

MEDICAL HOME NETWORK REACH ACO, LLC
("MHN REACH ACO")
Compliance Policies and Procedures

SECTION:	Ethics and Compliance	LAST REVISION DATE:	1.17.2023
SUBJECT:	Government Sanctions Screening	LAST REVIEW DATE:	1.17.2023
POLICY NUMBER:	MRA.EC.005	APPROVED BY:	ERMC-Policy & Procedure Subcommittee

I. POLICY

It is the policy of the MHN REACH ACO (the ACO) to ensure that all ACO Related Individuals are eligible to participate in federal health care programs by completing an exclusion screening against the Office of Inspector General (OIG)/General Services Administration (GSA) Exclusion Databases upon hire or contracting and monthly thereafter.

II. PROCEDURAL GUIDELINES

1. The ACO completes the Exclusion Screening for all employees of the ACO each month. However, since most ACO Related Individuals are not employees of the ACO, the ACO also requires all entities with ACO Participants and Preferred Providers participating in the ACO and any contracted entities to complete the Exclusion Screening monthly for their ACO Related Individuals.
 - a. The ACO also arranges to conduct the exclusion screening for all Participant Providers and Preferred Providers.
 - b. Any contracted entity performing functions or services related to ACO activities is required to conduct the Exclusion Screening for any individuals within their organization who are providing services to the ACO.
2. If an ACO Related Individual is found on any of the exclusion lists, such finding shall be reported to the ACO Compliance Officer immediately (within 1 business day). The Compliance Officer will work with the Governing Body and any relevant ACO Participant to ensure that the individual is appropriately removed from ACO activities.
3. The ACO ensures compliance with the screening requirement by conducting random audits as part of the ACO's monitoring and auditing program. The ACO will request documentation to support completion of screening for a random sample of individuals for ACO Participant TINs, Preferred Providers, and Contracted Entities.
4. If it is found that any ACO Participant TIN, Preferred Provider, or Contracted Entity is not performing the Exclusion Screening as required, then the ACO Compliance Officer will work with the appropriate individuals to ensure remedial actions are implemented. Continued non-compliance may result in disciplinary action up to and including termination of the contractual

MEDICAL HOME NETWORK REACH ACO, LLC
("MHN REACH ACO")
Compliance Policies and Procedures

arrangement with the ACO.

5. Reporting. The ACO shall notify CMS within 15 days after becoming aware that any ACO Participant or Preferred Provider is under investigation or has been sanctioned by the government or any licensing authority (including, without limitation, the imposition of program exclusion, debarment, civil monetary penalties, corrective action plans, and revocation of Medicare billing privileges.

III. FORMS

None

IV. REFERENCES AND ACCREDITATION AUTHORITIES

ACO REACH Model Participation Agreement

V. REVIEW STATEMENT

MHN REACH ACO will maintain the status of this activity and conduct audits as appropriate to ensure compliance. This policy will be reviewed annually or in timely response to changes in local or federal regulations. Modifications to the policy will be made as needed.

VI. CHANGE HISTORY

Update from 9.27.2022, added 1.17.2023

- II. a Removed requirement that Practices and Offices submit an updated roster of all ACO Related Individuals to the ACO no later than the 25th of each month. Added statement that the ACO also arranges to conduct the exclusion screening for all Participant Providers and Preferred Providers.