

Policy Title: THN Compliance Program Reviews and Annual Risk Assessment			
Department Responsible: THN Compliance & Integrity	Policy Number: CIT-004	THN's Effective Date: January 1, 2022	Next Review/Revision Date: September 30, 2023
Title of Person Responsible: THN Director of Compliance	THN Approval Council: THN Board of Managers	Date Approved: August 29, 2022	Date Approved by THN Board of Managers: August 29, 2022

- I. **Purpose.** The purpose of CIT-004 set forth policies and procedures pursuant to which the Compliance Officer (or his or her designee) will work with Triad HealthCare Network (THN) Operational Leaders on the development and implementation of an effective system for completion of an Annual Risk Assessment and identification of compliance risks concerning THN's operations. Such system shall include internal monitoring and audits and, as appropriate, external audits, to evaluate THN compliance with applicable state and federal laws and regulations, GPDC Model requirements and the terms and conditions of the relevant agreement, and (3) procedures to ensure that THN's practices are consistent with its stated policies.

- II. **Procedure.**
 - A. THN shall conduct at least Annual Reviews of its Compliance Program to ensure that the Compliance Program is effective and that THN's business practices are consistent with its stated policies, and applicable laws and regulations.
 - B. It is THN's policy for the Compliance Officer (and his or her designee) to coordinate with THN Operational Leaders on the development and implementation of processes and procedures by which THN shall engage in an annual risk assessment related to THN operational activities, including DC participant performance. Such monitoring and auditing shall be designed to identify compliance risks by, among other things, examining if:
 1. Sufficient controls are in place to ensure operational compliance with applicable state and federal laws and regulations, GPDC Model requirements and the terms and conditions of the relevant Participant Agreement, and
 2. THN-Related Individuals are aware of and have been following the applicable requirements.

- III. **Procedures.**

A. Compliance Program Reviews.

1. Subject Matter Areas. THN Compliance Officer (with, as appropriate, the assistance of outside independent review consultants and counsel) shall develop a protocol for performing at least annual reviews of the Compliance Program. This protocol shall provide for reviews of at least the following areas:
 - a. Compliance with the following requirements of the MSSP in relation to the THN's Compliance Program:
 - i. Identification of a designated compliance official or individual who is not legal counsel to THN and reports directly to THN's Board of Managers
 - ii. Creation of mechanisms for identifying and addressing compliance problems related to THN's operations and performance;
 - iii. Development of a method for THN Related Individuals to anonymously report suspected problems related to THN to THN's Compliance Officer.
 - iv. Completion of Compliance training for THN Related Individuals; and
 - v. The requirement for THN to report probable violations of law to an appropriate law enforcement agency.
 - b. To the extent not covered above, any federal health care program risk areas that THN's Compliance Officer determines, in his or her discretion, warrants review as part of the Annual Compliance Review process.

A. **Technique.** The protocol developed by THN's Compliance Officer shall be based on available resources and the type of issue under review.

B. **Review Assistance.** The Compliance Review shall be conducted under the supervision of THN's Compliance Officer (with assistance of outside, independent review consultants and counsel, as necessary). In addition to, or in lieu of, internal reviewers, outside independent review consultants and/or counsel may be used to assist in the Compliance Review, where either THN's Compliance Officer or the Compliance Committee determines that such assistance is necessary or appropriate.

C. Reviewer Qualifications and Independence.

1. The entity or individual(s) conducting the Compliance Review (whether internal or external) shall be independent insofar as they must be able to review THN's practices and procedures and make objective, independent determinations as to the accuracy or effectiveness of those practices or procedures.
2. The reviewers shall have the qualifications and experience necessary to adequately identify potential issues related to the subject they are reviewing.
3. The reviewers shall have access to the resources and information necessary to conduct the Compliance Review, including access to documents and THN Related Individuals.

D. Documentation.

1. The reviewers shall prepare a report of their findings, which may include recommendations, suggestions, and/or any corrective actions to achieve compliance with the Compliance Plan, Code of Conduct, and Policies and Procedures. This report shall be provided to THN's Compliance Officer, who shall review and revise the report, as necessary. THN's Compliance Officer shall then report on the Compliance Review to the THN Chief Compliance Officer and the Compliance Committee as part of his or her regular reporting obligations.
2. Final copies of work papers, notes, and other documentation generated in connection with every Compliance Review, and the findings and conclusions thereof, shall be maintained on the Cone Health SharePoint site, consistent with document retention policies but, in no case, for a period of less than ten years.

E. Monitoring and Formal Annual Review:

1. The performance of THN-Related Individuals shall be monitored on a routine basis. THN Operational Leaders, in consultation with the Compliance Officer, shall determine the manner, degree and frequency of routine monitoring.
2. THN operational activities, including those activities performed by DC Participants, shall be formally reviewed at least annually to assess whether THN is in compliance with GPDC Model requirements and the extent to which THN performance promotes the overall goals and objectives for

the GPDC Model. Such reviews may include audits of selected DC Participants, as determined in accordance with the creation of the Annual Work Plan.

3. Determinations regarding the scope and intensity of routine monitoring and annual risks shall take into account the nature of the activity, the risks, and potential impacts on beneficiaries and/or the Medicare program associated with non-compliance and past experience with relevant DC Participants and Preferred Providers.
4. Specific policies and procedures shall be developed, as necessary and appropriate.
5. Monitoring and annual review strategies designed to detect potential compliance issues may take many forms, including (but not limited to):
 - a. Interviews with DC Participant staff (where applicable);
 - b. Monthly or other scheduled meetings with DC Participant staff (where applicable);
 - c. Collection and analysis of documents and/or data (e.g., through standard or ad hoc reports);
 - d. Direct monitoring (e.g., secret shopper, ride-along);
 - e. Data validation reviews; and
 - f. Chart reviews.
6. Specific data shall be analyzed as applicable and appropriate and reviewed regularly as routine reports are generated and monitored.
7. Annual reviews and/or audits may also be undertaken through arrangements with outside entities that are qualified to assess THN's activities.
8. THN's Operational Leadership shall promptly share copies of monitoring and auditing reports and other evaluations with the Compliance Officer, and the Compliance Officer (or his or her designee) shall promptly review such results.
9. If any problems or deficiencies are identified as a result of routine monitoring or the annual review, THN's Compliance Officer shall work in conjunction with relevant Operational Leadership legal counsel, as appropriate, regarding:
 - a. Investigating the matter to determine the extent to which actual deficiencies exist;

- b. Evaluating the cause(s); Specifying necessary and appropriate corrective actions, including timelines for implementation;
 - c. Implementing procedures for assuring that any necessary corrective action has been effectively applied; and
 - d. Documenting that the corrective action taken has remedied the issue.
10. Other actions by THN may also be appropriate, including (but not limited to) revocation of specific activities by THN-Related Individual and/or termination of employment, contracting or participation in THN.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published
August 2022	X		No changes