

AT A GLANCE

UPCOMING DEADLINES

- **CMS Web Interface for 2021 Quality Reporting Closes:**
March 31, 2022, at 8:00 p.m.
- **MIPS EUC Application Closes:**
March 31, 2022, at 8:00 p.m.
- **NOIA:** June 1–7, 2022
- **Application:** June 8–29, 2022

EVENT ANNOUNCEMENTS

- **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

- [NOIA and Application Cycle Dates Available for a January 1, 2023 Start Date](#)
- [Reminder: 2021 Quality Reporting Closes in 8 Days on March 31st](#)
- [Reminder: CMS Reopened the MIPS EUC Application for the 2021 MIPS Performance Year in Response to COVID-19—Deadline is March 31, 2022](#)
- [PY 2022 Preliminary or Adjusted Historical Benchmark Report Packages: Available March 25th](#)
- [PY 2021 Q4 Opioid Utilization Report: Delivered March 16th](#)
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- [Care Delivery Digests: Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

NOIA and Application Cycle Dates Available for a January 1, 2023 Start Date

The Notice of Intent to Apply (NOIA) and application submission dates for a January 1, 2023 start date for the Shared Savings Program are now posted on the Shared Savings Program's [Application Types & Timeline webpage](#).

CMS will accept NOIAs via the [ACO Management System \(ACO-MS\)](#) beginning on June 1, 2022, through June 7, 2022, at 12:00 p.m. (noon) Eastern Time (ET). A NOIA submission does not bind your organization to submit an application; however, you must submit a NOIA to be eligible to apply for, renew, or early renew your participation in the Shared Savings Program for a January 1, 2023 start date. Each ACO should only submit one NOIA. After submitting a NOIA, ACOs can submit the application from June 8 until June 29, 2022, at noon ET.

Currently participating ACOs should only submit an Early Renewal NOIA if your ACO wants to voluntarily terminate your ACO Participation Agreement with an effective termination date of December 31, 2022, and apply for a new agreement period starting on January 1, 2023.

For more information:

- [Shared Savings Program website](#)
- [Application Types & Timeline webpage](#)

For questions, contact your ACO Coordinator.

Reminder: 2021 Quality Reporting Closes in 8 Days on March 31st

As a reminder, the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2021 performance year of the Quality Payment Program (QPP) is open. Data can be submitted and updated until **March 31, 2021, at 8:00 p.m. ET**. 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.**

Please note, if an ACO does not report any of the 10 CMS Web Interface measures or any of the three electronic clinical quality measures (eCQMs)/MIPS CQMs and does not administer a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS survey under the Alternative Payment Model (APM) Performance Pathway (APP), the ACO will not meet the quality performance standard.

The [QPP Resource Library](#) provides numerous resources to ACOs to support CMS Web Interface reporting, including recently added new 2021 data submission demonstration [videos](#) on its YouTube channel to support submission.

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). **For ACOs, reach out to your ACO Coordinator with your QPP Service Center ticket number for assistance with resolving your inquiry.**

Reminder: CMS Reopened the MIPS EUC Application for the 2021 MIPS Performance Year in Response to COVID-19—Deadline is March 31, 2022

CMS continues to offer flexibilities to provide relief to clinicians responding to the coronavirus disease 2019 (COVID-19) public health emergency (PHE). Recently, CMS reopened the MIPS extreme and uncontrollable circumstances (EUC) application for APM Entities for the 2021 performance period through March 31, 2022, at 8:00 p.m. 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](#) (click the “Apply Now” button in the blue box) on behalf of all MIPS-eligible clinicians in the APM Entity for the 2021 performance year. If approved, all 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](#).

PY 2022 Preliminary or Adjusted Historical Benchmark Report Packages: Available March 25th

CMS plans to release Performance Year (PY) 2022 Preliminary or Adjusted Historical Benchmark Report packages by the end of this week. The packages include an ACO’s *PY 2022 Preliminary or Adjusted Historical Benchmark Report* along with informational files for each of the ACO’s three benchmark years: an *Annual Assignment List Report*, *Annual Assignment Summary Report*, *Annual Aggregate Expenditure/Utilization Report*, *Beneficiary Expenditure Utilization Report*, and *Annual Non-Claims-Based Payment File*.

Preliminary Historical Benchmarks

ACOs with an agreement period start date of January 1, 2022, will receive their PY 2022 Preliminary Historical Benchmark Reports. CMS establishes an ACO’s historical benchmark at the start of its first agreement period. The benchmark is based on the most recent three calendar years prior to the start of the ACO’s current agreement period.

For ACOs entering a first or subsequent agreement period on January 1, 2022, CMS applied the benchmarking methodology that was finalized in the December 2018 Final Rule and codified at [42 CFR § 425.601](#). This historical benchmark report is based on the January 2022 ACO Participant List that your ACO certified and the assignment methodology your ACO selected. Due to the timing of reports, some data needed to calculate values for the third Benchmark Year (BY3), which aligns with Calendar Year (CY) 2021, is not yet available. ACOs with an agreement period start date of January 1, 2022, will receive a final historical benchmark report package later this year, after 3 months of claims run-out and all relevant data inputs are available.

Adjusted Historical Benchmarks

CMS adjusts the historical benchmark annually to account for changes in an ACO's certified ACO Participant List, a change in the ACO's beneficiary assignment methodology selection, or both. All ACOs in their first or subsequent agreement period with a start date beginning on or after July 1, 2019, that modified their PY 2022 ACO Participant Lists (including a change to a CMS Certification Number (CCN) billing through a Medicare-enrolled taxpayer identification number (TIN), where the CCN is used in assignment) or changed their selected beneficiary assignment methodology will receive adjusted historical benchmarks for PY 2022. If there were no ACO Participant List or beneficiary assignment methodology changes, the benchmark will not be adjusted, and these ACOs will not receive adjusted historical benchmarks.

Historical Benchmark Resources

CMS encourages ACOs to view a video walkthrough of the historical benchmark report applicable to ACOs beginning an agreement period on July 1, 2019, and in subsequent years. This [video](#) is available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#) by searching for "Overview of Historical Benchmark Reports for Agreement Periods Beginning on July 1, 2019."

CMS hosted a webinar on the benchmarking methodology and encourages ACOs to listen to the [recording](#) of this event and review the related materials, which are available in the Webinars section of the Knowledge Library tab in ACO-MS by searching for "July 2019 Historical Benchmark and Methodology."

CMS also encourages ACOs to access the [Shared Savings and Losses and Assignment Methodology Specifications](#) (PDF) on [CMS.gov](#).

Note: Resources that are applicable to your ACO are listed in the cover notices provided with your historical benchmark report packages.

PY 2021 Q4 Opioid Utilization Report: Delivered March 16th

CMS released the informational PY 2021 Quarter 4 (Q4) Opioid Utilization Report Package on March 16, 2022. The report package was delivered to your ACO as a zip file that includes a cover notice and the opioid report. The report is accessible in the [ACO-MS](#) Data Hub. The download is titled "Opioid Measures Report (zip)." The zip file is named with the following convention: "P.Axxxx.ACO.QQR." This file will be available in the Data Hub tab in ACO-MS indefinitely.

Beginning on January 1, 2022, the Overutilization Monitoring System (OMS) criteria, which identifies potential at-risk beneficiaries ([42 CFR § 423.153\(f\)16](#)), expanded to include Part D beneficiaries with a primary diagnosis of opioid-related overdose within the most recent 12 months and a Part D opioid prescription (not including medication assisted therapy) within the most recent 6 months, in addition to the preexisting morphine milligram equivalent and provider count criteria. This change to the OMS criteria is reflected in the *Opioid Utilization Report* beginning in PY 2021 Q4. Due to this change, there is a notable increase in beneficiaries meeting the inclusion criteria for the OMS measure.

For additional assistance, the informational [Opioid Utilization Report Overview video](#) is available to help you review the contents of the quarterly *Opioid Utilization Report* and details of the four opioid utilization measures.

2020 QPP Performance Information on Care Compare: Now Available

CMS added new QPP performance information for doctors, clinicians, groups, and ACOs to the Doctors and Clinicians section of [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#). CMS is required to report MIPS-eligible clinicians' final scores, MIPS-eligible clinicians' performances under each MIPS performance category, names of eligible clinicians in APMs, and (to the extent feasible) the names and performance of such Advanced APMs. Performance information for doctors and clinicians is displayed using measure-level star ratings, percent performance scores, and checkmarks.

Note: A green checkmark is displayed if a clinician or group participated in a Shared Savings Program ACO in 2020.

Visit the [Care Compare: Doctors and Clinicians Initiative webpage](#) for details about the 2020 QPP performance information that has been added to Care Compare profile webpages and the PDC.

If you have any questions about public reporting for clinicians on Care Compare, contact the QPP Service Center at 1-866-288-8292 (Monday–Friday 8:00 a.m.–8:00 p.m. ET) or by email at QPP@cms.hhs.gov.

Seeking Speakers for May ACO Learning System Webinar on Interventions for Provider Burnout

CMS will host an ACO Learning System webinar in May highlighting strategies for addressing provider burnout. Topics may include but are not limited to: drivers of burnout at the individual and system levels, tactics to measure burnout among ACO providers, and cultural or systemic changes organizations can take to mitigate the effects of provider burnout and promote cultures of well-being.

Does your ACO have a story to share about promoting a culture of well-being or improving systems or staffing models to better support providers? Please express interest in presenting by emailing VBCLearningSystem@mathematica-mpr.com (subject line “May Provider Burnout Webinar”) by **close of business Friday, April 8th**. Kindly include a brief description of your ACO's efforts to address provider burnout in your email.

Care Delivery Digests: Now Available

The Value Based Care (VBC) Learning System produced the [VBC Resource Digest: Care Delivery \(1 of 2\)](#) and [VBC Resource Digest: Care Delivery \(2 of 2\)](#), which present publicly available resources that capture evidence-based practices, promising approaches, and lessons learned related to delivering value-based care.

The first edition of the care delivery digest features resources on care management; building interdisciplinary care teams; delivering care to high-risk, high-need patients; improving transitions of care; and reducing avoidable admissions and readmissions. The second edition features resources on assessing beneficiaries' health needs, integrating physical and behavioral health care, addressing social determinants of health, and delivering home-based care.

Search for “VBC Resource Digest: Care Delivery (1 of 2)” and “VBC Resource Digest: Care Delivery (2 of 2)” in the Webinars section and Learning System subcategory of the Knowledge Library tab in [ACO-MS](#).

Check out previous digests on [patient-centered care](#) and [provider engagement](#) in ACO-MS. Stay tuned for future editions on different value-based care topics. To provide feedback or suggest topics for future digests, email VBCLearningSystem@mathematica-mpr.com (subject line “VBC Resource Digest”).

EVENT ANNOUNCEMENTS

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 Shared Savings Program 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 Shared Savings Program 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

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