



EFFECTIVE DATE: June 1, 2016

POLICY TITLE:

***Participant and Preferred Provider Terminations
and Other Required Notifications***

REVIEW BY: May 30, 2019

POLICY

Trinity Health ACO will comply with requirements to timely notify the Centers for Medicare and Medicaid Services ("CMS") of terminations and certain other specified matters involving Trinity Health ACO Participants and Preferred Providers.

PROCEDURE

1. Participant and Preferred Provider Terminations

- a. Trinity Health ACO will notify CMS no later than 30 days after an individual or entity has ceased to be a Trinity Health ACO Participant or Preferred Provider.
- b. An individual or entity ceases to be a Trinity Health ACO Participant or Preferred Provider when:
 - a. The individual or entity is no longer a Medicare enrolled provider or supplier;
 - b. An individual or entity's agreement to participate in Trinity Health ACO terminates; or
 - c. An individual or entity ceases to bill for items and services to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations.
- c. Trinity Health ACO will notify CMS of any Participant and/or Preferred Provider terminations via electronic submission to CMS of the TIN Termination Template (or by any other method as may be instructed by CMS) on a monthly basis.

2. Investigations and Sanctions

- a. Trinity Health ACO will notify CMS within 15 days after becoming aware that any Trinity Health ACO Participant or Preferred Provider is under investigation or has been sanctioned by the government or any licensing authority.
- b. Investigations and sanctions include the imposition of program exclusion, debarment, civil monetary penalties, corrective action plans, and/or the revocation of Medicare billing privileges.

3. Participant and Preferred Provider Required Notifications to Trinity Health ACO

- a. In order to ensure Trinity Health ACO can fulfill its reporting obligations to CMS under the NGACO Participation Agreement, Trinity Health ACO Participants and Preferred Providers will notify their respective Chapter in writing of the following events within the timeframes specified:
 - i. A Participant and/or Preferred Provider's termination of its agreement to participate in Trinity Health ACO within seven (7) days;
 - ii. A Participant and/or Preferred Provider's cessation of billing for items and services to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations within seven (7) days.
 - iii. Any investigation or sanction of a Participant and/or Preferred Provider by a government agency or any licensing authority as soon as reasonably possible, not to exceed 30 days. Investigation or sanctions include, but are not limited to, the exclusion or debarment from participation in a federal health care program, the imposition of civil monetary penalties, corrective action plans, and/or the revocation of Medicare billing privileges.
- b. Trinity Health ACO Chapters will notify the Trinity Health ACO Support Services Team of any of the above events via electronic submission of the TIN Termination Template due on the 15th of each month.
- c. Trinity Health ACO Support Services will aggregate the Participant and Preferred Provider terminations and/or investigations and sanctions received from each participating Chapter for electronic submission to CMS of the TIN Termination Template (or by other method as may be instructed by CMS) by the 30th of each month.
- d. Participants and Preferred Providers are required to maintain their Medicare enrollment information with CMS on a timely basis in accordance with Medicare program requirements, including any changes to the reassignment of the right to receive Medicare payment, ownership changes, adverse legal actions, and change in practice locations. Participants and Preferred Providers will notify their Chapters of any such changes within thirty (30) days.

DEFINITIONS

Beneficiary means an individual enrolled in Medicare who is aligned to the ACO for a given performance year during the term of the NGACO Model Participation Agreement.

Chapters mean those organizations participating in Trinity Health ACO and those physicians and providers located in proximity to a participating organization that has signed a Participation Agreement with Trinity Health ACO.

Participants means a Medicare enrolled provider or supplier that is identified on the required Participant List and, pursuant to a written agreement, has agreed to participate in Trinity Health ACO.

Participant List means the list that identifies each Participant that is approved by CMS for participation in Trinity Health ACO, as updated from time to time in accordance with the NGACO Model Participation Agreement.

Preferred Provider means an individual or entity that is a Medicare enrolled provider or a supplier that is identified on the Preferred Provider List and, pursuant to a written agreement, has agreed to participate in Trinity Health ACO.

Preferred Provider List means the list of Preferred Providers that are approved by CMS for participation in Trinity Health ACO, as updated from time to time in accordance with the NGACO Model Participation Agreement.

POLICY CONTACT

For questions regarding this policy, please contact the Trinity Health ACO Support Services Team.

RELATED PROCEDURES AND OTHER MATERIALS

- NGACO Model Participation Agreement Section IV.D.2.-.3 Updating Lists During a Performance Year; Removals from List
- NGACO Model Participation Agreement Section III.D.5. -.6 ACO Financial Arrangements
- 42 C.F.R. § 424.516 - Additional provider and supplier requirements for enrolling and maintaining active enrollment status in the Medicare program.

APPROVALS

Initial Approval: Trinity Health ACO Leadership & Operations Team – May 26, 2016

Subsequent Review/Revision(s): *[insert dates of all subsequent reviews/revisions]*