

**COMMONSPIRIT HEALTH
ACCOUNTABLE CARE ORGANIZATION AND CLINICALLY INTEGRATED NETWORK
ADMINISTRATIVE POLICY**

SUBJECT: MSSP Public Reporting Requirements	POLICY NUMBER: Corporate Responsibility PH-009
EFFECTIVE DATE: July 1, 2021	ORIGINAL EFFECTIVE DATE: July 1, 2021
REPLACES: CHI Corporate Responsibility Policy No. 17, ACO Reporting and Transparency	Dignity Health Policy: Clinical Integration – Medicare Shared Savings Program Public Reporting Requirements

- Accountable Care Organizations (ACO) in the Medicare Shared Savings Program (MSSP)
- Clinically Integrated Networks (CIN)

PURPOSE

The purpose of this policy is to outline and define the MSSP's Public Reporting Requirements as outlined in the MSSP Final Rule and the Public Reporting Guidance released by the Centers for Medicare and Medicaid Services (CMS).

POLICY

It is the policy of the MSSP to promote transparency and ensure compliance with all CMS Public Reporting requirements.

AFFECTED AREAS OR DEPARTMENTS

Any and all CommonSpirit Health Accountable Care Organizations participating in the MSSP

PROCEDURE OR PROCESS

1. The MSSP 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. The website will include reporting of, at a minimum, the following:
 - A. Organizational information, including:
 - i. Name and location of the MSSP;
 - ii. Primary contact information for the MSSP;
 - iii. Identification of all MSSP Participants;
 - iv. Identification of all joint ventures between or among the MSSP and any of its Participants;
 - v. Identification of the MSSP's key clinical and administrative leaders and the name of any company by which they are employed;
 - vi. Identification of members of the MSSP's Governing Body (ex. Board of Directors), and the name of any entity by which they are employed; and
 - vii. any associated committees and the committee leadership.

- B. Shared Savings and Shared Losses Information, including:
 - i. The amount of any Shared Savings or Losses for any Performance Year;
 - ii. The proportion of Shared Savings invested in infrastructure, redesigned care processes and other resources necessary to improve outcomes and reduce Medicare costs for beneficiaries; and
 - iii. The proportion of Shared Savings distributed to MSSP Participants and Provider/Suppliers.
 - C. The MSSP's performance on the quality measures, as listed in the Public Reporting Guidance issued by CMS.
 - D. Documentation of the MSSP's utilization of the Pre-Participation or Participation Waivers available to the MSSP as a result of its participation in the MSSP.
 - E. IF APPLICABLE: The user of any payment rule waivers or telehealth services, or both as described in the MSSP's Benefit Enhancements Policy and Procedure.
2. The MSSP's website will be considered an MSSP Related Marketing Material or Activity for purposes of compliance with the MSSP Marketing Materials and Voluntary Alignment Communications Policy. All changes must be submitted to the MSSP Marketing Contact for review and approval prior to use on the website, except:
- A. Executive Director, or designee, may update the list of MSSP Participants as needed without submitting those changes for approval.
3. All updates to required public reporting shall be made within 30 days of the effective date of the change. For purposes of:
- A. Adding a Participant, the effective date will be the date the notice is received from CMS; or
 - B. Removing a Participant, the effective date will be the date when the individual's or entity's agreement with the MSSP to participate in the MSSP terminates.
4. MSSP Participants are responsible for ensuring that CMS is notified when a Provider /Supplier is no longer billing under the MSSP 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.

DEFINITIONS

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.

MSSP 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.

MSSP Participant: An ACO entity identified by a Medicare-enrolled billing TIN through which one or more providers/suppliers bill Medicare. The providers/suppliers must be included on the list of ACO participants that is required under 42 C.F.R. § 425.118.

MSSP 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.

Taxpayer Identification Number (TIN). A federal taxpayer identification number or employer identification number as defined by the Internal Revenue Service (IRS) in 26 C.F.R. § 301.6109-1.

REFERENCES

- CMS MSSP Public Reporting Guidance
- National Association of MSSPs (NAMSSPS) MSSP Compliance Program Policies and Procedures Manual – MSSP

STATUTORY/REGULATORY AUTHORITIES

MSSP Federal Regulations