



Policy Title: Revising Benefit Enhancement Indicators for Active Preferred Providers and Participants			
Department Responsible: Compliance and Privacy	Policy Number: 7.5	THN's Effective Date: July 10, 2017	Next Review/Revision Date: September 30, 2019
Title of Person Responsible: Chief Compliance Officer	THN Approval Council & Date: Compliance and Privacy Committee	Approval Date: - July 10, 2017	Date Approved by THN Board of Managers: August 22, 2017

PURPOSE: The purpose of this policy is to provide guidance when there is a need to revise a Benefit Enhancement (BE) indicator to the Next Generation Accountable Care Organization (NGACO) Preferred Providers and Participants during a given Performance Year (PY).

DEFINITIONS:

Term	Definition
All-Inclusive Population-Based Payments (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 (BE)	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 (CCR)	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 (PY)	The 12-month period beginning on January 1 of each year during the term of the Agreement.
Population Based Payment (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.
Preferred Provider	<p>A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202);</p> <p>B. Is identified on the Preferred Provider List in accordance with Section IV;</p> <p>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;</p> <p>D. Is not a Next Generation Participant;</p> <p>E. Is not a Prohibited Participant; and</p> <p>F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.</p>

POLICY:

Triad HealthCare Network (NGACO) may terminate BE indicators associated with existing, currently-active Next Generation Participants and Preferred Providers during the PY. NGACOs may also add BE indicators to existing Preferred Providers and Next Generation Participants during the PY.

PROCEDURE:

- If approved, BE indicator terminations and additions submitted by NGACOs in a particular month during the PY will have an effective date of the first day of the subsequent month. NGACOs may submit BE terminations/additions up to the sixth day prior to the last day of September (September 24 in CY 2017). The latest effective date a BE termination or addition will have is 10/1.
- Triad HealthCare Network may not terminate/remove a PBP/AIPBP indicator associated with currently-active Preferred Providers or Next Generation Participants during the PY.

REFERENCE DOCUMENTS/LINKS:

PREVIOUS REVISION/REVIEW DATES:

Date	Reviewed	Revised	Notes
July 10, 2017	N/A	N/A	New Policy