

Policy Title: Public Reporting Requirements				
Department Responsible:	Policy Number: CMR-002	THN's Effective Date:	Next Review/Revision Date:	
THN Compliance & Integrity		January 1, 2022	September 30, 2023	
Title of Person	THN Approval	Date Approved:	Date Approved by	
Responsible:	Council:	August 29, 2022	THN Board of	
THN Director of	THN Board of		Managers:	
Compliance	Managers		August 29, 2022	

- I. **Purpose.** The purpose of CMR-002 is to (1) outline and define Triad HealthCare Network's (THN's) Public Reporting Requirements as defined by the GPDC PA and (2) procedures to ensure that THN's practices are consistent with its stated policies.
- II. **Policy.** THN shall promote transparency within the GPDC Model byensuring compliance with all Public Reporting requirements put in place by CMS.

III. Procedures.

- A. THN shall, at all times, be a legal entity identified by a Tax Identification Number (TIN) formed under applicable law and separate from the legal entity of any of its DC Participants or Preferred Providers.
 - 1. THN shall, at all times, maintain compliance with applicable state licensure requirements in each state in which it operates regarding risk-bearing entities.
- B. THN shall maintain an identifiable governing body with sole and exclusive authority to execute the functions of THN and make final decisions on behalf of THN. This governing body shall have responsibility for oversight and strategic direction of THN and is responsible for holding THN management accountable for THN's activities.
 - 1. Each member of the governing body is given a copy of the GPDC PA signed by THN, and any amendments thereto, within 60 days of signature or onboarding.
- C. The Governing Body shall maintain a transparent governing process and, at all times, include:
 - At least one Beneficiary served by THN and at least one person with training or professional experience in advocating for the rights of consumers ("Consumer Advocate") who may be the same person as the Beneficiary. These roles must be filled by an individual who:
 - i. Does not have a conflict of interest with THN;
 - ii. Has no immediate family member with a conflict of interest with THN;
 - iii. Is not a DC Participant, or a Preferred Provider, except that such person may bereasonably compensated by THN for his or her duties as a member of the governing body of THN.
 - 2. Representation sufficient to ensure that 25% control of THN's governing body is held by DC Participants or their designated representatives.



- D. THN will maintain a publicly accessible website. The website will be reviewed and updated as necessary to ensure all information posted on the website is current. The website will include reporting of, at a minimum, the following:
 - 1. Organizational information, including:
 - i. Name and location of THN;
 - ii. Primary contact information for THN;
 - iii. Identification of all DC Participants and Preferred Providers;
 - iv. Identification of all joint ventures between or among THN and any of DC Participants and Preferred Providers;
 - v. Identification of THN's key clinical and administrative leaders and the name of any company by which they are employed; and
 - vi. Identification of members of THN's Board of Managers employed.
- E. THN's website will be considered Marketing Material. All changes must be submitted to THN Marketing Manager for review and approval prior to use on the website in accordance with OP-002, except:
 - 1. THN Data Base Contract Administrator ay update the list of DC Participants or Preferred Providers as needed without submitting those changes for approval.
- F. All updates to required public reporting shall be made within 30 days of the effectivedate of the change. For purposes of:
 - 1. Adding a DC Participant or Preferred Provider, the effective date will be the date the notice is received from CMS;
 - 2. Removing a Participant, the effective date will be the date when the individual's orentity's agreement with THN to participate in the DC Model terminates.
- G. DC Participants are responsible for ensuring that CMS is notified when an individual is no longer billing under the Practice TIN, or when a new individual is added to the practice. Such notification shall be submitted to CMS within 30 days of the notification to THN.

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