ACP Network Operation Manual 2016

February 7, 2016

Version 1.0

Contents

1.0 Operation Manual Overview and Update Process

Overview

The Operations Manual is guideline to operationalize the contractual obligations between the Health Care Authority (HCA) and an Accountable Care Program (ACP) Network. The development of this manual is directed in section 2.3 of the Contract.

Update Process and Revision History

The Operations Manual will be reviewed on a quarterly basis by the HCA and ACP Networks. It will be updated by the HCA when a new version is mutually agreed upon by the HCA and an ACP Network. Changes will likely be a result of:

- A contract amendment, or
- A quarterly review process performed in January, March, June and September, and when necessary, the updates will be summarized at the Monthly Operations Meetings for those months.

Version Number	Effective Date	Description
Version 1.0	02/07/2016	Initial Accountable Care Program Operations Manual

2.0 Team Contacts

Placeholder

3.0 Plan Year Schedule and Monthly Operations Meetings

This section provides an annual schedule of key operational events and logistics for monthly operational meetings.

2016 Plan Year Schedule of Events

The schedule provides events for the current plan year and displays monthly events by:

- Operations (Monthly Meetings)
- Member Experience
- Care Transformation (Monthly Meetings)
- Quality Measures and Financial Review (Quarterly Leadership Meetings)
- Financial Reconciliation

HCA will coordinate quarterly reviews and discuss updates at monthly operations meetings.

Version 1 December, 2016	 Annual Plan Year 2016 Schedule of Eve

Monthly Operations Meetings

This section provides logistics and standing agenda items for monthly meetings.

Meeting Logistics

Purpose	Briefly discuss operational issues and jointly identify ways to address and resolve problems.
Frequency	Monthly
Occurrence	Separate meetings for each ACP Network
Duration	One hour
Organizational Attendees	UMP Plus—PSHVN UMP Plus—UW Medicine ACN Uniform Medical Plan third party administrator Uniform Medical Plan pharmacy benefits manager Milliman MedInsight Milliman Actuarial Health Care Authority (HCA)
Organizer	The HCA's ACP Account Manager schedules and facilitates the meetings and will summarize the meetings and collaborate with the ACP Networks to prepare and share agenda and meeting materials

Agenda Topics

The standing items below and items from the Schedule of Events will comprise agenda topics for monthly operational meetings:

- Data files and reporting — validating and interpreting the reports, managing timely transfer, or coordinating on major errors
- Updates to the Operations Manual
- Medical policy changes mid-year
- Provider issues — search functionality, out-of-network consent process, provider change roster process, or adding and removing providers from network
- Member experience/customer service
- Marketing and communications
- Open Enrollment

4.0 Member Services and Experience Reporting

An ACP Network will provide member services and experience updates at the quarterly leadership meetings in an agreed upon format. The content will cover the previous quarter and rolling 12 months beginning January 1, 2016.

Timely Access: Exhibit 1.3(1)(a)

UW Medicine will report quarterly to the HCA on appointments using a mutually agreed upon format. The ACP Network will identify any gaps in provider access and also report quarterly on plans to resolve such gaps.

After-Hours Access: Exhibit 1.3(1)(b)

The HCA will spot check adherence to the after-hours access levels on at least a quarterly basis. Findings that demonstrate a lack of adherence will be discussed at monthly operations meetings and may necessitate discussions about:

- Establishing metrics to be used by the ACP Network to monitor adherence and regularly report to the HCA, and
- Reducing the ACP Network's net savings as specified in Section 2.8 of the Contract

Administrative and Clinical Assistance/Services

HCA Dedicated Contact Center Services: Exhibit 1.3(2)(a)

The HCA will spot check adherence to business hours of the Contact Center business hours in Exhibit 1.3 of the Contract.

HCA Dedicated Contact Center Advocates: Exhibit 1.3(2)(b)

In response to items (i)—(iv), an ACP Network will include information about the contact center in the report presented at the Quarterly Leadership meeting:

- One brief patient story that demonstrate excellent customer service, and
- One brief patient story that demonstrate lessons learned

Whenever applicable, highlight where a Partner Provider might have been involved in excellent customer service or lessons learned and highlight where provider access was improved.

Please summarize in the following format:

- Situation: A succinct overview of the situation
- Background: Pertinent history on the situation
- Assessment: Summarize key facts of what happened
- Changes: What changes, if any, have been implemented

HCA Dedicated Contact Center Performance Guarantees: Exhibit 1.3(2)(c)

An ACP Network will report annually on the previous performance year contact center performance guarantees in Exhibit 1.3(2)(c) in the fourth quarter report and in a timely fashion for use in the financial reconciliation process.

An ACP Network will report monthly on the contact center performance guarantees in Exhibit 1.3(2)(c) in a mutually agreed upon format and summarize action steps taken whenever a monthly measure was below the target.

Website/Portal for Designated ACP Members: Exhibit 1.3(2)(d)

An ACP Network will report monthly on the website metrics in a mutually agreed upon format.

CG-CAHPS Reporting

By May 31 of each year, an ACP Network will provide HCA with a CG-CAHPS report based on the most current version of the survey for the previous performance year.

An ACP Network's CG-CAHPS report will measure and report results for the cluster of questions associated with these four topics in Exhibit 5, Attachment 1 of the Contract and results from these four topics will be used in the financial reconciliation process for an ACP Network:

- Member satisfaction with timely care
- Member satisfaction with provider communication
- Member satisfaction with office staff
- Member satisfaction with overall provider rating

An ACP Network will also measure and include in the CG-CAHPS report any additional questions reported by the Washington Health Alliance. The Washington Health Alliance's additional CG-CAHPS questions for plan year 2016 are below:

- Q 19: In the last 6 months, did you feel that this provider always told you the truth about your health, even if there was bad news?
- Q 20: In the last 6 months, did anyone in this provider's office talk with you about specific goals for your health?
- Q 30: In the last 6 months, did you ask your provider or someone in this provider's office how much you would have to pay for a health care service?
- Q 31: In the last 6 months, how often were you able to find out from someone in this provider's office how much you would have to pay for a health care service?
- Q 35: In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?
- Q 36: When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

5.0 Monthly Care Transformation Meetings

Monthly care transformation meetings will be used by HCA and ACP Network clinical leaders to operationalize the care transformation strategies in Exhibit 1.2 of the Contract.

Meeting Logistics

Purpose	ACP Network and HCA clinical leadership discuss quality improvement plans designed to improve the quality of care and outcomes in a specific area of the delivery system.
Frequency	Monthly
Occurrence	Separate meetings for each ACP Network

Duration	One hour
Key Attendees	ACP Network Chief Medical Officer HCA Chief Medical Officer ACP Network and HCA Associate Chief Medical Officers and other key clinical staff ACP Network and HCA policy staff ACP Network Clinical Measurement experts ACP Network and HCA Account Managers
Organizer	The HCA schedules the meeting, is responsible for meeting materials, and facilitates collaborative discussions between ACP Network and HCA clinical leaders. HCA summarizes meeting discussion and highlights and shares with all attendees. ACP Network and HCA clinical leaders jointly produce a Care Transformation Scorecard for each Quality Improvement Plan.

Care Transformation Scorecard

The Care Transformation Scorecard is a tool developed to assist HCA and ACP Network clinical staff in operationalizing a particular Quality Improvement Plan. Please use the Scorecard or some other method, such as an executive summary, to communicate important activities in the plan. If choosing to use the Scorecard, then the following high-level steps are a guide for capturing implementation activities while a quality improvement plan is developed or updated:

- In preparation for a monthly Care Transformation meeting, ACP Network clinical staff complete or update page 1 and send the Scorecard to the HCA along with the Quality Improvement Plan. The Scorecard can be used to highlight key points of discussion in the meeting.
- After the monthly meeting, ACP Network and HCA clinical staff coordinate on completing the remainder (page 2) of the scorecard and update other sections as needed.
- A scorecard is then used by ACP Network clinical staff to monitor and refine actions and is updated on the same schedule as updates to the Quality Improvement Plan (or sooner if necessary).

The Scorecard template may be updated as needed in a collaborative fashion by HCA and ACP Network clinical staff who use the scorecard.

PSHVN Care Transformation Scorecard Version 1.0 Began using as of: December, 2015	PSHVN QIP TITLE Scorecard DATE V1.0
UWMedACN Care Transformation Scorecard Version 1.0 Began using as of: December, 2015	UWMedACN QIP TITLE Scorecard DATI

Schedule for Quality Improvement Plans

Each Scorecard for a particular Quality Improvement Plan is updated based on the schedule in the Contract. A schedule for developing and updating the Quality Improvement Plans is embedded below.

Quality Improvement Plan Schedule Version 1.0 Began using as of: December, 2015	 Schedule of Quality Improvement Plans.x

Shared Decision Making

Placeholder to insert updated plan/information about Shared Decision Making

Meaningful Use and Adoption of Electronic Health Records

Placeholder: develop with ACP Networks appropriate measurement and monitoring that aligns with Section 2.8 and Exhibit 1.1.

6.0 Quarterly Leadership Meetings

Quarterly leadership meetings provide the opportunity for leaders from an ACP Network and the HCA to review results and discuss topics important to the development and performance of the Accountable Care Program.

Meeting Logistics

Purpose	Leaders discuss policies, progress, and other topics important to the success and direction of the Accountable Care Program in areas such as: • Quality of care, • Financial status, and • Member experience • Care Transformation Summary
Frequency	Quarterly, targeting these months: February, May, August, November
Occurrence	Separate meetings for each ACP Network
Duration	Scheduled for three hours
Key Attendees	Agency Director Contract Manager Chief Medical Officer Chief Policy Officer Chief Financial Officer Chief Operational Managers Account Manager

Organizer	The HCA schedules the meeting. The ACP Network is responsible for developing the meeting materials and facilitating collaborative discussions between ACP Network and HCA clinical leaders. The ACP Network summarizes meeting discussions and highlights and shares with all attendees. HCA is an active participant in developing the meeting agenda and materials in a collaborative fashion and is an active participant in the meetings.

Quarterly Leadership Meeting Schedule and Availability of Content

Topic	February	May (Annual Meeting)	August	November (Semi-annual Meeting)
Financial Review	2016: not applicable Through Q3 prior year	2016: paid claims thru 2/29/16 Through Q4 prior year Year-to-date	Through Q1 (year-to-date)	Through Q2 (year-to-date)
Quality Measures	*Quarterly quality measures provided at the discretion of the ACP Network* Not applicable for 2016 Through Q3 prior year Rolling 12 months	2016: not applicable Through Q4 prior year Rolling 12 months	*Quarterly quality measures provided at the discretion of the ACP Network* Through Q1 plan year Rolling 12 months	Through Q2 plan year Rolling 12 months
Member Experience	Timely Access Enrollment	Timely Access Customer experience Benefit Design update Enrollment update	Timely Access Customer experience Benefit Design wrap-up Enrollment update	Timely Access Customer experience Enrollment update

Care Transformation Dashboard

The Care Transformation Dashboard is a tool developed by HCA to summarize the performance of care transformation by an ACP Network across these topics:

- Patient Centered Medical Home equivalency
- Key Metrics from the table in Section 2.3 of the Contract
- Quality Improvement Plans
- Shared Decision Making

The content for a Dashboard will be drafted and updated primarily by HCA clinical staff. The Dashboard template will be updated by the HCA as needed.

PSHVN Care Transformation Dashboard Version 1.0 Began using as of: January, 2016	 PSHVN Care Transformation Leade
UWMedACN Care Transformation Dashboard Version 1.0 Began using as of: January, 2016	 UWMedACN Care Transformation Leade

7.0 Enrollment and Claims Reporting for ACP Networks

Enrollment and claims reports are provided to the data intermediary of each ACP Network (or directly to the ACP Network in a few cases). The reports are produced to assist an ACP Network in:

- Performing customer service and coordination of care,
- Managing financial trends,
- Delivering and managing the quality of health care services, and
- Providing measures for the annual financial reconciliation process.

Roles and Responsibilities

The HCA is responsible for providing the ongoing reports specified in Exhibit 2.2 and Exhibit 2.3 of the Contract. Late reports will reduce any net deficit an ACP Network might owe for a performance year at the conclusion of a performance year. The schedule for reducing an ACP Network's net deficit can be found in Exhibit 2.3 and Exhibit 3.1 of the contract.

The following chart summarizes the roles and responsibilities of the organizations that develop and implement the reports.

Roles	Responsibilities
Sponsor (Health Care Authority)	Responsible for initiating and ensuring the development and implementation of the reports
UMP third party administrator	Develop and implement eligibility/enrollment, medical and

(Regence)	behavioral claims, and provider reports
UMP PBM (Moda)	Develop and implement pharmaceutical claims reports
HCA Consulting Actuary (Milliman Actuarial)	Assist with the specifications, business rules, and documentation necessary for developing and implementing the reports; keeper of the Data Reporting Specifications and the Business rules
Data Intermediary (Milliman MedInsight)	Accepting and verifying the reports and providing analytic and reporting services to an ACP Network
Recipient (ACP Network)	Use data from the reports to support business functions

ACP Network Reports Schedule

A schedule of ACP Network reports produced by the UMP third party administrator and the UMP pharmacy benefits manager that support the operations of an ACP Network is embedded below.

Schedule of ACP Network Reports Version 1.0 Began using as of: October, 2015	 Schedule of ACP Network Reports V1.(

Reporting Timeliness Notification

Placeholder for HCA's mechanism for tracking ACP Network reports

Inventory and Specifications and Business Rules

An inventory of reports with detailed specifications for each report, and the business rules that apply to the reports, are embedded below.

The HCA's consulting actuary is the keeper of both documents and updates them as needed, and in coordination with the data intermediary for both ACP Networks, to reflect the current reports, specifications, and business rules. A third party receiving either document is notified that it is to place no reliance upon either document that would result in the creation of any duty or liability under any theory of law by HCA's consulting actuary or its employees to the third party.

Inventory and Specifications Version 21 Began using as of: November 23, 2015	 HCA ACP_Reporting Inventory_DRAFT_v2
Business Rules Version 1.0 Began using as of: November 16, 2015	 UMP Plus Business Rules v1 20151116.d

Annual Process for Updating Inventory and Specifications and Business Rules

Each May, the HCA will use the following steps to review and update the Inventory and Specifications and the Business Rules:

- Step 1: ACP Networks collect requested enhancements on the reports, their specifications, and the business rules. The information should include:
    - Enhancement title
    - Enhancement description
    - Specify the report or reports
    - Priority and business justification (supply any context about why the change is needed)
- Step 2: ACP Network submits list of enhancements to HCA:
    - HCA works with both ACP Networks and the UMP third party administrator and UMP pharmacy benefit manager to determine the viability of an enhancement, and the effort and timeline to make the change
    - HCA works with both ACP Networks and the UMP third party administrator and UMP pharmacy benefit manager to appropriately update their work orders
- Step 3: HCA provides implementation plan (development, testing, production release) for the set of enhancements

Attribution

Overview of Cohort Populations and Importance to Financial Reconciliation

An ACP Network serves a population with two cohorts—a *designated* cohort and an *attributed* cohort:

- A member in the designated cohort (defined in Exhibit 3.5 of the contract) selects to enroll in the Uniform Medical Plan (UMP) Plus plan associated with a specific ACP Network.
- The UMP third party administrator assigns a member to the attributed cohort when he or she selects to enroll in either the UMP Classic or the UMP Consumer Directed Health Plan (CDHP) benefit plan and satisfies the criteria necessary to attribute to one of the ACP networks.

A separate calculation is performed for each cohort (see Exhibit 3.4 of the Contract) in the financial reconciliation process for each ACP Network. A single Quality Improvement Score is computed for each ACP network. The entire population of both cohorts is used when calculating each quality measure (see Exhibit 5 of the Contract) and the Quality Improvement Score for the ACP network is used in the financial reconciliation process of both cohorts.

Tentative Attribution Criteria

Overview

Each month the UMP TPA applies a hierarchy that determines if a UMP Classic or UMP CDHP member will be tentatively attributed to an ACP Network. If attributed, then the member remains tentatively attributed to that ACP Network each month for the remainder of the plan year.

A member's monthly pattern of care may result in the member becoming tentatively attributed to another ACP Network in a different month. By the end of a plan year, consequently, a member may be tentatively attributed to multiple ACP Networks.

Claims data

The assignment of tentative attribution is based upon 24 months of paid claims data prior to the month of assignment. For the month of March 2016, for example, the calculation would be based on paid claims from March 2014 through February 2016.

Qualifying visits

Two categories of "qualifying visits" using the Allowed Evaluation and Management (E&M) procedure codes listed in Table III of Exhibit 3.5 are considered to determine tentative attribution:

- Category 1: Primary care specialties in Table I of Exhibit 3.5
- Category 2: Chronic care specialties in Table II of Exhibit 3.5

Hierarchy

A member is first considered for tentative attribution when he or she has at least two category 1 qualifying visits within the 24 months of claims data considered from ACP Program Providers of the same ACP Network. After consideration of category 1 qualifying visits, all remaining members that are not tentatively attributed are considered for tentative attribution when he or she has at least two category 1 or category 2 visits within the 24 months of claims data considered from ACP Program Providers of the same ACP network.

The member is tentatively attributed to an ACP Network for a month of coverage by applying the relevant qualifying visits to this order:

1. The highest number of qualifying visits within the category(s) under consideration.
2. If a tie, then the highest number of relative value units (RVUs) associated with the qualifying visits within the category(s) under consideration.
3. If a tie persists, then the most recent date of service among the qualifying visits within the category(s) under consideration.

As noted above, the hierarchy uses only category 1 qualifying visits for the first pass at tentative attribution and then both category 1 and category 2 qualifying visits for the second pass at tentatively attributing additional members to an ACP Network.

Exclusivity

An ACP Program Provider may participate in multiple ACP Networks within the UMP Plus benefit plan. In that case, the ACP Program Provider must exclusively declare a single ACP Network for the assignment of any attributed member from the UMP Classic and UMP CDHP benefit plans. If the qualifying visits of an UMP Classic or UMP CDHP member satisfies the attribution hierarchy, then the consideration of those exclusively assigned providers will be applied when a member is attributed to an ACP Network. In determining the count of qualifying visits, all ACP Program Providers will be considered as one ACP network—regardless of an ACP Program Provider's participation in multiple ACP Networks.

Definitive Assignment of Attribution

Definitive attribution must be assigned to define the attributed cohort used in an ACP Network's financial reconciliation process. Only tentatively attributed members may be considered in the definitive attribution calculation of an ACP Network. The embedded document, HCA ACP Annual File Scenarios, displays how data are distributed for definitive attribution in certain enrollment examples.

Definitive attribution is calculated using the same categories of qualifying visits and the same hierarchy for assignment of attribution to a specific ACP network. The claims data considered for the definitive attribution will be 24 months by dates of service, ending in the last month of the performance year, after a three-month

claims payment run out. For example, assignment of definitive attribution for the 2016 performance year would be based on claims incurred from January 2015 through December 2016 and paid through March 2017.

HCA ACP Annual File Scenarios Version 1.0 Began using as of: December, 2015	 HCA ACP Annual File Scenarios V1.xlsx

8.0 Financial Data Schedule and Template

Data for financial analysis is supplied to each ACP Network by the UMP third party administrator and UMP pharmacy benefit manager.

Financial Data Schedule

The following schedule displays the expected timing and availability of financial data for discussion at Quarterly Leadership meetings. The HCA and ACP Networks will collaboratively manage and update the schedule.

Assumptions

- Claims data will be delivered from the UMP third party administrator on the 25th of the month
- An ACP Network's data intermediary will likely process the claims data within 7—10 business days
- "Paid through" dates will end March 31 following the end of a base or performance year (representing the 3-month run-out for claims payment specified in the Contract)

Initial Schedule of Target Dates to Manage the Availability of Data

	Base Year	Performance Year		Estimated Data Availability	
Meeting	**2015**	**2016**	**2017**	**ACP Network Data Intermediary**	**HCA Consulting Actuary**
Feb-16	Paid thru 9/30/15	n/a	n/a	n/a	12/22/15
May-16	Paid thru 2/29/16	Paid thru 2/29/16	n/a	4/3/16	4/15/16
Aug-16	Paid thru 3/31/16	Paid thru 5/31/16	n/a	7/4/16	7/15/16
Nov-16	No Change	Paid thru 8/30/16	n/a	10/4/16	10/15/16
Feb-17	No Change	Paid thru 11/30/16	n/a	1/3/17	1/15/17
May-17	No Change	Paid thru 2/28/17	Paid thru 2/28/17	4/3/17	4/15/17
Aug-17	No Change	Paid thru 3/31/17	Paid thru 5/31/17	7/4/17	7/15/17

Nov-17	No Change	No Change	Paid thru 8/30/16	10/4/17	10/15/17

Field Definitions for the Financial Data Schedule

- "Meeting" refers the Quarterly Leadership Meeting where the financial data in that row will be discussed
- "Base Year" and "Performance Year" refer to the time period of available financial data
- "Estimated Data Availability"
    - "ACP Data Intermediary" date is the date the financial data will be ready for analysis by an ACP Network's data intermediary
    - "HCA Consulting Actuary" date is the date the HCA will provide the common financial template to an ACP Network

Financial Data Template

The financial data template will provide a common set of financial statistics specific for each ACP Network. The template will be produced by HCA's consulting actuary and delivered by HCA to each ACP Network based on the Initial Schedule provided in the Financial Data Schedule section. The template is made available to an ACP Network to assist with financial analysis and in identifying financial topics for discussion at Quarterly Leadership meetings. The HCA will share a separate financial template with each ACP Network. The templates, specific to each ACP Network, will not be embedded in the Operations Manual.

9.0 Quality Achievement Program

The Quality Achievement Program in Exhibit 5 of the Contract provides ACP Networks with financial incentives to deliver high-quality health care services.

Quality Measures

The quality measures in the table below will be reported to the HCA by an ACP Network on at least a semi-annual basis. The quality measures will be used to generate a single Quality Improvement Score for the combined designated and attributed population of an ACP Network. The Quality Improvement Score is a key input to the financial reconciliation process.

Quality Improvement Score Measures

Quality Measure	Quality Measure Description
NQF 0059	1-Diabetes patients with A1C>9.0%
NQF 0061	Diabetes patients with BP<140/90
NQF 0055	Diabetes patients with eye exam
NQF 0018	HTN patients with BP<140/90
HEDIS/NCQA	Statin Therapy for Patients with Cardiovascular Disease
NQF 0541	CAD Statin adherence
NQF 0105	Depression Medication Management (12 Weeks)
NQF 0105	Depression Medication Management (6 Months)
NQF 0005	Member Experience with Getting Timely Appointments, Care and Information (always)
NQF 0005	Member Experience with How Well Providers Communicate with Patients (always)
NQF 0005	Member Experience with Helpful, Courteous and Respectful Office Staff (always)
NQF 0005	Member's Overall Provider Rating (9/10)
HEDIS/NCQA	Adult BMI Measurement
NQF 0038	Immunization (child - Combo 10)
NQF 0032	Cervical Cancer Screening
NQF 0033	Chlamydia Screening
NQF 2372	Breast Cancer Screening
NQF 0034	Colorectal Cancer Screening
NQF 0471	1-NTSV C-Section

Quality Measures Template

The HCA will develop a Quality Measures Template that will provide a common set of specifications to be used by each ACP Network in producing the quality measures. The Quality Measures Template will be updated by the HCA to reflect any changes that might result from the annual review of the quality measures. The Quality Measures Template may also be updated as needed by HCA and ACP Network clinical staff. The HCA will perform all updates of the Quality Measures Template in a collaborative fashion with ACP clinical staff.

ACP Network Quality Measures Template Version 1.0 Began using as of: December, 2015	 HCA Quality Data Template Final 12181

Process for Reviewing and Adjusting the Quality Measures

The quality measures will be reviewed at least annually and possibly in response to an update of the Washington State Common Measure Set. The HCA may also assess the need for mid-year changes, for example, if a measure is changed by the National Quality Foundation. Each year, the HCA and ACP Networks will use the following steps to review the quality measures.

- July: Review quality measures and identify possible changes for the next performance year
- August: Research changes and develop rationale and justification
- September: Review measure recommendation with HCA's Chief Medical Officer and Agency Director
- September: Discuss recommendation with ACP Networks at the monthly care transformation meeting
- September 30: Adopt changes by this date for the next plan year

A typical recommendation may include added or deleted quality measures or revising the definition of a measure. Weights, targets, or means in Table 1 above may also be updated.

10.0 Network Provider Processes

Processes have been established to assist the work performed with health care providers.

Out-of-network Consent

The following process is used by the UMP third party administrator and the ACP Networks when an enrollee requests to receive services from an out-of-network provider at in-network benefits.

Version 1 Began using as of: January 1, 2016	Network Consent for Non-Network and Ou

Processes for Adding and Removing Affiliate and Partner Providers

An ACP Network uses the following process to add or remove a provider from its custom network.

Process for Adding an Affiliate or Partner Provider

Process: Version 1 Began using as of: December 1, 2016	Adding Affiliate or Partner Provider Nov
Form: Version 1 Began using as of: December 1, 2016	Form 012015ACP Adding Affiliate or Par

Process for Adding a Provider to a Partner or Affiliate Provider that is a Clinically Integrated Network

Process: Version 1 Began using as of: December 1, 2016	Adding TIN Provider to Partner or Affiliate

Process for Removing an Affiliate or Partner Provider

Process: Version 1 Began using as of: December 1, 2016	Removing Affiliate or Partner Provider Nov
Form: Version 1 Began using as of: December 1, 2016	Form 022015ACP Removing Affiliate or

Change Roster

An ACP Network communicates which providers to add or remove from an ACP Network's custom network through the Change Roster. The processes on adding and removing providers refer to using the Change Roster which is embedded below.

Roster: Version 1 Began using as of: December 1, 2016	Monthly Provider Change Roster Nov 2

Process for Reviewing the Change Roster for Adding and Removing Providers

The HCA and the UMP third party administrator use the following process to review the Change Roster submitted by the ACP Networks.

HCA's Review Process Version 1 Began using as of: December 1, 2016	HCA Reviews Monthly Provider Cha
The UMP third party administrator's End to End Review Process Version 1 Began using as of: December 1, 2016	HCA ACP Provider Data End to End Proc

11.0 Financial Reconciliation Process

Placeholder

12.0 Clinical Data Repository

Placeholder