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Payer Data
Analyst
Area PQN VII / TACO
Applicability Privia Health -
Corporate Site
Only

Beneficiary Engagement and Patient Centeredness

1. Purpose:

Describe the ACO's focus on patient centeredness and policies related to beneficiary engagement.

2. Scope:

The Accountable Care Organization, Ltd. (TACO) and Participants and provider/suppliers in the Medicare Shared Savings Program.

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.
- 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.
- Beneficiary- Medicare Fee-For-Service beneficiary attributed to the ACO by CMS.

4. Policy:

It is the policy of the ACO to promote patient centeredness and to promote, define, establish, implement, evaluate and periodically update processes to promote beneficiary engagement. This policy is promoted by the Governing Body and is integrated into practice by the leadership and management of the ACO in

accordance with Section 425.112 of the Medicare Shared Savings Program Final Rule.

5. Procedure:

- A. The ACO's focus on patient centeredness is promoted by the governing body and integrated into practice within the ACO's operational activities by ACO leadership. The ACO's individualized care program promotes improved outcomes for all ACO Beneficiaries.
 - 1. Patient centeredness is a focus of the ACO beginning with the Medical Director and the Governing Body.
 - 2. The Funds Flow Model for the distribution of any shared savings in a performance year requires that the providers perform well on key quality measures, like the CAHPS survey, and engagement with leadership on initiatives to improve performance.
- B. The ACO's Beneficiary Engagement program is designed to encourage the beneficiary to take an active role in his/her health care. The ACO evaluates the health needs of the population, including consideration of diversity by:
 - 1. Providing analytics to the board and front-line clinicians to better understand the predominant health needs in a community, so that providers and care teams are aware and can take action on beneficiary needs.
 - 2. Identifying and communicating best practices for patient engagement and shared clinical decision making.
 - 3. Upon evaluating the health needs of the population, ACO participants and providers may refer beneficiaries to [211](#), the Area Agency on Aging or any other community-based organizations for services.
- C. The ACO ensures effective communication of clinical knowledge and evidence based medicine to the beneficiary, including but not limited to the following:
 - 1. The ACO provides health access through virtual channels, like virtual telehealth visits and a 24/7 care advice hotline.
 - 2. ACO clinicians are equipped to provide educational handouts, emails or portal messages related to chronic conditions so patients can better understand their health.
- D. The ACO and its Participants will work with the Beneficiary to share in the decision making process for their individual health care needs. This will take into account the unique health needs, preferences, values, and priorities of each Beneficiary.
 - 1. The ACO works with Beneficiary representatives as appropriate, and in accordance with the beneficiary representative requirements set forth in 42 CFR § 425.106.
 - 2. The ACO maintains a policy and process to ensure patient access and communication, including access to medical records. Access to medical records may not be restricted except as allowed by [Privia's Patient Rights - Access Policy](#).
- E. Patient Experience of Care Survey. The ACO contracts with a CMS approved third party contractor to complete Patient Experience of Care Surveys each year as required by 42 CFR

Section 425.500. The results of this survey are reported to the Governing Body and utilized by the ACO as a tool to determine the effectiveness of the ACO's Beneficiary Engagement Program.

- F. Marketing Materials. Communications used as part of the Beneficiary Engagement Program will meet requirements for marketing materials as outlined by [ACO Communications and Material Review](#).
- G. Continued Improvement. The ACO utilizes internal assessments to continuously monitor and improve ACO care practices as required by 42 CFR Section 425.112. Internal assessments include, but may not be limited to:
 - 1. Quarterly cost and utilization reviews to identify high risk beneficiaries to increase primary care services.
 - 2. Monthly operational quality measure and patient access check-ins for transparency in performance.
 - 3. Participants not meeting the expectations of the ACO will be subject to a more frequent meeting cadence to ensure an overall improvement in care practices.
- H. Enforcement. ACO Participants and Provider/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including cooperation in Beneficiary Engagement and Care Coordination activities, will result in remedial and/or disciplinary actions as appropriate in accordance with the ACO's [Corrective and/or Disciplinary Action Policy](#).

Approval Signatures

Step Description	Approver	Date
PQN Leadership #1	Nico Salas: AVP, Non-Platform Operations	04/2026
Compliance Review	Policy Admin	04/2026
Approver 1	Tony Smith: Payer Data Analyst	04/2026
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