Beneficiary Rosters

Effective Date: 05/15/2016   Draft/Review Date: 05/15/2016

Policy

A. It is the policy of the ACO to ensure that all data regarding Beneficiaries that are assigned to the ACO is current and accurate.

Applicability

This policy and procedure applies to all Next Generation Participants, Preferred Providers, Next Generation Professionals and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

A. On a quarterly basis, the ACO will accept files from CMS and compare them to rosters loaded in to the ACO data staging database. The data will be assessed for additions, changes, and deletions in the rosters.

B. Collaborative Health Systems (CHS) will provide quarterly reports of the roster changes to the Next Generation Participants and Preferred Providers based on data comparison and analysis conducted.

C. The Next Generation Participants and Preferred Providers will review the reports and submit changes back to CHS so that lists are updated with the most accurate information on Beneficiaries assigned to the ACO.

D. **CMS Roster Files (received by CHS)**

   1. Upon receipt of any Beneficiary roster data files for each ACO from CMS, the CHS IT department (IT) will load them to the system.

   2. For updates, IT will compare and merge the data received with the most recent Beneficiary roster files within 48 hours of receipt by IT of the data. Rosters received will include at least the following information, as provided by CMS:

      a. HICN;

      b. Beneficiary First Name;

      c. Beneficiary Last Name;

      d. Sex;

      e. Date of Birth;

      f. Counts of primary services by TIN; and,

    g.   Deceased Beneficiaries.

3. Completed Beneficiary rosters will be reviewed by the CHS Analytics and Reporting department (Analytics) for accuracy, completeness and quality prior to providing them to the ACO Executive Director (ED). Once reviewed, CHS will send an initial list and quarterly updates to the ED.

4. The Beneficiary roster templates will include flagged information from the comparison of the original file, which will include:

   a. Additions of Beneficiaries to the roster;

   b. Deletions of Beneficiaries from the roster; and,

   c. Other Beneficiary changes, such as deceased Beneficiaries, HICN changes, TIN assignment changes, and Beneficiaries who have declined to have Medicare share their personal health information.

E. **ACO Roster Tracking (at the Next Generation Participant, Preferred Provider and Next Generation Professional level)**

1. Once received, the ED, or their designee, will work with the Next Generation Participants, Preferred Providers and/or Next Generation Professional to review and update, as needed, their roster files. Specifically, the address information for the newly assigned Beneficiaries will be added to the file.

2. Each roster will be completed by the Next Generation Participants, Preferred Providers and/or Next Generation Professional based on Taxpayer Identification Numbers (TIN) and then NPI within each ACO.

3. The ACO will send the Beneficiary template to the owner of the relationship at the Next Generation Participants, Preferred Providers and/or Next Generation Professional level, who will complete and return the Beneficiary template to the ED. The template has fields for required information:

   a. Required fields: Address Line 1, Address Line 2, City, State, Zip, Home Phone Number, Primary Care Physician, PCP NPI.

   b. Additional fields: Mobile Phone Number, Primary email address, secondary email address, Date of Death, Race, Language Spoken, Marital Status, Title, Suffix, Medicare Number.

4. The ACO will collect the Next Generation Participants, Preferred Providers and/or Next Generation Professional updated rosters and will review the visits for each Beneficiary and determine one Primary Care Physician (PCP) at the NPI level per Beneficiary (eliminating hospitalists, covering physicians, specialists, etc. when a more appropriate ACO Participant can be selected).

Beneficiary Rosters

Effective Date: 05/15/2016 Draft/Review Date: 05/15/2016

5. The ED will send completed Beneficiary rosters to Analytics for review of accuracy, completeness, and quality. Verification of accuracy, completeness, and quality includes the following:

   a. Sending the file to RR Donnelly who uses NCOA (National Change of Address) to validate the address and ensure the most recent used by the beneficiary.

   b. A cross-check of completed Beneficiary template data with the CMS-provided data that was sent to the Next Generation Participants, Preferred Providers and/or Next Generation Professional for completion.

   c. Confirmation that required data, listed below, was received and is complete:

      i. All Address Information: Address, City, State, and 5 digit Zip Code;

      ii. All Beneficiaries are assigned to a Provider National Provider Identifier (NPI); and,

      iii. Next Generation Participants, Preferred Providers and/or Next Generation Professional and NPI agree with the CMS accepted Master Provider Table.

   d. Upon verification of accuracy, completion and quality, Analytics will prepare the file for loading in to the Staging Database to begin the Initial Notification Mailing to new Beneficiaries.

6. CHS will provide a method to track the roster dates in IT and maintain a historical record of roster changes by Beneficiary.

Reporting

A. CHS provides Beneficiary Rosters and Claim Rosters to the ACO as appropriate.

Related Documentation

A. ACO Mailing Process Flow Chart

B. ACO Terms & Definitions Policy

C. Initial Beneficiary Notification Policy

D. Privacy & Security of Beneficiary Data

E. Record Retention Requirements Policy

Effective Date: 05/15/2016   Draft/Review Date: 05/15/2016

Additional Guidance

N/A