ACTION: DEFINING ACO-RELATED INDIVIDUALS & BUILDING YOUR PRACTICE ROSTER

We need your help in determining who within your organization is considered an Accountable Care Organization (ACO) Related Individual. This decision informs who should be listed on your practice roster, included in our monthly Exclusion Screening, and required to complete ACO Compliance Training.

Guidance on Defining ACO-Related Individuals

Compliance under CMS and CMMI Value Based Models can be a little less "black and white" than what your organization has experienced previously. Since the legal entity itself does not usually have any employees, it can be difficult to decipher who is actually "a part of" the ACO. This, of course, means it can be difficult to decipher who actually needs to complete the ACO Compliance Training, or be included in our Exclusion Screening. During a CMS site visit, a CMS representative confirmed our understanding that the training requirement is intended to include all "ACO Related Individuals". Your organization has two options as it relates to this:

- **Option 1:** List EVERYONE on the roster! This means everyone in your organization participates in training and the exclusion screening. This option provides full coverage and limits Compliance Risk but may not be the most effective use of valuable resources.
- **Option 2:** Use this resource to help define which individuals within your organization are actually "ACO-Related Individuals." While this option requires a bit more effort up front, it prevents the need for unnecessary training and screenings.

Understanding the Definition of ACO-Related Individuals

ACO-Related Individuals are defined as: individuals or entities providing functions or services related to ACO Activities. This means, anyone in your organization who helps with activities related to promoting accountability for the quality, cost and overall care for Beneficiaries aligned to the ACO. This includes:

- 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 this Agreement.

Applying the Definition of ACO-Related Individuals

According to the definition above, who **should be** on your roster? As a starting point, all clinical and front desk staff must be included and complete the training along with anyone else who is interacting directly with patients (and thus Beneficiaries).

There is some gray area as it relates to the last bullet of the CMS definition; luckily, CMS has provided some clarification as to the "other obligations and duties" to help guide you:

- providing direct patient care in a manner that reduces costs and improves quality;
- promoting evidence-based medicine and patient engagement;
- coordinating care, such as through the use of telehealth, remote patient monitoring, and other enabling technologies;
- establishing and improving clinical and administrative systems for the ACO;
- evaluating health needs;
- communicating clinical knowledge and evidence-based medicine; and
- developing standards for Beneficiary access and communication, including Beneficiary access to medical records.

Therefore, anyone with the duties listed above **should be** included on your practice roster and complete training.

According to the definition, who **doesn't** need to be on your roster? We can exempt janitorial staff and anyone who only handles billing and other back-office administrative tasks (the ACO does not bill Medicare directly, the practice does). There are also situations where entire departments (such as Pediatrics) may be excluded based on their patient population.

If you need help drawing lines within your organization, please feel free to reach out to the Compliance Officer. We are always here to help.