



<b>Policy Title: Coordinated Care Reward</b>			
<b>Department Responsible:</b> Compliance and Integrity	<b>Policy Number:</b> 1.75	<b>THN's Effective Date:</b> April 10, 2017	<b>Next Review/Revision Date:</b> April 2018
<b>Title of Person Responsible:</b> Compliance Officer	<b>THN Approval Council:</b> Compliance and Integrity Committee	<b>Date Approved:</b> April 10, 2017	<b>Date Approved by THN Board of Managers:</b> August 22, 2017

**PURPOSE:** This policy is to provide guidance on the CMS Coordinated Care Reward (CCR) program for beneficiaries, with full choice of providers who accept Medicare, as an incentive for them to receive care from doctors or providers within an ACO, in order to benefit from greater care coordination. Participation in the CCR in 2017 is not optional – CMS will run reward qualification for all NGACO-aligned beneficiaries.

**DEFINITIONS:**

Term	Definition
ACO Participant	An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118
ACO Provider/Supplier	An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. § 425.118.
Preferred Provider	An individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Preferred Provider List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Next Generation Participant; E. Is not a Prohibited Participant; and F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.
Coordinated Care Reward	A payment from CMS to a Beneficiary to reward the Beneficiary for receiving qualifying services from Next Generation Participants and Preferred Providers in an ACO when the Beneficiary was a Next Generation Beneficiary aligned to that ACO.



**POLICY:**

The Centers for Medicare and Medicare Services may make direct Coordinated Care Reward payments directly to eligible Beneficiaries and Next Generation Beneficiaries. CMS will determine the methodology for calculating which Beneficiaries are eligible to receive the payment, the amount of the payment, and the manner in which the payment will be issued.

**PROCEDURE:**

1. In any Performance Year in which CMS elects to make Coordinated Care Reward payments, the ACO shall ensure that all Next Generation Participants and Preferred Providers will, upon any Next Generation Beneficiary’s inquiry about the Coordinated Care Reward, provide an accurate and current list of all Next Generation Participants and Preferred Providers, either in hard copy or by reference to the ACO’s website, to the Next Generation Beneficiary.
2. In any Performance Year in which CMS elects to make Coordinated Care Reward payments, Triad HealthCare Network (THN) shall ensure that all Next Generation Beneficiaries will be directed by the THN, Next Generation Participants, Preferred Providers, and other individuals or entities performing functions or services related to THN Activities to 1-800-MEDICARE to obtain additional information about the Coordinated Care Reward.
3. In any Performance Year in which CMS elects to make Coordinated Care Reward payments, THN and its Next Generation Participants and Preferred Providers may communicate in writing with Next Generation Beneficiaries regarding the coordinated care reward. Any such written materials must comply with the requirements under Section V.E of this Agreement.
4. In any Performance Year in which CMS elects to make Coordinated Care Reward payments, THN shall ensure that any communication with Next Generation Beneficiaries regarding the Coordinated Care Reward, whether by THN, a Next Generation Participant, or Preferred Provider, clearly conveys that CMS is solely responsible for the terms and payment of the coordinated care reward and that the reward does not limit the Beneficiaries’ freedom of choice of Medicare providers and suppliers.
5. Triad HealthCare Network shall not, and shall ensure that its Next Generation Participants, Preferred Providers, and any other individuals or entities performing services related to THN activities do not, provide gifts or other remuneration to Next Generation Beneficiaries as inducements for receiving the Coordinated Care Reward or to influence a Next Generation Beneficiary’s decision to qualify for the Coordinated Care Reward.

**REFERENCE DOCUMENTS/LINKS:**

- Next Generation ACO Model Participation Agreement 2017 (First Amended and Restated Participation Agreement for 2016 Starters), Section XII Coordinated Care Rewards, subsection A and B.1-5, page 39.
- Beneficiary Inducements Policy 1.45. <https://www.compliance.com/fraud-waste-abuse-policies/>

**PREVIOUS REVISION/REVIEW DATES:**

Date	Reviewed	Revised	Notes
May 23, 2017	N/A	N/A	New Policy