

AT A GLANCE

UPCOMING DEADLINES

- **MIPS EUC Application:**
March 31, 2022, by 8:00 p.m. ET
- **CMS Web Interface Submission:**
March 31, 2022, by 8:00 p.m. ET

EVENT ANNOUNCEMENTS

- **CMS Web Interface Data Submission Support Call**
March 23rd | 1:00–2:30 p.m. ET | [Register](#)
- **Designing Clinical Initiatives to Support Beneficiaries with Depression**
April 7th | 3:00–4:00 p.m. ET | [Register](#)
- **Building Partnerships with Community-based Organizations**
April 20th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [CMS Reopens the MIPS Extreme and Uncontrollable Circumstances Application for the 2021 MIPS Performance Year in Response to COVID-19](#)
- [Reminder: CMS Web Interface Open for 2021 Quality Reporting](#)
- [PY 2022 Updates to Aggregate Expenditure/Utilization Report, Beneficiary Expenditure/Utilization Report, and Non-Claims Based Payments Data File](#)
- [March CCLFs and Claims Run-Out Files](#)
- [Managing Changes to the ACO During the Agreement Period](#)
- [Join the VBC Learning System's Focus Group on Operationalizing Initiatives to Identify and Address SDOH](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

CMS Reopens the MIPS Extreme and Uncontrollable Circumstances Application for the 2021 MIPS Performance Year in Response to COVID-19

CMS continues to offer flexibilities to provide relief to clinicians responding to the coronavirus disease 2019 (COVID-19) public health emergency (PHE). CMS reopened the Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances (EUC) Exception application for Alternative Payment Model (APM) Entities from March 1, 2022, through March 31, 2022, at 8:00 p.m. Eastern Time (ET) (because of the automatic EUC policy, individual clinicians do not need to submit an application). To learn more about how to apply, go to the [About Quality Payment Plan \(QPP\) Exceptions webpage](#), select “Performance Year 2021” from the drop-down menu, and read the instructions on how to access the application. MIPS EUC applications citing COVID-19 as the triggering event can be submitted **until Thursday, March 31, 2022, at 8:00 p.m. ET.**

APM Entities (Including Shared Savings Program ACOs)

Official representatives of APM Entities participating in MIPS, including Shared Savings Program ACOs, can submit a MIPS EUC application on behalf of all MIPS-eligible clinicians in the APM Entity for the 2021 performance year. If approved, all of the MIPS-eligible clinicians in the APM Entity will receive a neutral MIPS payment adjustment in the 2023 MIPS payment year. (Applications must be submitted by an official representative of the APM Entity, and not by a participant in the APM.)

There are some changes from the existing MIPS EUC policy for individuals, groups, and virtual groups:

- APM Entities are required to request reweighting for all performance categories.
- More than 75 percent of the MIPS-eligible clinicians in the APM Entity must be eligible for reweighting in the Promoting Interoperability performance category.
- Unlike MIPS EUC applications for individuals, groups, and virtual groups, an APM Entity’s approved application for performance category weighting **will override** previously submitted data.

Data submission by an APM Entity doesn't override performance category reweighting (APM Entities with an approved application will receive a final score equal to the performance threshold, and the MIPS-eligible clinicians in the APM Entity will receive a neutral payment adjustment even if data are submitted).

For more information, please reference the QPP's [COVID-19 Response webpage](#).

Reminder: CMS Web Interface Open for 2021 Quality Reporting

As a reminder, the CMS Web Interface submission period **closes on Thursday, March 31, 2022, at 8:00 p.m. ET**. If you are the ACO's QPP Security Official or QPP Staff User contact in the [ACO Management System \(ACO-MS\)](#), you can sign in to the [QPP website](#) using your ACO-MS username and password to begin submitting data via the CMS Web Interface. CMS will accept the data entered by the end of the submission period. **All data entered as of March 31, 2022, at 8:00 p.m. ET will be considered your final submission.**

CMS Web Interface Data Submission Support Call

CMS is hosting the final CMS Web Interface Support Call for groups, virtual groups, and ACOs that are reporting data for the quality performance category through the CMS Web Interface for the 2021 performance period on March 23, 2022. This call will highlight important information, provide updates on reporting quality data, and offer an opportunity for ACOs to engage in question-and-answer sessions with CMS subject matter experts. To attend the support call, you must register by clicking on the link below. The call is held from **1:00 p.m.–2:30 p.m. ET** on the following date:

CMS WEB INTERFACE DATA SUBMISSION SUPPORT CALL

[March 23, 2022](#)

Additional Assistance

The [QPP Resource Library](#) provides numerous resources to ACOs to support CMS Web Interface reporting. The QPP Service Center is also available to answer questions related to the CMS Web Interface throughout the submission period. CMS encourages your group, virtual group, or ACO to submit questions early and often during the submission period. Contact the QPP Service Center at QPP@cms.hhs.gov or 1-866-288-8292 (Monday through Friday between 8:00 a.m. and 8:00 p.m. ET). Please consider calling during non-peak hours (before 10:00 a.m. and after 2:00 p.m. ET) to receive quicker assistance. Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant. **For ACOs, reach out to your ACO Coordinator with your QPP Service Center ticket number to assist with resolving your inquiry.**

PY 2022 Updates to Aggregate Expenditure/Utilization Report, Beneficiary Expenditure/Utilization Report, and Non-Claims Based Payments Data File

CMS has implemented the following changes and enhancements for the Performance Year (PY) 2022 *Aggregate Expenditure/Utilization Report* (EXPU), *Beneficiary Expenditure/Utilization Report* (BEUR), and *Non-Claims Based Payments Data File* (NCBP) beginning with the PY 2022 Preliminary and Adjusted Benchmark Reports. Changes are applicable to both quarterly and annual reports unless otherwise specified below.

EXPU:

- Updates to the ACO-level Part B Component Expenditures in Tables 1 and 1A to reflect the Restructured BETOS Classification System (RBCS) taxonomy for Benchmark Year (BY) 2021. In addition, the following new subcategories of expenditures have been added to this section:
 - Therapy (physical therapy, occupational therapy, speech therapy)
 - Chemotherapy and radiation oncology
 - Injections/infusions, other drug treatments (non-cancer)
 - Other treatment, excluding drugs

Note: The new subcategories of the component expenditures in the EXPU will only be populated for BY 2021. For all other years, these fields will appear with dashes.

- Removal of all Transition of Care/Care Coordination Utilization measures in Table 1.
- The methodology for identifying Skilled Nursing Facility (SNF) stays has been updated to reflect policy changes outlined in the Patient Driven Payment Model (PDPM), which established a new criterion for determining when multiple SNF stays during a Part A benefit period will be considered as a single "interrupted" stay, rather than as separate stays. For more information, reference the [Patient Driven Payment Model webpage](#).

BEUR:

- Addition of the new beneficiary-level Part B Component Expenditures based on the latest RBCS taxonomy, described above.
- The new subcategories of the component expenditures in the BEUR will only be populated for BY 2021. For all other years, these fields will appear blank.

NCBP:

- Updated methodology to align NCBP files with NCBP measures in the EXPU by excluding ineligible months from the NCBP file.

March CCLFs and Claims Run-Out Files

March Claim and Claim Line Feed (CCLF) files will be available to ACOs the week of March 14th for the PY 2022 assignable or prospectively assigned beneficiaries in the Data Hub tab in [ACO-MS](#).

CMS will also provide claims run-out CCLFs during the months of February, March, and April to the ACOs continuing their participation in the Shared Savings Program from the prior year. Continuing ACOs will receive claims with service dates through the end of December 2021 as an additional set of CCLFs. The run-out CCLFs will include claims for the beneficiary population from the ACO's performance year that ended on December 31, 2021. The March delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files is as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER-FRIENDLY FILE NAMING CONVENTION
PY 2022 Beneficiary Exclusion and MBI XREF files	Week of March 7 th	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in March 2022 (txt) Beneficiary Data Sharing Exclusion File delivered in March 2022 (xml)
PY 2022 CCLFs	Week of March 14 th	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in March 2022 (zip)
PY 2021 Run-Out Exclusion and MBI XREF files	Week of March 21 st	P.A****.ACO.MBIR21.Dyymmdd.Thhmsst P.A****.BNEX.R21.Dyymmdd.Thhmsst	2021	Run-Out Excluded Beneficiary MBI XREF File delivered in March 2022 (txt) Run-Out Beneficiary Data Sharing Exclusion File delivered in March 2022 (xml)
PY 2021 Run-Out CCLFs	Week of March 28 th	P.A****.ACO.ZCR21.Dyymmdd.Thhmsst	2021	Run-Out CCCLF delivered in March 2022 (zip)

ACOs should refer to the [CCLF Information Packet \(IP\)](#), V33 and the [ACO and ACO-OS Data Exchange User Guide](#) (DEUG), V11 for additional information on the CCLF and Exclusion files. The CCLF IP and the DEUG are available in the Program Resources section of the Knowledge Library tab in ACO-MS.

For technical assistance, please contact the ACO Information Center using the ACO-MS Helpdesk Icon (located within the ACO-MS banner) or call 1-888-734-6433 (Option 1).

Managing Changes to the ACO During the Agreement Period

While participating in the Shared Savings Program, an ACO may need to manage changes to the ACO during the agreement period, including updating an ACO's legal entity name, taxpayer identification number (TIN), and/or ownership, which could require updates to its Shared Savings Program ACO Participation Agreement. Per [42 CFR § 425.214](#), a "significant change" occurs when an ACO is no longer able to meet the eligibility or requirements of the Shared Savings Program. For example, certain changes in an ACO's legal entity or ownership may result in a significant change. Note: An ACO is required to notify CMS of a potential significant change within 30 days of the change occurring. An ACO Executive or Authorized to Sign (Primary/Secondary) contact will need to submit an entity information change request in [ACO-MS](#) with supporting documentation for CMS review. CMS may request that an ACO sign a novation agreement or name change agreement prior to effectuating the change in ACO-MS.

The tip sheet [Managing Changes to the ACO During the Agreement Period](#) is available to ACOs in the Program Resources section of the Knowledge Library tab in ACO-MS. This document provides ACOs guidance on managing changes to the ACO during the agreement period and instructions on what documents are requested for entity information change requests in ACO-MS. When submitting an entity information change request to notify CMS of a significant change, the ACO must provide a written statement explaining the change in detail and confirming no other material changes from the ACO's approved application, and provide documentation showing evidence of the change, along with updated governing body information, and an updated ACO organization chart. The guidance document can be used with its companion tip sheet [Managing ACO Entity Information in ACO-MS](#), available in the Program Resources section of the Knowledge Library tab in ACO-MS, that provides information about managing changes to the ACO entity and notifying CMS of such changes. Additionally, the [Submitting Change Requests in ACO-MS](#) tip sheet, available in the Program Resources section of the Knowledge Library tab in ACO-MS, has helpful information about how to submit change requests in ACO-MS.

Join the VBC Learning System's Focus Group on Operationalizing Initiatives to Identify and Address SDOH

Has your organization implemented strategies to address the social determinants of health (SDOH) needs of your beneficiaries? Do you have any best practices or advice to share related to addressing SDOH? The Value Based Care (VBC) Learning System is hosting a focus group to gather experiences and insights from Medicare Shared Savings Program ACOs to inform a public-facing tip sheet. The VBC Learning System welcomes your participation.

The focus group will explore ACO experience with:

- Strategies to operationalize initiatives to identify and address SDOH (such as staffing approaches and technology platforms)
- Approaches to translate SDOH screening data into practical improvements at the patient and system level
- Measures to track progress and evaluate effectiveness of SDOH initiatives

The VBC Learning System is seeking expressions of interest (EOI) from ACOs to participate in an SDOH focus group, which will convene for a 60- to 90-minute meeting in March or April 2022.

If you are interested in participating in the focus group, please fill out this short [EOI survey](#) by close of business on **March 16th**. Let us know if you have any questions by emailing VBCLearningSystem@mathematica-mpr.com (use subject line "SDOH Focus Group").

EVENT ANNOUNCEMENTS

Final CMS Web Interface Data Submission Support Call

WEDNESDAY, MARCH 23, 2022, 1:00 P.M.–2:30 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** ACOs reporting quality data
- **Description:** CMS is hosting a CMS Web Interface Support Call for groups, virtual groups, and ACOs that are reporting data for the quality performance category through the CMS Web Interface for the 2021 performance period. The support call will highlight important information, provide updates on reporting quality data, and offer an opportunity for ACOs to engage in question-and-answer sessions with CMS subject matter experts.

SSP ACO Learning System Webinar: Designing Clinical Initiatives to Support Beneficiaries with Depression

THURSDAY, APRIL 7, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** Shared Savings Program ACO staff
- **Description:** Join us for a webinar exploring how ACOs improve outcomes for beneficiaries with depression and increase access to behavioral health services. ACO presenters will discuss innovative programs to support beneficiaries with depression, such as how they are integrating screening for behavioral health needs into clinical workflows, and approaches to improving referral and care management processes. This event is open to all SSP ACO staff, although clinical leaders, administrators, and staff working on behavioral health-related initiatives may be most interested to attend. Attendees will have an opportunity to ask questions during the webinar.

VBC Learning System Webinar: Building Partnerships with Community-based Organizations

WEDNESDAY, APRIL 20, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** Shared Savings Program ACO staff
- **Description:** Join us for a webinar exploring how to build sustainable relationships with community-based organizations (CBOs) to better serve beneficiaries. In addition to presentations by value-based care entities, you will hear from bridge organizations participating in the Center for Medicare & Medicaid Innovation's (the Innovation Center's) Accountable Health Communities model. Bridge organizations participate in a model uniquely focused on systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries, which include partnerships with various community-based organizations. Speakers will describe their action steps to identify potential CBO partners that can support unmet beneficiary needs and engage and maintain relationships with CBOs using strategies that foster long-term relationships and assessing the impact on beneficiary outcomes. This event is open to all SSP ACO staff; although, leadership, administrators, and staff working on health equity-related initiatives may be most interested to attend. Attendees will have an opportunity to ask questions during the webinar.

CONTACT INFORMATION FOR ACOs

ACO Coordinator

To help ACOs navigate questions regarding the Shared Savings Program, **please contact your ACO Coordinator as your first line of contact.** These additional resources are also available:

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, 8:00 a.m.–8:00 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

Not for Public Dissemination: The ACO Spotlight Newsletter is a biweekly publication by CMS for ACOs participating in the Shared Savings Program. It is distributed by email only to ACO contacts listed in CMS' ACO-MS. This newsletter is not intended to establish CMS policy and is for informational purposes only for the sole use of the individual(s) to whom it is addressed, and individuals associated with their ACO. The newsletter is not intended for public release. The ACO Spotlight Newsletter is published, produced, and disseminated at U.S. taxpayer expense. If you have received this in error, please notify the sender immediately by emailing SharedSavingsProgram@cms.hhs.gov.

Section 508 Disclaimer: This document and information contained therein may not adhere to Section 508 Compliance standards and guidelines for accessibility by persons who are visually impaired. Those who are visually impaired should contact the ACO Information Center at 1-888-734-6433 (Option 1) for assistance.