



<b>Policy Title:</b> Participant/Preferred Provider Eligibility, Enrollment, Reassignment & Termination			
<b>Department Responsible:</b> THN Network Development	<b>Policy Number:</b> AMO-100	<b>THN's Effective Date:</b> January 1, 2022	<b>Next Review/Revision Date:</b> September 30, 2024
<b>Title of Person Responsible:</b> Director Payor Relations and Contracting	<b>THN Approval Council:</b> THN Operations Committee	<b>Date Approved:</b> <b>June 8, 2023</b>	

I. **Purpose.** The purpose of AMO-100 is to outline Triad HealthCare Network's (THN's) Policy for (1) Participant/Preferred Provider eligibility, enrollment, reassignment, and termination and (2) procedures to ensure that THN's practices are consistent with its stated policies.

II. **Policy.**

A. THN shall ensure that each Participant Provider:

1. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202);
2. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations;
3. Is not a Preferred Provider;
4. Is not a Prohibited Participant;
5. Has agreed to participate in the Model pursuant to a written arrangement with THN meeting the requirements of Section 3.04 of the Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) Model Performance Period Participation Agreement (PA); and
6. Is identified on the ACO REACH Participant Provider List in accordance with Article IV of the ACO REACH PA.

B. THN shall ensure that each Preferred Provider:



1. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202);
2. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations;
3. Is not a Participant Provider;
4. Is not a Prohibited Participant;
5. Has agreed to participate in the Model pursuant to a written arrangement with THN meeting the requirements of Section 3.04 of the ACO REACH PA; and
6. Is identified on the Preferred Provider List in accordance with Article IV of the ACO REACH PA.

### III. Procedure.

- A. **Provider Enrollment/Reassignment:** THN shall have an arrangement with each of the individuals and entities that are approved by CMS to be a Participant Provider or Preferred Provider that complies with the following criteria:
  1. The arrangement requires the Participant Provider or Preferred Provider to update their Medicare enrollment information (including the addition and deletion of individuals that have reassigned their right to Medicare payment to the Participant Provider or Preferred Provider) on a timely basis in accordance with Medicare program requirements.
  2. The arrangement requires the Participant Provider or Preferred Provider to notify THN of any changes to their Medicare enrollment information (including the addition and deletion of individuals that have reassigned their right to Medicare payment to the Participant Provider or Preferred Provider) within 30 days after the change.
- B. **Provider Termination:** CMS may require THN to remove a Participant Provider or Preferred Provider from THN's Participant Provider List or Preferred Provider List and to terminate its arrangement with the removed Participant Provider or Preferred Provider if CMS determines that the Participant Provider or Preferred Provider:
  1. Has failed to comply with any Medicare program requirement, rule, or regulation;



2. Has failed to comply with THN’s CAP, the monitoring and/or auditing plan developed by CMS for THN, or other remedial action imposed by CMS;
3. Has taken any action that threatens the health or safety of a Beneficiary or other patient.
4. Is subject to sanctions or other actions of an accrediting organization or a federal, state, or local government agency; or
5. Is subject to investigation or action by HHS (including OIG and CMS) or the Department of Justice due to an allegation of fraud or significant misconduct, including being the subject of a compliant, filing of a criminal charge, being subject to an indictment, being named as a defendant in a False Claims Act qui tam matter in which the government has intervened, or similar action.

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