Policy Title: Adding New Preferred Providers and Associated Benefit Enhancements Indicators			
Department Responsible: Compliance and Integrity	**Policy Number:** **THN-CI-0717-7.0**	**THN's Effective Date:** July 10, 2017	**Next Review/Revision Date:** September 30, 2019
Title of Person Responsible: Compliance Officer	**THN Approval Council:** Compliance and Integrity Committee	**Date Approved**: July 10, 2017	**Adoption/Revision Date:**

PURPOSE: The purpose of this policy is to provide guidance when there is a need to add a Preferred Provider and the associated Benefit Enhancement (BE) indicator to the Next Generation ACO during a given Performance Year (PY).

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.
Preferred Provider	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.

POLICY: Triad HealthCare Network may add a Preferred Provider and the associated Benefit Enhancement (BE) during a Performance Year (PY) if the addition meets the following conditions:

- NGACOs may add new Preferred Providers and associated BE indicators, including individual practitioners and institutions/facilities such as SNFs, HHAs, FQHCs, etc. to their NGACO's PY Preferred Provider List.
- NGACOs may elect newly-added Preferred Providers to participate in the SNF 3-day waiver BE, Telehealth Expansion BE and the Post-Discharge Home Visits BE by submitting the relevant BE election indicators.
- A newly-added Preferred Provider SNF must have an overall quality rating of three or more stars under the CMS 5-Star Quality Rating System, as reported on the Nursing Home Compare website, at the time of CMS approval of the Eligible SNF to participate in the SNF 3-day waiver.
- Annual Wellness Visits (AWVs) furnished by newly-added Preferred Providers to aligned beneficiaries would qualify for the Coordinated Care Reward (CCR) for dates of services after (later than) the newly-added Preferred Provider's effective date.
- Per Appendix H (Section II.B) of the NGACO Model Participation Agreement PA, newly-added Preferred Providers may not participate in the model's alternate payment mechanisms of PBP or AIPBP.
- ACOs may not add payment indicators (in the form of a PBP FFS percent reduction indicator and/or an AIPBP "Y" indicator) on new Preferred Providers that are added during a PY. Preferred Providers may only participate in PBP or AIPBP with the ACO when they are included as participating in PBP or AIPBP on the Preferred Provider List to begin the PY.

PROCEDURE:

Implications of Preferred Provider Additions on Monitoring:

- NGACOs must certify that they have fulfilled the requirements outlined in Section III.2.D.1.(b) of the NGACO PA. NGACOs will certify compliance with these requirements by submitting a signed certification form to CMS upon submission of each PLST containing Preferred Providers to be added to their Preferred Provider List during the PY. The certification form is available at the link below, reference #2.

- Certification form submission instructions: Send the signed and completed certification form via e-mail to NextGenerationACOModel@cms.hhs.gov on the same day a PLST containing Preferred Providers to be added to your PY Preferred Provider List is submitted via EFT. There is no need to encrypt the attachment as the form does not contain any PII. **Use the following subject line**: **"V### Preferred Provider Addition Certification Form"**
- CMS will submit newly-added Preferred Providers to CPI for screening on a quarterly basis (in August for PY 2017). CMS may remove newly-added Preferred Providers from the NGACO's PY Preferred Provider List based on the results of this screening in accordance with Section IV.E.4 of the NGACO PA.

Timeline for Preferred Provider (and Associated Benefit Enhancement Indicator) Additions*:*

- The NGACO Model PAC will retrieve PLSTs containing proposed Preferred Providers and associated BE indicators to be newly added to an NGACO during the PY six calendar days prior to the last day of the month for processing in the subsequent month. If approved, Preferred Providers submitted by NGACOs in a particular month during the PY will have an effective date of the first day of the subsequent month and a termination date set to 12/31 of the PY. Please refer to Section 7.0 of the PLST IP, Rev. 3.02.02, dated 4/13/2017.
- NGACOs may add new Preferred Providers **up to the sixth day prior to the last day of September (September 24 in CY 2017)**. Therefore, the latest effective date a Preferred Provider added to an NGACO during a PY may have is October 1.

REFERENCE DOCUMENTS/LINKS:

1. NGACO Add Provider During PY Policy and Operating Procedures_FINAL_4.17.17
2. Certification Form: https://app.innovation.cms.gov/NGACOConnect/069t0000000FxKQ
3. NGACO External User Guide: https://app.innovation.cms.gov/NGACOConnect/069t0000000FwnW

COMMITTEE APPROVAL: Compliance and Integrity Committee

PREVIOUS REVISION/REVIEW DATES:

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