

NOVEMBER 17, 2022 | ISSUE 23

AT A GLANCE

UPCOMING DEADLINES

- **ACO Signing Event:**
December 8, 2022, by 12:00 p.m. (noon) ET

EVENT ANNOUNCEMENTS

- **CCLF Files Expansion: January 2023**
December 7th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Attention: ACO Signing Event Period Begins December 2, 2022](#)
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- [Health Equity Digest \(2 of 2\): Now Available](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Attention: ACO Signing Event Period Begins December 2, 2022

Beginning Friday, December 2, 2022, all approved applicants and currently participating ACOs must log into the [ACO Management System \(ACO-MS\)](#) to review and sign their ACO Signing Event documents. All ACO Signing Event activities must be completed by Thursday, December 8, 2022, at 12:00 p.m. (noon) Eastern Time (ET).

Refer to the below resources for additional information about the ACO Signing Event process and step-by-step instructions:

- [ACO Signing Event Instructions](#) (PDF)
- [How to Review and Certify the ACO Participant List and ACO Provider/Supplier List in ACO-MS](#) tip sheet (PDF)
- [Managing the ACO Provider/Supplier List in ACO-MS](#) tip sheet (PDF)
- [ACO Provider/Supplier Bulk Upload in ACO-MS](#) tip sheet (PDF)
- [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet (PDF)

Upcoming Important Dates and Deadlines

CMS would like to remind clinicians of important upcoming Merit-based Incentive Payment System (MIPS) dates and deadlines in December 2022.

The Quality Payment Program (QPP) Exception Application closes on December 31st at 8:00 p.m. ET for ACOs participating in the Alternative Payment Model (APM) Performance Pathway (APP) that want to submit a MIPS Extreme and Uncontrollable Circumstances exception application for the 2022 performance year. To qualify for the MIPS Extreme and Uncontrollable Circumstances exception:

- APM Entities are required to request reweighting for all performance categories.
- At least 75 percent of the MIPS-eligible clinicians in the APM Entity will need to qualify for reweighting in the Promoting Interoperability performance category.
- Data submission for an APM Entity won't override performance category reweighting.

You will be notified by email if your request was approved or denied. You can also check the status of your application by logging in to the [QPP website](#). If approved, this approval will also be added to your eligibility profile in the

[QPP Participation Status](#) tool on a rolling basis. If your application is approved at the end of the performance year, it may not appear until the submission window is open in 2023.

- **Note:** All ACOs and their beneficiaries are impacted by the public health emergency (PHE) under the Shared Savings Program Extreme and Uncontrollable Circumstances Policy for Performance Year (PY) 2022 (reference [Medicare Shared Savings Program: CMS Flexibilities to Fight COVID-19](#)). ACOs that report quality data via the APP and meet MIPS data completeness and case minimum requirements will receive the higher of their ACO's MIPS quality performance category score or the 30th percentile MIPS quality performance category score. ACOs that are unable to report quality data via the APP will have their ACO quality performance score set equal to the 30th percentile MIPS quality performance category score.
- ACOs in all Shared Savings Program tracks will be able to access their participant lists and see MIPS eligibility for their eligible clinicians for the 2022 performance year after the release of the August 31st APM snapshot data in early December. Qualifying APM Participant (QP) determinations, if applicable, and MIPS APM participation information will be available on the QPP Participation Status tool.

Care Compare Doctors and Clinicians Preview Period: Opening Soon

The Care Compare 30-day Preview Period for doctors and clinicians will open on Monday, November 21, 2022, and close on Tuesday, December 20, 2022. While ACO-level data isn't available for viewing via the QPP site during the Preview Period, MIPS-eligible clinicians who participate in Medicare Shared Savings Program ACOs can preview their performance information in their 2021 MIPS Performance Feedback. Shared Savings Program ACOs can also review quality performance information in their 2021 Quality Performance Reports. The list of ACO performance information planned for public reporting will be available on the [Care Compare: Doctors and Clinicians Initiative webpage](#) in the downloadable document *Accountable Care Organization (ACO) Performance Information on Medicare Care Compare: 2021 Doctors and Clinicians Public Reporting*.

If you have any questions about public reporting for clinicians and ACOs on Care Compare, contact your ACO Coordinator. You may also contact the QPP Service Center at 1-866-288-8292 (Monday–Friday, 8:00 a.m.–8:00 p.m. ET) or by e-mail at QPP@cms.hhs.gov. To receive assistance more quickly, consider calling the center during non-peak hours (before 10:00 a.m. and after 2:00 p.m. ET). Customers who are hard of hearing can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant.

PY 2022 Q3 Report Package: Now Available

On November 10, 2022, CMS released the PY 2022 Quarter 3 (Q3) report packages to ACOs in the Data Hub tab in [ACO-MS](#). The report packages were sent as a zip file and included the following documents:

- Cover notice
- *Assignment List Report (ALR)*
- *Assignment Summary Report (ASR)*
- *Aggregate Expenditure/Utilization Report (EXPU)*
- *Beneficiary Expenditure Utilization Report (BEUR)*
- *Non-Claims Based Payments (NCBP)*

ACOs can find their PY 2022 Q3 report packages as a zip file under “PY 2022” in the Data Hub tab in ACO-MS with the file name “P.Axxxx.ACO.QEXPU.D229999.T0300000.” The “D229999” indicates the reports are applicable for PY 2022, and “T0300000” indicates the reports are applicable to Q3 of PY 2022.

For additional information about the Q3 report package, refer to the Q3 cover notice and the [Performance Year 2022 Report User's Guides](#):

- *Assignment List Report and Assignment Summary Report User's Guide (PDF)*
- *Annual and Quarterly Aggregate Expenditure/Utilization, Beneficiary Expenditure/Utilization, and Non-Claims Based Payment Reports User's Guide (PDF)*

These report user's guides provide detailed information about the data elements included in the referenced program reports. They can be found in the Program Resources section of the Knowledge Library tab in ACO-MS by searching "Report User's Guides" and then selecting "Performance Year 2022 Report User's Guides."

Be Sure to Update ACO Contacts in ACO-MS: Steps to Take When an Employee, Consultant, or Contractor Leaves Your ACO

CMS encourages ACO users with administrative privileges to confirm that their ACO contacts are up to date and have access to [ACO-MS](#). Only users with administrative privileges—ACO Executive, CMS Liaison, Authorized to Sign (Primary and Secondary), and the Application Contacts (Primary and Secondary)—can manage contact information.

For additional information on how to update contacts or how to add users to ACO-MS, refer to the tip sheet [Overview of ACO-MS User Access and ACO Contacts](#).

Follow the steps below when an individual leaves your ACO to ensure continuity of communication among remaining personnel and to protect CMS data from disclosure to unauthorized parties:

- Remove the contact from ACO-MS. An ACO official (ACO Executive, Authorized to Sign (primary and secondary) Contacts, or CMS Liaison) must remove and/or replace the individual on the Contacts subtab in ACO-MS. If you have questions regarding updating information in ACO-MS, please email SharedSavingsProgram@cms.hhs.gov or call 1-888-734-6433 (select Option 1) or TTY/TDD 1-888-734-6563. Please note that, once removed from ACO-MS, contacts who held QPP Security Official or QPP Staff User roles will no longer be able to use their ACO-MS log in credentials to access the [QPP website](#).
- If you are removing an entity with whom your ACO no longer works, you will need to remove that entity from your ACO's data use agreement (DUA) tracking system.

You should maintain your ACO contacts throughout the year to keep them up to date. CMS does not maintain distribution lists for program correspondence. All email distributions are pulled directly from the ACO contacts listed in ACO-MS.

Share Your Thoughts on APP Feedback

QPP researchers want to learn from ACOs that reported the APP for PY 2022 and reviewed their Final Feedback and Scoring in the QPP Portal. If you are interested in sharing your thoughts, please [sign up](#) for a 45-minute window to meet with a member of the QPP research team to discuss your experience.

Promising Strategies for Addressing Health-Related Social Needs: Strategy Summary Now Available

In [Promising Strategies for Addressing Health-Related Social Needs](#), the Value Based Care (VBC) Learning System presents a collection of strategies that ACOs use to address health-related social needs (HRSN) and improve care for beneficiaries. These strategies focus on (1) organizing and preparing care navigation staff, (2) investing in tools and technology, (3) partnering with community-based organizations, and (4) documentation and measurement. Health care organizations interested in designing initiatives to address the HRSN of their beneficiaries as well as broader social determinants of health may wish to consider these approaches.

To access this strategy summary, search "strategy summary" in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

Health Equity Digest (2 of 2): Now Available

The VBC Learning System produced the [VBC Resource Digest: Health Equity \(2 of 2\)](#), 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

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 Claim and Claim Line Feed (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

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.