



2025 Compliance Training

For Catalyst Health Network Providers





Compliance Overview



Compliance Overview



Compliance by Definition

Compliance

Healthcare Compliance is the process of abiding by all legal, professional, and ethical compliance standards in healthcare.

Compliance Purpose

The purpose of compliance is to ensure that patients are treated fairly and with respect. This means that healthcare professionals must have a strong sense of ethical responsibility, understand that the work they do contributes to a just, fair, and ethical relationship between the organization and their patients.

Compliance Overview



The Importance

Compliance

Healthcare Compliance is meant to help prevent fraud or abuse of patients. It also protects patient privacy and safety and encourages healthcare professionals to provide high-quality care to all patients.

Compliance Program

A compliance program is a formalized effort to protect, detect, and respond to business conduct that is inconsistent with federal and state laws and with an organization's values.

Compliance Training

Compliance training is the process of ensuring healthcare professionals understand all the relevant laws, regulations, and internal policies that govern the function of an organization. This ensures that individuals know how and why it's important to adhere to these laws, regulations, and policies in their day-to-day work.



Compliance & Ethics

Compliance & Ethics



Corporate Compliance and Ethics Philosophy

Ethical conduct is integral to the success of Catalyst Health Network. These areas shape Catalyst's culture which influences and improves performance. As such, it is the policy of Catalyst to conduct business affairs in accordance with the standards and rules of ethical business conduct and to abide by applicable laws, both in letter and in spirit.

Providers must comply with Catalyst's standards of conduct contained in its policies and procedures and its Provider Participation Agreement when conducting the organization's business affairs. Providers must immediately report any perceived violations and assist in investigating any allegations of wrongdoing.

It is the policy of Catalyst to prevent the occurrence of unethical or unlawful behavior, to halt such behavior as soon as reasonably possible after its discovery, and to discuss corrective action that may be necessary for providers who violate Catalyst's standards of conduct. In addition, Catalyst's compliance program includes the prevention, detection, and resolution of instances of conduct that do not conform to federal or state laws and Catalyst's ethical business practices.

Compliance & Ethics



The Catalyst Commitment

Catalyst is committed to maintaining its operations in a legal and ethical manner. A carefully developed Compliance Program supports the commitment of our founders, leadership, network providers, and others to uphold legal and ethical standards in fulfilling their job responsibilities.

- Providers are obligated to comply with the law and the standards contained within Catalyst's policies under any circumstance.
- Any provider aware of violations, or potential violations, must immediately advise an officer of Catalyst. Failure to report violations may result in disciplinary action.
- Catalyst will follow procedures to protect any provider or other person from retaliation for exercising any rights under internal policies, applicable laws, and/or regulations.
- The identity of any person who, in good faith, reports a potential compliance violation will be kept confidential unless the investigation leads to civil or criminal prosecution.

Compliance & Ethics



Code of Conduct

- Act in an ethical and compliant manner.
- Compliance is everyone's responsibility from the top to the bottom of the organization.
- Commitment to comply with all applicable Federal and State standards.
- Individuals are expected to report compliance concerns, potential violations, and to assist in resolution of reported compliance issues.
- Non-intimidation and non-retaliation policy for good faith reporting of compliance and Fraud, Waste and Abuse issues.



Regulatory Compliance



Regulatory Compliance



BAA, NDA, PPA

These documents describe the laws, regulations, and expectations between Catalyst and the participant of the agreement.

- **BAA** (Business Associate Agreement): an agreement entered into specifically to protect PHI.
- **NDA** (Non-Disclosure Agreement): a legally binding contract that establishes a confidential relationship.
- **PPA** (Participating Provider Agreement): an agreement between individual participating providers and the network.

**To view the BAA, NDA, or PPA of Catalyst Health Network,
please reach out to your Performance Management Team.**

Regulatory Compliance



Policies and Procedures

Catalyst Health Network has policies and procedures applicable to providers. A summary of these policies can be found at the end of the training.

**For any additional questions about the policies and procedures,
please reach out to your Performance Management Team.**

Regulatory Compliance



Monthly Sanction Screenings

Practices are required to review the DHHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE List) and the General Services Administration (GSA) Excluded Parties Lists System (EPLS) prior to the hiring any new employee or contractor responsible for administering or delivering Medicare benefits and monthly thereafter, to ensure that no staff are excluded or become excluded from participation in federal healthcare programs, including Medicare.

If you have any questions regarding vendor support in performing monthly sanction screenings of your staff, contact your Performance Management Team.

Regulatory Compliance



Annual Compliance Training Requirement

As a requirement for participation in the Catalyst Health Network, practices must provide general compliance and fraud/waste/abuse awareness training to its employees and staff. This includes but is not limited to compliance training distributed by Catalyst or Catalyst's contracted-payors.

As a delegated provider participating with Catalyst, the practice must provide this training to all employees and staff, including the CEO and management-level personnel, upon new hire and again on an annual basis. Additionally, the practice must maintain records of individual training completion for a minimum of ten (10) years. Records of training completion may be requested by Catalyst or Catalyst's contracted-payors at any time.

For more information regarding CMS-mandated training requirements for providers participating in Medicare programs, reference the CMS Medicare Managed Care Manual.

Regulatory Compliance



CMS Compliance Program and HIPAA Privacy

The Centers for Medicare and Medicaid Services (CMS) guidelines reflect the requirements for the **Compliance Program**:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>

Information regarding **HIPAA Privacy** requirements can be found at:

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>



Fraud, Waste and Abuse

Fraud, Waste, and Abuse



Definitions

- **Fraud** is intentionally misusing information to persuade another person or entity to part with something of value or to surrender a legal right. It could also be an act of planned deception or misrepresentation.
- **Waste** is using, consuming, spending or expending resources thoughtlessly or carelessly.
- **Abuse** is providing information or documentation for a health care claim in a manner that improperly uses program resources for personal gain or benefit. However, there isn't enough evidence to prove criminal intent.

Fraud, Waste, and Abuse



Laws

These laws state the criminal, civil and administrative remedies the federal government may impose when FWA is committed.

- Anti-kickback statute (42 U.S.C. § 1320a-7b(b))
- Criminal code (18 U.S.C. Section 1347)
- False Claims Act (31 U.S.C. §§ 3729-3733)
- Social Security Act (42 U.S.C. chapter 7)
- Stark law (42 USC § 1395nn)

Violating these laws may result in:

- Nonpayment of claims
- Civil money penalties
- Exclusion from all federal health care programs
- Criminal and civil liability

Fraud, Waste, and Abuse



Resources

Detailed information on Fraud, Waste, and Abuse Laws
can be found at:

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>



Compliance Reporting



Compliance Reporting



Zero Tolerance for Retaliation for Reporting in Good Faith

Retaliation against any individual for reporting unethical or unlawful activity in Good Faith is **strictly prohibited** and cannot be subjected to adverse employment action.

A **Good Faith Report** of a compliance matter is made without malice and the person making the report has reasonable cause to believe is true to the best of their knowledge.

Compliance Reporting



How to Report

Each individual must follow company policies and procedures, including all applicable federal and state laws and contractual obligations. If you have a concern, you should report it **immediately** through the following methods:

Call or email your
designated Compliance Officer

Contact your immediate supervisor,
department manager, or HR

For compliance concerns related to Catalyst Health Network,
escalate via email to: compliance@catalysthealthgroup.net



Policy & Procedure Summary



Policy & Procedure Summary



Network Operations

- **GOVERNANCE POLICY:** Defines the structure of the governing body with authority to execute the functions of Catalyst Health Network. The governing body is comprised of the Board of Directors, Network Performance Committee, Credentialing Committee, and Provider Peer Review who are Catalyst providers representing the network.
- **CONFLICT OF INTEREST POLICY:** Describes the process to protect Catalyst Health Network's interest when entering into arrangements that might benefit the private interest of the members of the Board of Managers, company officers, and company committee members.
- **CLINICAL INTEGRATION AND ANTITRUST POLICY:** Describes the process to minimize potential antitrust risks associated with the operation of the Clinical Integration Program for Catalyst Health Network. The policy is enforced in accordance with all applicable laws, rules, and regulations in association with antitrust and anti-kickback.
- **PROVIDER ACCESS AND AVAILABILITY POLICY:** Establishes that all providers will have a process of patient access and availability to primary care. Access and availability is provided through weekday, weekend, and same day appointments, patient portals, and a 24-hour answering service. (See *Catalyst PPA 3.14*)
- **PERFORMANCE REPORTING POLICY:** Describes the process for reporting provider performance from a variety of data and sources that articulate key performance indicators. Goals for provider performance are approved by the Board of Directors and transparency is maintained as the reports are generated and discussed with the providers.

Policy & Procedure Summary



Network Operations (continued)

- **COMPLAINTS POLICY:** Describes the process for managing formal complaints from patients and/or providers. Patients and providers have the right to freely voice complaints and recommended changes in care or services without fear of reprisal or unreasonable interruption of services. Complaints are submitted via the Catalyst Health Network website or reported to Performance Advocates directly. Complaints are logged, responded to within five business days, escalated to the Compliance Officer or Chief Legal Officer when appropriate, and annually reviewed by the Network Performance Committee.
- **CONTINUOUS QUALITY IMPROVEMENT PROGRAM POLICY:** Describes the components of the Continuous Quality Improvement Project (CQIP). The CQIP which is led by a Continuous Quality Improvement Committee is organized and implemented to monitor, assess, and improve the quality of healthcare provided by the Catalyst Health Network Care Team and providers.
- **ACCESSING ELECTRONIC MEDICAL RECORDS POLICY:** Establishes guidelines for Care Team access to patient Electronic Medical Records that comply with federal and state laws. Care Team members follow the provider, payer, or hospital EMR terms and conditions, including preserving confidentiality of individually identifiable health information. Provider offices provide Care Team members appropriate access and training on the system. Upon notification of a Care Team member termination, provider offices terminate EMR access.

Policy & Procedure Summary



Medical Management

- **MEDICAL MANAGEMENT SCOPE OF SERVICES POLICY:** Provides a population health management model of services within Catalyst Health Network. Services include Transition of Care, Emergency Care Support, Quality Improvement, Case Management, Disease Management, Referral Management, and Medication Management.
- **REFERRALS TO THE CARE INTERGRATION PLATFORM POLICY:** Describes the patient workflow for programs within the Care Integration Platform (CIP). Care Team members receive referrals through the referral communication tool (Leading Reach) or may be identified through other sources, and documents patient interactions within the communication tools to inform the provider.
- **TRANSITION OF CARE PROGRAM POLICY:** Provides information on how the Transition of Care (TOC) program functions including notifying the provider, assessing risk for readmission, contacting the patient to complete a medication reconciliation and to schedule a follow up appointment, and monitoring throughout a 30-day period.
- **EMERGENCY CARE SUPPORT PROGRAM POLICY:** Provides information on how the Emergency Care Support program functions including notifying the provider, educating on appropriate ED utilization, and contacting the patient to complete a medication reconciliation and to schedule a follow up appointment.
- **QUALITY IMPROVEMENT PROGRAM POLICY:** Provides information on how the Quality Improvement program functions including reviewing EMR documentation for completed quality measure gaps, contacting patients to complete quality measure gaps, notifying providers of the action or outcome of the patient interaction, and collaborating with providers on quality workflows.

Policy & Procedure Summary



Medical Management (continued)

- **CASE MANGEMENT PROGRAM POLICY:** Provides information on how the Case Management program functions through a multidisciplinary team including engaging patients in healthy lifestyle behaviors, comprehensive assessments, targeted interventions, connecting with community resources, and collaborating with the provider. Patients may be referred to the program based on utilization of services and resources, compromised patient safety, or complications related to medical, psychosocial, or functional condition or needs.
- **DISEASE MANAGEMENT PROGRAM POLICY:** Provides information on how the Disease Management program functions through a multidisciplinary team including engaging patients in healthy lifestyle behaviors, comprehensive assessments, targeted interventions, connecting with community resources, and collaborating with the provider. Patients may be referred to the program based on specific conditions such as asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, or diabetes.
- **REFERRAL MANGEMENT PROGRAM POLICY:** Provides information on how the Referral Management program functions including receiving and sending referrals in the Referral Management Platform (Leading Reach) and communicating the referral information with the providers or specialists.
- **CARE CONFERENCE POLICY:** Describes the components of the Care Conference within Catalyst Health Network. Specific patient cases are discussed with Medical Directors during Care Conference and opportunities are identified for action to be taken in collaboration with the provider.
- **MEDICATION MANAGEMENT PROGRAM POLICY:** Provides information on how the Medication Management program functions through a multidisciplinary team including completing comprehensive medication assessments, medication adherence coaching and counseling, tracking of therapeutic efficacy, and collaborating with the provider for care plan optimization.



Additional Compliance Requirements

Additional Compliance Requirements



CMS and Payers

- [CMS Medicare Managed Care Manual – Compliance Program Guidelines](#)
- [Aetna Medicare Compliance Program Guide](#)



Thank You