

POLICY SUBJECT:

***Receipt of Medicare
Beneficiary-Identifiable Data***

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EFFECTIVE DATE: 12/10/14

*To be reviewed every three years
by Executive Management*

REVIEW BY: 12/08/17

POLICY

It is the policy of Catholic Health Initiatives (“CHI”) that the CHI National Office¹, any Direct Affiliates² and any Subsidiaries³ who participate in an Accountable Care Organization (ACO) [collectively referred to as “CHI Entity(ies)”] comply with regulations issued by the Center for Medicare and Medicaid Services (CMS) related to participation in the Medicare Shared Savings Program (MSSP), including those regulations related to the requirements associated with obtaining beneficiary-identifiable data from CMS.

DEFINITIONS

ACO participant - means an individual or group of Accountable Care Organization (ACO) provider(s)/supplier(s), that is identified by a Medicare-enrolled TIN, that alone or together with one or more other ACO participants comprise(s) an ACO, and that is included on the list of ACO participants that is required under 42 CFR §425.204(c)(5).

ACO provider/supplier - means an individual or entity that -- (1) is a provider (as defined at 42 CFR §400.202) or a supplier (as defined at 42 CFR §400.202); (2) is enrolled in Medicare; (3) bills for items and services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations; and (4) is included on the list of ACO providers/suppliers that is required under 42 CFR §425.204(c)(5).

PROCEDURES

Subject to providing Medicare beneficiaries with the opportunity to decline to have their data shared with the ACO as required by 42 CFR §425.708 (**See ACO Notification to Medicare Beneficiaries and Opportunity to Decline Data Sharing Policy**) and subject to having a valid Data Use Agreement (DUA) in place with CMS, the ACO may request certain beneficiary-identifiable data from CMS for purposes of evaluating the performance of the ACO’s ACO shared savings participants or its ACO shared savings providers/suppliers, conducting quality assessment and improvement activities, and conducting population-based activities relating to improved health. CMS will provide the ACO with beneficiary identifiable claims data for preliminary prospective

¹ The CHI National Office includes all locations where CHI National employees are located.

² A Direct Affiliate is any corporation of which CHI is the sole corporate member or sole shareholder.

³ A Subsidiary refers to *either* an organization, whether nonprofit or for profit, in which a Direct Affiliate holds the power to appoint a majority of the voting Members of the Governing body of such organization *or* any organization in which a Subsidiary holds such power.

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assigned beneficiaries and other beneficiaries who receive primary care services from an ACO participant upon whom assignment is based during the agreement period.

A. In order to receive beneficiary identifiable claims data from CMS, the ACO must sign a DUA and it must submit a formal request for data. The ACO may not request data more often than once per month.

B. The ACO must certify that it is requesting claims data about either of the following:

- Its own patients, as a HIPAA-covered entity, and the request reflects the minimum data necessary for the ACO to conduct its own health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501; or
- The patients of its HIPAA-covered entity ACO participants or its ACO providers/suppliers as the business associate of these HIPAA covered entities, and the request reflects the minimum data necessary for the ACO to conduct health care operations work that falls within the first or second paragraph of the definition of health care operations at 45 CFR 164.501 on behalf of those participants.

C. The use of identifiers and claims data will be limited to developing processes and engaging in appropriate activities related to coordinating care and improving the quality and efficiency of care that are applied uniformly to all Medicare beneficiaries with primary care services at the ACO. The ACO shall not use such data to reduce, limit or restrict care for specific beneficiaries.

D. To ensure that beneficiaries have a meaningful opportunity to decline having their claims data shared with the ACO, the ACO may only request claims data about a beneficiary if--

- The beneficiary name appears on the preliminary prospective assignment list found on the initial or quarterly aggregate report, or has received primary care services from an ACO participant upon whom assignment is based (under the MSSP), during the MSSP agreement period.
- The beneficiary has been notified in writing how the ACO intends to use beneficiary identifiable claims data in order to improve the quality of care that is furnished to the beneficiary and, where applicable, coordinate care offered to the beneficiary; and
- The beneficiary did not exercise the opportunity to decline having his/her claims data shared with the ACO as provided in 42 CFR §425.708 (**See ACO Notification to Medicare Beneficiaries and Opportunity to Decline Data Sharing Policy**)