Policy Title: Provider List Updates and Notice of Termination			
Department Responsible: THN Network Administration	**Policy Number:** OP-004	**THN's Effective Date:** January 1, 2022	**Next Review/Revision Date:** September 30, 2024
Title of Person Responsible: Data Contract Administrator	**THN Approval Council:** THN Operations Committee	**Date Approved:** June 8, 2023	

I. **Purpose**:

A. The purpose of OP-004 is to (1) outline Triad HealthCare Network's (THN's) process for maintaining, updating, and submitting an accurate and complete list of Participant and Preferred Providers and corresponding Benefit Enhancement Indicators to CMS, and (2) providing notice of termination to Participant and Preferred Providers.

II. **Policy**:

A. THN must maintain, update, and submit an accurate and complete list identifying each Participant andPreferred Provider and corresponding Benefit Enhancement Indicators to CMS.

III. **Procedures**:

A. Prior to the end of each Performance Year, THN shall submit to CMS proposed lists identifying each individual or entity that THN expects to participate in the ACO as a Participant or Preferred Provider. This list will be effective at the start of the next Performance Year. During the term of the participation agreement, THN may add or remove Participants and/or Preferred Providers.

B. THN shall require its Participants and Preferred Providers to comply with Appendix R of the ACO REACH Model PA. THN shall not include on its Participant List or its Preferred Provider List any Participant or Preferred Provider that does not comply with the participation overlap provisions set forth in Appendix R.

C. Prior to including any individual or entity on the Participant or Preferred Provider List, THN shall have a written agreement in place with each individual or its billing entity that meets the requirements outlined in the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model Participation Agreement (PA).

D. This shall include, if applicable, a completed ACO REACH Model: FeeReduction Agreement **Additions of Participants or Preferred Providers During the Performance Year:** THN shall not add a Participant or Preferred Provider without prior written approval from CMS. THN may submit provider additions during a Performance Year only under the following circumstances:

a. The request is submitted via 4i, a secure, online application, according to the ad hoc window provided by CMS.

i. Participants added during the current year are not able to participate in THN's selected ACO REACH Capitation Payment Mechanism or Advanced Payment Option (APO).

ii. Participants and Preferred Providers may participate in any Benefit Enhancements and Beneficiary Engagement Incentives during the current year.

iii. The request is submitted to CMS at least five (5) calendar days prior to the last Friday of the month for an effective date at the start of the subsequent month. Additions may be submitted through November of each Performance Year

iv. Only providers added prior to July 31 will be captured in the Quality Payment Program (QPP) snapshot as a part of THN.

E. In the case of a request to add a physician or non-physician practitioner to the Participant or Preferred Provider List:

a. The individual currently bills for items and services he or she furnishes to Beneficiaries under a Medicare billing number assigned to the TIN of an entity that is currently a Participant or Preferred Provider and did not bill for such items and services under the TIN of the same Participant or Preferred Provider at the time THN submitted its Proposed Participant/Preferred Provider List for the current Performance Year.

b. The individual currently bills for items and services he or she furnishes to Beneficiaries under a billing number assigned to a TIN that is not under the control of THN or an entity that is currently a Participant or Preferred Provider as a result of a merger or acquisition by THN, a Participant, or Preferred Provider and the individual's billing number was not assigned to a TIN that was under the control of THN, a Participant or Preferred Provider at the time THN submitted updates to is Proposed Participant/Preferred Provider List for the current Performance Year; or

c. THN included the individual on the most recent Proposed Participant/Preferred Provider List, but CMS removed the individual due to overlapping participation with another model and that overlap has since been resolved.

d. THN included the individual on the most recent Proposed Participant list, but CMS removed the individual for not being enrolled in Medicare, and the individual is now enrolled in Medicare.

iv. THN has furnished a written notice to each Proposed Participant or Preferred Provider and the executive of each TIN through which the Participant or Preferred Provider being added bills Medicare.

F. **Removal of a Participant or Preferred Provider:** When a Participant or Preferred Provider is removed from THN:

1. The Participant, Preferred Provider, or a Practice Representative, will notify THN's Provider Database Management Team of the pending termination (if THN is not initiating or otherwise aware of the change).
2. The Participant or their Practice Representative shall utilize their best efforts to notify THN's Provider Database Management Team within **30** days of the change in any manner they see fit, including submitting any required documents and data elements.

a. The THN Provider Database Management Team will take the appropriate steps to update THN's Provider Database and notify CMS via 4i during the

monthly ad hoc window no later than 30 days after notification has been received that an individual or entity has ceased to be a Participant or Preferred Provider. Date on which the individual or entity ceased to be a Participant or Preferred Provider will be provided to CMS. The removal of the individual or entity from the Participant List or Preferred Provider List will be effective when:

- The individual or entity is no longer a Medicare-enrolled provider or supplier,
- The individual or entity's agreement with THN to participate in the Model terminates or
- The individual or entity ceases to bill for items and services to Beneficiariesunder a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations.

G. All Participants and Preferred Providers are required to maintain enrollment as a Medicare provider. To ensure compliance with this requirement, THN's credentialing team will verify the enrollment status utilizing the Medicare Revalidation Website during initial credentialing and every 3 years for recredentialing to ensure that no Participant or Preferred Provider failed to complete revalidation in a timely manner.

1. Any Participant or Preferred Provider who fails to complete Medicare revalidation within the required period will be terminated from THN.
2. THN will notify CMS within 15 Days of receiving notice that a Participant or Preferred Provider becomes ineligible to receive payment from Medicare.

H. Before each Performance Year ends, and during a time set by CMS. THN shall submit via 4i a refreshed network proposal of Participating and Preferred Providers that will take effective on the first date of the subsequent Performance Year.

1. This list must:
    a. Identify each individual or entity by name, NPI, TIN, CCN (if applicable), and legacy TIN or CCN (if applicable); and
    b. Identify the Benefit Enhancements and Beneficiary Engagement Incentives, if any, in which each individual or entity has agreed to participate; and
    c. Identify each individual or entity that will participate in the Primary Care Capitation (PCC) Payments as well as the applicable PCC FeeReduction with the; and
    d. Identify which individuals or entities, if any, have opted to participate in Advanced Payment and the applicable APO Fee Reduction.

I. **Notice to Proposed Participants, Preferred Providers, and TIN Executives:** At least seven (7) days prior to submitting its Proposed Participant List and Preferred Provider List to CMS or adding any Participant or Preferred Provider during the year. THN shall furnish written notification to each individual or entity it wishes to include to the executive of any TIN through which the individual or entity bills Medicare. This notice shall:

1. For Participants:
    a. State that the individual or entity and the TIN through which it bills Medicare will be identified on the relevant list.
    b. State that participation in the Model may preclude the individual or entity from participating in the Medicare Shared Savings Program, another Medicare ACO in the Model, the Vermont All-Payer ACO Model, the

KidneyCare Choices Model, any other Medicare initiative that involves shared savings (except as otherwise specified by CMS), the Primary Care First Model, the Maryland Total Cost of Care Model, and the Independence at Home Demonstration.

c. State that the individual's or entity's agreement to participate in the Primary Care Capitation Payment and its selected PCC Fee Reduction

Percentage must apply for the full Performance Year and must be renewed annually prior to the start of each Performance Year in order for the individual or entity to participate as a Participant Provider for that Performance Year.

d. State that the individual's or entity's agreement to participate in Advanced Payment and its selected APO Fee Reduction Percentage must apply for the full Performance Year and must be renewed annually prior to the start of each Performance Year in order for the individual or entity to participate in Advanced Payment for that Performance Year.

e. Include a copy of the ACO REACH PA signed between THN and CMS, training and education modules and notice regarding the Capitation Mechanism and THN's election to participate in the Advance Payment Option.

2. For Preferred Providers:

a. State that the individual or entity and the TIN through which it bills Medicare will be identified on the relevant list.

b. State that the individual or entity may agree to participate in THN's Capitation Payment Mechanism, in which case the individual or entity must select its PCC Fee Reduction. The agreement must apply for the full Performance Year and must be renewed annually prior to the start of each Performance Year for the individual or entity to participate in the Capitation Payment Mechanism for that Performance Year.

c. State that the individual or entity may agree to participate in Advanced Payment, in which case the individual or entity must select its APO Fee Reduction. The agreement must apply for the full Performance Year and must be renewed annually prior to the start of each Performance Year for the individual or entity to participate in Advanced Payment for that Performance Year; and

d. Include a copy of the ACO REACH PA signed between THN and CMS, training and education modules and notice regarding the Capitation Mechanism and THN's election to participate in the Advance Payment Option.

e.

3. For the Executive of the TINs:

a. Include a list identifying by name and NPI each individual or entity that will be identified on THN's Proposed List as billing through the entity's TIN;

b. Provide a notice that a Participant Provider's participation in THN may preclude the entire TIN from participating in the Shared Savings Program, and any other Medicare initiative that involve shared savings andidentifies participants by an entire TIN; and

c. Provide a notice that a Participant Provider's participation in THN may

preclude the TIN/NPI combination associated with that individual or entity from participating in the Kidney Care Choices Model, Vermont All-Payer ACO Model, any other Medicare initiative that involves shared savings and identifies participants by a TIN/NPI combination (except as otherwise specified by CMS), the Maryland Total Cost of Care Model, Primary Care First Model, and the Independence at Home Model.

d. For Preferred Providers Only: Inform the Executive of the TIN that a Preferred Provider's participation in the ACO may preclude the TIN/NPI combination associated with that individual or entity from participating in the Maryland Total Cost of Care Model.

4. Providing a copy of the ACO REACH Model Fee Reduction Agreement does not constitute notification and education for purposes of this requirement; regardless of whether that document has been fully executed.

J. ACO Certification of Lists:

1. THN shall review the list of tentatively approved 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 ACO REACH Model pursuant to a written agreement with THN or are otherwise ineligible toparticipate, 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 THN effective on the first day of the relevant PerformanceYear.

K. THN requires all changes to enrollment information for Participants and Preferred Providers, including changes to reassignment of the right to receive Medicarepayment, to be reported to CMS consistent with 42 C.F.R Section 424.516.

L. THN will update the ACO's Public Disclosure webpage with any changes inaccordance with CIT-002.

M. **Notice of Termination**:

1. THN shall provide written notice of termination to all Participants and Preferred Providers if:
   a. CMS requires THN to remove a Participant Provider or Preferred Provider from THN's Participant Provider List or Preferred Provider List and terminate its arrangement with the removed Participant Provider or Preferred Provider.
   b. As outlined in **AMO-100**, THN may remove a Participant Provider or Preferred Provider from THN's Participant Provider List or Preferred List and terminate its arrangement with the removed Participant Provider or Preferred Provider.
   c. If THN's participation in the ACO REACH Model is terminated, THN shall provide written notice of termination to all Participants and Preferred Providers no later than 30 days before the effective date of termination.
   d. THN shall post a notice of the termination on the ACO website. All notices shall include any content specified by CMS, including information

regarding data destruction, the discontinuation of Benefit Enhancements and Beneficiary Engagement Incentives, Marketing Activities, in-kind incentives, and services.

N. THN does not condition the participation of ACO Related Individuals in the Model, directly or indirectly:
    a. On referrals of items or services provided to Beneficiaries who are not aligned to THN or that the ACO Related Individual knew or should have known is being provided to Beneficiaries who are not assigned to THN or
    b. On any individual's or entity's offer or payment of cash or other remuneration to THN or any other individual or entity.

O. THN maintains current and historical ACO Participant and Preferred Provider Lists in accordance with the requirements of the ACO REACH PA and RR-001.

Date	Reviewed	Revised	Notes
January 1, 2022	X		Original Publication
August 2022	X		No changes
May 2023		X	Converted to REACH