

Summary Description of Policies & Procedures (P&Ps)

Effective Date: 1/1/2018

General	
ACO Terms & Definitions	This P&P lists all terms and definitions included in the CHS Policy Guidance Manual templates which ACOs partnered with Collaborative Health Systems (CHS) may adopt.
ACO Governance	
Governance Structure	Outlines the voting structure, responsibilities, and functions of the ACO's Governing Body.
Meeting Minutes	Outlines how the ACO will record and maintain minutes for its Committee and Subcommittee meetings to create a permanent record of discussions during such meetings.
Shared Savings Distributions	Outlines the policy and responsibilities of the ACO regarding any distributions of shared savings it receives as a result of its participation in the Medicare Shared Savings Program.
Compliance & Legal	
Code of Conduct	Outlines the minimum requirements for an ACO's Code of Conduct and should be followed if the ACO chooses to establish a Code of Conduct.
Designation of Compliance Officer	Outlines the roles and responsibilities of the Compliance Officer and Management Committee
Compliance Policy & Plan	Outlines the elements of the ACO's Compliance Plan, as mandated by CMS, and how the ACO is to meet these elements.
Training & Knowledge Updates	Outlines the specifics of the ACO's compliance training program, as required by CMS.
Compliance Guidelines, Reinforcement & Terminations	Outlines how the ACO will enforce compliance with the applicable federal regulations, including the ACO's right to review (and accept or deny) requests by providers to participate in the ACO and the terms under which a Participant or Provider/Supplier may be removed from the ACO.
Compliance Hotline	Outlines the specifics of the requirement to maintain a Compliance Hotline and provide a method for anonymous Compliance reporting.
Communication of Regulatory Guidance & Changes	Outlines how CHS will disseminate regulatory guidance and changes to the ACO and how, in turn, the ACO will communicate such information to Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.
Centers for Medicare & Medicaid Services (CMS) Audit & Monitoring	Describes the agreement the ACO makes to comply with federal audits and outlines how to respond to an audit conducted by a governmental agency.
Office of the Inspector General (OIG)/General Services Administration (GSA) Exclusion Checks	Outlines the process by which the ACO will perform monthly OIG and GSA Exclusion checks.
Public Reporting	Describes the process by which the ACO will ensure transparency through compliance with the Public Reporting requirements, including maintenance of a publicly-accessible website.

Summary Description of Policies & Procedures (P&Ps)

Effective Date: 1/1/2018

Compliance & Legal, continued	
Non-Intimidation & Non-Retaliation	Outlines the ACO's practice on non-intimidation and non-retaliation for good faith reporting of compliance concerns.
Investigation of Reported Incidents & Complaints	Outlines how the ACO will investigate any reported violations and address any actual violations of the ACO's privacy policies.
Reporting Probable Violations of Law	Outlines how the ACO will meet the requirement to report probable violations of law to law enforcement.
Benefit Enhancements	Outlines the restrictions and requirements for the ACO to participate in the three Benefit Enhancement programs available under the Next Generation ACO Model. These Benefit Enhancements are: <ul style="list-style-type: none"> (1) the 3-Day SNF Rule Waiver Benefit Enhancement, (2) Tele health Expansion, and (3) Post-Discharge Home Visits
Beneficiary Incentives for Gifts, Promotions or Rewards	Outlines the restrictions that the Centers for Medicare & Medicaid Services (CMS) has placed on Beneficiary inducements and the process for providing in-kind items.
Coordinated Care Reward	Outlines the requirements and restrictions for the ACO as they related to the Coordinated Care Reward offered by the Centers for Medicare and Medicaid Services to Beneficiaries under the Next Generation ACO Model.
Conflict of Interest	Outlines the types of Conflicts of Interest that may exist and the ACO's process for identifying and addressing such conflicts.
Insider Trading	Outlines certain responsibilities individuals face in trading WellCare stock. It is illegal for individuals to buy or sell equity securities while they possess material non-public information, or to pass such information to others who then buy or sell stock.
Individual Right of Access to Protected Health Information	Outlines how the ACO will ensure that Beneficiaries have full access to their Protected Health Information.
Personal Representatives of Individuals	Outlines how the ACO will ensure individuals' personal representatives are treated as the individual in regards to Protected Health Information.
Privacy & Security of Beneficiary Data	Provides guidelines for securing Beneficiary protected health information (PHI) and the conditions under which such information may be shared with certain individuals.
Privacy Breach Response Plan	Describes the process of an ACO's response to potential and actual breaches of Beneficiary privacy.
Accounting of Disclosures of Protected Health Information	Outlines the process an ACO should follow when it receives a request for accounting of all disclosures of Protected Health Information from a Beneficiary.
Oversight of Marketing Materials	Outlines the processes for creating and approving marketing materials for dissemination to Beneficiaries.
Record Retention Requirements	Outlines the minimum federal regulations for retaining records for the purposes of federal audits, including the requirement that all ACO Participants, Preferred Providers, and other individuals or entities performing functions or services related to the ACO's activities do the same.
Next Generation Waivers	Outlines the procedures for implementing and reporting the ACO's utilization of the waivers available under the Next Generation ACO Model.

Summary Description of Policies & Procedures (P&Ps)

Effective Date: 1/1/2018

Quality of Care & Clinical Program Administration	
Quality Improvement Program	Outlines the requirements of the ACO's Quality Improvement Program and corresponding Work Plan.
Beneficiary Risk Identification & Stratification	Outlines how the ACO will evaluate Beneficiary needs, including a process for periodic reassessments.
Care Coordination Program	Details the ACO's Care Coordination Program, as required by CMS.
Specialty Referrals	Outlines how the ACO will ensure appropriate and timely specialty referrals for Beneficiaries.
Medication Reconciliation	Outlines a recommended process for reconciling Beneficiary medications so as to reduce the risk of harm to the Beneficiary.
Beneficiary Engagement & Communication	Outlines how the ACO will promote Beneficiary engagement focused on Beneficiary-centered care and commitment to quality improvement in care and health.
Beneficiary Education & Self-Management	Outlines how the ACO will provide Beneficiary education and strive towards self-management on an ongoing basis.
Promotion of Evidence-Based Medicine	Outlines how the ACO will promote and adhere to processes for Evidence-Based Medicine.
Provider Access & Availability	Outlines standards for provider access and availability.
Medical Records	Outlines a recommended process for documenting medical information and maintaining such records.
Administrative & ACO Operations	
Analytics & Reporting	Outlines the various roles and requirements for ACO data analysis and periodic reporting.
Adding & Removing Participants & Providers/Suppliers	Outlines the process for adding and deleting ACO Participants and Providers/Suppliers from the ACO rosters. There is a separate process for each action.
Initial Beneficiary Notifications	Outlines the process for notifying Beneficiaries of their provider's participation in the ACO, including a requirement to permit them to decline to share their PHI with the ACO.
Beneficiary Rosters	Outlines how the ACO will maintain its Beneficiary rosters, including the roles of CHS and the ACO
Voluntary Alignment	Outlines the steps and requirements associated with the Voluntary Beneficiary Alignment process allowable under the Next Generation ACO Model.
Beneficiary Discharge & Dismissals	Outlines the circumstances in which a Beneficiary or provider may terminate a doctor-patient relationship.
Writing a P&P Using the ACO Policy Guidance Template	Outlines the step by step process for creating, reviewing, and revising a P&P. Attached to this P&P is a Policy Template for the ACO's reference.