

Provider Update – American Choice Healthcare

Return to your PS representative within 15 days of changes or email to Contracting@AmericanChoiceHealthcare.com.

This form is accepted as Notice to update the Provider's Agreement.

Entity Name: _____

Office Contact Name: _____

TIN: _____

Office Contact Email Address: _____

Affected Line of Business: **Commercial** **MSO** **Vendor** **ACO REACH**

1) **New Provider(s):** Please provide the below information for each NEW Provider(s) added to your practice. Provide a spreadsheet if more rows are needed.

Provider Name	Organization NPI	Individual NPI	Specialty	Start Date	Email Address	Office Address	City	St	Zip	County

2) **Terminated Provider(s):** Please provide the below information for each Provider who has left your practice. Provide a spreadsheet if more rows are needed.

Provider Name	Organization NPI	Individual NPI	Specialty	Term Date	Email Address	Office Address	City	St	Zip	County

3) **Billing TIN Change or Addition:** If you have an NEW TIN or change to existing TIN, provide the following information:

CURRENT TIN Information:

NEW TIN Information:

Legal Entity Name:	Legal Entity Name:
TIN:	TIN:
Effective Date:	Effective Date:

4) **Other Demographics Changes or Requests:**

Provider Update – American Choice Healthcare

As part of its participation in the Centers for Medicare & Medicaid Services (“**CMS**”) Accountable Care Organization Realizing Equity, Access, and Community Health (“**ACO REACH**”) Model (“**Model**”), American Choice Healthcare, LLC. (“**ACH**”) is required to provide written notice of the following information to the executive of any TIN through which an individual or entity on the Participant Provider List or Preferred Provider List bills Medicare. This letter serves as such notice.

1. Attached is an update to the demographics or list of NPIs that bills through your entity and will be added or removed to ACH’s Provider List of Preferred Providers or Participant Providers.
2. A Participant Provider’s participation in ACH may preclude the entire TIN from participating in the Medicare Shared Savings Program and any other Medicare initiative that involves shared savings and identifies participants by an entire TIN.
3. A Participant Provider’s participation in ACO REACH may preclude the TIN/NPI combination associated with that individual or entity from participating in the Kidney Care Choices Model, Vermont Medicare ACO Initiative, another REACH ACO in the Model, any other Medicare initiative that involves shared savings and identifies participants by a TIN/NPI combination (except as otherwise specified by CMS), the Maryland Total Cost of Care Model, Primary Care First Model, and the Independence at Home Demonstration.
4. A Preferred Provider’s participation in ACO REACH may preclude the TIN/NPI combination associated with that individual or entity from participating in the Maryland Total Cost of Care Model.

“*ACO REACH Agreement*” means the agreement between ACH and CMS permitting ACH to participate in the Model. “*NPI*” means a national provider identifier.

“*Participant Provider*” means an individual or entity that (1) is a Medicare-enrolled provider (as defined at 42 C.F.R. § 400.202) or supplier (as defined at 42 C.F.R. § 400.202); (2) is identified on the Participant Provider List pursuant to the ACO REACH Agreement; (3) bills for items and services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; (4) is not a Preferred Provider; (5) is not a Prohibited Participant; and (6) has agreed to participate in the Model pursuant to a written agreement meeting the requirements of the ACO REACH Agreement.

“*Performance Year*” means the 12-month period beginning on January 1 of each year during the Model performance period, except in the case of Performance Year 2021, which began on April 1, 2021, and ended on December 31, 2021.

“*Preferred Provider*” means an individual or entity that (1) is a Medicare-enrolled provider (as defined at 42 C.F.R. § 400.202) or supplier (as defined at 42 C.F.R. § 400.202); (2) is identified on the Preferred Provider List pursuant to the ACO REACH Agreement; (3) bills for items and services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; (4) is not a Participant Provider; (5) is not a Prohibited Participant; and (6) has agreed to participate in the Model pursuant to a written agreement meeting the requirements of the ACO REACH Agreement.

“*Prohibited Participant*” means an individual or entity that is (1) a durable medical equipment, prosthetics, orthotics and supplies supplier; (2) an ambulance supplier; (3) a drug or device manufacturer; or (4) excluded or otherwise prohibited from participation in Medicare or Medicaid.

“*Provider List*” means the list that identifies each Provider that is approved by CMS for participation in the Model for a Performance Year that is established and updated in accordance with the ACO REACH Agreement.

“*TIN*” means a federal taxpayer identification number.