



Policy Title: Quality			
Department Responsible: THN Quality Informatics VBCI: Value-Based Care Assets: Quality	Policy Number: OP-103	THN's Effective Date: January 1, 2022	Next Review/Revision Date: September 30, 2026
Title of Person Responsible: Executive Director Quality	THN Approval Council: THN Operations Committee	Date Approved: September 11, 2025	Date Approved by THN Board of Managers: August 29, 2022

Purpose. The purpose of OP-103 is to outline the process for completely and accurately reporting performance measures on cost and quality.

- I. **Policy.** THN employees, THNs Designated Representatives, 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 (the workforce) will comply with CMS requirements for the submission of quality data, certifications, and other information as required.

II. Responsibilities.

- A. THN Utilizes standardized, nationally recognized performance measures to assess cost and quality performance. THN utilizes internal reports on cost and quality metrics to identify target populations that would benefit from care coordination and individualized care plans. Minimum performance thresholds for each critical cost and quality metric are established as a benchmark for performance.
- B. THN and its Designated Representative utilize internal reports on cost and quality metrics to identify target populations that would benefit from care coordination and individualized care plan as described in THN's MM-003-Care Coordination policy.
- C. THN's and its Designated Representative's approach to Evidence Based Medical (EBM) decisions involves the effective use of Certified Electronic Health Record Technology (CEHRT) and empowering both providers and staff to take responsibility for providing optimal EBM guideline care for every beneficiary.
- D. At no time shall THN's or its Designated Representative EBM standards or guidelines be used to influence or remove the ability of the provider to make clinical decisions based on the individual circumstances, preferences, or best interests of the beneficiary.
- E. THN and its Designated Representative do not avoid at-risk beneficiaries. Data is used to identify opportunities to meet the goals of improved health, improved quality, and lower costs.

III. Quality Reporting. THN and its Designated Representative shall completely and accurately



report quality measures for each Performance Year. Participants are required to cooperate in quality measure reporting.

1. THN is responsible for procuring a CMS-approved vendor to conduct the CAHPS or other patient experience survey and ensuring that the survey results are transmitted to CMS by a date and in a form and manner established by CMS.
- F. THN submits data that aligns with quality performance measures to CMS, so its performance can be compared to that of other ACO's. CMS requires THN 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.
 - G. 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.
 - H. THN data, certifications, and other information will be submitted by the due dates established by CMS.
 - I. 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.
 - J. Social Determinants of Health Data.** THN or its Designated Representative shall collect and report to CMS demographic and social determinants of health data pursuant to 42 CFR §403.1110(b) for the purpose of monitoring and evaluating the Model. In conducting the collection required under this Section 13.01.D, THN or its Designated Representative shall make a reasonable effort to collect demographic and social determinants of health data from all REACH Beneficiaries but, in the case of a REACH Beneficiary that elects not to provide such data to THN, its Participant Providers, THN shall indicate such election by the REACH Beneficiary in its report to CMS. Such data shall be reported in a form and manner and by the date(s) specified by CMS.
 - K. Enforcement.** THN and its Designated Representative are required to follow all applicable ACO policies, Failure to comply with THN processes, including cooperation with the utilization of EBM standards and guidelines, cooperation with Care Coordination and Health Equity activities, will result in remedial and/or disciplinary actions as appropriate.

Date	Reviewed	Revised	Notes
January 1, 2022			Original Publication
August 2022	X		No changes
April 2023		X	Converted to REACH
December 2024		X	Updated dept/person responsible; added "designated representative"



September 2025	X		No changes