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Owner Stephanie Clark:
Director,
Compliance &
ACO Compliance
Officer

Area Compliance

Applicability Privia Health and
All Markets

ACO Beneficiary Discharge, Avoidance, and Referrals

1. Purpose:

Outline the policies of the ACO when an ACO Participant or Provider/Supplier discharges a patient who is also an ACO Beneficiary.

2. Scope:

This policy applies to all Privia Quality Networks, all PQN's, CMG ACO, LLC and all ACO **Related Individuals as defined in this policy** officers, directors, employees, ACO Participants, ACO Providers/Suppliers, contractors, or any other individual or entity providing functions or services related to ACO Activities.

3. 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 ~~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 ~~F.R. § 425.118~~.
- **ACO Related Individual** - ACO officers, directors, employees, ACO **Participant** Participants, ACO **Provider** Providers/Supplier Suppliers, contractors, or any other individual or entity providing functions or services related to ACO Activities.

- **At-Risk Beneficiary** - means, but is not limited to, a beneficiary who: (1) Has a high risk score on the CMS-HCC risk adjustment model; (2) Is considered high cost due to having two or more hospitalizations or emergency room visits each year; (3) Is dually eligible for Medicare and Medicaid; (4) Has a high utilization pattern; (5) Has one or more chronic conditions; (6) Has had a recent diagnosis that is expected to result in increased cost; (7) Is entitled to Medicare because of disability; or (8) Is diagnosed with a mental health or substance abuse disorder.
- **Beneficiary** - Medicare Fee-For-Service beneficiary attributed to the ACO by CMS.

4. Policy:

It is the policy of the ACO to provide quality care to all Beneficiaries aligned with the ACO and to ensure that ACO Related Individuals do not avoid at-risk Beneficiaries.

5. Procedures:

- A. The ACO provides services to all Beneficiaries attributed to the ACO based on the best interests and wishes of the Beneficiary, as well as the medical judgment of the provider.
 1. No ACO Related Individual gives or receives remuneration in return for, or to induce, business or referrals.
 2. All referrals are made based on the best interest and wishes of the Beneficiary as well as the medical judgment of the provider. While ACO Providers/Suppliers may refer a Beneficiary to another provider within the ACO, all referrals are voluntary and the Beneficiary is free to see any provider, regardless of their participation in the ACO.
 3. All ACO Related Individuals are prohibited from taking any action to limit the ability of a Provider/Supplier to make decisions in the best interests of a Beneficiary, including the selection of devices, supplies and treatment used in the care of the Beneficiary.
- B. The ACO may not require that beneficiaries be referred only to ACO participants or providers/suppliers within the ACO or to any other provider or supplier, except that the prohibition does not apply to referrals made by employees or contractors who are operating within the scope of their employment or contractual arrangement to the employer or contracting entity, provided that the employees and contractors remain free to make referrals without restriction or limitation if:
 1. The beneficiary expresses a preference for a different provider, practitioner or supplier; or
 2. The referral is not in the beneficiary's best medical interests in the judgment of the referring party.
- C. The ACO does not condition the participation of ACO Related Individuals on referrals of Federal health care program business that the individual knew or should have known is being (or would be) provided to Beneficiaries who are not assigned to the ACO.
- D. ACO Related Individuals shall not, directly or indirectly, commit any act or omission, nor adopt any policy, that coerces or otherwise influences a Beneficiary's decision to complete or not complete Voluntary Alignment, including but not limited to the following:

1. Offering anything of value to the Beneficiary; and
 2. Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.
- E. The ACO requires its Participants and Provider/Suppliers to make medically necessary covered services available to Beneficiaries in accordance with applicable laws, regulations and guidance.
1. The ACO and its Participants and Providers/Suppliers shall not take any action to avoid treating at-risk Beneficiaries or to target certain Beneficiaries for services with the purposes of trying to ensure alignment in a future period.
- F. If, at any time, the physician-patient relationship becomes non-beneficial it may be in the best interest of the Beneficiary to find a new provider. ACO Providers/Suppliers follow their practice policies for administrative discharge of patients and are responsible for ensuring compliance with all requirements of their practice in relation to those actions.
1. The ACO will continue to be accountable for the care of any terminated Beneficiary until he or she is no longer attributed to the ACO based on the assignment methodology utilized by the Centers for Medicare and Medicaid Services (CMS).
 2. If, at the time the relationship is terminated, the Beneficiary is receiving care coordination services, the ACO will continue care coordination until such time as it is no longer required, or when the Beneficiary ceases to be aligned to the ACO, whichever is sooner.
- G. No patient or Beneficiary shall be discharged based on their health status or risk to the ACO.
1. If Compliance Monitoring and Oversight activities, or any Compliance Investigation, determine that an ACO Related Individual is avoiding at-risk Beneficiaries, they will be subject to disciplinary action up to and including termination of employment and/or any contractual relationship with the ACO.

6. Questions:

Any questions concerning this policy, or questions that are not specifically addressed by this Policy, should be directed to the ACO's Compliance Officer.

Approval Signatures

Step Description	Approver	Date
Chief Audit & Compliance Officer Approval	Dana Fields: Chief Audit & Compliance Officer	06/2025
ACO Compliance Leadership Approval #1	Stephanie Clark: Director, Compliance & ACO Compliance Officer	03/2025

Stephanie Clark: Director,
Compliance & ACO
Compliance Officer

03/2025