

AT A GLANCE

UPCOMING DEADLINES

- **PY 2023 Public Reporting Webpage Updates:**
February 13, 2023
- **CMS Web Interface Submission Period Closes:**
March 31, 2023

EVENT ANNOUNCEMENTS

- **Shared Savings Program & Community-Based Organization Collaboration Webinar**
February 14th | 4:00–5:00 p.m. ET
- **CMS Web Interface Data Submission Support Call**
February 22nd | 1:00–2:30 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Shared Savings Program & Community-Based Organization Collaboration Webinar](#)
- [PY 2022 Q4 Report Package: Available Soon](#)
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PROGRAM ANNOUNCEMENTS AND RESOURCES

Shared Savings Program & Community-Based Organization Collaboration Webinar

TUESDAY, FEBRUARY 14, 2023, 4:00–5:00 P.M. ET

The Shared Savings Program, in partnership with the Administration for Community Living and the Administration for Children and Families, will discuss opportunities for Medicare providers to coordinate with community-based organizations to holistically address patient social needs. The Shared Savings Program will offer Advance Investment Payments (AIP) as a new payment option starting in 2024, which can be used to support this work and promote coordinated, high-quality care.

ACOs currently participating in the Shared Savings Program will not be eligible to participate in AIP; however, the majority of the webinar will focus on collaboration with Community-Based Organizations and will be applicable to all ACOs.

How to participate:

- [Zoom Link](#)
Passcode – 273872
- Call – 833-568-8864 (Webinar ID: 161 585 3793)

Check the [Application Types & Timeline webpage](#) this Spring for additional information on applying to the Shared Savings Program and AIP for the Performance Year (PY) 2024.

PY 2022 Q4 Report Package: Available Soon

On Thursday, February 9, 2023, CMS plans to release the PY 2022 Quarter 4 (Q4) report packages to ACOs in the Data Hub tab in the [ACO Management System \(ACO-MS\)](#). The report packages will be sent as a zip file and include the following:

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

Note: ACOs without Non-Claims Based Payments during the report period will not receive the NCBP file.

ACOs can find their PY 2022 Q4 report packages under "PY 2022" in the Data Hub tab in ACO-MS with the file name "P.Axxxx.ACO.QEXPU.D229999.T0400000." The "D229999" indicates the reports are applicable for PY 2022, and "T0400000" indicates the reports are applicable to Q4 of PY 2022. For additional information about the Q4 report package and Q4 cover notice please refer to 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 and Beneficiary Expenditure/Utilization 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."

February CCLF and Claims Run-Out Files

February Claim and Claim Line Feed (CCLF) files will be available to ACOs the week of February 13th for the PY 2023 assignable or prospectively assigned beneficiaries in the [ACO-MS](#) Data Hub.

CMS will also provide claims run-out CCLF files during the months of February, March, and April to the ACOs continuing their participation in the Shared Savings Program from the prior year. Continuing ACOs will receive claims with service dates through the end of December 2022 as an additional set of CCLF files. The run-out CCLF files will include claims for the beneficiary population from the ACOs' performance year that ended on December 31, 2022.

The February delivery timeline for the CCLF, Exclusion and Medicare Beneficiary Identifier (MBI) XREF files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY
PY23 CCLFs	Week of February 13 th	P.A****.ACO.ZCY23.Dyymmdd.Thhmsst	2023
PY23 Exclusion and MBI XREF files	Week of February 6 th	P.A****.ACO.MBIY23.Dyymmdd.Thhmsst P.A****.BNEX.Y23.Dyymmdd.Thhmsst	2023
PY22 Run-Out CCLFs	Week of February 27 th	P.A****.ACO.ZCR22.Dyymmdd.Thhmsst	2022
PY22 Run-Out Exclusion and MBI XREF files	Week of February 20 th	P.A****.ACO.MBIR22.Dyymmdd.Thhmsst P.A****.BNEX.R22.Dyymmdd.Thhmsst	2022

ACOs should refer to the [CCLF Information Packet \(IP\)](#), Version 36 (V36) (PDF) 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).

Updated 2022 APP Scoring Guide for Suppressed Measures

On January 30, 2023, CMS posted an updated 2022 Alternative Payment Model (APM) Performance Pathway (APP) Scoring Guide that is part of the [PY 2022 APM Performance Pathway \(APP\) Toolkit](#). The updated scoring guide contains information on the PY 2022 Shared Savings Program Quality Extreme and Uncontrollable Circumstances (EUC) policy and identifies the two APP measures that are suppressed for PY 2022 due to International Classification of Disease (ICD)-10 coding updates. ACOs should be aware that suppression scoring only applies when reporting these measures while meeting data completeness and case minimum requirements.

2023 CEHRT Requirements

During the Shared Savings Program's Annual Signing Event each year, ACOs attest to the percentage of eligible clinicians participating in the ACO that use certified electronic health record (EHR) technology (CEHRT) to document and communicate clinical care to their patients and other health care providers. While the duration of use is not specified, ACOs should attest to CEHRT use that is current as of the date of attestation.

Please note that the Shared Savings Program's required CEHRT attestation shares the same CEHRT edition functionality requirement as that required for the Medicare Promoting Interoperability Program. In Calendar Year (CY) 2023, the 2015 Edition Cures Update will be required to be used by eligible clinicians participating in an ACO. To learn more about the 2015 Edition Cures Update, please review the [Office of the National Coordinator for Health Information Technology \(ONC\) 21st Century Cures Act Final Rule](#) and the [ONC Certification Criteria webpage](#). To check whether a health information technology (IT) product has been updated to the 2015 Edition Cures Update, visit the [Certified Health IT Product List](#) (CHPL).

For reference, please see the applicable regulatory citations:

Per [42 CFR § 425.302\(a\)\(3\)\(i, ii, iii\)](#):

(3) Annual certification. At the end of each performance year, an individual with the legal authority to bind the ACO must certify to the best of his or her knowledge, information, and belief -

(i) That the ACO, its ACO participants, its ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities are in compliance with program requirements;

(ii) The accuracy, completeness, and truthfulness of all data and information that are generated or submitted by the ACO, ACO participants, ACO providers/suppliers, or other individuals or entities performing functions or services related to ACO activities, including any quality data or other information or data relied upon by CMS in determining the ACO's eligibility for, and the amount of a shared savings payment or the amount of shared losses or other monies owed to CMS; and

(iii) That the percentage of eligible clinicians participating in the ACO that use CEHRT to document and communicate clinical care to their patients or other health care providers meets or exceeds the applicable percentage specified by CMS at [42 CFR § 425.506\(f\)](#).

Per 42 CFR § 425.506(f):

For performance years starting on January 1, 2019, and subsequent performance years, ACOs in a track that -

(1) Does not meet the financial risk standard to be an Advanced Alternative Payment Model (APM) must certify annually that the percentage of eligible clinicians participating in the ACO that use CEHRT to document and communicate clinical care to their patients or other health care providers meets or exceeds 50 percent; or

(2) Meets the financial risk standard to be an Advanced APM must certify annually that the percentage of eligible clinicians participating in the ACO that use CEHRT to document and communicate clinical care to their patients or other health care providers meets or exceeds the threshold established under [42 CFR § 414.1415\(a\)\(1\)\(i\)](#) of this chapter.

CMS Web Interface Now Open

As a reminder, the CMS Web Interface submission period opened on Tuesday, 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 [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 Friday, 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). 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 Merit-based Incentive Payment System (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:

- **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.
- **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.
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.
- **Did you know?** There are now a variety of methods to contact the Center for Clinical Standards and Quality (CCSQ) Service Center beyond the standard Call or Email that have been added for your convenience! **Check out the [CCSQ Support Central!](#)**
 - Select Request Support to submit your inquiry and follow its status online!
 - Select Schedule a Call to receive contact at a time that works best for you! Or,

- Select Chat Support to connect with us by clicking the chat icon in the lower right corner!
- **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.

CMS Innovation Center Specialty Strategy Data Survey

Take the Survey: [The CMS Innovation Center Specialty Strategy Data Sharing Survey](#)

Survey Description: The CMS Innovation Center is exploring how best to increase transparency of specialty data as part of CMS' broader strategy, [The CMS Innovation Center's Strategy to Support Person-centered, Value-based Specialty Care](#), released in November 2022. As such, the Innovation Center is seeking feedback through the survey link above to assess interest and understand what data is most valuable to facilitate specialty engagement. Please consider taking time to complete the survey over the next two weeks. Your answers are valuable and CMS thanks you in advance for taking time to provide your responses.

New Marketing and Outreach Guidance Available Soon

CMS will update the *PY 2023 Shared Savings Program Marketing and Outreach Guidance* to address new regulations and program requirements for the Medicare Shared Savings Program. This document will be available in [ACO-MS](#).

On January 1, 2023, CMS implemented new regulations for marketing. ACOs are no longer required to submit marketing materials for review prior to use. ACO's must continue to ensure that materials meet the program requirements of the Shared Savings Program as stated in [42 CFR § 425.310\(a\)](#). CMS requires that ACOs retain all marketing materials and make them available to CMS upon request. CMS retains the authority to issue compliance actions if an ACO does not comply with marketing requirements. CMS also plans to release the retroactive marketing material review process in advance of requesting marketing materials for review.

Seeking ACO Speakers for April Webinar: Addressing Substance Use Disorders

The Value Based Care (VBC) Learning System will host a webinar on Thursday, April 13, 2023, focused on ACO initiatives to support beneficiaries with substance use disorders (SUDs). Topics may include, but are not limited to, approaches to identify and engage beneficiaries in need of SUD-related interventions; therapy and medication-based interventions (e.g., emergency department buprenorphine programs); and obstacles to delivering SUD care to the Medicare population.

Does your ACO have a SUD-related intervention story to share?

Please express interest in presenting by emailing Juliana Conway (JConway@mathematica-mpr.com) with the subject line "SUD Webinar" and a brief description of your ACO's efforts to support individuals with SUDs by close of business **Friday, February 17th**.

Seeking ACO Speakers for April Webinar: Strengthening Provider Partnerships

The VBC Learning System will host a webinar on Thursday, April 27, 2023, highlighting how ACOs identify and encourage new providers to join the ACO. Topics might include, but are not limited to, identifying prospective providers across primary and specialty care fields; structuring partnerships to advance the ACO's value-based care goals; and communicating the value-based care incentives of ACO participation.

Does your ACO have a provider partnership story to share?

Please express interest in presenting by emailing Juliana Conway (JConway@mathematica-mpr.com) with the subject line "Provider Participation Webinar" and a brief description of your ACO's provider engagement efforts by close of business **Friday, February 17th**.

EVENT ANNOUNCEMENTS

Interested in Improving the QPP Logged-In Experience?

- **Register:** Select time on the team's [virtual calendar](#) to participate. Users may need to copy and paste the calendar link into their browser.
- **Audience:** Individuals who have used the QPP logged-in interface.
- **Description:** QPP's Human-Centered Design Research Team is recruiting individuals to provide feedback on existing components of the QPP's logged-in interface.

CMS Web Interface Data Submission Support Calls

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

- **Register:**
 - [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.

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

- 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
- For hearing impaired customers, please dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant

[CCSQ Support Central](#): Request Support, Schedule a Call, Chat Support

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