



Policies and Procedures

Policy Title Beneficiary Protections			
Department Responsible Compliance and Integrity	Policy Code THN – 1.45	Effective Date May 2016	Next Review Date May 2017
Title of Person Responsible Compliance Officer	Approval Council Triad Healthcare Network Board of Managers		Approved Date 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 provides the foundation for beneficiary protections related to the operations of the ACO as defined by the Centers for Medicare & Medicaid Services (CMS).

DEFINITIONS

TERM	DEFINITION
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.
In-kind Items and Services	Are any goods, commodities or services, but <u>not</u> cash or cash equivalents.

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 prohibitions on beneficiary inducements.

RESPONSIBILITIES

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

1. The Workforce, will not provide gifts or other remuneration to Medicare beneficiaries as inducements for receiving items or services from THN, to persuade a Medicare beneficiary to remain in THN, or to persuade a Medicare beneficiary to remain with particular ACO Providers/Suppliers.



2. The Workforce may provide Medicare beneficiaries limited in-kind items or services for free or below cost to encourage care coordination and beneficiary health awareness provided such items and services meet all of the following requirements:
 - a. No cash, cash equivalents, or items or services unrelated to health care may be offered or provided at any time. There are no exceptions to this requirement;
 - b. The items and services must be reasonably connected to the medical care of the beneficiary; and
 - c. The items and services must either be:
 - i. Preventative care in nature; or
 - ii. Advance a clinical goal of the Medicare beneficiary. Examples include assisting a Medicare beneficiary in:
 1. Adherence to a treatment regime;
 2. Adherence to a drug regime; and
 3. Adherence to a follow-up care plan, or management of a chronic disease or condition.
3. ACO Participants and ACO Providers/Suppliers will not provide Medicare beneficiaries in-kind items and services except as part of a program approved by THN's ACO's Board of Managers.

REFERENCE DOCUMENTS/LINKS

- 42 CFR 425.304

ATTACHEMENT

N/A

PREVIOUS REVISION/REVIEW DATES

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