

OCTOBER 19, 2023 | ISSUE 21

AT A GLANCE

UPCOMING DEADLINES

- **Integrating Behavioral Health into Annual Wellness Visits Speaker Interest Due: October 27, 2023**
- **Phase 2 Submissions Due: October 30, 2023, at 12:00 p.m. (noon) ET**

EVENT ANNOUNCEMENTS

- **SSP Learning System Webinar: Facilitating Post-Acute Care Transitions to the Home**
October 24th | 3:00–4:00 p.m. ET | [Register](#)
- **SSP Learning System Webinar: Managing Patient Utilization of Emergency Department Services**
November 16th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [PY 2024 Change Request Cycle: Dispositions for Phase 1 Change Requests and Phase 2 Submission Period](#)
- [Reminder to Monitor SNF Affiliate Medicare Enrollment Status and SNF Star Ratings in ACO-MS](#)
- [Second Snapshot of 2023 Qualifying APM Participant Status and APM Participation Data](#)
- [Case Study on Community Care Cooperative's Approach to Center Patient Experience When Addressing Health-Related Social Needs](#)
- [Seeking ACO Speakers for December Webinar: Integrating Behavioral Health into Annual Wellness Visits](#)
- [October CCLF Files](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

PY 2024 Change Request Cycle: Dispositions for Phase 1 Change Requests and Phase 2 Submission Period

On Wednesday, October 18, 2023, CMS issued dispositions for your ACO's Phase 1 change request submissions for Performance Year (PY) 2024. These dispositions may include Participation Options, Repayment Mechanism, ACO Participant List, and Skilled Nursing Facility (SNF) Affiliate List change requests, as applicable. The dispositions will be labeled either "Approved" or "Denied" in the [ACO Management System \(ACO-MS\)](#).

Note: Dispositions for SNF 3-Day Rule Waiver applications will be issued at Phase 2 Final Dispositions.

How Do You Request a Reconsideration Review for Phase 1 Final Dispositions?

Pursuant to [42 CFR § 425.206\(b\)\(2\)](#) and [42 CFR part 425 subpart I](#), you have the right to request a reconsideration review of a change request determination if it is not prohibited from administrative or judicial review under [42 CFR § 425.800](#). ACOs should request a reconsideration review only when they believe CMS has made an error in the initial determination. The reconsideration review process is not an opportunity for an ACO to seek an exception to CMS requirements or request relief from its own errors. For additional information on the reconsideration review request and process, please refer to [Requesting Technical Assistance and Reconsideration Review Guidance](#) (PDF).

Phase 2 of the Application Submission Period

Phase 2 of the application submission period will **open today, Thursday, October 19, 2023, and close at 12:00 p.m. (noon) Eastern Time (ET) on Monday, October 30, 2023**. During Phase 2, currently participating ACOs can elect to apply and submit narratives to establish and operate a Beneficiary Incentive Program (BIP), if applicable. If your ACO is submitting a BIP application, an authorized ACO contact must submit Phase 2 electronically through ACO-MS by 12:00 p.m. (noon) ET on Monday, October 30, 2023.

Reminder to Monitor 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 certified SNF Affiliate List and work with their SNF affiliates to rectify instances of non-enrollment in Medicare or an overall SNF star rating below 3 stars.

For Currently Participating ACOs With SNF Affiliates Approved for PY 2023:

The last monthly update of SNF affiliate Medicare enrollment status and SNF star ratings for PY 2023 will occur at the beginning of November. Following this data refresh, ACOs may reach out to any SNF affiliate(s) identified as non-Medicare-enrolled or with an overall SNF star rating below 3 stars. If the SNF affiliate indicates there was an error in their Medicare enrollment or SNF star rating status, then the ACO should inform CMS by entering a SSP Helpdesk ticket, including supporting documentation.

ACOs are advised that after November 2, 2023, CMS will remove any non-Medicare-enrolled SNF affiliate(s) or SNF affiliate(s) below 3 stars approved for the current program year (Effective Start Date of January 1, 2023, or earlier).

ACOs will receive an email notification from the Shared Savings Program once CMS has removed any non-Medicare-enrolled SNF affiliate(s) or SNF affiliate(s) below 3 stars from the ACOs' SNF Affiliate Lists. This compliance notification issued to ACOs will not be considered a pre-termination action as defined in [42 CFR § 425.216](#).

The timelines and instructions above do not apply to ACOs that submitted change requests to add or carry forward SNF affiliates for PY 2024, including ACOs applying to early renew with a start date of January 1, 2024. For questions and concerns, follow the instructions provided with Phase 1 Final Dispositions on October 18, 2023.

For further information, including instructions on identifying 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 Issue 11 of the [ACO Spotlight Newsletter](#), published June 1, 2023.

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

Second Snapshot of 2023 Qualifying APM Participant Status and APM Participation Data

On October 6th, CMS updated its Quality Payment Program (QPP) Participation Status Tool based on the second snapshot of Alternative Payment Model (APM) data. CMS encourages ACOs to review the status of their clinicians for accuracy. The second snapshot includes data from Medicare Part B claims with dates of service between January 1, 2023, and June 30, 2023.

The tool includes 2023 Qualifying APM Participant (QP) status and Merit-based Incentive Payment System (MIPS) APM participation status.

To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the [QPP website](#).

What Actions Can Be Taken?

- Log into the QPP Portal and verify Entity information.
- If information on participants is inaccurate on the QPP website, contact the QPP helpdesk at QPP@cms.hhs.gov.

Checking QP or APM Participation Status

To view the QP or APM participation status for the ACO's clinicians:

- Visit the QPP Participation Status Tool.
- Enter the 10-digit National Provider Identifier (NPI).
- APM Entities can also access and download their participant list by logging into the QPP website. CMS strongly recommends that APM Entities review the list for accuracy.

What Does QP Status Mean?

If a clinician qualifies as a QP, this means that the clinician is:

- Eligible for the 3.5% APM incentive payment;
- Eligible for APM-specific rewards; and
- Exempt from participating in MIPS.

Learn More

For more information on APMs, visit the [QPP APM webpage](#). For a comprehensive list of APMs, reference [Alternative Payment Models in the Quality Payment Program as of December 2022](#) (PDF); for additional materials, visit the [QPP Resource Library](#).

Case Study on Community Care Cooperative's Approach to Center Patient Experience When Addressing Health-Related Social Needs

This case study from the Value-Based Care (VBC) Learning System describes how Community Care Cooperative (C3), a Realizing Equity, Access, and Community Health (REACH) ACO, works with its Federally Qualified Health Centers (FQHCs) to screen for and address patients' health-related social needs (HRSNs) through internal staff expertise and referrals to community partners. C3 centers the patient experience by tailoring screening and referral workflows to each population's needs.

C3's efforts to support clinical sites in addressing patients' HRSNs and expanding community capacity could be instructive for other ACOs working to provide whole-person care.

[Centering Patient Experience When Addressing Health-Related Social Needs: A Case Study on Community Care Cooperative](#) can be found by checking the Learning System resource type in the Knowledge Library tab of [ACO-MS](#).

Seeking ACO Speakers for December Webinar: Integrating Behavioral Health Into Annual Wellness Visits

The VBC Learning System for Shared Savings Program ACOs will host a webinar in December (tentatively scheduled for December 14, 2023) highlighting ACOs' strategies for integrating behavioral health screenings and services into annual wellness visits (AWVs). Presentation topics may include but are not limited to:

- Approaches to incorporate behavioral health care in AWVs, including how ACOs tailor approaches considering an organization's resources and structure;
- Available tools for integrating and supporting behavioral health in AWVs, including screening and health information technology tools; and
- Patients' experiences with behavioral health integration in primary care.

Does your ACO have a behavioral health integration story to share? Please express interest in presenting by emailing jconway@mathematica-mpr.com with the subject line "Behavioral Health Integration" and a brief description of how your ACO integrates behavioral health into AWVs, **by close of business on Friday, October 27th**.

October CCLF Files

October Claim and Claim Line Feed (CCLF) files for the PY 2023 assignable or prospectively assigned beneficiaries are available to ACOs in the Data Hub tab of [ACO-MS](#).

The delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER-FRIENDLY FILE NAMING CONVENTION
PY 2023 Beneficiary Exclusion and MBI XREF files	Week of October 9 th	P.A****.ACO.MBIY23.Dyymmdd. Thhmmsst P.A****.BNEX.Y23.Dyymmdd. Thhmmsst	2023	Excluded Beneficiary MBI XREF File delivered in October 2023 (txt) Beneficiary Data Sharing Exclusion File delivered in October 2023 (xml)
PY 2023 CCLFs	Week of October 16 th	P.A****.ACO.ZCY23.Dyymmdd. Thhmmsst	2023	CCLF delivered in October 2023 (zip)

ACOs should refer to Version 36 (V36) of the [CCLF Information Packet \(IP\)](#) and V11 of the [ACO and ACO-OS Data Exchange User Guide](#) (DEUG) for additional information on the CCLF and Exclusion files. The CCLF IP is available on the [Program Guidance & Specifications webpage](#), and the DEUG is available in the Knowledge Library tab of ACO-MS. For technical assistance, contact the ACO Information Center using the SSP Helpdesk icon (located within the ACO-MS banner).

EVENT ANNOUNCEMENTS

SSP Learning System Webinar: Facilitating Post-Acute Care Transitions to the Home

TUESDAY, OCTOBER 24, 2023, 3:00–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACOs, REACH ACOs, Kidney Contracting Entities (KCEs), and Kidney Care First (KCF) Practices, and clinicians may be most interested in attending.
- **Description:** Join us for a webinar highlighting ACOs’ strategies for facilitating patients’ transitions from the hospital to the home. The event will feature a panel discussion among three Shared Savings Program ACOs: Cleveland Clinic Medicare ACO, Delaware Valley ACO, and Memorial Hermann ACO. These ACOs will discuss how their organizations identify a patient’s path home based on risk-level; monitor post-acute admissions data to identify system-level needs; and develop interdisciplinary teams and partners to care for patients transitioning home.

SSP Learning System Webinar: Managing Patient Utilization of Emergency Department Services

THURSDAY, NOVEMBER 16, 2023, 3:00–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACOs, REACH ACOs, KCEs, and KCF Practices. Team members supporting emergency department (ED) services, including administrators, clinicians, care coordinators, and social workers, may be most interested in attending.
- **Description:** Join us for a webinar highlighting ACOs’ strategies to reduce avoidable emergency department use. ACO presenters will discuss how their organizations manage ED utilization by bolstering preventive services and improving care management; using patient-centered practices, such as patient education and accessible scheduling at primary and specialty care practices; and analyzing patient data to identify drivers of avoidable ED visits.

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, reports, and performance; 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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