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Owner Tony Smith:  
Payer Data Analyst  
Area PQN VII / TACO  
Applicability Privia Health -  
Corporate Site Only

## Roster Management

### 1. Purpose:

Detail the ACO's policy and processes to ensure compliance with the Medicare Shared Savings Program Final Rule requirements that the ACO maintain, update, and submit to CMS an accurate and complete list identifying each ACO Participant and Provider/Supplier.

### 2. Scope:

The Accountable Care Organization, Ltd. and participants and provider/suppliers in the Medicare Shared Savings Program.

### 3. Definitions:

- ACO Activities- Activities related to promoting accountability for the quality, cost, and overall care for a population of attributed Medicare Fee-For-Service Beneficiaries, including managing and coordinating care, encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery; or carrying out any other obligation or duty of the ACO under the Medicare Shared Savings Program.
- 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.

## 4. Policy:

The ACO shall maintain processes to ensure that the ACO is able to maintain, update and submit to CMS an accurate and complete list identifying each ACO Participant and Provider/Supplier in accordance with [425.118](#).

The ACO must submit to CMS an ACO Participant list and ACO Provider/Supplier list, before the start of an agreement period, before each performance year thereafter, and at such other times as specified by CMS.

All Medicare enrolled individuals and entities that have reassigned their right to receive Medicare payment to the TIN of the ACO participant must be included on the ACO provider/supplier list and must agree to participate in the ACO and comply with the requirements of the Shared Savings Program before the ACO submits the ACO participant list and the ACO provider/supplier list.

## 5. Procedure:

- A. During the term of the Participation Agreement, the ACO may add or remove ACO Participants and/or Providers/Suppliers.
- B. The ACO must notify CMS within 30 days of any deletion of ACO Participants and/or Providers/Suppliers.
- C. The ACO must notify CMS within 30 days of any significant change. A "significant change", as defined in the Final Rule at [42 CFR 425.214](#), occurs when the ACO is no longer able to meet the eligibility or program requirements of the Medicare Shared Savings Program.
  1. The ACO is required to submit a change request to CMS no later than 30 days after an ACO Participant has undergone a Change in Ownership (CHOW) that has resulted in a change to its Medicare enrolled TIN, whereby the surviving Medicare enrolled TIN has no Medicare billing claims history.
    - a. This requirement does not apply when a Participant TIN is absorbed into a previously existing TIN.
- D. Medicare Revalidation. All ACO Participants and Provider/Suppliers are required to maintain their status as a Medicare enrolled entity. This includes the requirement to complete the Medicare Revalidation process.
- E. Participants. Participants will be reviewed regularly and updated based on the timelines established by CMS. All participants are required to have a signed Participation Agreement on file.
  1. The ACO will review the Participant to determine whether the addition would result in a change in the ACO's participation status under any of the following:
    - a. Experience vs Non-Experienced ACO Status
    - b. High vs Low-Revenue ACO Status

- c. Advanced Incentive Payment Eligibility
  2. Participant additions and deletions are submitted based on timelines established by CMS each year and are only effective at the end of each Performance Year.
    - a. Terminations are effective as of December 31st of the current Performance Year.
    - b. Additions are effective as of January 1st of the subsequent Performance Year.
  3. Upon CMS approval of a new Participant, the ACO will determine whether any changes to the Governing Body of the ACO are required to ensure compliance with the Shared Governance requirements found in the Final Rule at [42 CFR 425.106](#). Changes are implemented as required in the governing documents of the ACO.
  4. The ACO Participant is responsible for:
    - a. Notifying the ACO if the Participant or a Provider/Supplier is no longer Medicare enrolled.
    - b. Notifying all provider/suppliers within the Participant TIN of the TIN's involvement (or termination of involvement) with the ACO, and
    - c. Ensuring that all signs and materials are added/removed from participating practice locations upon the effective date of the addition/termination.
- F. The ACOs designated web management team will ensure the ACO's public disclosure webpage is updated with any additions/deletions within 30 days of the effective date.
- G. Providers/Suppliers. When a Provider/Supplier is added or removed from the ACO, the change must be noted.
  1. The Participant must log in to [PECOS](#) and make the appropriate changes within 30 days.
  2. The participant will inform the ACO of any change to its Medicare enrollment status within 30 days of the change.
  3. An ACO Contact will confirm a revised/updated Provider/Supplier list is uploaded to the ACO-MS site.
  4. Effective date of Provider/Supplier Changes. If a request is sent timely to CMS (within 30 days of the change), the addition of an individual to the ACO Provider/Supplier List is effective on the date specified in the notice furnished to CMS, but no earlier than 30 days before the date of notice.
    - a. If the ACO fails to submit timely notice to CMS, the update is effective on the date of notice.
    - b. The deletion of an individual or entity from the ACO Provider/Supplier List is effective on the date the individual or entity ceased to be a Medicare enrolled provider or supplier that bills for items or services it furnishes to Medicare Fee-For-Service beneficiaries under a billing number assigned to the TIN of an ACO Participant.

- H. SNF Affiliates. The ACO maintains a roster of SNF Affiliates participating in the SNF 3 Day Waiver, as required by the MSSP Final Rule.
  - 1. The ACO is required to submit to CMS a list of SNF Affiliates prior to the start of each Performance Year. This list must include the TIN and CCN along with the executed Affiliate Agreement between the ACO and each listed SNF.
    - a. SNF Affiliates may not be added during the Performance Year.
  - 2. The ACO is required to notify CMS no later than 30 days after a SNF Affiliate's CHOW if the CHOW resulted in a change to the SNF Affiliate's TIN. If approved, CMS will communicate the change in TIN to the ACO's Medicare Administrator (MAC).
    - a. The ACO is responsible for confirming effectuation of this TIN change with the MAC prior to submission of claims under the SNF 3 Day Waiver for the new TIN.
- I. The ACO does not condition the participation of ACO Related Individuals in the ACO on referrals of Federal health care program business that the ACO Related Individual knew or should have known is being (or would be) provided to beneficiaries who are not assigned to the ACO.
- J. Certification. In accordance with [425.302](#) the ACO certifies all lists are submitted in accordance with program requirements for data submission and certifications.

## 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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