

AT A GLANCE

UPCOMING DEADLINES

- **Request 2021 MIPS Targeted Review:**
October 21, 2022

EVENT ANNOUNCEMENTS

- **Tailoring Health Equity Efforts to Beneficiary Needs**
October 4th | 3:00–4:00 p.m. ET |
[Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Release of Shared Savings Program 2021 Benchmark PUFs](#)
- [MIPS Performance Feedback, Final Score, and Payment Adjustment Information: Now Available](#)
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- [New Resources in the QPP Resource Library](#)
- [PY 2022 Q2 Opioid Utilization Report: Delivered September 15th](#)
- [October ACO Learning System Webinar on Engaging Specialists in Care Management: Seeking Speakers](#)
- [Health Equity Digest \(1 of 2\): Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Release of Shared Savings Program 2021 Benchmark PUFs

On September 16th, CMS released the *2021 Number of ACO Assigned Beneficiaries by County* public use file (PUF) and the *2021 County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries* PUF.

The *2021 Number of ACO Assigned Beneficiaries by County* PUF includes county and state identifiers, aggregate data consisting of total assigned beneficiaries by ACO for each county where at least one of their assigned beneficiaries resides, and total person years by Medicare enrollment type. This standard analytical file provides information on the Shared Savings Program's use of factors based on regional fee-for-service (FFS) expenditures in establishing, adjusting, updating, and resetting historical benchmarks for ACOs. The *2021 Number of ACO Assigned Beneficiaries by County* PUF is available on the Data.CMS.gov [Number of Accountable Care Organization Assigned Beneficiaries by County webpage](#).

The *2021 County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries* PUF provides aggregate data consisting of per capita Parts A and B FFS expenditures, average CMS-Hierarchical Condition Category (HCC) prospective risk scores, and total person years for assignable beneficiaries by Medicare enrollment type (End Stage Renal Disease (ESRD), disabled, aged/dual eligible, and aged/non-dual eligible). The *2021 County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries* PUF is available on the Data.CMS.gov [County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries webpage](#).

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

CMS has released Merit-based Incentive Payment System (MIPS) performance feedback and final scores for the 2021 performance year and associated MIPS payment adjustment information for the 2023 payment year.

You can view your 2021 MIPS performance feedback, including your final score and 2023 payment adjustment on the [Quality Payment Program \(QPP\) 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 2021 MIPS data.
- Click "View Feedback" on the home page.

- Select your organization (Practice, Alternative Payment Model (APM) Entity, or Virtual Group).
 - Practice representatives can access both individual and group feedback.

Note: Shared Savings Program ACOs are encouraged to identify at least one individual within your ACO who can obtain a HARP account with the Security Official role; additional individuals may request the Staff User role. ACO individuals can create and manage their HARP account and QPP access in the [ACO Management System \(ACO-MS\)](#). Contact your ACO to find out how you can obtain a HARP account via ACO-MS. If you have any questions, please contact the ACO Information Center at SharedSavingsProgram@cms.hhs.gov or 1-888-734-6433 (Option 1). Representatives of Shared Savings Program ACO Participant taxpayer identification numbers (TINs) and practices with clinicians receiving the final score **won't** be able to access the performance feedback unless they have been approved as a staff user for the APM Entity.

To learn more about the information in your performance feedback, review the following 2021 MIPS Performance Feedback Resources:

- [2021 Merit-based Incentive Payment System \(MIPS\) Performance Feedback and 2023 Payment Adjustment FAQs](#) (PDF): Highlights what performance feedback is, who receives the feedback, and how to access it on the [QPP website](#).
- [2021 MIPS Performance Feedback Patient-Level Data Reports Supplement](#) (PDF): Reviews the data included and answers questions about the downloadable patient-level reports included in performance feedback.
- [2021 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.
- [2023 Merit-based Incentive Payment System \(MIPS\) Payment Year Payment Adjustment User Guide](#) (PDF): Reviews information about the calculation and application of MIPS payment adjustments and answers frequently asked questions.

MIPS-Eligible Clinicians Participating in MIPS APM Entities

Individual clinicians and representatives of APM Entities will also be able to access performance feedback directly on the QPP website using their HARP account.

2021 MIPS Targeted Review: Now Available

If you believe there is an error in the calculation of your MIPS payment adjustment factor(s), you can request a targeted review **now until October 21, 2022**. Some examples of previous targeted review circumstances include the following:

- Data was submitted under the wrong TIN or National Provider Identifier (NPI).
- There were eligibility or special status issues (e.g., you have Qualifying APM Participant status and should not receive a payment adjustment).
- Performance categories were not automatically reweighted even though you qualify for reweighting due to extreme and uncontrollable circumstances.

Note: This isn't a comprehensive list of circumstances. If you have questions about whether your circumstances warrant a targeted review, please contact the QPP by phone at 1-866-288-8292 (TRS: 711) or by email at QPP@cms.hhs.gov.

How to Request a Targeted Review

You can access your 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 2021 MIPS data.
- Click "Targeted Review" on the left-hand navigation.

CMS generally requires documentation to support a targeted review request, which varies by circumstance. 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: Targeted review decisions are final and not eligible for further review.

New Resources in the QPP Resource Library

- [Merit-based Incentive Payment System \(MIPS\) 2022 CMS Web Interface Quick Start Guide](#) (PDF): This guide provides stakeholders with information they need to understand and report their data via the CMS Web Interface.
- [How to Participate in the 2022 Merit-based Incentive Payment System \(MIPS\) Using a Centers for Medicare & Medicaid Services \(CMS\)-Approved Qualified Clinical Data Registry \(QCDR\) or Qualified Registry](#) (PDF): Guide to help clinicians, groups, virtual groups and/or APM Entities with the selection of a QCDR and Qualified Registry for participation in the MIPS.
- [Merit-based Incentive Payment System \(MIPS\) Participating in the Quality Performance Category in the 2022 Performance Year: Traditional MIPS](#) (PDF): This guide details how to participate in the quality performance category of the MIPS in 2022.
- [2020 Quality Payment Program Experience Report](#) (PDF): Provides a comprehensive representation of the overall clinician experience during the 2020 performance year of the QPP.

PY 2022 Q2 Opioid Utilization Report: Delivered September 15th

CMS released the informational Performance Year (PY) 2022 Quarter 2 (Q2) Opioid Utilization Report package on September 15, 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 through the Data Hub in [ACO-MS](#). 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 through 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. Due to this change, there is a notable increase in beneficiaries meeting the inclusion criteria for the OMS measure when compared to beneficiary counts prior to January 1, 2022.

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

October ACO Learning System Webinar on Engaging Specialists in Care Management: Seeking Speakers

CMS will host an October ACO Learning System webinar highlighting how ACOs engage clinical specialists to provide tailored, timely, and coordinated care to beneficiaries. Topics may include but are not limited to care management programs, information sharing processes, and appropriate referral and follow-up processes as they relate to specialty care services. If your ACO has a specialty care management story to share, please express interest in presenting by emailing VBCLearningSystem@mathematica-mpr.com (subject line “Engaging Specialists in Care Management Webinar”) and a brief description of your ACO’s care management efforts and background by close of business Friday, September 30, 2022.

Health Equity Digest (1 of 2): Now Available

The Value Based Care (VBC) Learning System produced the [VBC Resource Digest: Health Equity \(1 of 2\)](#) (PDF), which presents publicly available resources that capture evidence-based practices, promising approaches, and lessons learned related to delivering value-based care. The first edition of the health equity digest features resources on screening for social determinants of health (SDOH) and health-related social needs (HRSN), addressing SDOH and HRSN through cross-sector partnerships, designing initiatives to address SDOH and HRSN, and developing tailored interventions to address SDOH.

Search for “VBC Resource Digest: Health Equity (1 of 2)” in the Webinars section and Learning System subcategory in the Knowledge Library tab in [ACO-MS](#). Previous digests on patient-centered care, provider engagement, and care delivery can also be found there by searching by title for “digest.”

Stay tuned for future editions on different value-based care topics. To provide feedback or suggest topics for future digests, email VBCLearningSystem@cms.hhs.gov (subject line “VBC Resource Digest”).

EVENT ANNOUNCEMENTS

SSP ACO Learning System Webinar: Tailoring Health Equity Efforts to Beneficiary Needs

TUESDAY, OCTOBER 4, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** All Direct Contracting Entities (DCEs), Kidney Contracting Entities (KCEs), Kidney Care First (KCF) Practices, Shared Savings Program ACOs, and Realizing Equity, Access, and Community Health (REACH) ACOs, especially those in clinical and administrative roles.
- **Description:** Join us for a webinar on leveraging the beneficiary’s voice and their unique social needs to identify, design, and implement health equity initiatives. Speakers will share their approach to this topic, the results they have garnered from their efforts, and how the beneficiary perspective was considered. This event is open to all DCE, KCE, KCF practice, Shared Savings Program, and REACH ACO staff, although leadership, administrators, and staff working on health equity-related initiatives may be most interested in attending. Attendees will have an opportunity to ask questions during the webinar.

Note: Attending these events does not guarantee ACO REACH model participation in 2023. Learning System events are voluntary and PY 2023 participation in ACO REACH will depend on meeting all applicable model requirements.

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 MIPS 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.

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