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2023 Compliance Training

For Catalyst Health Network Providers

Compliance Overview

Compliance Overview

Compliance by Definition

Compliance

Healthcare Compliance is the process of abiding by all legal, professional, and ethical compliance standards in healthcare.

Compliance Purpose

The purpose of compliance is to ensure that patients are treated fairly and with respect. This means that healthcare professionals must have a strong sense of ethical responsibility, understand that the work they do contributes to a just, fair, and ethical relationship between the organization and their patients.

Compliance Overview

The Importance

Compliance

Healthcare Compliance is meant to help prevent fraud or abuse of patients. It also protects patient privacy and safety and encourages healthcare professionals to provide high-quality care to all patients.

Compliance Program

A compliance program is a formalized effort to protect, detect, and respond to business conduct that is inconsistent with federal and state laws and with an organization's values.

Compliance Training

Compliance training is the process of ensuring healthcare professionals understand all the relevant laws, regulations, and internal policies that govern the function of an organization. This ensures that individuals know how and why its important to adhere to these laws, regulations, and policies in their day-to-day work.

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Regulatory Compliance

Regulatory Compliance

BAA, NDA, PPA

These documents describe the laws, regulations, and expectations between Catalyst and the participant of the agreement.

- **BAA** (Business Associate Agreement): an agreement entered into specifically to protect PHI.

- **NDA** (Non-Disclosure Agreement): a legally binding contract that establishes a confidential relationship.

- **PPA** (Participating Provider Agreement): an agreement between individual participating providers and the network.

To view the BAA, NDA, or PPA of Catalyst Health Network, please reach out to your Performance Advocate.

Regulatory Compliance

Policies and Procedures

Policy Summary for Providers

Catalyst Health Network has policies and procedures applicable to providers. A summary of these policies can be found at the end of the training.

For any additional questions about the policies and procedures, please reach out to your Performance Advocate.

Regulatory Compliance

Code of Conduct

- Act in an ethical and compliant manner.

- Compliance is everyone's responsibility from the top to the bottom of the organization.

- Commitment to comply with all applicable Federal and State standards.

- Individuals are expected to report compliance concerns, potential violations, and to assist in resolution of reported compliance issues.

- Non-intimidation and non-retaliation policy for good faith reporting of compliance and Fraud, Waste and Abuse issues.

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Fraud, Waste and Abuse

Fraud, Waste, and Abuse

Definitions

- **Fraud** is intentionally misusing information to persuade another person or entity to part with something of value or to surrender a legal right. It could also be an act of planned deception or misrepresentation.

- **Waste** is using, consuming, spending or expending resources thoughtlessly or carelessly.

- **Abuse** is providing information or documentation for a health care claim in a manner that improperly uses program resources for personal gain or benefit. However, there isn't enough evidence to prove criminal intent.

Fraud, Waste, and Abuse

Laws

These laws state the criminal, civil and administrative remedies the federal government may impose when FWA is committed.

- Anti-kickback statute (42 U.S.C. § 1320a-7b(b))
- Criminal code (18 U.S.C. Section 1347)
- False Claims Act (31 U.S.C. §§ 3729-3733)
- Social Security Act (42 U.S.C. chapter 7)
- Stark law (42 USC § 1395nn)

Violating these laws may result in:

- Nonpayment of claims
- Civil money penalties
- Exclusion from all federal health care programs
- Criminal and civil liability

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Compliance Reporting

Compliance Reporting

Zero Tolerance for Retaliation for Reporting in Good Faith

Retaliation against any individual for reporting unethical or unlawful activity in Good Faith is **strictly prohibited** and cannot be subjected to adverse employment action.

A **Good Faith Report** of a compliance matter is made without malice and the person making the report has reasonable cause to believe is true to the best of their knowledge.

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Compliance Reporting

How to Report

- Each individual must follow company policies and procedures, including all applicable federal and state laws. You are the eyes and ears on the front lines and need to report when something does not seem right, or simply is not working.

- Remember, if you have a concern, you should report it **immediately** through the following methods:

Call or email your designated Compliance Officer	Contact your immediate supervisor, department manager, or HR

You are a compliance officer!

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Catalyst Health Network Policies

Network Operations:

GOVERNANCE POLICY (CHN 101)

Defines the structure of the governing body with authority to execute the functions of Catalyst Health Network. The governing body is comprised of the Board of Directors, Network Performance Committee, and Network Engagement Committee who are Catalyst providers representing the network.

CONFLICT OF INTEREST POLICY (CHN 103)

Describes the process to protect Catalyst Health Network's interest when entering into arrangements that might benefit the private interest of the members of the Board of Managers, company officers, and company committee members.

CLINICAL INTEGRATION AND ANTITRUST POLICY (CHN 104)

Describes the process to minimize potential antitrust risks associated with the operation of the Clinical Integration Program for Catalyst Health Network. The policy is enforced in accordance with all applicable laws, rules, and regulations in association with antitrust and anti-kickback.

PROVIDER ACCESS AND AVAILABILITY POLICY (CHN 105)

Establishes that all providers will have a process of patient access and availability to primary care. Access and availability is provided through weekday, weekend, and same day appointments, patient portals, and a 24-hour answering service. *(See Catalyst PPA 3.14)*

PERFORMANCE REPORTING POLICY (CHN 106)

Describes the process for reporting provider performance from a variety of data and sources that articulate key performance indicators. Goals for provider performance are approved by the Board of Directors and transparency is maintained as the reports are generated and discussed with the providers.

COMPLAINTS POLICY (CHG 109)

Describes the process for managing formal complaints from patients and/or providers. Patients and providers have the right to freely voice complaints and recommended changes in care or services without fear of reprisal or unreasonable interruption of services. Complaints are submitted via the Catalyst Health Network website or reported to Care Team Management or Performance Advocates directly. Complaints are logged, responded to within five business days, escalated to the Chief Legal Officer when appropriate, and annually reviewed by the Network Performance Committee.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM POLICY (CHG 206)

Describes the components of the Continuous Quality Improvement Project (CQIP). The CQIP which is led by a Continuous Quality Improvement Committee is organized and implemented to monitor, assess, and improve the quality of healthcare provided by the Catalyst Health Network Care Team and providers.

ACCESSING ELECTRONIC MEDICAL RECORDS POLICY (CHG 314)

Establishes guidelines for Care Team access to patient Electronic Medical Records that comply with federal and state laws. Care Team members follow the provider, payer, or hospital EMR terms and conditions, including preserving confidentiality of individually identifiable health information. Provider offices provide Care Team members appropriate access and training on the system. Upon notification of a Care Team member termination, provider offices terminate EMR access.

Medical Management:

MEDICAL MANAGEMENT SCOPE OF SERVICES POLICY (CHG 301)

Provides a population health management model of services within Catalyst Health Network. Services include Transition of Care, Emergency Care Support, Quality Improvement, Case Management, Disease Management, Referral Management, and Medication Management.

REFERRALS TO THE CARE INTERGRATION PLATFORM POLICY (CHG 302)

Describes the patient workflow for programs within the Care Integration Platform (CIP). Care Team members receive referrals through the referral communication tool (Leading Reach) or may be identified through other sources, and documents patient interactions within the communication tools to inform the provider.

TRANSITION OF CARE PROGRAM POLICY (CHG 303)

Provides information on how the Transition of Care (TOC) program functions including notifying the provider, assessing risk for readmission, contacting the patient to complete a medication reconciliation and to schedule a follow up appointment, and monitoring throughout a 30-day period.

EMERGENCY CARE SUPPORT PROGRAM POLICY (CHG 304)

Provides information on how the Emergency Care Support program functions including notifying the provider, educating on appropriate ED utilization, and contacting the patient to complete a medication reconciliation and to schedule a follow up appointment.

QUALITY IMPROVEMENT PROGRAM POLICY (CHG 305)

Provides information on how the Quality Improvement program functions including reviewing EMR documentation for completed quality measure gaps, contacting patients to complete quality measure gaps, notifying providers of the action or outcome of the patient interaction, and collaborating with providers on quality workflows.

CASE MANGEMENT PROGRAM POLICY (CHG 306)

Provides information on how the Case Management program functions through a multidisciplinary team including engaging patients in healthy lifestyle behaviors, comprehensive assessments, targeted interventions, connecting with community resources, and collaborating with the provider. Patients may be referred to the program based on utilization of services and resources, compromised patient safety, or complications related to medical, psychosocial, or functional condition or needs.

DISEASE MANAGEMENT PROGRAM POLICY (CHG 307)

Provides information on how the Disease Management program functions through a multidisciplinary team including engaging patients in healthy lifestyle behaviors, comprehensive assessments, targeted interventions, connecting with community resources, and collaborating with the provider. Patients may be referred to the program based on specific conditions such as asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, or diabetes.

REFERRAL MANGEMENT PROGRAM POLICY (CHG 308)

Provides information on how the Referral Management program functions including receiving and sending referrals in the Referral Management Platform (Leading Reach) and communicating the referral information with the providers or specialists.

CARE CONFERENCE POLICY (CHG 310)

Describes the components of the Care Conference within Catalyst Health Network. Specific patient cases are discussed with Medical Directors during Care Conference and opportunities are identified for action to be taken in collaboration with the provider.

MEDICATION MANAGEMENT PROGRAM POLICY (CHG 311)

Provides information on how the Medication Management program functions through a multidisciplinary team including completing comprehensive medication assessments, medication adherence coaching and counseling, tracking of therapeutic efficacy, and collaborating with the provider for care plan optimization.