

AT A GLANCE

UPCOMING DEADLINES

- **CMS Web Interface Submission Period Closes: March 31, 2023**
- **Application Submissions to Shared Savings Program for January 1, 2024 Start Date Due: May 18–June 15, 2023**

EVENT ANNOUNCEMENTS

- **CMS Web Interface Data Submission Support Call**
March 22nd | 1:00–2:30 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Shared Savings Program & Community-Based Organization Collaboration Webinar Materials](#)
- [COVID-19 Public Health Emergency \(PHE\) Information and Resources](#)
- [PY 2022 CMS Web Interface Audit](#)
- [PY 2023 APM Performance Pathway: Resource Now Available](#)
- [March CCLF and Claims Run-Out Files](#)
- [Case Study on Clinica Family Health's Integrated Behavioral Health Model](#)
- [Case Study on Nephrology Associates Medical Group's Care Coordination Program](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

Shared Savings Program & Community-Based Organization Collaboration Webinar Materials

The Shared Savings Program, in partnership with the Administration for Community Living and the Administration for Children and Families, held a webinar in February to 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) starting in 2024, which can be used to support this work and promote coordinated, high-quality care.

The materials from the Shared Savings Program & Community-Based Organization (CBO) Collaboration webinar are now available:

- [Accountable Care Organizations and Community-Based Organizations Webinar Slides](#)
- [ACO-CBO Webinar Recording with Closed Captions](#)
- [Medicare Shared Savings Program Advance Investment Payments \(AIP\)](#)
- [Medicare Shared Savings Program Advance Investment Payments \(AIP\) Roles for Community Based Organizations](#)

COVID-19 Public Health Emergency (PHE) Information and Resources

On February 9th, the Department of Health and Human Services (HHS) announced that the Public Health Emergency (PHE) for COVID-19 will end on May 11, 2023. COVID-19 remains a significant priority for the Biden-Harris Administration and over the next several months, CMS will work to ensure a smooth transition. During the PHE, CMS has used a combination of emergency authority waivers, regulations, enforcement discretion, and sub-regulatory guidance to ensure easier access to care for health care providers and their beneficiaries.

Some of the flexibilities that were created during the pandemic were recently expanded by the Consolidated Appropriations Act, 2023. Others, while critical during the initial responses to COVID-19, are no longer needed. CMS has made further updates to the [CMS Emergencies webpage](#) with useful information for providers, specifically around major telehealth and individual waivers that were initiated during the PHE. As part of ongoing efforts to provide up-to-date information, CMS also provided a new overview fact sheet on [CMS Waivers, Flexibilities, and the Transition Forward from](#)

[the COVID-19 Public Health Emergency](#). In addition, please refer to the provider-specific fact sheets about [COVID-19 PHE waivers and flexibilities](#) and the [Department of Health & Human Services Fact Sheet](#).

In the coming weeks, CMS will be hosting stakeholder calls and office hours to provide additional communication. Please continue to visit the CMS Emergencies webpage for continuous updates regarding PHE sunseting guidance as information becomes available to the public.

PY 2022 CMS Web Interface Audit

CMS is continuing to evaluate the impact the COVID-19 PHE had on Shared Savings Program ACOs' quality reporting for the 2022 performance year in order to determine an approach for the Quality Measures Validation (QMV) audit. We will review the data reported by ACOs via the CMS Web Interface to determine if any data anomalies would require us to look at the data more closely via an audit, consistent with our current process. After completing this review, CMS may opt against conducting a QMV audit for the 2022 performance year. However, as provided in [42 CFR § 425.500\(e\)](#), CMS retains the right to ask for additional information from ACOs or to conduct a targeted audit if egregious data anomalies are found.

PY 2023 APM Performance Pathway: Resource Now Available

The [Performance Year 2023 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs](#) are now posted on the [Quality Payment Program \(QPP\) Resource Library](#).

March CCLF and Claims Run-Out Files

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

CMS will also provide claims run-out CCLF files during the months of 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 March delivery timelines for the CCLF files, *Exclusion and Medicare Beneficiary Identifier (MBI) XREF* files are as follows:

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY
PY23 CCLFs	Week of March 13 th	P.A****.ACO.ZCY23.Dyymmdd.Thhmsst	2023
PY23 Exclusion and MBI XREF files	Week of March 6 th	P.A****.ACO.MBIY23.Dyymmdd.Thhmsst P.A****.BNEX.Y23.Dyymmdd.Thhmsst	2023
PY22 Run-Out CCLFs	Week of March 27 th	P.A****.ACO.ZCR22.Dyymmdd.Thhmsst	2022
PY22 Run-Out Exclusion and MBI XREF files	Week of March 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), 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 can be found in 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).

Case Study on Clinica Family Health's Integrated Behavioral Health Model

This case study from the Value-Based Care (VBC) Learning System describes how Clinica Family Health, a network of Federally Qualified Health Center (FQHC) clinics in Colorado participating in the Community Health Provider Alliance ACO, delivers behavioral health services in a primary care setting.

To increase access to care, Clinica's integrated behavioral health (IBH) model incorporates three core components:

- (1) Fully integrating behavioral health providers in the primary care setting.
- (2) Prioritizing the provision of real-time integrated care that benefits the patient and works for the primary and behavioral health care providers.
- (3) Using electronic health record tools and team processes to plan and coordinate care.

Clinica's IBH model could be instructive for participants in the Shared Savings Program model and other organizations seeking to provide behavioral health services in a primary care setting.

The [Clinica Family Health's Integrated Behavioral Health Model](#) case study can be found by searching for webinars within the Knowledge Library tab in [ACO-MS](#).

Case Study on Nephrology Associates Medical Group's Care Coordination Program

This case study from the VBC Learning System describes how care coordination at Nephrology Associates Medical Group (NAMG), a participant in the Kidney Care Choices (KCC) Model, improves the quality and experience of care for patients with chronic kidney disease (CKD) and end-stage renal disease (ESRD). Care coordinators proactively engage patients to ensure they receive appropriate education on CKD, dialysis modality options, and transplantation, as well as necessary referrals and tests. Since the creation of the care coordination department in 2017, NAMG has seen a reduction in loss to follow-up, an increase in optimal dialysis starts, and an increase in transplantation rates. This case study may be useful for organizations that are developing care coordination programs.

The [Nephrology Associates Medical Group: How Care Coordination Improves Quality, Outcomes, and the Experience of Care](#) case study can be found by searching for webinars within the Knowledge Library tab in [ACO-MS](#).

EVENT ANNOUNCEMENTS

CMS Web Interface Data Submission Support Call

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

- **Register:**
 - [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. These support calls 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 current support call, you must register by clicking on the link 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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