

AT A GLANCE

UPCOMING DEADLINES

- **Integrating Behavioral Health into Annual Wellness Visits Speaker Interest**
Due: November 10, 2023
- **Submit Public Comments on the Proposed Rule on Information Blocking**
Due: January 2, 2024

EVENT ANNOUNCEMENTS

- **SSP Learning System Webinar: Managing Patient Utilization of Emergency Department Services**

November 16th | 3:00–4:00 p.m. ET | [Register](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

- [CY 2024 Physician Fee Schedule Final Rule](#)
- [HHS Information Blocking Disincentives Proposed Rule](#)
- [Seeking ACO Speakers for December Webinar: Integrating Behavioral Health Into Annual Wellness Visits](#)
- [November CCLF Files](#)

PROGRAM ANNOUNCEMENTS AND RESOURCES

CY 2024 Physician Fee Schedule Final Rule

On November 2, 2023, CMS issued a final rule entitled *Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; etc.*, which includes changes to the Shared Savings Program to advance CMS' overall value-based care strategy of growth, alignment, and equity.

To learn more, refer to:

- Press release: [CMS Finalizes Physician Payment Rule that Advances Health Equity](#)
- Shared Savings Program fact sheet: [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule — Medicare Shared Savings Program Fact Sheet](#)
- [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule \(PFS\) Final Rule Fact Sheet and Policy Comparison Table](#)
- PFS fact sheet: [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule](#)
- Final rule: [CY 2024 PFS Final Rule](#)

HHS Information Blocking Disincentives Proposed Rule

On October 30, 2023, the U.S. Department of Health and Human Services (HHS) released a [proposed rule](#) for public comment that would establish disincentives for health care providers found by the HHS Office of Inspector General (OIG) to have committed information blocking—a practice of interfering with the access, exchange, or use of electronic health information. The proposed rule implements the HHS secretary's authority under Section 4004 of the 21st Century Cures Act (Cures Act). The proposed rule complements [OIG's rule](#) that established [information blocking](#) penalties for the other actors identified by Congress (health information technology (IT) developers of certified health IT or other entities offering certified health IT, health information exchanges, and health information networks).

In this proposed rule, HHS proposes to establish the following disincentives for providers that have been determined by OIG to have committed information blocking:

- Under the Medicare Promoting Interoperability Program, an eligible hospital or critical access hospital (CAH) would not be a meaningful electronic health record (EHR) user in an applicable year. The impact on eligible hospitals would

be the loss of 75 percent of the annual market basket increase; for CAHs, payment would be reduced to 100 percent of reasonable costs instead of 101 percent.

- Under the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS), an eligible clinician or group would not be a meaningful user of certified EHR technology in a performance period and would therefore receive a score of zero in the Promoting Interoperability performance category of MIPS, if required to report on that category. The Promoting Interoperability performance category score typically can be a quarter of a clinician or group's total MIPS score in a year.
- Under the **Medicare Shared Savings Program**, a health care provider would be deemed ineligible to participate in the program for a period of at least one year. This may result in a health care provider being removed from an ACO or prevented from joining an ACO. Restricting the ability of health care providers to participate in the Shared Savings Program for at least 1 year would result in these health care providers potentially not receiving revenue that they might otherwise have earned if they had participated in the Shared Savings Program.

CMS encourages interested parties to review and submit comments on the proposed rule. Public comments on the proposed rule are due on **January 2, 2024**. Official comments must be submitted in one of the following ways: electronically through the Regulations.gov website, regular mail, or express or overnight mail. In commenting, please refer to file code RIN 0955-AA05.

To learn more, refer to:

- [HHS press release](#)
- [Office of the National Coordinator for Health IT \(ONC\)/CMS blog](#)
- [ONC webpage on information blocking](#)

Seeking ACO Speakers for December Webinar: Integrating Behavioral Health Into Annual Wellness Visits

The Value-Based Care (VBC) Learning System for Shared Savings Program ACOs will host a webinar in December (tentatively scheduled for December 14, 2023) highlighting ACOs' strategies for integrating behavioral health screenings and services into annual wellness visits (AWVs). Presentation topics may include but are not limited to:

- Approaches to incorporate behavioral health care in AWVs, including how ACOs tailor approaches considering an organization's resources and structure;
- Available tools for integrating and supporting behavioral health in AWVs, including screening and health information technology tools; and
- Patients' experiences with behavioral health integration in primary care.

Does your ACO have a behavioral health integration story to share? Please express interest in presenting by emailing jconway@mathematica-mpr.com with the subject line "Behavioral Health Integration" and a brief description of how your ACO integrates behavioral health into AWVs, **by close of business on Friday, November 10th**.

November CCLF Files

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

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

FILE	DELIVERY	FILE NAMING CONVENTION	DATA HUB PY	USER-FRIENDLY FILE NAMING CONVENTION
PY 2023 Beneficiary Exclusion and MBI XREF files	Week of November 13 th	P.A****.ACO.MBIY23.Dyymmdd. Thhmsst P.A****.BNEX.Y23.Dyymmdd. Thhmsst	2023	Excluded Beneficiary MBI XREF File delivered in November 2023 (txt) Beneficiary Data Sharing Exclusion File delivered in November 2023 (xml)
PY 2023 CCLFs	Week of November 20 th	P.A****.ACO.ZCY23.Dyymmdd. Thhmsst	2023	CCLF delivered in November 2023 (zip)

ACOs should refer to Version 36 (V36) of the [CCLF Information Packet \(IP\)](#) and V11 of the [ACO and ACO-OS Data Exchange User Guide](#) (DEUG) 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 Knowledge Library tab in ACO-MS. For technical assistance, contact the ACO Information Center using the SSP Helpdesk icon (located within the ACO-MS banner).

EVENT ANNOUNCEMENTS

SSP Learning System Webinar: Managing Patient Utilization of Emergency Department Services

THURSDAY, NOVEMBER 16, 2023, 3:00–4:00 P.M. EASTERN TIME

- [Register Here](#)
- **Audience:** This event is open to all Shared Savings Program ACOs, Realizing Equity, Access, and Community Health (REACH) ACOs, Kidney Contracting Entities (KCEs), and Kidney Care First (KCF) practices. Team members supporting emergency department (ED) services, including administrators, clinicians, care coordinators, and social workers, may be most interested in attending.
- **Description:** Join us for a webinar highlighting ACOs' strategies to reduce avoidable emergency department use. This webinar will feature Queen's Clinically Integrated Physician Network (QCIPN) and Sound Physicians, who will discuss how their organizations manage ED utilization through patient education, referrals to community resources, and telemedicine among other strategies.

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

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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