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Owner Stephanie Clark:
Director,
Compliance &
ACO Compliance
Officer

Area Compliance

Applicability Privia Health and
All Markets

ACO Governance and Public Reporting Requirements

Purpose:

Outline and define the ACO's Public Reporting Requirements as defined by the MSSP Final Rule and the Public Reporting Guidance released by the Centers for Medicare and Medicaid Services (CMS).

Scope:

This policy applies to all Privia Quality Networks, all PQN's, CMG ACO and all ACO Related Individuals as defined in this policy.

Definitions:

- **ACO Participant** - An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118.
- **ACO Provider/Supplier** - An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. § 425.118.
- **ACO Related Individual**: ACO officers, directors, employees, ACO Participant, ACO Provider/Supplier, or any other individual or entity providing functions or services related to ACO Activities.
- **Medicare Shared Savings Program (MSSP)** - Medicare Shared Savings Program, established under section 1899 of the Social Security Act..

Policy:

It is the policy of the ACO to promote transparency within the Medicare Shared Savings Program by ensuring compliance with all Public Reporting requirements put in place by CMS.

Procedure:

- A. The ACO will maintain a publicly accessible website. The website will be reviewed and updated as necessary to ensure all information posted on the website is current and formatted as directed by CMS. The website will include reporting of, at a minimum, the following:
1. Organizational information, including ACO Name and location, ACO Primary Contact name, phone number, and email address; list of all ACO Participants by Legal Business Name (LBN) with D/B/A name in parentheses; and identification of all joint ventures between ACO professionals and hospitals.
 2. Governing Body information, including members' names, positions, voting power, membership types, and associated ACO participant LBNs. Any change to the ACO's Governing Body will also be updated in ACO-MS within 30 days, as required.
 3. Key ACO Clinical and Administrative Leadership, including the names of the current ACO Executive, Medical Director, Compliance Officer, and Quality Assurance/Improvement Officer.
 - a. Any change to leadership will be updated in ACO-MS Contacts sub-tab within 30 days, as required.
 4. Associated Committees and Committee Leadership, including the committee name, leader's name, and leader's committee position.
 5. Types of ACO Participants, or Combinations of Participants, that Formed the ACO.
 6. Shared Savings and Shared Losses Information, including the dollar amount for all completed performance years by agreement period; the percentage of shared savings distribution invested in infrastructure, redesigned care processes and other resources to coordinate care and improve quality; and percentage distributed among ACO participants.
 7. Quality Performance Results, including the results for the most recent performance year available and the measures listed in the Public Reporting Guidance issued by CMS.
 - a. The ACO will not publicly share or report cell sizes 11 or any combination of information that would allow cell sizes of 11 to be calculated.
 8. Documentation of the ACO's utilization (if applicable) of any Payment Rule Waivers, the Pre-Participation Waiver, or the Participation Waiver available to the ACO as a result of its participation in the MSSP.
 9. Information about the ACO's use of advance investment payments (if applicable) including the ACO's spend plan, the total amount of any payments received from CMS, an itemization of how payments were spent during the year.
 10. The use of the Beneficiary Incentive Program (BIP) (if applicable) for each

performance year including the number of Beneficiaries who received an incentive payment, the total number of payments furnished, HCPCS codes associated with any qualifying service, the total value of all payments furnishes, and the total off each type of payment.

- B. The ACO's website is a Marketing Material for purposes of compliance review. All changes must be submitted to Compliance for review and approval prior to use on the website, except:
 - 1. Responsible Individuals or Departments may update the list of ACO Participants as needed without submitting those changes for approval.
- C. All updates to required public reporting shall be made within 30 days of the effective date of the change. For purposes of:
 - 1. Adding a Participant, the effective date will be the date the notice is received from CMS;
 - 2. Removing a Participant, the effective date will be the date when the individual's or entity's agreement with the ACO to participate in the MSSP terminates.
- D. ACO Participants are responsible for ensuring that CMS is notified when a Provider/Supplier is no longer billing under the ACO Participant TIN, or when a new Provider/Supplier is added to practice. Such notification shall be submitted to CMS within 30 days of the effective date. It is the responsibility of the Participant and the Provider/Supplier to ensure that the Provider/Supplier's billing information listed in the Provider Enrollment, Chain and Ownership System (PECOS) is also updated.

Approval Signatures

Step Description	Approver	Date
Chief Audit & Compliance Officer Approval	Dana Fields: Chief Audit & Compliance Officer	01/2024
ACO Compliance Leadership Approval #1	Stephanie Carpenter: Director of Government Programs	08/2023
	Stephanie Carpenter: Director of Government Programs	08/2023