

## AT A GLANCE

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### EVENT ANNOUNCEMENTS

- **ACO Submissions for MIPS CQMs/eCQMs for 2022 Reporting**  
December 15<sup>th</sup> | 11:00–12:00 p.m. ET | [Register](#)
- **Claims Data Access Overview (CCLF Files and BCDA)–2023 New Starters**  
January 26<sup>th</sup> | 2:00–4:00 p.m. ET | [Register](#)

### PROGRAM ANNOUNCEMENTS AND RESOURCES

- [New MIPS APM Pathway Resource: Now Available](#)
- [PY 2023 Initial Assignment List Report and Assignment Summary Report Packages: To Be Delivered December 15<sup>th</sup>](#)
- [Access the CMS Web Interface Starting January 3, 2023](#)
- [PY 2022 CMS Web Interface Patient Sample Excel Files](#)
- [Changes to Beneficiary Notification Requirements and New Beneficiary Information Notification Templates and Poster Available for PY 2023](#)
- [PY 2022 Q3 Opioid Utilization Report: Delivered December 8<sup>th</sup>](#)
- [Changes to Marketing Materials Requirements for PY 2023](#)
- [Check Initial 2023 MIPS Eligibility on the QPP Website](#)
- [New Resources in the QPP Resources Library](#)
- [December CCLF Files](#)
- [New Case Study on Concurrent Care Program at Dialysis Clinic, Inc.](#)
- [New Case Study on OneCare Vermont's Value-Based Incentive Fund](#)
- [Promising Strategies for Addressing Health-Related Social Needs: Strategy Summary Now Available](#)

## PROGRAM ANNOUNCEMENTS AND RESOURCES

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### New MIPS APM Pathway Resource: Now Available

The [Medicare Shared Savings Program: Reporting MIPS CQMs and eCQMs in the Alternative Payment Model Pathway](#) guidance document describes electronic clinical quality measures (eCQM)/Merit-based Incentive Payment System (MIPS) CQM reporting scenarios specific to Alternative Payment Model (APM) Entity-level reporters. Specifically, this guidance is for Medicare Shared Savings Program ACOs; eCQM/MIPS CQM specifications; and a framework for ACOs' reporting that ACOs can use to determine how best to aggregate and match patient data necessary for quality measure performance reporting and measurement according to the structure and needs of each ACO and how MIPS data completeness requirements apply. This resource provides guidance for ACOs planning to submit MIPS CQMs or eCQMs for Performance Year (PY) 2022.

### PY 2023 Initial Assignment List Report and Assignment Summary Report Packages: To Be Delivered December 15<sup>th</sup>

CMS plans to deliver the ACOs' PY 2023 *Initial Assignment List Report (ALR)* and *Assignment Summary Report (ASR)* Package on December 15, 2022. The report package will be sent as a zip file and will include a cover notice, ALR (zip), and ASR.

For additional information about the PY 2023 Report Package, please reference the accompanying cover notice and the *Assignment List Report and Assignment Summary Report User's Guides*, Version 14 (V14), located in the Program Resources section of the Knowledge Library tab in the [ACO Management System \(ACO-MS\)](#).

The zip file is named per the following convention: "P.Axxxx.ACO.HASSGN.D239999.T0000000."

**Note:** The zip file's name includes a date stamp beginning with "D23," where the "23" indicates the applicable performance year, PY 2023. ACOs may access this file by navigating to the ACO-MS Data Hub tab, selecting your ACO, and selecting "2023" from the program year drop-down menu.

## Access the CMS Web Interface Starting January 3, 2023

If you are your ACO's Quality Payment Program (QPP) Security Official or QPP Staff User contact in ACO-MS, you can sign in to the [QPP website](#) using your ACO-MS username and password to download your ACO's Patient Samples and submit CMS Web Interface data when it opens for reporting on January 3, 2023. For guidance on how to add the QPP Security Official and QPP Staff User role contacts to an ACO in ACO-MS, refer to the [Overview of ACO-MS User Access and ACO Contacts](#) tip sheet.

Resources are available to guide you through accessing the CMS Web Interface and downloading the Patient Sample in the QPP Resource Library. CMS recommends reviewing the [CMS Web Interface User Demo Videos](#) and the *Web Interface Excel Template With Sample Data*. Also, sample excel files will be made available; details are provided in the "PY 2022 CMS Web Interface Patient Sample Excel Files" article immediately below this one.

For assistance with downloading your Patient Sample from the CMS Web Interface, questions about accessing the QPP website, or general questions, please contact the QPP at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292 (TTY: 1-877-715-6222).

## PY 2022 CMS Web Interface Patient Sample Excel Files

On December 23<sup>rd</sup>, CMS will deliver a CMS Web Interface Patient Sample Excel file (formerly known as the CMS Web Interface Beneficiary Sample Excel file) to each ACO reporting quality for PY 2022. The file contains the same patient sample that will be available through the CMS Web Interface at the start of the CMS Web Interface reporting period on January 3, 2023. This sample is provided in advance so that ACOs may begin locating the patient records that they will need for quality reporting.

The Patient Sample file will be delivered through the Data Hub tab in [ACO-MS](#) in a similar binary format as in previous years and will contain:

- A list of the assigned patients who were sampled for CMS Web Interface reporting;
- The patient rank for each of the measures into which the patient was sampled;
- The taxpayer identification number (TIN) or CMS Certification Number (CCN) at which the patient received the most primary care services; and
- The names and National Provider Identifier (NPI) of the three providers who provided the plurality of primary care services to the patient.

Starting at close of business Friday, December 23, 2022, please check the Data Hub tab in ACO-MS under the Reports Section in Program Year 2022 to download your ACO's Patient Sample according to the following convention:  
"P.A#####.ACO.PATB.D229999.T#####."

## Changes to Beneficiary Notification Requirements and New Beneficiary Information Notification Templates and Poster Available for PY 2023

CMS has refined the *Beneficiary Information Notification* templates and Poster to ease beneficiary confusion by explaining in clear and concise language the benefits of receiving care in an ACO and confirming that when beneficiaries receive care within an ACO, it does not change a beneficiary's Medicare coverage.

Beginning January 1, 2023, ACO or ACO participants must provide a standardized written notification to beneficiaries prior to or at the first primary care service visit during the agreement period. In the interest of ensuring program transparency, maintaining beneficiary protections, and reducing beneficiary confusion, ACOs and/or ACO participants are also required to provide each beneficiary with a follow-up communication that must occur at the beneficiary's next primary care service visit or no later than 180 days from the date the first standardized written notice was provided, whichever

occurs sooner. CMS also clarified that an ACO participant must post signs in all its facilities and make standardized written notices available upon request in all settings in which beneficiaries receive primary care services.

The new beneficiary notification documents can now be found in the Marketing Toolkit in [ACO-MS](#). Specifically, the new templates include *Beneficiary Information Notification*, *Beneficiary Information Notification with SNF*, *Beneficiary Information Notification with SNF and Telehealth*, *Beneficiary Information Notification with Telehealth*, and the facility Poster. **(Please note that the Beneficiary Information Notices concerning the Beneficiary Incentive Plan (BIP) are not updated at this time.)**

## **PY 2022 Q3 Opioid Utilization Report: Delivered December 8<sup>th</sup>**

On December 8, 2022, CMS released the third PY 2022 opioid report package, titled *PY 2022 Quarter 3 (Q3) Opioid Utilization Report*. 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 tab 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.

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.

## **Changes to Marketing Materials Requirements for PY 2023**

Beginning January 1, 2023, in accordance with the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule, ACOs will no longer be required to submit marketing materials for review prior to use in [ACO-MS](#) after January 1, 2023; instead, CMS requires that ACOs retain all marketing materials and make them available to CMS upon request.

This modification makes no change to the definition of ACO marketing materials, and ACOs will continue to ensure that these materials meet the communications-related requirements of the Shared Savings Program as stated in [42 CFR § 425.310\(c\)](#). The requirements state that marketing materials must use template language developed by CMS if available, and must not be materially inaccurate or misleading. In addition, marketing materials should also comply with [42 CFR § 425.304](#) regarding beneficiary incentives, and not be used in a discriminatory manner or for discriminatory purposes. CMS retains the authority to issue compliance actions if an ACO does not comply with marketing requirements. CMS also plans to release a marketing material audit strategy in advance of requesting marketing materials for review.

## **Check Initial 2023 MIPS Eligibility on the QPP Website**

ACOs can now inform their clinicians to use the [QPP Participation Status](#) tool to check initial 2023 MIPS eligibility status.

- Enter your 10-digit NPI to find out whether you need to participate in MIPS during the 2023 performance year.

**Note:** CMS now evaluates the low-volume threshold for MIPS APM participants at the individual or group level. CMS no longer evaluates APM Entities for eligibility against the low-volume threshold. ACOs will not be evaluated for eligibility against the low-volume threshold in PY 2023.

## **New Resources in the QPP Resources Library**

- [Performance Year 2022 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs](#): Updates to this document include the final CMS Web Interface benchmarks for PY 2022.
- [PY 2022 APM Performance Pathway \(APP\) Toolkit](#) (zip): This resource includes the *2022 APM Performance Pathway for MIPS APM Participants Fact Sheet*, *2022 APM Performance Pathway Infographic*, *2022 APM Performance Pathway Quick Start Guide*, and the *2022 APM Performance Pathway Scoring Guide*.
- [2022 MIPS Data Validation Criteria](#) (zip): ACO participants that must report promoting interoperability may benefit from review of those documents. This item lists the 2022 criteria used to audit and validate data submitted for the MIPS performance categories.

## December CCLF Files

December 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 December delivery timeline for the CCLF, Exclusion, and Medicare Beneficiary Identifier (MBI) Cross-reference (XREF) files are 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 December 12 <sup>th</sup>	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst P.A****.BNEX.Y22.Dyymmdd.Thhmsst	2022	Excluded Beneficiary MBI XREF File delivered in December 2022 (txt)  Beneficiary Data Sharing Exclusion File delivered in December 2022 (xml)
PY 2022 CCLFs	Week of December 19 <sup>th</sup>	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	2022	CCLF delivered in December 2022 (zip)

ACOs should refer to the *CCLF Information Packet (IP)*, Version 36 (V36) 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).

### New Case Study on Concurrent Care Program at Dialysis Clinic, Inc.

This case study from the Value Based Care (VBC) Learning System describes how Dialysis Clinic, Inc. (DCI) partnered with the University of Pittsburgh Medical Center (UPMC) and UPMC's Family Hospice to design and implement a concurrent care program. This program allows beneficiaries with end-stage renal disease (ESRD) to receive as many as 10 hemodialysis sessions after beginning hospice. By removing the dilemma of having to choose between starting hospice and stopping dialysis, DCI and UPMC aim to improve their patients' experience with end-of-life care. ACOs interested in integrating palliative and hospice care to better support terminally ill patients might wish to consider DCI and UPMC's approach.

The [DCI case study](#) can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

### New Case Study on OneCare Vermont's Value-Based Incentive Fund

This case study from the VBC Learning System describes OneCare Vermont's Value-Based Incentive Fund (VBIF), a pay-for-performance program designed to improve quality of care across OneCare's provider network. Since launching the VBIF in 2017, OneCare has continually refined the program based on provider feedback, including:

- (1) Streamlining measures,
- (2) Measuring performance separately for each primary care organization and health service area,
- (3) Increasing the frequency of data sharing, and
- (4) Modifying the payment distribution.

These changes, coupled with the support OneCare's quality improvement (QI) team offers to primary care providers, have shown promising results. This case study was developed for health care organizations seeking strategies to improve population health and engage providers in QI.

The [OneCare Vermont case study](#) can be found in the Webinars section of the Knowledge Library tab in [ACO-MS](#).

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

In [Promising Strategies for Addressing Health-Related Social Needs](#), the 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](#).

## EVENT ANNOUNCEMENTS

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### ACO Submissions for MIPS CQMs/eCQMs for 2022 Reporting

**THURSDAY, DECEMBER 15, 2022, 11:00 A.M.–12:00 P.M. EASTERN TIME**

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** CMS will review submission guidance and present a submission demonstration for ACOs and their IT and clinical teams on submitting eCQMs and MIPS CQMs under the APP, for the 2022 performance year. All ACOs are encouraged to attend, especially ACOs preparing to submit eCQMs or MIPS CQMs for performance year 2022.

### Claims Data Access Overview (CCLF Files and BCDA)–2023 New Starters

**THURSDAY, JANUARY 26, 2023, 2:00 P.M.–4:00 P.M. EASTERN TIME**

- [Register Here](#)
- **Audience:** All ACOs
- **Description:** CMS will provide detailed information on the data contained within CCLF files and the Beneficiary Claims Data Application Programming Interface (API) (BCDA). All CCLF files and BCDA users are welcome to attend; however, this presentation is geared towards new participants with 2023 start dates. CMS strongly encourages technical staff routinely consuming and analyzing data to attend to prepare system readiness for receipt of CCLF files or usage of BCDA. More experienced users of CCLF files or BCDA may find this event repetitive.

# CONTACT INFORMATION FOR ACOS

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## 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](mailto: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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