



## Policies and Procedures

<b>Policy Title</b> Reporting and Certifications			
<b>Department Responsible</b> Compliance and Integrity	<b>Policy Code</b> THN – 1.50	<b>Effective Date</b> May 2016	<b>Next Review Date</b> May 2017
<b>Title of Person Responsible</b> Compliance Officer	<b>Approval Council</b> Triad Healthcare Network Board of Managers		<b>Approved Date</b> May 24, 2016

### PURPOSE

Participation in federal programs is a tremendous responsibility and Triad Healthcare Network, LLC (THN) and Accountable Care Organization (ACO) is committed to maintaining a culture that promotes integrity and compliance with all federal and state laws and regulations. This policy outlines the process for developing, reviewing and submitting required reporting and certifications related to the operations of the ACO as defined by the Centers for Medicare & Medicaid Services (CMS).

### DEFINITIONS

TERM	DEFINITION
ACO	A legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants.
ACO Participant	An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118.
ACO Provider/Supplier	An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. § 425.118.

### POLICY

THN employees, members of the Board of Managers (when acting on behalf of the Company), ACO Participants, ACO Providers/Suppliers, and others acting on behalf of THN (Workforce) will comply with the CMS requirements for the submission of quality data, certifications, and other information as required.

### RESPONSIBILITIES

It is the responsibility of the Workforce to abide by this policy.

1. CMS establishes quality performance measures to assess the quality of care furnished by ACOs. CMS requires ACOs to submit quality data on these measures. All THN quality data will



be collected and reported in accordance with technical specifications and methods established by CMS, which are subject to periodic change.

2. All ACO Participants and ACO Providers/Suppliers will cooperate in the gathering, recording, and submission of complete and accurate quality data, certifications, and other information required by CMS, including providing THN access to Medicare beneficiary medical records data as applicable.
3. THN data and other information will be submitted through CMS's Group Practice Reporting Option ("GPRO") Web Interface (a website designed for clinical quality measure reporting) or as otherwise directed by CMS.
4. THN data, certifications and other information will be submitted by the due dates established by CMS.
5. All certifications and other reports submitted to CMS and other government agencies will be made by an individual with authority to legally bind THN and the ability to certify the accuracy and completeness of the data and information to the best of his or her knowledge and belief.

#### REFERENCE DOCUMENTS/LINKS

- 42 CFR 425.302
- 42 CFR 425 Subpart F
- [CMS GPRO Information](#)

#### ATTACHEMENT

N/A

#### PREVIOUS REVISION/REVIEW DATES

Date	Reviewed	Revised	Notes
N/A	N/A	N/A	This is a new policy.