

Dear Implementation Period (IP) Participants and Performance Year (PY) 1 Applicants,

As the PY1 provider list deadline approaches this Friday, October 23, 11:59 PM PST, we wanted to highlight the frequently asked questions we have received regarding participant management. Additionally, we recently hosted an office hours that focused on this topic. The audio recording, including the transcript, of the office hours can be found [here](#). The password to access this recording is: T&p%97*a

Frequently Asked Questions

Q: What participant attestation is the check box referencing?

A: The attestation is referencing the provider notification attestation that was included in the application attesting that the provider has received a copy of the Request for Applications (RFA) and is aware that (1) they are being included on your DCE's provider list for the first performance year and (2) inclusion on that provider list may preclude them from participating in other shared savings models for 2021.

Q: If a non-physician practitioner such as a Physician Assistant (PA) or Nurse Practitioner (NP) only bills Shared Services or Incident to claims and is not passing the PECOS check, how can we add them to our provider list?

A: If a non-physician practitioner is Medicare enrolled, they can be added to your provider list under their employer TIN and their own iNPI. If however, they only bill Incident to or Shared Services under a physician's iNPI, then they do not need to be added to your provider list as their own provider record for their billed claims to be associated with your DCE (e.g., for those claims to be included in claims-alignment). Instead, the physician would need to be entered as a provider on your provider list using the physician's iNPI (which the PA or NP also uses to bill) and the physician's billing TIN.

Q: How do we determine if one of my providers has prior experience in an Accountable Care Organization (ACO) or shared savings program? Is there a database that CMS provides with provider historical experience?

A: In order to assist New Entrant DCEs with this information, CMS has provided a prior experience check for those providers entered at the time of the September 28, 2020 snapshot. It can be found in the reports folder under your data hub in 4i. For more information regarding a provider's prior experience in shared savings models, please follow up directly with the provider.

Q: In the 4i system, why do individual providers flip to organizational NPI and how do we identify the individual provider once they flip to the organizational NPI?

A: If a previously submitted record contained both the oNPI and the iNPI, the system converted it to show up as an organizational provider (as a reminder, oNPI is a prohibited identifier for individual providers – only iNPI and billing TIN should be added). To correctly update this record, delete the provider record and re-enter it as an individual provider with the correct identifiers.

Q: How is the provider list finalized after the 10/23 deadline?

- A: October 23 is your last opportunity to add providers to your provider list. Within one week of October 23, DCEs will be asked to certify the accuracy of their lists (providers could be dropped if needed at that time if, for example, they have not agreed to participate in the model). After certification, a final overlaps check and program integrity screen will be performed, after which the provider list will become locked and cannot be changed until the start of PY1. This list will be used for claims-based alignment. More details and instructions for certifying will be sent via email next week.
- Q: For PY1, if a DC Participant Provider drops from our provider list after the PY1 provider list is finalized, how will that affect our claims-alignment?
- A: If a provider leaves your DCE after the list is finalized per the process described in the previous question, you may remove the provider after April 1, 2021 when the PY begins, but that removal will not affect claims-alignment. Any beneficiaries that are aligned to your DCE based on the removed provider's claims will remain aligned for the remainder of the performance year. Please be aware that if an aligned beneficiary had claims with only the dropped provider in your DCE, certain data for that beneficiary will be 'administratively suppressed' until another provider in your DCE submits claims for that beneficiary or the beneficiary opts into data sharing.
- Q: Can we add our preferred providers at the Facility/ oNPI level? Do we need individual providers to take advantage of the benefit flexibilities or payment flexibilities?
- A: All four provider types - Individual providers, Organizational providers, and Facilities/Institutions, and rendering providers at FQHCs/RHCs/CAH-2s who meet the model requirements-- are eligible to serve as either DC Participant Providers or Preferred Providers and are able to participate in payment mechanisms (TCC, PCC, APO) provided they bill claims eligible for those payment mechanisms. While some benefit enhancements are only available to certain provider types (e.g., the post discharge and care management home visit may only be provided by individual providers or suppliers, the 3-day SNF waiver may only be provided by SNFs which are Facilities/Institutions), status as a DC Participant or Preferred Provider or provider record type does not otherwise affect the availability of benefit enhancements.
- Q: Why was the 'deficiency column' removed from the participant list extract in 4i?
- A: The 'deficiency' column was temporarily unavailable in the participant list extract in the 'Reports' section of 4i. We apologize for the inconvenience. The column is now visible again, and you can see error messages associated with provider records in 4i now.
- Q: What do I do if my providers are changing TINs in the near future (or are currently changing TINs)?
- A: In order to be included on your provider list, the active TIN and iNPI of the provider must be Medicare enrolled and appear in PECOS when the provider is due on October 23. As such, providers should be added onto your list at this point with their current active TIN and iNPI combination. More information will be forthcoming regarding the process to update the TIN once the PY starts if it has changed since it was entered on your provider list. (Note: if the TIN has already changed, you can enter the new TIN since it is active and enter the previous TIN as a legacy TIN.)

Q: How do I add multiple legacy TINs?

A: The process to add multiple legacy TINs to an individual NPI is a two-step process:

1. Please add the provider in 4i as a duplicate provider for each legacy TIN that corresponds to that provider's iNPI. The duplicate records should be the exact same, with the exception of the legacy TIN field (e.g., for an individual provider, the records should have the same iNPI, active billing TIN, provider name, etc.)
2. Send CMMI the attached template that lists the multiple legacy TINs. Please note that this is permitted for individual providers only. On this template, only provider records with multiple legacy TINs should be included. Each provider should be included once, with legacy TINs added in columns E through I of the same row. (I.e., unlike the entries in 4i, there should not be duplicative provider records in the template)

Q. Will CMS pull the legacy TINs that are associated with a provider's iNPI?

A. No, submitting legacy TINs is the responsibility of the DCE. If they are not submitted as part of the DCE's provider list, any claims billed under the legacy TIN will not be used for claims-based alignment.

Below are instructions for encrypting a file to send in the Multiple Legacy TIN Template. Please note that these instructions may vary based on the encryption software available at your organization and the operating system you are using. If you need assistance, please work with your organization's information technology team as our Help Desk cannot provide technical assistance on file encryption.

1. Save the file to your desktop or a local folder.
2. Using the Windows Explorer view, right click the file and select "WinZip", then "Add to Zip File."
3. A new window will pop up with details for your new Zip File. Select "Encrypt Files" under "Encryption."
4. Select the 256-bit AES Encryption Method and select "OK."
5. Select "Add."
6. Enter a password that is at least 8 characters long, re-enter the password, and then select "OK."
7. Send the encrypted file to the Help Desk, and call 1-888-734-6433, Option 1 than Option 3, to provide the password. If applicable, have your existing help desk ticket number ready to provide to the Help Desk.

If you are sending an encrypted document, please do not respond directly to this email and send encrypted document to the Direct Contracting Help Desk team at: DPC@cms.hhs.gov.