Policy Title: Availability of Services/Medical Necessity			
Department Responsible: THN Care Management	**Policy Number:** MM-001	**THN's Effective Date:** January 1, 2022	**Next Review/Revision Date:** September 30, 2023
Title of Person Responsible: Director of Care Management	**THN Approval Council:** THN Operations Committee	**Date Approved:** June 8, 2023	

I. **PURPOSE.** The purpose of MM-001 is to provide (1) to ensure Triad HealthCare Network (THN) makes Medically Necessary Covered Services available to Beneficiaries in accordance with applicable laws, regulations, and guidance and, (2) procedures to ensure that THN's practices are consistent with its stated policies.

II. **POLICY.**

A. THN shall require its ACO Participants and Preferred Providers to make Medically Necessary covered services available to Beneficiaries in accordance with applicable laws, regulations, and guidance.

B. THN shall require its ACO Participant Providers and Preferred Providers to not take any action to avoid treating At-Risk Beneficiaries or to target certain Beneficiaries for services with the purpose of trying to affect the population of Beneficiaries aligned to THN for a subsequent Performance Year.

C. THN shall ensure that no party to a THN financial arrangement gives or receives remuneration in return for, or to induce or reward, any Federal health care program referrals or business generated outside of the Model, and the compensation does not induce either party or other providers or suppliers to furnish medically unnecessary items or services, or to reduce or limit Medically Necessary items or services to any Beneficiary.

D. Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR § 405, Subpart I.

III. PROCEDURE.

A. Each year, THN's Clinical Quality Department shall conduct an analysis of claims data and/or examining beneficiary-level documentation, such as CAHPS (Consumer Assessment of Healthcare Providers and Systems) (Consumer Assessment of Healthcare Providers and

Systems) surveys and year-to-year beneficiary assignment, to identify trends and patterns suggestive of avoidance of at-risk beneficiaries.

B. The results of the annual risk analysis shall be used to develop an annual Clinical Quality Work Plan to address improvements for availability of services to Beneficiaries. The Work Plan may include changes in operations, new policies, and procedures and/or education to address risk areas. A copy of the Clinical Quality Work Plan will be provided to the THN Compliance and Privacy Officer for maintenance on THN's Compliance Share Point site.

C. All beneficiary complaints or grievances that pertain to availability of services shall be made to the contact identified in THN Policy CIT-100: Beneficiary Complaints, Grievances and Appeals. All Beneficiary complaints shall be documented, investigated, and mitigated through corrective action.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published
August 2022	X		No changes
April 2023		X	Converted to REACH