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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, LLC and all ACO 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 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 Participants, ACO Providers/Suppliers, contractors, 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 an identifiable governing body with ultimate authority to execute the functions of the ACO which meets all of the requirements outlined in [42 CFR §425.106](#). The members of this governing body must have a fiduciary duty to the ACO, including the duty of loyalty, and must act consistent with that duty.
 1. The ACO governing body will at all times:
 - a. Maintain at least seventy-five percent (75%) control held by ACO Participants, or their Designated Representatives;
 - b. Include a Medicare Beneficiary served by the ACO who meets all of the requirements outlined in [42 CFR §425.106\(c\)\(2\)](#);
 - c. Be responsible for the oversight and strategic direction of the ACO and for holding ACO management accountable for the ACO's activities and;
 - d. Have a transparent governing process including implementation of a process for documenting Governing Body composition, meetings and decisions, and retaining records of these items in accordance with the ACO's Retention of Documents policy.
 2. The ACO must ensure any changes to the Governing Body do not conflict with the requirements of [42 CFR §425.106](#). Changes will be submitted to CMS, as required.
 - a. The ACO must consult with the ACO Compliance Officer or his or her designee if an actual or potential conflict occurs with [42 CFR §425.106](#).
 3. In the event the ACO is unable to meet the requirements outlined in A.1.b, above, the ACO will seek CMS approval for this deviation and maintain record of such approval in accordance with the [ACO's Retention of Documents](#) policy.
- B. 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. The total number of ACO Participants, Provider/Suppliers, and ACO Professionals that are MIPS eligible clinicians, Qualifying APM Participants or Partial Qualifying APM Participants (each as defined at [§414.1305](#)) that earn a MIPS performance category score for the MIPS Promoting Interoperability performance category.
9. 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.
10. Information about the ACO's use of advance investment payments (if applicable) including the following:
 - a. The ACO's spend plan;
 - b. The total amount of any payments received from CMS; and,
 - c. An itemization of how payments were spent during the year, including expenditure categories, and the dollar amounts spent on various categories.
11. 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.
12. Information, updated annually, about the ACO's use of prepaid shared savings (if applicable) including the following:
 - a. The total amount of any prepaid shared savings received from CMS;
 - b. The ACO's spend plan; and

- c. An itemization of how prepaid shared savings were spent during the year, including:
 - i. Expenditure categories;
 - ii. The dollar amounts spent on the various categories;
 - iii. Information about which groups of beneficiaries received direct beneficiary services purchased with prepaid shared savings;
 - iv. How these services were provided to beneficiaries;
 - v. How these services supported the care of beneficiaries;
 - vi. Any changes to the spend plan; and
 - vii. Such other information as may be specified by CMS.
- C. 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.
- D. 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.
- E. 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	06/2025
ACO Compliance Leadership Approval #1	Stephanie Clark: Director, Compliance & ACO Compliance Officer	04/2025

Stephanie Clark: Director,
Compliance & ACO
Compliance Officer

04/2025