

## AT A GLANCE

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### UPCOMING DEADLINES

- **Update ACO's Public Reporting Webpage**  
Due: September 25, 2023

### EVENT ANNOUNCEMENTS

- None

### PROGRAM ANNOUNCEMENTS AND RESOURCES

- [Public Reporting of an ACO's Performance Rate on the Depression Remission Measure](#)
- [PY 2023 Q2 Opioid Utilization Report Package: Delivered September 14<sup>th</sup>](#)
- [New CMS Innovation Center Model Aims to Enhance Care Coordination for People with Dementia and Their Caregivers](#)
- [Case Study on Mission Health Partners' Approach to Meeting Patients' Health-Related Social Needs with a Care Coordination Model](#)
- [Case Study on MetroHealth's Approach to Screening for and Addressing Health-Related Social Needs](#)

## PROGRAM ANNOUNCEMENTS AND RESOURCES

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### Public Reporting of an ACO's Performance Rate on the Depression Remission Measure

In the past, the CMS Public Reporting Guidance had instructed ACOs to not publicly report the performance rates for the Quality ID #: 370 Depression Remission at Twelve Months quality measure. After reviewing the CMS Cell Suppression Policy, CMS determined that ACOs may publicly report the measure performance rate, which is also included in the Public Use File (PUF) on performance year results. Consequently, for Performance Year (PY) 2022, CMS has updated the Public Reporting Guidance to instruct ACOs to publicly report their performance rates for the Quality ID #: 370 Depression Remission at Twelve Months quality measure. Refer to the [PY 2023 Public Reporting Instructions and Template](#) for more information on public reporting.

Pursuant to [42 CFR § 425.308](#), ACOs participating in the Shared Savings Program are required to publicly report ACO organizational information and financial and quality performance results on a designated webpage. ACOs that received the *PY 2022 Unembargoed Financial Reconciliation Settlement and Quality Performance Reports* must update their public reporting webpage to reflect this information. The deadline to update your ACO's public reporting webpage is **Monday, September 25, 2023**.

ACOs must use the [PY 2023 Public Reporting Instructions and Template](#), Version 7 (V7), to update their public reporting webpage. This document, now located in the Public Reporting section of the CMS.gov [Program Guidance & Specifications webpage](#), includes instructions on how to populate the template and the locations of some ACO-specific information.

ACOs may contact their ACO Coordinators with any public reporting questions. In addition, refer to 42 CFR § 425.308 for 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 the [ACO Management System \(ACO-MS\)](#).

### PY 2023 Q2 Opioid Utilization Report Package: Delivered September 14<sup>th</sup>

CMS released the informational *PY 2023 Quarter 2 (Q2) Opioid Utilization Report* package on September 14, 2023. The report package was delivered to your ACO as a zip file that includes a cover notice and the *Opioid Utilization 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 the [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.

## **New CMS Innovation Center Model Aims to Enhance Care Coordination for People with Dementia and Their Caregivers**

CMS recently announced the new Guiding an Improved Dementia Experience (GUIDE) Model through a [press release](#) available on the [CMS Newsroom](#). Through the GUIDE Model, CMS will test an alternative payment for participants who deliver key supportive services to people with dementia, including comprehensive, person-centered assessments and care plans, care coordination, and 24/7 access to a support line. Under the model, people with dementia and their caregivers will have access to a care navigator who will help them access services and supports, including clinical services and non-clinical services such as meals and transportation through community-based organizations.

### **Overlaps with Shared Savings Program and Innovation Center ACO Models**

**Provider overlap:** Eligible providers and suppliers may participate in the GUIDE Model and the Shared Savings Program simultaneously. Overlap is also currently allowed with the Shared Savings Program and for any Center for Medicare and Medicaid Innovation (CMMI) model at the taxpayer identification number (TIN) and National Provider identifier (NPI) level, including ACO initiatives like the ACO Realizing Equity, Access, and Community Health (REACH) Model and the three Comprehensive Kidney Care Contracting (CKCC) Options in the Kidney Care Choices (KCC) Model.

**Beneficiary overlap:** Eligible beneficiaries may simultaneously be aligned to the GUIDE Model and attributed to the Shared Savings Program and other CMMI models, such as the ACO REACH Model or the CKCC Options in the KCC Model. For beneficiaries who are aligned to both the GUIDE Model and an ACO initiative, the GUIDE Model will share beneficiary-level data on GUIDE Model payments with each of these programs so that these payments can be included in annual shared savings calculations for the ACO initiatives.

CMS will release the application for GUIDE, a voluntary, nationwide model, in fall 2023. Prior to the application release, interested organizations were encouraged to submit a [Letter of Interest](#) to CMS by September 15, 2023. The model will run for eight years beginning July 1, 2024.

For additional information, visit the [GUIDE Model webpage](#) or view the [Guiding an Improved Dementia Experience Model Fact Sheet](#).

## **Case Study on Mission Health Partners' Approach to Meeting Patients' Health-Related Social Needs with a Care Coordination Model**

This case study from the Value-Based Care Learning System describes how Mission Health Partners (MHP) designed its care coordination efforts and health information technology systems to address patients' health-related social needs (HRSNs). MHP's efforts to address the nonmedical factors that affect health outcomes could serve as an example for other health care organizations seeking ways to build or enhance organizational infrastructure to address HRSNs. MHP's experience might be particularly informative for other ACOs using or considering community-focused care coordination models.

The [Case Study on Mission Health Partners' Approach to Meeting Patients' Health-Related Social Needs with a Care Coordination Model](#) can be found under the Webinars resource type of the Knowledge Library tab in [ACO-MS](#).

## **Case Study on MetroHealth's Approach to Screening for and Addressing Health-Related Social Needs**

This case study from the Value-Based Care Learning System describes the development and implementation of the MetroHealth System's initiative to screen patients for HRSNs and make appropriate referrals to community-based organizations (CBOs) using an online platform. Through this initiative, MetroHealth was able to connect interested patients to social services that addressed their HRSNs; forge stronger community partnerships; and build a richer

understanding of its patients, along with an evidence base to guide future work. This case study could be informative for organizations looking to establish or enhance programs that screen for HRSNs, refer interested patients to CBOs, and prioritize high-quality patient-centered care.

The [Case Study on MetroHealth's Approach to Screening for and Addressing Health-Related Social Needs](#) can be found under the Webinars resource type of the Knowledge Library tab in [ACO-MS](#).

## CONTACT INFORMATION FOR ACOs

### ACO Coordinator

For questions regarding the Shared Savings Program, **your ACO Coordinator is your first line of contact**. For further assistance, reach out to the SSP Helpdesk or Quality Payment Program (QPP) Service Center. Refer to the section below to determine which center to contact.

### ACO Information Center

Click the SSP Helpdesk icon (located within the [ACO-MS](#) banner)

- Shared Savings Program operations and policy inquiries; technical inquiries related to program data, reports, and performance; ACO-MS; and assistance with user access to CMS systems, including password resets

### 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, MACRA, CAHPS® for MIPS survey, CMS Web Interface, quality measures, quality reporting, and Promoting Interoperability measures
- 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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