

AT A GLANCE

EVENT ANNOUNCEMENTS

- **Overview of QPP Policies in the CY 2023 Medicare PFS Final Rule**
November 16th | 2:00–3:30 p.m. ET | [Register](#)
- **Implementing Health IT Tools to Improve Care Access in Rural Areas**
November 17th | 3:00–4:00 p.m. ET | [Register](#)
- **CCLF Files Expansion: January 2033**
December 7th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [CY 2023 Physician Fee Schedule Final Rule: Issued November 1st](#)
- [Updated PY 2021 ACO Quality Performance Report: Releasing November 8th](#)
- [November CCLF Files](#)
- [Health Equity Digest \(2 of 2\): Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

CY 2023 Physician Fee Schedule Final Rule: Issued November 1st

On November 1, 2022, the Centers for Medicare & Medicaid Services (CMS) issued the Physician Fee Schedule (PFS) final rule entitled *Medicare and Medicaid Programs; CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements, Etc.*, which includes changes to the Shared Savings Program to advance CMS' overall value-based care strategy of growth, alignment, and equity. The Calendar Year (CY) 2023 PFS Final Rule makes regulatory changes to Shared Savings Program policies, including to: provide advance shared savings payments in the form of advance investment payments (AIPs) to certain new, low revenue ACOs that can be used to support their participation in the Shared Savings Program; provide greater flexibility in the progression to performance-based risk; establish a health equity adjustment to an ACO's Merit-based Incentive Payment System (MIPS) Quality Performance Category (QPC) score used to determine shared savings and losses to recognize high quality performance by ACOs serving a higher proportion of underserved populations; incorporate a sliding scale reflecting an ACO's quality performance for use in determining shared savings for ACOs, and revise the approach for determining shared losses for ENHANCED track ACOs; modify the benchmarking methodology to strengthen financial incentives for long term participation by reducing the impact of ACOs' performance and market penetration on their benchmarks, and to support the business case for ACOs serving high risk and high dually eligible populations to participate, as well as mitigate bias in regional expenditure calculations for ACOs electing prospective assignment; expand opportunities for certain low revenue ACOs participating in the BASIC track to share in savings; make changes to policies within other programmatic areas, including the program's beneficiary assignment methodology, requirements related to marketing material review and beneficiary notifications, the Skilled Nursing Facility (SNF) 3-day rule waiver application, and data sharing requirements.

To learn more, refer to:

- Press Release: [HHS Finalizes Physician Payment Rule Strengthening Access to Behavioral Health Services and Whole-Person Care](#)
- Fact Sheet: [Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Final Rule - Medicare Shared Savings Program](#)
- Quality Payment Program (QPP): [2023 Quality Payment Program Final Rule Resources](#) (zip)

Updated PY 2021 ACO Quality Performance Report: Releasing November 8th

CMS will release the updated PY 2021 ACO Quality Performance Report package on November 8, 2022. The purpose of this notification is to inform your ACO of the delivery of your ACO's updated Performance Year (PY) 2021 Quality Performance Report. Please note these updates do not impact your ACO's financial reconciliation or shared savings payments for PY 2021.

While the scores for some ACOs have changed, this has no impact on the amount of any shared savings due to these ACOs. Due to the public health emergency for COVID-19, all ACOs were determined to be affected by an extreme and uncontrollable circumstance (EUC) for the duration of PY 2021 and had their quality performance score set to the higher of their quality performance score or the equivalent of the 30th percentile MIPS QPC score across all MIPS QPC scores. ACOs that were eligible to share in savings received the maximum shared savings rate allowable by track. Shared losses calculated for ACOs, including ACOs in the ENHANCED track, were reduced to zero.

The updated PY 2021 ACO Quality Performance Reports package is available for download as a zip file via the Data Hub tab in the [ACO Management System \(ACO-MS\)](#). This report package also includes an updated cover notice and document that provides information on the performance scores that equate to the 30th and 40th percentile MIPS QPC scores for PY 2018 to PY 2021. The zip file is a supplement to the previously delivered financial reconciliation package (which is available by navigating to PY 2021 in the Data Hub tab in ACO-MS) and displays as "Supplement to Financial Reconciliation Package." The file is named per the following convention: "P.Axxxx.ACO.STLMT.D219999.T11S1112." ACOs should review the report's parameters page and footnotes for information on the data used in producing the report. Please reference the report Cover Notice included in your report zip package for further information and resources.

CMS will include the updated scores in the Shared Savings Program Public Use Files (PUF), which will be made available on the [CMS Data webpage](#). ACOs should also update their public reporting webpages to reflect changes, if any, in quality scores as a result of the republished MIPS PY 2021 performance feedback.

November CCLF Files

November Claim and Claim Line Feed (CCLF) files for the PY 2022 assignable or prospectively assigned beneficiaries will be made available to ACOs in the Data Hub tab in [ACO-MS](#). The November 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 November 7 th	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in November 2022 (txt) Beneficiary Data Sharing Exclusion File delivered in November 2022 (xml)
PY 2022 CCLFs	Week of November 14 th	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in November 2022 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, Version 35 (V35) and the [ACO and ACO-OS Data Exchange User Guide \(DEUG\)](#), V11 for additional information on the CCLF and Exclusion files. The CCLF IP is available on the [Shared Savings Program Guidance & Specifications webpage](#) and the DEUG is 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).

Health Equity Digest (2 of 2): Now Available

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

The second edition of the health equity digest features resources on providing culturally and linguistically appropriate services, recruiting a diverse workforce, and using a data-driven approach to address health disparities.

Search for “VBC Resource Digest: Health Equity (2 of 2)” in the Webinars section and Learning System subcategory of the Knowledge Library tab in [ACO-MS](#). Previous digests on patient-centered care, provider engagement, care delivery, and health equity 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

Overview of QPP Policies in the CY 2023 Medicare PFS Final Rule

WEDNESDAY, NOVEMBER 16, 2022, 2:00 P.M.–3:30 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** MIPS, MIPS Value Pathways (MVP), Shared Savings Program, and Advanced Alternative Payment Model (APM) participants
- **Description:** During the webinar, CMS subject matter experts will provide an overview and discuss future direction of the QPP; review 2023 policy changes for traditional MIPS, MVP, Shared Savings Program, and APM; and review key differences between 2022 and 2023 requirements. Following the presentation, CMS will answer questions from attendees, as time permits.

SSP ACO Learning System Webinar: Implementing Health IT Tools to Improve Care Access in Rural Areas

THURSDAY, NOVEMBER 17, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACO staff. Team members supporting data and technology or care management may be most interested in attending.
- **Description:** Join us for a webinar highlighting how ACOs leverage health information technology (IT) (such as electronic health records or telehealth applications) to improve access to care for beneficiaries living in rural areas. ACO presenters will discuss care delivery challenges in rural areas, such as broadband access, the implementation of health IT tools to address these challenges, and how such interventions have advanced ACO population health and equity goals. Attendees will have an opportunity to ask questions during the webinar.

CCLF Files Expansion: January 2023

WEDNESDAY, DECEMBER 7, 2022, 3:00 P.M.–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This webinar is applicable for the following: Medicare Shared Savings Program, ACO Realizing, Equity, Access, and Community Health (REACH)/Global and Professional Direct Contracting (GPDC), Kidney Care Choices (KCC), Primary Care First (PCF), and Vermont All-Payer Model.
- **Description:** The CCLF files will be expanding in January 2023 to include additional variables. This webinar will provide an overview of the layout changes and new elements. CMS strongly encourages technical staff routinely consuming and analyzing these files to attend to prepare for system readiness. The overview will be followed by live questions and answers with subject matter experts.

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

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