

AT A GLANCE

UPCOMING DEADLINES

- **PY 2023 Public Reporting Webpage Updates:**
February 13, 2023

EVENT ANNOUNCEMENTS

- **CMS Web Interface Data Submission Support Calls**
January 25th | 1:00–2:30 p.m. ET | [Register](#)
- **New VBC Learning System Webinar on Making the Business Case for Addressing Health Disparities**
January 25th | 2:00–3:15 p.m. ET | [Register](#)
- **Claims Data Access Overview (CCLF files and BCDA) – 2023 New Starters**
January 26th | 2:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

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PROGRAM ANNOUNCEMENTS AND RESOURCES

CMS Web Interface Now Open

As a reminder, the CMS Web Interface submission period opened on January 3, 2023, at 10:00 a.m. Eastern Time (ET) and closes on Friday, March 31, 2023, 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 2022 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.

Note: All data entered as of March 31, 2023, at 8:00 p.m. ET will be considered your final submission.

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

- [2022 Centers for Medicare and Medicaid Services \(CMS\) Web Interface Frequently Asked Questions](#) (PDF)
- [Merit-based Incentive Payment System \(MIPS\) 2022 CMS Web Interface Quick Start Guide](#) (PDF)
- [2022 CMS Web Interface User Demo Videos](#)
- [CMS Web Interface Data Dictionary 2022 Performance Year](#) (PDF)
- [2022 CMS Web Interface Excel Template with Sample Data](#)
- [2022 CMS Web Interface Excel Template](#)
- [Performance Year 2022 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs](#) (PDF)
- [2022 Web Interface Measure Specifications and Supporting Documents](#) (zip)

- [CMS Web Interface Support Calls for ACOs, Groups, and Virtual Groups Reporting 2022 Quality Data](#) (PDF)
- [Telehealth Guidance for 2022 Centers for Medicare & Medicaid Services \(CMS\) Web Interface Measures for the COVID-19 Public Health Emergency](#) (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 2023 due to the opening of the 2023 MIPS data submission period, resulting in longer wait times.

To reduce wait times and ensure successful 2023 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 2022 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 ACO Coordinators with your QPP Service Center ticket number to assist with resolving your inquiry.

PY 2023 Public Reporting Deadline: February 13, 2023

All ACOs participating in the Shared Savings Program in performance year (PY) 2023 must update their public reporting webpage with PY 2023 information by Monday, February 13, 2023.

ACOs must use the [Public Reporting Template and Instructions v6.1](#) (released on September 8, 2022) 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.

ACOs may contact their ACO Coordinators with any public reporting questions. In addition, refer to [42 CFR § 425.308](#) for additional details on public reporting requirements. 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 Updates in ACO-MS

CMS recently updated ACO participant and Skilled Nursing Facility (SNF) affiliate Medicare enrollment information and SNF 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 use the "Filter" option to identify and 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 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, including how changes to the ACO Participant List impact critical downstream program operations (such as number of ACO assigned beneficiaries), 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 are encouraged to contact their ACO Coordinators with any questions regarding Medicare enrollment and SNF star rating updates in ACO-MS.

January 2023 CCLF Files: ACO-MS Data Hub Performance Year

January 2023 Claim and Claim Line Feed (CCLF) files will be available to ACOs the weeks of January 16, 2023, and January 30, 2023, in the Data Hub tab in [ACO-MS](#). ACOs that previously participated in the Shared Savings Program in PY 2022 and are continuing their participation in PY 2023 will receive either one or two sets of CCLF files based on their assignment methodology selections for 2022 and 2023; all new ACOs will only receive one set of CCLF files for 2023.

The following table lists the CCLF files with the applicable performance year that will be posted in the Data Hub tab in ACO-MS for the ACO's 2022 and 2023 beneficiary populations:

Note: Exclusion files for the two sets of CCLF files are expected to be provided to the ACOs the week of January 9, 2023. 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
New ACOs	One Set	2023	Week of January 30 th	Retrospective assignment: Primary Care Visit with an ACO participant in the last 12 months and Voluntarily Aligned (VA) beneficiaries Prospective assignment: PY 2022 prospective beneficiary population and VA beneficiaries
ACOs continuing with retrospective assignment in 2023	One set	2022	Week of January 16 th	Primary Care Visit with an ACO participant in the last 12 months and VA beneficiaries

ACO CLASSIFICATION	JANUARY CCLF, EXCLUSION, AND MBI XREF FILES	DATA HUB PY	CCLF DELIVERY DATES	BENEFICIARY POPULATION
ACOs continuing with prospective assignment in 2023	Two sets	1 st Set: 2022 2 nd Set: 2023	1 st Set: Week of January 16 th 2 nd Set: Week of January 30 th	1 st Set: PY 2022 prospective beneficiary population 2 nd Set: PY 2023 prospective beneficiary population
ACOs transitioning from prospective to retrospective in 2023	Two sets	1 st Set: 2022 2 nd Set: 2023	1 st Set: Week of January 16 th 2 nd Set: Week of January 30 th	1 st Set: PY 2022 prospective beneficiary population 2 nd Set: Primary Care Visit with an ACO participant in the last 12 months and VA beneficiaries
ACOs transitioning from retrospective to prospective in 2023	Two sets	1 st Set: 2022 2 nd Set: 2023	1 st Set: Week of January 16 th 2 nd Set: Week of January 30 th	1 st Set: Primary Care Visit with an ACO participant in the last 12 months and VA beneficiaries 2 nd Set: PY 2023 prospective beneficiary population

January 2023 CCLF Files

FILE TYPE	FILE NAMING CONVENTION PY 2022 SET	PY 2023 SET
CCLF Files	P.A****.ACO.ZCY22.Dyymmdd.Thhmsst	P.A****.ACO.ZCY23.Dyymmdd.Thhmsst
Exclusion File	P.A****.BNEX.Y22.Dyymmdd.Thhmsst	P.A****.BNEX.Y23.Dyymmdd.Thhmsst
MBI XREF File	P.A****.ACO.MBIY22.Dyymmdd.Thhmsst	P.A****.ACO.MBIY23.Dyymmdd.Thhmsst

ACOs should refer to the [CCLF Information Packet \(IP\)](#), 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 [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).

CCLF Information Packet V36 and Test Files

The CCLF file layouts will be expanded in January 2023. In order to prepare for system readiness, CMS posted the CCLF IP, V36, and test files on December 8, 2022. This compressed (zip) package includes 12 test files which do not contain Personally Identifiable Information (PII) or Protected Health Information (PHI). The test files are available in the new format effective January 2023 and will contain approximately five example records in each file. The CCLF IP is available on the [Program Guidance & Specifications webpage](#) and the test files are available in the Program Resources section of the Knowledge Library tab in [ACO-MS](#) by searching for “CCLF Test Files–January 2023 Expansion.”

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](#).

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](#).

EVENT ANNOUNCEMENTS

CMS Web Interface Data Submission Support Calls

WEDNESDAYS, 1:00 P.M.–2:30 P.M EASTERN TIME

- **Register:**
 - [January 25, 2023](#)
 - [February 8, 2023](#)
 - [February 22, 2023](#)
 - [March 8, 2023](#)
 - [March 22, 2023](#)
- **Audience:** 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.
- **Description:** CMS is hosting a series of CMS Web Interface Support Calls for those 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 support calls, you must register for each by clicking on the links above.

New VBC Learning System Webinar on Making the Business Case for Addressing Health Disparities

WEDNESDAY, JANUARY 25, 2023, 2:00 P.M.–3:15 P.M EASTERN TIME

- [Register Here](#)
- **Audience:** This meeting is open to all Shared Savings Program ACOs, in addition to Realizing Equity, Access, and Community Health (REACH) ACOs and Kidney Care Choices (KCC) entities. While individuals in all roles are

welcome to attend, the webinar will likely be of particular interest to staff in executive, clinical, data management, and care coordination roles.

- **Description:** This webinar will focus on communicating the value of addressing health disparities to entity leadership and other stakeholders and feature presentations from peer entities, followed by audience Q&A. Following this webinar, attendees will be able to identify primary motivators for developing a business case and committing to addressing health disparities, describe strategies peer entities and other health care organizations are using to gain leadership buy-in on this topic, and understand available supporting tools and resources.

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 API (BCDA). CMS strongly encourages technical staff routinely consuming and analyzing data to attend to prepare system readiness for receipt of CCLF files or usage of the BCDA. All CCLF files and BCDA users are welcome to attend; however, this presentation is geared towards new participants with 2023 start dates. More experienced users of CCLF files or the BCDA 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, 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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