Next Generation ACO Model Open Door Forum

Submission of Initial CY 2018 Next Generation Participant Lists by 2018 NGACO Applicants

April 25, 2017
4:00-5:00pm ET

Disclaimer

The comments made on this call are offered only for general informational and educational purposes. As always, the agency's position on matters may be subject to change. CMS' comments are not offered as, and do not constitute legal advice or legal opinions, and no statement made on this call will preclude the agency and/or its law enforcement partners from enforcing any and all applicable laws, rules and regulations. ACOs are responsible for ensuring that their actions fully comply with applicable laws and regulations, and we encourage you to consult with your own legal counsel to ensure such compliance.

Furthermore, to the extent that we may seek to gather facts and information from you during this call, we intend to gather your individual input. CMS is not seeking group advice.

Housekeeping

Slides will be made available online!

Agenda

- Review:
  - Provider definitions (CMMI)
  - Provider overlap rules (CMMI)
- Policies & Procedures: Changes after initial submission, accuracy of data, Legacy TINs, CCNs (CMMI)
- PLST Demo (RTI)
- PLST Tips (RTI)
- Provider list processing timeline (CMMI)
- Q&A Session (CMMI & RTI)

Definition: Next Generation Participant

A "**Next Generation Participant**" is defined as an individual or entity that:

- is a Medicare-enrolled provider or supplier,
- is identified on the Participant List,
- bills for items and services it furnishes to beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations,
- is not a Preferred Provider,
- is not a Prohibited Participant, and
- has agreed to participate in the Model, to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards pursuant to a written agreement with the ACO.

Definition: Next Generation Professional

"**Next Generation Professional**" is defined as a **Next Generation Participant** who is either:

A. A physician (as defined in section 1861(r) of the Act); or
B. One of the following non-physician practitioners:
1. Physician assistant who satisfies the qualifications set forth at 42 CFR § 410.74(a)(2)(i)-(ii);
2. Nurse practitioner who satisfies the qualifications set forth at 42 CFR § 410.75(b);
3. Clinical nurse specialist who satisfies the qualifications set forth at 42 CFR § 410.76(b);
4. Certified registered nurse anesthetist (as defined at 42 CFR § 410.69(b));
5. Certified nurse midwife who satisfies the qualifications set forth at 42 CFR § 410.77(a);
6. Clinical psychologist (as defined at 42 CFR § 410.71(d));
7. Clinical social worker (as defined at 42 CFR § 410.73(a)); or
8. Registered dietician or nutrition professional (as defined at 42 CFR § 410.134).

Definition: Prohibited Participant

- A "**Prohibited Participant**" is defined as an individual or entity that is:

    1. A Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier

    2. An ambulance supplier,

    3. A drug or device manufacturer, or

    4. Excluded or otherwise prohibited from participation in Medicare or Medicaid.

Definition: Preferred Provider

"Preferred Provider" means an individual or entity that:

A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202);

B. Is identified on the Preferred Provider List in accordance with Section IV;

C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations;

D. Is not a Next Generation Participant;

E. Is not a Prohibited Participant; and

F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.

Participant Overlap Rules: ACO Overlap

An NGACO may not simultaneously participate in any other Medicare shared savings initiatives (e.g., Medicare Shared Savings Program (MSSP), Comprehensive ESRD Care (CEC) Initiative).

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

- A Next Generation Participant may not also be an ACO participant, ACO provider/supplier and/or ACO professional in an accountable care organization in the Medicare Shared Savings Program.

- A Next Generation Professional who is a primary care specialist may not:

    (a) be identified as a Next Generation Participant by a different accountable care organization in the Model;

    (b) be an ACO participant, ACO provider/supplier or ACO professional in the Medicare Shared Savings Program; or

    (c) participate in another Medicare ACO model, except as expressly permitted by CMS.

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

In the NGACO model a Next Generation Professional who is a primary care specialist is defined as a physician or non-physician practitioner whose principal specialty code is one of the following:

Code	Specialty
1	General Practice
8	Family Medicine
11	Internal Medicine
38	Geriatric Medicine
50	Nurse Practitioner
97	Physician Assistant

11

Participant Overlap Rules: Next Generation Participant and Preferred Provider Overlap

A Next Generation Participant who is a non-primary care specialist may be a Next Generation Participant in another NGACO or serve in an equivalent role in any other model or program in which such non-primary care specialists are not required to be exclusive to one participating entity.

Provider Overlap Rules: SSP & Full-TIN Exclusivity

- The NGACO Model does not require full TIN participation. In other words, the NGACO Model does not require that all individuals/organizations in an NGACO-participating TIN be a part of the NGACO.

- MSSP requires that all eligible professionals in ACO-participating TIN be part of the MSSP ACO.

- If one individual or entity under a TIN is an approved Next Generation Participant, then all individuals/entities who bill under that TIN are precluded from participating as an ACO participant, ACO provider/supplier and/or ACO professional in the MSSP ACO Model.

Policies & Procedures: Changes after Initial Participant Submission

- After submission of your proposed/initial CY 2018 Next Generation Participant lists on June 9, 2017, 2018 NGACO Applicants are <u>not</u> permitted, at any time prior to the Performance Year, to:

  A) Add new proposed Next Generation Participants, and/or

  B) Change/correct/amend identifiers associated with previously-submitted proposed Next Generation Participants

- NGACOs will be able to remove proposed Next Generation Participants from their lists, prior to the PY, at a designated time

- It is incumbent upon the ACO to ensure accurate data & provider identifiers are submitted

[Provider Identifiers for Provider Types]

Provider Type	Taxpayer ID Number	Individual NPI	Organization NPI	CMS Certification Number
Practitioner at a Solo Practice	Required	Required	Optional	Prohibited
Practitioner at a Group Practice	Required	Required	Optional	Prohibited
Practitioner at an FQHC, RHC, or CAH2	Required	Required	Required	Required
Facility or Institution	Required	Prohibited	Required	Required

Policies & Procedures: Accuracy of Provider Data

- CMMI does not verify the accuracy of provider identifiers (CCNs, TINs, individual NPIs, organizational NPIs, individual provider names, organizational names) submitted by NGACOs.
- CMMI does not verify that a TIN submitted by an NGACO on behalf of a proposed provider is the actual, correct and/or accurate TIN through which the individual provider bills Medicare for services rendered to beneficiaries.
- CMMI verifies ONLY if the format of certain provider identifiers is/are correct.
- It is incumbent upon the applicant NGACO to ensure all provider identifiers are accurate BEFORE submitting their proposed/initial Next Generation Participant lists to CMMI.
- It is incumbent upon the NGACO to verify that the correct TIN (the TIN the provider uses/has authorized to bill Medicare) is submitted on behalf of providers. It is incumbent upon the NGACO to verify that an individual provider has reassigned their billing rights to whichever TIN they submit. This information is stored in PECOS (Provider Enrollment Chain and Ownership System).

  - https://pecos.cms.hhs.gov/pecos/login.do

  - "Who should I call?" CMS Provider Enrollment Assistance Guide: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads//CMSProviderEnrollmentAssistanceGuide.pdf

[Provider Identifiers]

- Providers (individual or organizations) should update their information in the National Plan and Provider Enumeration System (NPPES)
  - National Provider Identifier (NPI)
  - Specialist designation
- Program Integrity Checks (CPI)
  - Ensures that individual suppliers can bill Medicare and are not sanctioned

Definition: Legacy TIN

- A Legacy TIN is defined as a taxpayer identification number that was used by a proposed Next Generation Participant when billing for primary care services during the 24-month Alignment Period but will not be used by that Next Generation Participant to bill for primary care services during the Performance Year.

- The Alignment Period is the 24-month period that is used when identifying whether Next Generation Participants were the principal source of primary care services received by a beneficiary.

- The 2-year alignment period for CY2018/PY3 is July 1, 2015 through June 30, 2017.

Legacy TINs: Types & Purpose

- Two types of Legacy TINs: "sunsetted" Legacy TINs and "active" Legacy TINs.

- <u>Sunsetted Legacy TIN</u>= a TIN that was used by a Next Generation Participant to bill for services during the Alignment Period but is no longer used by any Medicare providers/suppliers.

- <u>Active Legacy TIN</u>= a TIN that was used by a Next Generation Participant to bill for services during the Alignment Period but will no longer used by that same Next Generation Participant to bill for services during the PY. However, that TIN is still used by other Medicare providers/suppliers to bill for services.

  – For example, in the past, a Next Generation Participant billed using TIN 123. The Next Generation Participant now bills under TIN 456, but TIN 123 is still used by a group of Medicare providers and suppliers that are not Next Generation Participants. This Legacy TIN would be considered an "active Legacy TIN."

Submitting Legacy TINs on Initial Next Generation Participant List

- If applicable to a given ACO provider, you can and should submit both types of Legacy TINs on behalf of proposed Next Generation Participants to ensure that the services provided by those providers during the Alignment Period are accurately captured and reflected in the execution of the beneficiary alignment algorithm.

- When completing your Initial Next Generation Participants list, you must indicate if a provider record submitted contains a legacy TIN.

- If an ACO submits an active or sunsetted legacy TIN on behalf of a Next Generation Participant on its initial 2018 Next Generation Participant list for alignment purposes, the ACO must submit *two* records for that provider on the list according to the example in the table on the next slide. One record contains the provider's non-legacy, current TIN that will be used for billing during 2018 while the second record contains the active/sunsetted Legacy TIN.

Example

ACO ID	Provider Class	Legacy Record	Billing TIN	Org NPI	CCN	Ind NPI	OrgName	Last Name	First Name	City	State	Zip
V000	PART	Y	012345678			1234567891	Erewhon PC	Chase	Samuel	Boston	MA	02108
V000	PART		012345680			1234567891	Erewhon PC	Chase	Samuel	Boston	MA	02108

Policies & Procedures: CCNs

- A CMS Certification Number (CCN) is a 6 character code issued by CMS when an institutional provider applies to become a Medicare participating provider. The CCN should not be confused with a PTAN or other identifier that may be used by the provider when submitting claims to a Medicare Administrative Contractor.

- Review the CMS State Operations Manual (Chapter 2-Certification Process) for information on how CCNs are assigned. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf

- https://www.resdac.org/sites/resdac.umn.edu/files/Provider%20Number%20Table.txt

Policies & Procedures: CCNs

A CCN is a required identifier for institutional providers/facilities, including but not limited to Federally-Qualified Health Centers (FQHCs), critical access hospitals (CAHs), critical access hospitals that elect payment under Method 2 (CAH2s) , home health agencies (HHAs), acute care hospitals (ACHs), skilled nursing facilities (SNFs) and skilled nursing units of acute care hospitals including swing-beds, hospices, rural health clinics (RHCs), inpatient rehabilitation facilities, long-term care hospitals (LTCHs), psychiatric hospitals, etc.
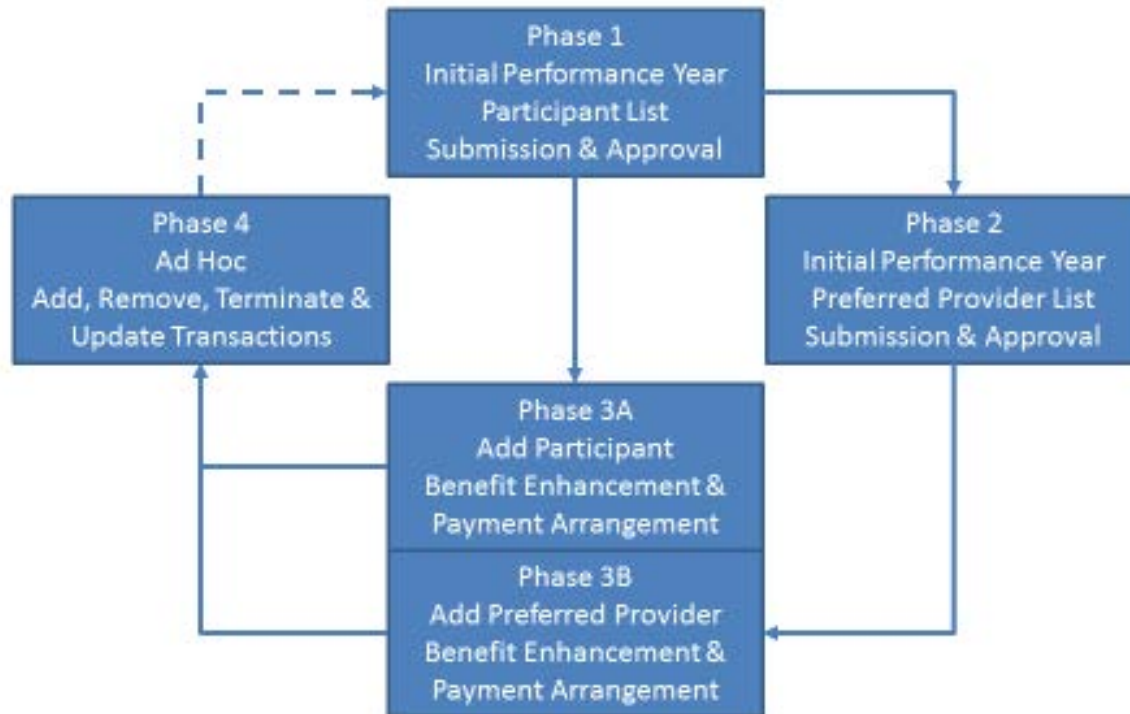
Provider List Submission Tool (PLST) Demonstration

- The Provider List Submission Tool (PLST) is a macro-enabled Excel workbook with several worksheets

- The PLST is designed to facilitate submission of acceptable provider lists

- It is updated periodically

- Documentation (information packet) is also provided

[Submission Process]

Provider List Management Cycle: Overview

[The Provider List Submission Tool]

CERTIFICATION worksheet

Incomplete certification worksheet

Complete certification worksheet

NGACO Participating & Preferred Provider List Submission Certification
Version 3.02

PLST Purpose:	
Provider Class:	
Start Date:	01/01/2017
End Date:	12/31/2017

ACO Identifier:	
ACO Name:	
Alt. Payment:	
Validated on:	
Approved by:	
Date approved:	

0	Records will be reviewed by CMMI
0	... Participating provider records
0	... Preferred provider records

0	records will be reviewed by CMMI

0	SNF waiver records will be reviewed by CMMI
0	Telemedicine waiver records will be reviewed by CMMI
0	Post-acute home visit waiver records will be reviewed by CMMI

0	ERROR: No Core Service Area counties identified

| Submit | DO NOT SUBMIT DATA UNTIL ALL ERRORS ARE CORRECTED! |

NGACO Participating & Preferred Provider List Submission Certification
Version 3.02

PLST Purpose:	Add
Provider Class:	PART
Start Date:	01/01/2018
End Date:	12/31/2018

ACO Identifier:	V000
ACO Name:	NextGeneration ACO
Alt. Payment:	None
Validated on:	February 17, 2017 12:00:00 AM
Approved by:	Benjamin Rush
Date approved:	

1	Records will be reviewed by CMMI
1	... Participating provider records
0	... Preferred provider records

0	None records will be reviewed by CMMI

0	SNF waiver records will be reviewed by CMMI
0	Telemedicine waiver records will be reviewed by CMMI
0	Post-acute home visit waiver records will be reviewed by CMMI

1	Core Service Area county identified

| Submit | DATA ARE READY TO SUBMIT FOR CMMI REVIEW |

[The Provider List Submission Tool]

LIST_STAGING worksheet: The LIST_STAGING worksheet is a "scratch pad" on which you can prepare records for submission. In general you are advised to copy data first onto the LIST_STAGING worksheet so that you can correct errors as they are identified.

[The Provider List Submission Tool]

ACO_PROVIDER_LIST_VALIDATION worksheet

NGACO Participating & Preferred Provider List Validation

Import	Transfer	Run Validation	Export

5	Total provider records checked
0	Pass format validation
5	Fail format validation and will not be processed
0	Duplicate records will not be processed

0	Participating provider records checked
0	Participating provider records pass format validation

0	Unique Individual (Professional/Practitioner) NPIs
View List	DATA ARE READY TO SUBMIT FOR CMMI REVIEW

0	Unique Individual (Professional/Practitioner) NPIs
View List	DO NOT SUBMIT DATA UNTIL ALL ERRORS ARE CORRECTED!

[The Provider List Submission Tool]

ACO_PROVIDER_LIST worksheet

- The ACO_PROVIDER_LIST worksheet displays your data. After running the validation algorithm it will also highlight and describe the errors that it encountered and that need to be corrected. Cells containing errors are highlighted in light/bright blue and contain comments describing the error.

- Column T provides "response codes" indicating whether the record passed validation and, if not, the general reason that the record did not pass validation.

- Column W through Z are populated by the PLST validation algorithm with data that are used as part of the validation process or that will be added by CMMI's contractor after the data have been received and processed.

- Columns AA through AE are populated by the PLST validation algorithm.

[The Provider List Submission Tool]

ACO_SERVICE_AREA worksheet

- The NGACO will use the ACO_SERVICE_AREA worksheet to identify the counties in which its primary care providers maintain office locations. These counties comprise the "core service area" (CSA) of the NGACO. Counties adjacent to the core service area counties are part of the extended service area.

- The ACO_SERVICE_AREA worksheet consists of three fields/columns:
  - State: The postal abbreviation of the state in which the county is located.
  - County Name: The name of the county.
  - NGACO Core Service Area County: An indicator that the county is included in the NGACO's core service area

[The Provider List Submission Tool]

Data Validation Algorithm

- The algorithm checks for:
  - Formatting errors
  - Duplicate records
- Any records that are submitted with formatting or duplication errors will not be processed.
- To ensure initial processing of all records, run validation on the ACO_PROVIDER_LIST_VALIDATION tab before submitting any provider lists.

[Handling "Errors" Flagged by the PLST]

ASK BEFORE YOU SUBMIT DATA CONTAINING ERRORS

PLST Tips

- ALL data should be treated as characters, NOT NUMBERS
- Therefore when cutting and pasting you should "cut and paste values"
  - Do **not** simply cut and paste
  - Excel will treat an identifier (TIN) as a number
- Do NOT include accented characters
  - Maria not María
  - Nunez not Nuñez
- Do NOT include carriage returns or tabs in any cells.
- The validation routine will replace "illegal" characters although it may flag the errors

On the Initial CY 2018 Next Generation Participant PLST due June 9, 2017:

- Do not submit Alternative Payment Arrangements or Benefit Enhancement elections in PLST

- Do NOT change the PLST Purpose, Provider Class, or Alt. Payment settings on the CERTIFICATION worksheet.

- Make sure that:
  - PLST Purpose = Add
  - Provider Class = PART
  - Alt. Payment = None

- Where the PLST asks for ACO ID, NG-301 would use N301

- Applicants MUST specify their core service area on this PLST

PLST Tips Continued..

- The columns in the PLST "as shipped" are all formatted as text.
- 0, 1, 2, 3, 4, 5, 6, 7, 8 and 9 cannot be entered as numbers.
- Excel "treats" anything that looks like a number as a number unless the user/programmer takes steps to prevent that. This is important for identifiers that can begin with a zero.
- For example a valid ORG_TIN is 012345678. The ACO must not omit the initial zero. Similarly a valid ORG_CCN is 010024. The ACO must not omit the initial zero.
- When these data are entered (manually) the initial zero will be preserved.
- If an ACO copies and pastes from another Excel workbook of their own design it is possible that the leading zero will be dropped.

Looking Ahead: Tentative Provider Processing Timeline

- **August 2017:**
  - CMS Selection Decisions Communicated to Applicant NGACOs
  - Proposed CY2018 Next Generation Participant List response files sent to applicants

- **September 2017:**
  - Certification and Submission of Final CY 2018 Participant List due to CMS
  - NGACOs resolve provider overlap issues
  - Selected ACOs and their Proposed Next Generation Participants decide which Medicare shared savings initiative they will participate in for CY 2018
  - Selected NGACOs should begin staging/preparing data for submission of their proposed Preferred Providers, associated Preferred Provider benefit enhancement (BE) and alternative payment mechanism elections, and Participant BE and payment mechanism elections for CY 2018

Looking Ahead: Tentative Provider Processing Timeline

- **October 2017:**
  - CMS sends Final CY2018 Next Generation Participant Response Files to NGACOs who will participate in the NGACO Model for CY2018

- **November 2017:**
  - NGACOs submit proposed CY2018 Preferred Providers & associated benefit enhancement and payment mechanism elections (Population-Based Payments or All-Inclusive Population-Based Payment indicators) to CMS
  - NGACOs submit benefit enhancement and alternative payment elections (Population-Based Payments or All-Inclusive Population-Based Payment indicators) on behalf of their final CY2018 Participants

Looking Ahead: Tentative Provider Processing Timeline

- **December 2017:**
  - CMS sends an updated provider list, in the form of a Response File, to NGACOs reflecting approved/rejected Preferred Providers, approved/rejected benefit enhancement and alternate payment mechanism elections for proposed Preferred Providers, and approved/rejected benefit enhancement and alternate payment mechanism elections for final Next Generation Participants-
  - Certification of Final CY 2018 Preferred Provider List due to CMS
  - NGACOs remove Preferred Providers from its final list before the Performance Year
  - NGACOs remove Next Generation Participants from its final list prior to the PY

Questions?

Next Generation ACO Model Webpage:
http://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/

E-mail: NextGenerationACOModel@cms.hhs.gov

Technical Support: CMMIForceSupport@cms.hhs.gov