

AT A GLANCE

UPCOMING DEADLINES

- **PY 2022 Public Reporting Deadline:**
February 11, 2022
- **CMS Web Interface Submission:**
March 31, 2022 by 8:00 p.m. ET

EVENT ANNOUNCEMENTS

- **CCLF Files Overview Webinar**
January 19th | 1:00–3:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [The CMS Web Interface is Open for 2021 Quality Reporting](#)
- [PY 2022 Public Reporting Deadline: February 11, 2022](#)
- [Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS](#)
- [January 2022 CCLF Files: ACO-MS Data Hub Performance Year](#)
- [Prevent and Report Potential Fraud](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

The CMS Web Interface is Open for 2021 Quality Reporting

As a reminder, the CMS Web Interface submission period opened on January 3, 2022, at 10:00 a.m. Eastern Time (ET) and closes on Thursday, March 31, 2022, at 8:00 p.m. ET. If you are the ACO's Quality Payment Program (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. During the submission period, you can take the following actions in the QPP website:

- Download your sample data.
- Upload your 2021 performance data.

Refer to the user access instructions, titled *Medicare Shared Savings Program ACOs: Creating and Managing a HARP Account with a QPP Role in ACO-MS* (PDF), in the [QPP Access User Guide](#) (zip) for information on how to become an ACO's QPP Security Official or QPP Staff User contact in ACO-MS.

CMS will automatically accept the data entered at 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.**

The following resources are available on the [QPP Resource Library](#):

- [2021 Centers for Medicare and Medicaid Services \(CMS\) Web Interface Frequently Asked Questions](#) (PDF)
- [2021 CMS Web Interface User Guide](#) (PDF)
- [2021 CMS Web Interface User Demo Videos](#)
- [CMS Web Interface Data Dictionary 2021 Performance Year](#) (PDF)
- [2021 CMS Web Interface Excel Template with Sample Data](#)
- [2021 CMS Web Interface Excel Template](#)
- [2021 CMS Web Interface Quick Start Guide](#) (PDF)
- [Performance Year 2021 APM Performance Pathway: CMS Web Interface Measures Benchmarks for ACOs](#) (PDF)
- [2021 CMS Web Interface Measure Specifications and Supporting Documents](#) (zip)
- [CMS Web Interface Support Calls for ACOs, Groups, and Virtual Groups Reporting 2021 Quality Data & CMS Web Interface Transition Webinars](#) (PDF)

Additional Assistance

The QPP Service Center is 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.

The QPP Service Center is projecting an increase in volume of calls and emails between January and March 2022 due to the opening of the 2021 Merit-based Incentive Payment System (MIPS) data submission period, resulting in longer wait times.

To reduce wait times and ensure successful 2021 data submission, CMS recommends taking the following actions:

- **Use One Method to Report Issues:** Due to the increase in volume at the QPP Service Center and to minimize backlog, CMS requests that you use only one method of reporting for the same issue (email or phone). Note: Cases are processed in the order in which they are received regardless of the manner in which the QPP Service Center was contacted. Please allow time for processing.
- **Submit Your Data Early:** It is encouraged that you submit your 2021 MIPS performance year data early during the submission period as this allows you plenty of time for any necessary QPP Service Center assistance.
- **Call the QPP Service Center at Off-Peak Hours:** CMS strongly recommends calling the QPP Service Center during off-peak hours (8:00–10:00 a.m. ET **or** 2:00–8:00 p.m. ET).
- **Contact Your ACO Coordinator:** For ACOs, please reach out to your Coordinators with your QPP Service Center ticket number to assist with resolving your inquiry.

CMS Web Interface Data Submission Support Calls

CMS is hosting a series of CMS Web Interface Support Calls for groups, virtual groups, and ACOs that are reporting data for the quality performance category through the CMS Web Interface for the 2022 performance period. The support calls 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 following support calls, you must register for each by clicking on the links below. These calls are held from **1:00 p.m.–2:30 p.m. ET** on the following dates:

CMS WEB INTERFACE SUPPORT CALLS				
January 26, 2022	February 9, 2022	February 23, 2022	March 9, 2022	March 23, 2022

PY 2022 Public Reporting Deadline: February 11, 2022

All ACOs participating in the Shared Savings Program in Performance Year (PY) 2022 must update their public reporting webpage with PY 2022 information by Friday, February 11, 2022.

ACOs must use the [PY 2022 Public Reporting Template and Instructions](#) to update their public reporting webpage. The document, located in the Program Resources section of the Knowledge Library tab in [ACO-MS](#), includes instructions on how to populate the template and the locations of some of your ACO-specific information.

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

Medicare Enrollment and SNF Star Rating Data Updated in ACO-MS

CMS recently updated ACO participant and Skilled Nursing Facility (SNF) affiliate Medicare enrollment information and SNF affiliate star ratings under the CMS 5-star Quality Rating System in [ACO-MS](#). CMS anticipates incorporating these ongoing updates within ACO-MS by the first of each month until the end of the Change Request Cycle for the next performance year.

To review this information, ACOs may log into ACO-MS and navigate to the ACO Participants subtab and the SNF Affiliates subtab (if the ACO is approved for the SNF 3-Day Rule Waiver) for their ACO. Any ACO participant(s) or SNF affiliate(s) that may be non-Medicare-enrolled (per the most recent update from the Provider, Enrollment, Chain, and

Ownership System ([PECOS](#))) and/or have a rating below 3 stars (per the most recent update from [Care Compare](#)) will display with a red exclamation point warning icon. ACOs may also identify these ACO participants and SNF affiliates by using the “Filter” option to select any ACO participant(s) with a Medicare Enrollment Status of “Failed” and any SNF affiliate(s) with a Medicare Enrollment Status of “Failed” and/or a SNF Star Rating of “2 or Less Stars.”

CMS expects ACOs to use this information to help manage their ACO Participant List and SNF Affiliate List on an ongoing basis.

Accordingly, if one or more ACO participants or SNF affiliates has a Medicare Enrollment Status of “Failed” (as displayed in ACO-MS), ACOs may:

- Contact the ACO participant or SNF affiliate to confirm their enrollment in Medicare is valid or work with the ACO participant or SNF affiliate to reenroll, reactivate, or revalidate their Medicare enrollment.
- Take any necessary action(s) in ACO-MS to rectify instance(s) of non-Medicare-enrolled ACO participants or SNF affiliates in accordance with established change request cycle deadlines.
- Delete ACO participants or SNF affiliates without valid Medicare enrollments, as necessary.

If one or more SNF affiliates has a SNF Star Rating of “2 or Less Stars” (as displayed in ACO-MS), ACOs may:

- Inform SNF affiliates of the drop in their overall star rating and educate them regarding the consequences of not maintaining an overall star rating of 3 stars or higher.
- Delete SNF affiliates unable to maintain the requisite 3-star rating, as necessary.

For additional information about managing your ACO Participant List and SNF Affiliate List, refer to the [ACO Participant List and Participant Agreement Guidance](#) and the [Skilled Nursing Facility 3-Day Rule Waiver Guidance](#) on the [Program Guidance & Specifications webpage](#).

ACOs may also contact their ACO Coordinators with questions regarding Medicare enrollment and SNF affiliate star rating updates in ACO-MS.

January 2022 CCLF Files: ACO-MS Data Hub Performance Year

January 2022 Claim and Claim Line Feed (CCLF) files will be available to ACOs on January 17th and January 25th in the Data Hub tab in [ACO-MS](#). ACOs that previously participated in the Shared Savings Program in PY 2021 and are continuing their participation in PY 2022 will receive either one or two sets of CCLF files based on their assignment methodology selections for 2021 and 2022. One or two sets of CCLF files are provided to existing ACOs in January every year so ACOs have the complete claims for both their previous performance year beneficiaries and their current performance year beneficiary population. All new ACOs will only receive one set of CCLF files for 2022. Please reference the table below for additional information.

The following table lists the performance year under which the CCLF files will be posted in the Data Hub tab in ACO-MS for the ACO’s 2021 and 2022 beneficiary populations.

Exclusion files for the two sets of CCLF files are expected to be provided to ACOs on January 16, 2022. The exclusion files include the performance year in the file names to help identify the set of CCLF files to which the exclusions are applicable.

ACO CLASSIFICATION	JANUARY CCLF, EXCLUSION, AND MBI XREF FILES	DATA HUB PY	CCLF DELIVERY DATES	BENEFICIARY POPULATION IN CCLF FILES
New ACOs	One Set	2022	January 25 th	<ul style="list-style-type: none"> • Retrospective Assignment: Primary Care Visit with an ACO Participant in the last 12 months and Voluntarily Aligned (VA) beneficiaries, or

ACO CLASSIFICATION	JANUARY CCLF, EXCLUSION, AND MBI XREF FILES	DATA HUB PY	CCLF DELIVERY DATES	BENEFICIARY POPULATION IN CCLF FILES
				<ul style="list-style-type: none"> Prospective Assignment: PY 2022 prospective beneficiary population
ACOs continuing with Retrospective assignment in 2022	One Set	2021	January 17 th	<ul style="list-style-type: none"> Primary Care Visit with an ACO Participant in the last 12 months and VA beneficiaries
ACOS continuing with Prospective assignment in 2022	Two Sets	1 st Set: 2021 2 nd Set: 2022	1 st Set: January 17 th 2 nd Set: January 25 th	<ul style="list-style-type: none"> 1st Set: PY 2021 prospective beneficiary population 2nd Set: PY 2022 prospective beneficiary population
ACOs transitioning from Prospective to Retrospective in 2022	Two Sets	1 st Set: 2021 2 nd Set: 2022	1 st Set: January 17 th 2 nd Set: January 25 th	<ul style="list-style-type: none"> 1st Set: PY 2021 prospective beneficiary population 2nd Set: Primary Care Visit with an ACO Participant in the last 12 months and VA beneficiaries
ACOs transitioning from Retrospective to Prospective in 2022	Two Sets	1 st Set: 2021 2 nd Set: 2022	1 st Set: January 17 th 2 nd Set: January 25 th	<ul style="list-style-type: none"> 1st Set: Primary Care Visit with an ACO Participant in the last 12 months and VA beneficiaries 2nd Set: PY 2022 prospective beneficiary population

FILE NAMING CONVENTION		
FILE TYPE	PY 2021 SET	PY 2022 SET
CCLF File	P.A****.ACO.ZCY21.Dyymmdd.Thhmsst	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst
Exclusion File	P.A****.BNEX.Y21.Dyymmdd.Thhmsst	P.A****.BNEX.Y22.Dyymmdd.Thhmsst
MBI XREF File	P.A****.ACO.MBIY21.Dyymmdd.Thhmsst	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst

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).

Prevent and Report Potential Fraud

An ACO can help prevent fraud and abuse by ensuring that there is “a method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities to anonymously report suspected problems related to the ACO to the compliance officer” per [42 CFR § 425.300\(3\)](#).

ACOs are encouraged to report potential fraud or abuse by submitting a complaint to the [Office of Inspector General's \(OIG's\) website](#), OIG hotline at 1-800-HHS-TIPS (1-800-447-8477) TTY: 1-800-377-4950, or by fax or mail:

Fax: 1-800-223-8164

Mailing Address:

Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

ACOs suspecting healthcare fraud, waste, or abuse are encouraged to visit [CMS Center for Program Integrity website](#).

EVENT ANNOUNCEMENTS

CCLF Files Overview Webinar

WEDNESDAY, JANUARY 19, 2022, 1:00–3:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** CCLF Users
- **Description:** CMS will provide detailed information on the data contained within CCLF files. All CCLF users are welcome to attend; however, this presentation is geared towards new participants with 2022 start dates. CMS strongly encourages technical staff routinely consuming and analyzing data to attend to prepare system readiness for receipt of CCLF files. More experienced users of CCLF files may find this event repetitive.

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, 7:00 a.m.–7:00 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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