



Policy Title: Availability of Services			
Department Responsible: Compliance and Integrity	Policy Number: 11.5	THN's Effective Date: July 10, 2017	Next Review/Revision Date: July 2018
Title of Person Responsible: Compliance Officer	THN Approval Council: Compliance and Integrity Committee	Date Approved: July 10, 2017	Date Approved by THN Board of Managers August 22, 2017

PURPOSE: To ensure Triad HealthCare Network (THN) makes Medically Necessary Covered Services available to Next Generation Beneficiaries in accordance with applicable laws, regulations and guidance.

DEFINITIONS:

Term	Definition
Medically Necessary	Reasonable and necessary covered services as determined in accordance with section 1862(a) of the Act.
Beneficiary	means an individual who is enrolled in Medicare
At-Risk Beneficiary	A Beneficiary who— A. Has a high risk score on the CMS-Hierarchical Condition Category (HCC) risk adjustment model; B. Is considered high cost due to having two or more hospitalizations or emergency room visits each year; C. Is dually eligible for Medicare and Medicaid; D. Has a high utilization pattern; E. Has one or more chronic conditions; F. Has had a recent diagnosis that is expected to result in increased cost G. Is entitled to Medicaid because of disability; H. Is diagnosed with a mental health or substance abuse disorder; or I. Meets such other criteria as specified in writing by CMS.
Next Generation Participant	An individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Participant List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Preferred Provider; E. Is not a Prohibited Participant; and F. Pursuant to a written agreement with the ACO, has agreed to participate in the Model, to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards.



Next Generation Preferred Provider	<p>An individual or entity that:</p> <ul style="list-style-type: none"> A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Preferred Provider List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Next Generation Participant; E. Is not a Prohibited Participant; and F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.
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POLICY:

The ACO shall require its Next Generation Participants and Preferred Providers to make Medically Necessary covered services available to Next Generation Beneficiaries in accordance with applicable laws, regulations and guidance and shall not take any action to avoid treating At-Risk Beneficiaries or to target certain Beneficiaries for services with the purpose of trying to ensure alignment in a future period. Next Generation Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR § 405, Subpart I.

PROCEDURE:

1. Each year, THN’s Clinical Quality Department shall conduct an analysis of claims data and/or examining beneficiary-level documentation, such as CAHPS surveys and year-to-year beneficiary assignment, to identify trends and patterns suggestive of avoidance of at-risk beneficiaries.
2. The results of the annual risk analysis shall be used to develop an annual Clinical Quality Work Plan to address improvements for availability of services to Beneficiaries. The Work Plan may include changes in operations new policies and procedures and/or education to address risk areas. A copy of the Clinical Quality Work Plan will be provided to the THN Compliance and Privacy Officer for maintenance on THN’s Compliance Share Point site.
3. All beneficiary complaints or grievances that pertain to availability of services shall be made to the contact identified in **THN Policy 10.5- Patient Grievance against THN Provider Management Process**. All Beneficiary complaints shall be documented, investigated and mitigated through corrective action.

REFERENCE DOCUMENTS/LINKS:

1. THN Policy 10.5 Patient Grievance Against THN Provider Management Process
2. Amended and Restated Participation Agreement for 2016 Starters

COMMITTEE APPROVAL: Compliance and Integrity Committee

PREVIOUS REVISION/REVIEW DATES: New Policy

Date	Reviewed	Revised	Notes
07-10-17			New Policy