



**Scripps Accountable Care Organization, LLC
Standard Operating Procedure**

Title: Accuracy of Data Submitted for Medicare Shared Savings Program

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Approved by: Scripps Accountable Care, LLC
Management Board

Approval Date: 1/20/2017

PURPOSE

The following policy applies to the Scripps' Accountable Care Organization Medicare Shared Savings Program

DEFINITION

1. ACO participant. Means an individual or group of 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
2. ACO provider/supplier. Means an individual or entity that
 - a. Is a provider or a supplier
 - b. Is enrolled in Medicare;
 - c. 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
 - d. Is included on the list of ACO providers/suppliers that is required

PROCEDURE

1. Scripps ACO, its ACO participants, and ACO provider/suppliers will submit all required data and information, including data related to the quality metrics designated by the Centers for Medicare and Medicaid Services (CMS), in the form and manner specified by CMS.
2. ACO participants and provider/suppliers will submit to the ACO and CMS only data or information that is accurate, complete, and truthful to the best of their knowledge and belief.
3. ACO participants and providers/suppliers that knowingly submit false data or information will trigger the remedial measures specified in the Scripps ACO Participation Agreement and could trigger liability under the False Claims Act.
4. In accordance with program requirements, the Scripps ACO Chief Executive or designee will certify to CMS the accuracy, completeness, and truthfulness of the data and information to the best of his or her knowledge and belief.
5. Annually, at the end of each performance year, the Scripps ACO or designee will specifically certify to CMS the following:



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- That the ACO, its participants, provider/suppliers, and other individuals or entities performing functions related to ACO activities are in compliance with program requirements
- The accuracy, completeness, and truthfulness of all data and information that are generated or submitted by the ACO, its participants, provider/suppliers, and other individuals or entities performing functions related to ACO activities – including any quality data or other information or data relied upon by CMS in determining the ACO's eligibility for and the amount of shared savings or losses.