

## AT A GLANCE

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### 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

- **New Shared Savings Program ACO Learning System Webinar: Strengthening Value-Based Care through Provider Partnerships**

April 27<sup>th</sup> | 3:00–4:00 p.m. ET | [Register](#)

### PROGRAM ANNOUNCEMENTS AND RESOURCES

- [CMS Web Interface: Now Open](#)
- [Performance Year 2022 Q4 Opioid Utilization Report: Delivered March 9<sup>th</sup>](#)
- [PY 2023 Preliminary or Adjusted Historical Benchmark Report Packages: Available March 23, 2023](#)
- [PY 2022 CMS Web Interface Audit](#)
- [Summary for the VBC Learning System Webinar: Making the Business Case for Addressing Health Disparities](#)

## PROGRAM ANNOUNCEMENTS AND RESOURCES

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### 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 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 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](mailto: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.

## Performance Year 2022 Q4 Opioid Utilization Report: Delivered March 9<sup>th</sup>

CMS released the informational *Performance Year (PY) 2022 Quarter 4 (Q4) Opioid Utilization Report* package on March 9, 2023. 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 [ACO-MS](#) Data Hub. 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.

Beginning on January 1, 2022, the Overutilization Monitoring System (OMS) criteria, which identify potential at-risk beneficiaries ([42 CFR 423.153\(f\)\(16\)](#)), expanded to include Part D beneficiaries with a primary diagnosis of opioid-related overdose within the most recent 12 months and a Part D opioid prescription (not including medication-assisted therapy) within the most recent six months, in addition to the preexisting morphine milligram equivalent and provider count criteria. Due to this change, there is a notable increase in beneficiaries meeting the inclusion criteria for the OMS measure when compared to beneficiary counts prior to January 1, 2022.

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.

## PY 2023 Preliminary or Adjusted Historical Benchmark Report Packages: Available March 23, 2023

On March 23, 2023, ACOs will receive their *PY 2023 Preliminary or Adjusted Historical Benchmark Report* packages. The packages include an ACO’s *PY 2023 Preliminary or Adjusted Historical Benchmark Report* along with informational files for each of the ACO’s three benchmark years: an *Annual Assignment List Report (ALR)*, *Annual Assignment Summary Report (ASR)*, *Annual Aggregate Expenditure/Utilization Report (EXPU)*, *Annual Beneficiary Expenditure Utilization*

*Report (BEUR), and Annual Non-Claims-Based Payment (NCBP) Data File.* Note that ACOs will not receive the NCBP data file if their participants did not receive NCBPs for that benchmark year.

### **Preliminary Historical Benchmarks**

ACOs with an agreement period start date of January 1, 2023, will receive their *PY 2023 Preliminary Historical Benchmark Reports*. CMS establishes an ACO's historical benchmark at the start of its first agreement period and resets (or rebases) the benchmark at the start of each subsequent agreement period. The benchmark, whether initial or rebased, is based on the most recent three calendar years prior to the start of the ACO's current agreement period. For ACOs entering a first or subsequent agreement period on January 1, 2023, CMS applied the benchmarking methodology that was finalized in the [December 2018 Final Rule](#) and codified at [42 CFR § 425.601](#). This *Historical Benchmark Report* is based on the January 2023 ACO Participant List that your ACO certified and the assignment methodology your ACO selected. Due to the timing of reports, certain data needed to calculate values for the third benchmark year (BY3), which aligns with Calendar Year (CY) 2022, are not yet available. For this reason, these reports are preliminary and ACOs with an agreement period start date of January 1, 2023, will receive a *Final Historical Benchmark Report* package later this year, after three months of claims run-out and all relevant data inputs are available.

### **Adjusted Historical Benchmarks**

CMS adjusts the historical benchmark annually to account for the following, as applicable:

- The addition and removal of ACO participants or ACO providers/suppliers,
- A change to the ACO's beneficiary assignment methodology selection, and
- A change to the Shared Savings Program beneficiary assignment methodology.

All ACOs in their first or subsequent agreement period with a start date beginning on or after July 1, 2019, that took any of the following actions will receive adjusted historical benchmarks in 2023:

- Made modifications to their PY 2023 ACO Participant Lists;
- Had a change in a CMS Certification Number (CCN) for a Federally Qualified Health Center, Rural Health Clinic, Method II Critical Access Hospital, or Electing Teaching Amendment hospital enrolled under the Tax Identification Number of an ACO participant (including all CCNs with a deactivated enrollment status); or
- Changed their selected beneficiary assignment methodology.

If there were no ACO Participant List, CCN, or beneficiary assignment methodology changes, the benchmark will not be adjusted, and these ACOs will not receive adjusted historical benchmarks.

### **Medicare Beneficiary Identifier (MBI) Matching Issue between ALRs and NCBP Data Files**

When comparing ALRs and NCBP data files for *PY 2023 Preliminary and Adjusted Historical Benchmark Reports*, ACOs may find that a small number of beneficiaries' MBIs in the NCBP data files do not match those same beneficiaries' MBIs in the ALRs. For the small number of beneficiaries whose MBIs do not match, ACOs can match these beneficiaries using beneficiary first name, last name, and birth date. All payment and expenditure data included in the NCBP data files and the EXPU are correct. To prevent this issue in the future, starting with PY 2023 Q2 reports, CMS will merge beneficiary demographic data (MBI, first name, last name, sex, date of birth, and date of death) in the NCBP data file so that it aligns with demographic data in the ALR.

### **Historical Benchmark Resources**

CMS encourages ACOs to view a video walkthrough of the Historical Benchmark Report applicable to ACOs beginning an agreement period on July 1, 2019, and in subsequent years, which is available through the Knowledge Library tab in [ACO-MS](#) by searching for "Overview of Historical Benchmark Reports for Agreement Periods Beginning on July 1, 2019."

Further, CMS hosted a webinar on the benchmarking methodology and encourages ACOs to listen to the recording of this event and review the related materials, which are available by searching for "July 2019 Historical Benchmark and Methodology" under the "Webinars" resource type in the ACO-MS Knowledge Library.

CMS also encourages ACOs to access the Shared Savings and Losses and Beneficiary Assignment Methodology Specifications available on the [Program Guidance & Specifications webpage](#).

Additional resources that are applicable to your ACO will be listed in the Cover Notices provided with your *Historical Benchmark Report* packages.

## PY 2022 CMS Web Interface Audit

CMS is continuing to evaluate the impact the coronavirus disease 2019 (COVID-19) public health emergency (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. CMS will review the data reported by ACOs via the CMS Web Interface to determine if any data anomalies would require CMS to look at the data more closely via an audit, consistent with the 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.

## Summary for the VBC Learning System Webinar: Making the Business Case for Addressing Health Disparities

This summary describes the cross-model health equity webinar, which focused on how value-based care (VBC) entities are building a business case for addressing health disparities in their beneficiary population. This webinar featured two entity speakers, Dialysis Clinic, Inc. (DCI) from the Kidney Care Choices (KCC) Model, and Temple Center for Population Health (TPCH) from the ACO Realizing Equity, Access, and Community Health (REACH) Model, who shared how they have approached this topic at their organizations.

The webinar summary and other materials can be found under the "Webinars" resource type by searching for "making the business case for addressing health disparities" in the Knowledge Library tab in [ACO-MS](#).

## EVENT ANNOUNCEMENTS

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### New Shared Savings Program ACO Learning System Webinar: Strengthening Value-Based Care through Provider Partnerships

**THURSDAY, APRIL 27, 2023, 3:00 P.M.–4:00 P.M. EASTERN TIME**

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACO staff. Team members involved in ACO operations (such as provider recruitment and retention) may be most interested in attending.
- **Description:** Join us on Thursday, April 27<sup>th</sup> at 3:00 p.m. ET for a webinar highlighting how ACOs identify and encourage providers to join their ACO. Attendees will have an opportunity to ask questions during the webinar. ACO presenters will discuss how their teams identify prospective providers across primary and specialty care fields, structure partnership agreements to advance the ACO's VBC goals, and foster collaboration to reduce turnover among their providers. The event will feature ACO presenters from Vytalize Health and CHI Health Partners.

## 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

- 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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