



Origination 05/2024
Last Approved 06/2025
Effective 06/2025
Last Revised 06/2025
Next Review 06/2026

Owner Stephanie Clark:
Director,
Compliance &
ACO Compliance
Officer

Area Compliance

Applicability Privia Health and
All Markets

ACO Benefit Enhancements

Purpose:

Detail the ACO's policy and processes to ensure compliance with the Medicare Shared Savings Program Final Rule requirements related to the provision of certain payment rule waivers, also known as Benefit Enhancements.

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.

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's 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** Participants, ACO **Provider** Providers/Supplier Suppliers, contractors, or any other individual or entity providing

functions or services related to ACO Activities.

- **Beneficiary** - Medicare Fee-For-Service beneficiary attributed to the ACO by CMS.
- **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 abide by all rules and regulations set forth by the Centers for Medicare and Medicaid Services (CMS) in regard to the Benefit Enhancements available to the ACO under the Medicare Shared Savings Program.

Procedure:

- A. The ACO shall take all necessary steps to ensure compliance with the rules of any and all applicable Benefit Enhancements it opts to employ. The ACO may elect to provide one or more Benefit Enhancements for a Performance Year, and must submit a certification of that Benefit Enhancement each year. The available Benefit Enhancements are:
 1. 3-Day SNF Rule Waiver
 2. Telehealth Services Payment Waiver
- B. **3-Day SNF Rule Waiver:** allows Skilled Nursing Facility (SNF) Services furnished by Eligible SNFs to be covered under Medicare Part A for Eligible Beneficiaries who are admitted to the SNF without a prior inpatient hospital stay ("Direct SNF Admission") or who are discharged from a hospital to the SNF after an inpatient hospital stay of fewer than three days, as long as other coverage requirements for such services are satisfied
 1. In order to be eligible to receive services under these Benefit Enhancements, the Beneficiary must be assigned to the ACO, and if your ACO has selected preliminary prospective assignment, the beneficiary must have been included in the preliminary prospective assignment list, or a quarterly update prior to the SNF services being provided.
 - a. Not be residing in a SNF or long-term care facility at the time of admission.
 - b. Be medically stable;
 - c. Have confirmed diagnoses;
 - d. Not require inpatient hospitalization or treatment; and
 - e. Have a skilled nursing or rehabilitation need that is identified by the evaluating physician or other practitioner and cannot be provided as an outpatient; and
 - f. Have been evaluated by a physician or other practitioner licensed to perform the evaluation within three days prior to admission
 2. The ACO has a written agreement in place with each eligible SNF to partner with the ACO for purposes of this Benefit Enhancement.
 3. The items or services are not Medicare-covered items or services for the beneficiary on the date the in-kind item or service is furnished to the beneficiary.

- C. **Telehealth Services Payment Waiver:** Under this Benefit Enhancement, the home of the beneficiary is treated as an originating site under section 1834(m)(4)(c)(ii) of the Act if the following requirements are met:
1. The Beneficiary is prospectively assigned to the ACO for the relevant Performance Year.
 2. The physician or practitioner who furnishes the service must bill under the TIN of an ACO Participant.
 3. The Originating Site complies with applicable State licensing requirements.
 4. The ACO ensures that the services are appropriate for the Originating Site. Services that are typically furnished in an inpatient setting may not be furnished as a telehealth service when the Originating Site is the Beneficiary's home.
- D. **Responsibility for Denied Claims:** In the event that CMS denies a claim under one of the Benefit Enhancements:
1. CMS may, in some limited circumstances make payment but recoup the payment from the ACO, payable as Other Monies Owed for the Performance Year. In most cases, CMS will make no payment.
 2. The ACO shall ensure that the individual or entity that provided the Services does not charge the Beneficiary for the expenses incurred for such services;
 3. The ACO shall ensure that the individual or entity that provided the Services returns to the Beneficiary any monies collected from the Beneficiary; and
 4. The ACO shall indemnify and hold the Beneficiary harmless for payment of any such services provided to the Beneficiary.
- E. **Access to Up-to-Date Beneficiary Rosters:** Compliance with the Benefit Enhancement requirements cannot be ensured if Participants, ~~Provider~~Providers/Suppliers, and SNF Affiliates do not have access to the most up-to-date information regarding Beneficiary alignment to the ACO. Without this information, the Participant or Provider/Supplier may inadvertently refer an ineligible beneficiary, or file an inappropriate claim under one of the Enhancements. ACO's utilizing Benefit Enhancements must ensure applicable ACO Related Individuals have appropriate access to up-to-date beneficiary alignment information.

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	02/2025

Stephanie Clark: Director,
Compliance & ACO
Compliance Officer

02/2025