

## Adding & Removing Participants & Preferred Providers

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Effective Date: 01/01/2018

### Policy

- A. It is the policy of the ACO to ensure that the ACO conforms to Next Generation ACO Model Participation Agreement requirements regarding changes to the ACO's Next Generation Participants and Preferred Providers Lists during the period of the ACO's agreement with CMS.

### Applicability

This policy and procedure applies to all Next Generation Participants, Preferred Providers, Next Generation Professionals and other individuals or entities performing functions or services related to the ACO's activities.

### Procedure

- A. Additions of Next Generation Participants: The ACO may only add Next Generation Participants during the Annual Certification Process which occurs prior to each Performance Year.
- B. Additions of Preferred Providers During the Performance Year: The ACO shall not add an individual or entity to the Preferred Provider List during a Performance Year without prior written approval from CMS. In the event that the ACO wishes to add a Preferred Provider during the Performance Year:
  1. The Next Generation Participant or another member of the ACO will notify the ACO Governing Body of the change (if the Governing Body is unaware of the change or are not initiating the change themselves).
    - a. The notification to CHS must include completion of both tabs in the ACO Participant Add workbook, the signed Participant Agreement, a screenshot from Provider Enrollment Chain and Ownership System (PECOS) showing current enrollment and any appropriate supporting documentation.
  2. The Governing Body shall notify CHS within 7 days of the request. CHS will then submit the request to CMS for approval. Upon approval from CMS, the addition will be considered effective, and CHS will notify the Preferred Provider and update their records accordingly.
    - a. CHS Operations will update the list of Preferred Providers on the ACO's website within 30 calendar days of receipt of the approval from CMS. As required by the ACOs Public Reporting Policy.

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3. The Next Generation Participant or ACO, as appropriate, is responsible for
  - C. The ACO shall not condition the eligibility of an individual or entity to be a Next Generation Participant or Preferred Provider on the individual's or entity's offer or payment of cash or other remuneration to the ACO or any other individual or entity.
  - D. The ACO shall not condition a Next Generation Participant's or Preferred Provider's participation in the Model, directly or indirectly, on referrals of items or services provided to Beneficiaries who are not aligned to the ACO.
  - E. Removal of a Next Generation Participant or Preferred Provider: When a Next Generation Participant or Preferred Provider is removed from the ACO:
    1. The ACO Participant or another member of the ACO will notify the ACO Governing Body of the change (if the Governing Body is unaware of the change or are not initiating the change themselves).
    2. The Governing Body shall notify CHS within 7 days of the change in any manner they see fit, including submitting any required documents and notifying CHS via the ACO's SharePoint Site. Notification via the ACO's SharePoint Site will be handled by the ACO's Market Operations staff.
    3. CHS will take the appropriate steps to update its records, including the ACO's website, and notify CMS no later than 30 days after an individual or entity has ceased to be a Next Generation Participant or Preferred Provider and shall include in the notice the date on which the individual or entity ceased to be a Next Generation Participant or Preferred Provider. The removal of the individual or entity from the Participant List or Preferred Provider List will be effective on the date when the individual or entity:
      - a. is no longer a Medicare-enrolled provider or supplier,
      - b. when its agreement with the ACO to participate in the Model terminates, or
      - c. when it ceases to bill for items and services to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations.
    4. For a Next Generation Participant termination, the termination must be done in writing in accordance with the termination provision in their Participant Agreement. This written termination must accompany the ACO Governing Body's notification to CHS.
    5. The Next Generation Participant is responsible for notifying all Providers/Suppliers of their termination of involvement with the ACO.

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6. CHS is responsible for ensuring that a Next Generation Participant that leaves the ACO removes all signs and materials from their practice location and returns them to CHS or destroys them.
- F. Prior to each Performance Year, the ACO shall submit to CMS proposed lists identifying each individual or entity that the ACO expects to participate in the Next Generation ACO Model as a Next Generation Participant or Preferred Provider. This list will be effective at the start of the next Performance Year. This list is the only opportunity to add Next Generation Participants to the ACO and must:
1. Identify each individual or entity by name, NPI, TIN, Legacy TIN (if applicable) and CCN (if applicable);
  2. Identify the individuals and entities, if any, that have agreed to a PBP Fee Reduction; and
  3. Identify the Benefit Enhancements, if any, in which each individual or entity has agreed to participate.
- G. Notice to
- H. Proposed Participants and Preferred Providers: At least 14 days prior to submitting its Proposed Participant List and Proposed Preferred Provider List to CMS, the ACO shall furnish written notification to each individual or entity it wishes to include on a proposed list. This notice shall:
1. State that the individual or entity and any relevant TINS through which it bills Medicare will be identified on the relevant list;
  2. Specify, if applicable, that the list will indicate that the individual has agreed to a PBP Fee Reduction; and
  3. State that participation in the Model may preclude the individual from participating in the MSSP, another Medicare ACO or other payment model tested or expended under section 1115A of the Act, or any other Medicare initiative that involves shared savings.
- I. ACO Notice to TINs: At least 30 days prior to submitting its proposed Participant List and proposed Preferred Provider List to CMS, the ACO shall furnish written notification to the executive of any TIN through which a Next Generation Participant or Preferred Provider bills Medicare. Such notification must:
1. Identify by name and NPI any individual associated with the TIN that will be identified on the ACO's Proposed Participant List or Proposed Preferred Provider List and whether the individual has agreed to a PBP Fee Reduction; and

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2. Inform the entity that an individual's participation in the ACO may preclude the entire TIN from receiving payment adjustments through the value-based payment modifier under section 1848(p) of the Act and from participating in the MSSP.
- J. ACO Certification of Lists:
1. The ACO shall review the preliminary lists of approved Next Generation Participants and Preferred Providers and:
    - a. Make any necessary corrections to it, including the removal of any individuals or entities that have not agreed to participate in the Next Generation ACO Model pursuant to a written agreement with the ACO or are otherwise ineligible to participate, and
    - b. Return the corrected list to CMS with a certification that it is true, accurate, and complete.
  2. The certified lists submitted to CMS shall be the Participant List and Preferred Provider List for the ACO effective January 1 of the relevant Performance Year.
- K. The ACO requires all changes to enrollment information for Next Generation Participants and Preferred Providers, including changes to reassignment of the right to receive Medicare payment, are reported to CMS consistent with 42 C.F.R Section 424.516.
- L. CHS is responsible for updating the ACO's Public Disclosure with changes.
1. For a termination, CHS will have 30 days from the date that the termination is submitted to CMS to update the ACO's Public Disclosure.
  2. For an addition, CHS will have 30 days from the date that CHS is notified that the individual or entity's application for addition is accepted by CMS to update the ACO's Public Disclosure.

### Reporting

- A. The ACO Governing Body must notify CHS of all Next Generation Participant and Preferred Provider additions/deletions and may notify CHS of such changes via the ACO SharePoint.

### Related Documentation

- A. Next Generation ACO Model Participation Agreement Sections III.D.1 and 3, IV and XVI