACOs that believe there is an error in the calculation of the MIPS payment adjustment factor(s) can request a targeted review from now **until October 9, 2023**.

How to Request a Targeted Review

ACOs can access their MIPS final score and performance feedback and request a targeted review:

- [Sign in](#) using your HARP system credentials; these are the same credentials that allowed you to submit your 2022 MIPS data.
- Click "Targeted Review" on the left-hand navigation.

CMS generally requires documentation to support a targeted review request. The documentation required varies based on the circumstances of the request. A CMS representative will contact you about providing any specific documentation required. If the targeted review request is approved and results in a scoring change, CMS will update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. **Note that targeted review requests are sent to the QPP mailbox and decisions are final and not eligible for further review.**

For more information about how to request a targeted review, please refer to the [2022 Targeted Review User Guide](#). For more information on payment adjustments please refer to the [2024 MIPS Payment Year: Payment Adjustment User Guide](#).

Share Your Thoughts with QPP

If you have reviewed your final scores on the QPP website, please complete the [PY2022 Performance Feedback Survey](#) to share your experience and help us continue to improve the QPP.

Seeking insight into first-year practice experience.

The QPP Human-Centered Design team wants to learn more about practices new to the Shared Savings Program. Please consider sharing some time to [help us understand how new practices prepare to participate in the Shared Savings Program](#).

EVENT ANNOUNCEMENTS

Shared Savings Program Application Webinar: Finalizing Phase 1 & Preparing for Phase 2

WEDNESDAY, AUGUST 30, 2023, 1:00 P.M.–2:30 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACOs and applicants that are either participating in or applying for the PY 2024 Application Cycle.
- **Description:** The Shared Savings Program will be hosting an office hours webinar to assist applicants in finalizing Phase 1 submissions, which closes September 5th at 12:00 p.m. (noon) ET, and preparing for Phase 2, which opens October 19th at 12:00 p.m. (noon) ET.

CONTACT INFORMATION FOR ACOs

ACO Coordinator

For questions regarding the Shared Savings Program, **your ACO Coordinator is your first line of contact.** For further assistance, reach out to the SSP Helpdesk or Quality Payment Program (QPP) Service Center. Refer to the section below to determine which center to contact.

ACO Information Center

Click the SSP Helpdesk icon (located within the [ACO-MS](#) banner)

- Shared Savings 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

Quality Payment Program Service Center

QPP@cms.hhs.gov

Hours: Monday–Friday, 8:00 a.m.–8:00 p.m. ET

- Inquiries related to MIPS, MACRA, CAHPS® for MIPS survey, CMS Web Interface, quality measures, quality reporting, and Promoting Interoperability measures
- 1-866-288-8292
- For hearing impaired customers, please dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant

[CCSQ Support Central](#): Request Support, Schedule a Call, Chat Support

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