



Policy Title: Termed Participants to Next Generation ACO During Performance Year			
Department Responsible: Compliance and Integrity	Policy Number: 8.5	THN's Effective Date: May 23, 2017	Next Review/Revision Date: May 2018
Title of Person Responsible: Database Specialist	THN Approval Council: THN Board of Managers	Date Approved: May 23, 2017	Date Approved by THN Board of Managers August 22, 2017

PURPOSE:

Triad Healthcare Network, LLC (THN) and Accountable Care Organization (ACO) established this policy to establish guidelines for terminating Participants/Suppliers from the previous PY certified list.

DEFINITIONS:

Term	Definition
AIPBP Fee Reduction	The 100% reduction in Medicare FFS payments to selected Next Generation Participants and Preferred Providers, who have agreed to receive no payment from Medicare for Covered Services furnished to Next Generation Beneficiaries to account for the Monthly AIPBP Payments made by CMS to the ACO under AIPBP.
Benefit Enhancement	Additional benefits the ACO chooses to make available to Next Generation Beneficiaries through Next Generation Participants and Preferred Providers in order to support high-value services and allow the ACO to more effectively manage the care of Next Generation Beneficiaries: (1) 3-Day SNF Rule Waiver (as described in Section XI.B and Appendix I); (2) Telehealth Expansion (as described in Section XI.C and Appendix J); and (3) Post-Discharge Home Visits (as described in Section XI.D and Appendix K).
Coordinated Care Reward	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.
Participant	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 Participant 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 Preferred Provider; E. Is not a Prohibited Participant; and F. Pursuant to a written agreement with the ACO, has agreed to participate in the Model to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards.



Performance Year	The 12-month period beginning on January 1 of each year during the term of the Agreement.
PBP	the population-based payment Alternative Payment Mechanism in which CMS makes a Monthly PBP Payment to the ACO reflecting an estimate, based on historical expenditures, of the percentage of total expected Medicare Part A and/or Part B FFS payments for Covered Services furnished to Next Generation Beneficiaries by Next Generation Participants and Preferred Providers who have agreed to receive a PBP Fee Reduction.

POLICY: The ACO shall 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 the individual or entity ceased to be a Participant or Preferred Provider. An individual or entity ceases to be a Next Generation Participant or Preferred Provider when it is no longer a Medicare-enrolled provider or supplier, when its agreement with the ACO to participate in the Model terminates, or 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.

PROCEDURES: An NGACO ACO sends updated PY NGACO Provider/Supplier List data for Provider/Supplier Termination Date changes or Taxpayer Identification Number (TIN) changes to the ACO-OS. These updates will change NGACO ACO and Provider/Supplier relationships for the NGACO Model by changing the TIN to a new TIN or by updating the termination date. It is required to include the NPIs that were initially submitted on the PY Provider/Supplier record. After the ACO-OS receives the updated Provider/Supplier List from an NGACO ACO, the system processes the updates in the ACO-OS database and sends a response file back to the NGACO ACO. The updates to Providers/Suppliers for the current year and the previous year will be received in a single file. The ACO-OS will not support the reverting of a TIN to the previously submitted TIN. (If a need to revert back to a previous TIN arises, please contact the ABOSC Help Desk at 1-888-734-6433 or TTY/TDD number 1-888-734-6563 for support.) The ACO-OS will not process any updates to the NGACO Provider/Supplier records for the previous PY if they are received after March 31 of the current PY.

Rules to Remember When Creating an Update File

1. A Provider/Supplier Update file must contain only records for *NGACO providers and suppliers*.
2. A Preferred Provider Update file must contain only records for *NGACO preferred providers*.
3. A provider TIN change and a provider termination cannot be made to the same provider update record.
 - A provider TIN change must have an “Old TIN” value, and the “Program Termination Date” field must be blank.
 - A provider termination must have a “Program Termination Date” value, and the “Old TIN” value must be blank.
4. An update record must include a provider’s Organization National Provider Identifier (oNPI) and/or Individual NPI (iNPI) in the same combination as given in the initial Provider File submitted to the ACO-OS. For example, if the initial file included both the iNPI and oNPI for a given provider, then update records for that provider must include both identifiers. If the initial file included only the provider’s oNPI, then the update records must include only the oNPI.



5. The values provided in the oNPI, iNPI, and Effective Date fields must match the values given in the initial Provider File submitted to the ACO-OS.
6. An update record must include the Provider CCN, if the initial file included the Provider CCN as an identifier. The value provided for the CCN must match the value given in the initial Provider File submitted to the ACO-OS.
7. When submitting a provider termination, the Termination Date must be:
 - Greater than or equal to the Effective Date
 - Within the same performance year (PY) as the Effective Date
 - Less than or equal to the existing Termination Date for the provider (if one exists)
8. Provider updates for a given PY will be rejected if they are submitted after March 31 of PY+1.

1. Create an Update File:

Use the procedure in this section to create and populate an update file using the XML template supplied by the ACO-OS.

a. Prerequisites:

You must have the appropriate XML template from the ACO-OS.

For...	You will need this template...
Provider/Supplier updates	P#EFT.ON.ACO.V---.PRVU.Dyymmdd.Thhmsst.xml
Preferred Provider updates	P#EFT.ON.ACO.V---.PFPRVU.Dyymmdd.Thhmsst.xml

Note: If you do not have the templates from the ACO-OS, you can create templates yourself by following the steps in [Appendix A: Creating an XML File Template](#).

- a. Open the [template](#) for the type of records you want to submit. The template contains sections for Header, Trailer, and Detail records.
 - b. Enter the current date in the Header Record and Trailer Record.
 - c. Enter Detail records in the “Participants” section of the XML. For more information about the fields in a Detail record, see [Data Requirements](#) and [Rules to Remember When Creating Update Files](#).
2. When you finish entering your data:
- a. Enter the total number of Detail records in the “Record Count” field.
 - b. Review the data in your XML to verify that it is correct, and then select **File** and **Save As**. **Important!** *Be sure to save the file using the naming conventions specified in the NGACO Model ACOs and ACO-OS ICD.*
 - c. Remove the .xml extension from the filename. See [To Submit an Update File](#) for instructions to submit the file to ACO-OS through The Information Bus Company (TIBCO) Managed File Transfer (MFT) Mailbox.

Important! The XML file contains Personally Identifiable Information (PII).



3. Data Requirements:

a. Provider/Supplier Terminations

- Header Code (HDR_PRVDR)
- Header File Creation Date (YYYYMMDD)
- ACO Program Code (21)
- ACO ID (V###)
- TIN (#####)
- Old TIN (Blank)
- Organization NPI (#####)
- Individual NPI (#####)
- Provider CCN (#####)
- Program Effective Date (YYYYMMDD)
- Program Termination Date (YYYYMMDD)
- Trailer Code (TRL_PRVDR)
- Trailer File Creation Date (YYYYMMDD)
- Record Count (variable count, based on number of detail records)

4. **Creating an XML File Template:** Use the following procedure to create an XML file template for the Provider/Supplier update file or the Preferred Provider update file.

- a. Locate the correct XML *sample file* for your purpose in the “XML Schema Definitions and Samples” appendix in the *NGACO Model and ACO-OS ICD*.
- b. Copy the XML code from the ICD and paste it into an XML editing tool or a plain-text editor, such as Notepad++.
- c. Remove the sample text provided in the XML template except for the Header Code, Trailer Code, and ACO Program Code
- d. Save the file with a .xml extension using the standard naming convention described in the *NGACO Model ACOs and ACO-OS ICD*.

MONITORING AND COMPLIANCE:

1. A copy of quarterly updates with termed providers should be provided to the Compliance and Integrity Officer via a secure e-mail.

REFERENCE DOCUMENTS/LINKS:

- NGACO Provider List Update User Guide.
- Amended and Restated Participation Agreement and Appendices for 2016 Starters.

PREVIOUS REVISION/REVIEW DATES:

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