

UC San Diego Health Physician Network, a Clinically Integrated Network (CIN)

Policies and Procedures

Version 2.0 (Updated May 2025)

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1. Introduction and Purpose

a. Mission Statement

- i. To improve the quality, efficiency, and affordability of healthcare for our community by fostering collaborative relationships among providers, enhancing care coordination, and implementing innovative care delivery models that prioritize patient-centered outcomes.

b. Vision Statement

- i. To be the leading network of providers of high-quality, patient-centered healthcare in our region, recognized for its innovative care models, exceptional patient outcomes, and strong community partnerships.

c. Purpose

- i. The purpose of the UC San Diego Health Physician Network is to improve the health and well-being of our community by:
 1. Enhancing the quality and coordination of care for our patients.
 2. Promoting the efficient and effective use of healthcare resources.
 3. Improving the health outcomes of our patients through data-driven decision making and population health management strategies.
 4. Advocating for policies that support high-quality, affordable, and accessible healthcare for all.

d. Scope of Services

- i. The UC San Diego Health Physician Network will focus on providing high-quality primary and specialty care to patients across San Diego, Imperial, and Riverside counties.

2. Governance and Organization

a. Governance Committees, Roles, and Responsibilities

i. CIN Advisory Board

1. Provide overall governance for the network.
2. Review and approve policies and procedures.
3. Review and approve proposed strategy and key decisions.
4. Review and approve new candidates for the network.
5. Review member deficiencies and determine corrective actions, including member terminations.

ii. CIN Credentialing Committee

1. Review and approve credentialing applications.

iii. Network Development Strategy Committee

1. Establish and communicate network strategy.
2. Provide final approval for contracting of prospective affiliations.

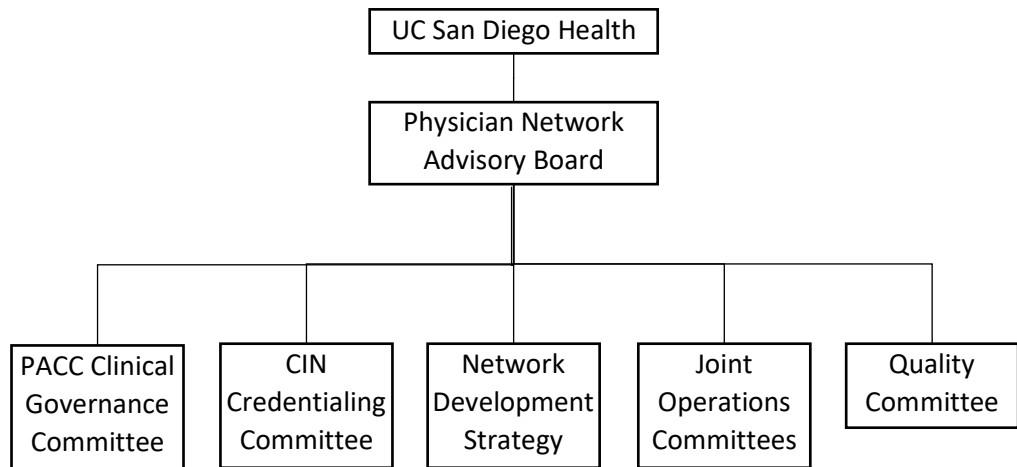
iv. PACC Clinical Governance Committee

1. Provide UC San Diego Health Epic Community Connect to affiliates.
2. Perform system maintenance, upgrades, and develop solutions as needed.

v. Joint Operational Committees (with individual members)

1. Develop, review, and execute contract offerings for affiliates.
2. Integrate affiliates into management service operations as needed.

b. Organizational Chart



c. Board and Committee Member Terms:

i. To ensure continuity, fresh perspectives, and effective governance:

1. Permanent Seats: Certain board and committee positions shall be permanently held by designated representatives from UC San Diego Health, Perlman Clinic, San Diego Sports Medicine, The Neurology Center. These representatives may be changed at the discretion of UC San Diego Health upon written notice.

2. Rotating Seats: Other board and committee members shall serve staggered three (3) year terms, with eligibility for one additional term upon approval by UC San Diego Health.
 3. Term Limit Purpose: This structure balances institutional knowledge with new perspectives while maintaining essential partner representation.
 4. Transition Protocol: All rotating members shall conclude service at term end unless UC San Diego Health grants an exception for extenuating circumstances.
- d. Decision-making processes
- i. Decisions may be initiated by stakeholders, the Governing Body, or operational committees in response to clinical, operational, or financial needs. The need for a decision must be clearly articulated, including the issue, desired outcomes, and potential impact on the CIN.
 - ii. Gather relevant data, including clinical outcomes, financial metrics, and stakeholder input. Conduct a thorough analysis of the issue, considering evidence-based practices, regulatory requirements, and the CIN's strategic goals.
 - iii. Engage key stakeholders, including physicians, administrators, and patient representatives, to ensure diverse perspectives are considered. Solicit feedback through meetings, surveys, or other communication channels.
 - iv. Develop a proposal outlining the recommended decision, including:
 1. Rationale and supporting evidence.
 2. Potential benefits and risks.
 3. Implementation plan and resource requirements.
 4. Ensure the proposal aligns with the CIN's mission and goals.
 - v. Present the proposal to the appropriate decision-making body (e.g., Governing Body, Clinical Committee, or Finance Committee). Facilitate discussion to address questions, concerns, and alternative solutions. Decisions will be made by consensus or majority vote, as defined by the CIN's governance structure.
 - vi. Document the decision, including the rationale, voting outcomes, and implementation plan. Communicate the decision to all relevant stakeholders in a timely and transparent manner.
 - vii. Execute the decision according to the approved implementation plan. Monitor outcomes to ensure the decision achieves its intended goals. Adjust strategies as needed based on ongoing evaluation and feedback.
 - viii. Regularly review the effectiveness of the decision-making process. Identify opportunities for improvement and update the policy and procedure as needed.

3. Membership, Participation, Monitoring, and Evaluation

- a. Membership Criteria
- i. Use a preferred, federally certified electronic health record (EHR) system.
 - ii. Accept new patients and provide timely access to care.
 - iii. Maintain current board certification and medical licensure.

- iv. Currently exchanges clinical information with other providers via secure methods or is capable and committed to doing so.
 - v. Operate solely within the geographic territory covered by the network.
 - vi. Providers are actively board certified, not excluded from federal or state health programs, and do not have significant liability issues.
 - 1. Exceptions to providers without active board certification may be granted on a case-by-case basis at the reasonable discretion of the CIN Credentialing Committee.
 - vii. Corporate filings with the state of California are appropriately furnished and in good standing.
 - viii. DEBA permits are appropriately filed and current.
 - ix. Providers pass NCQA credentialing standards.
 - x. Clinic sites pass required site audit criteria.
 - xi. Adheres to evidence-based quality standards, protocols, and guidelines
 - xii. Willing to participate in value-based care programs and potentially share risk
 - xiii. Currently monitors and reports quality performance and patient outcomes
 - xiv. Conducts quality improvement initiatives with providers and staff
 - xv. Has high patient satisfaction ratings
 - xvi. Will elect a physician who can be dedicated to regularly participate in the network committees as needed
- b. Membership Agreement
- i. Required agreements
 - 1. Affiliation Agreement (AA)
 - 2. Participation Agreement (PA)
 - 3. Business Associate Agreement (BAA)
 - 4. Non-Disclosure Agreement (NDA)
 - 5. Trademark License Agreement (TLA)
 - 6. Provider Services Agreement (PSA)
 - ii. Obligations of participating providers
 - 1. Complete annual compliance trainings and other mandatory matters as needed.
 - 2. Participate in all health plans offered by UC San Diego Health, including Managed Care/HMO health plans administered by UC San Diego Health to the fullest extent reasonably practicable within their existing operational framework.
 - 3. Install UC San Diego Health Epic Community Connect or subscribe to PHSO Link, a free online tool that provides access to patient records, communication channels with patient's providers, as well as resources for referrals, claims, and authorizations.
 - 4. Attend regular network collaborative meetings and engage with network leadership.
 - 5. Submit a census of all providers and clinic locations on an annual basis.
 - 6. Submit new providers for credentialing.

7. Select quality metrics, report performance data regularly, and adhere to performance requirements on the PHSO Scorecard administrated by UC San Diego Health Population Health Services Organization.
 8. Pass clinic site audits every 3 years and complete corrective action plans (CAP) within one hundred and twenty (120) days.
 9. Execute a Trademark License Agreement (TLA) and utilize the “Affiliated with UC San Diego Health Physician Network” logo on websites and temporary signage to the fullest extent reasonably practicable.
- iii. Rights and privileges of members
1. Non-exclusivity
 2. Membership in UC San Diego Health Managed Care Network
 3. Clinical integration in a robust primary and specialty care network
 4. Joint payer contracting services
 5. Co-branding, marketing, and promotion
 6. Expert guidance for improved quality and regulatory compliance
 7. Management services and access to industry resources
 8. Licensing of UC San Diego Health’s electronic medical record
- iv. Procedures for joining the CIN
1. Each prospective member will undergo a complete assessment to determine eligibility and overall strategic fit for the CIN.
 2. The assessment process includes the following:
 - a. Signing a non-disclosure agreement (NDA)
 - b. Ensuring providers are not opted out of Medicare by reviewing public data available here: <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits/data>
 - c. Ensuring providers are not excluded from Medicare or Medicaid by reviewing public data available here: <https://exclusions.oig.hhs.gov/?AspxAutoDetectCookieSupport=1>
 - d. Ensuring medical group has furnished appropriate business licenses that are active and in good standing with the state of California by reviewing public data available here: <https://bizfileonline.sos.ca.gov/search/business>
 - e. Ensuring medical group has furnished appropriate doing business as (DBA) licenses that are renewed and current with the appropriate California medical board by reviewing public data available here: <https://search.dca.ca.gov/?BD=800&TP=8002> or requiring a copy of medical group’s DBA certificate.
 - f. Fully credentialing physicians, nurse practitioners, physician assistants, and behavioral health therapists, based on University of California and NCQA standards.

- g. Completion of a site audit for a minimum of one clinic location and completion of a corrective action plan (CAP), if applicable, within one hundred and twenty (120) days after the site audit.
 - h. Medical group must provide recent performance data for a minimum of four (4) quality metrics.
 - i. Medical group must provide a curriculum vitae (CV) for each physician.
 - j. Medical group must provide a copy of their w9.
 - k. Medical group must be approved by the UCSD Managed Care Contracting Committee and complete the contracting process to participate in all Managed Care/HMO health plans offered by UC San Diego Health.
- v. Procedures for leaving the CIN
 - 1. No-cause termination: CIN members may terminate their membership agreements without cause per the timelines detailed in the AA and PA.
 - 2. Probation and termination with cause: Existing CIN members with deficiencies to the obligations listed above will be placed on probation and may be terminated by following the procedure below:
 - a. CIN member will be provided with a written notice of non-compliance to be sent by certified mail.
 - b. Notices of non-compliance will provide instructions and a reasonable timeline for remediation.
 - c. If remediation has not been successfully achieved, deficient CIN members will be reported at the next CIN Advisory Board meeting.
 - d. The CIN Advisory Board will determine appropriate next steps, which may include provisioning additional time for remediation, or termination from the CIN, or other required actions to be completed by the deficient CIN member.
- c. Performance Monitoring
 - i. CIN members performance will be reported on the PHSO Scorecard and updated on a regular basis. The PHSO Scorecard will be available on the member's account page on <https://ucsdhn.org>.
 - ii. Network administration will assign performance targets on an annual basis.
 - iii. Network administration will review performance results on a regular basis and assign corrective action plans (CAPs) for any performance targets not being met.
 - iv. CAPs must be completed within one hundred and twenty (120) days and improvement in performance must be observed. If CAPs are not completed and/or performance improvements are not observed within one hundred and twenty (120) days, member will be placed on probation and procedures for leaving the CIN with cause will be followed.
- d. Data analysis
 - i. At any time, network administration may request to perform chart reviews on CIN member's electronic medical record for the purposes of maintaining high

quality performance. Chart review will be conducted by the network Clinical Quality Specialist. Chart review may result in a need to develop performance improvement goals.

- e. Continuous improvement
 - i. Regularly review and update policies and procedures based on performance data and feedback

4. Provider Relations, Communication, and Training

- a. Account Management
 - i. Each participating provider (physician, group practice, or facility) will be assigned a dedicated Account Manager within the CIN.
 - ii. Serve as the primary point of contact for the provider.
 - iii. Provide ongoing communication and support regarding CIN initiatives, policies, and procedures.
 - iv. Assist providers with navigating CIN resources and tools.
 - v. Address any provider concerns or issues promptly and effectively.
 - vi. Facilitate communication between providers and other departments within the CIN (e.g., Finance, Quality Improvement).
 - vii. Collect provider feedback and identify areas for improvement within the CIN.
- b. Communication Channels
 - i. Regular Meetings:
 - 1. Regular meetings will be held with providers, either individually or in group settings, to discuss CIN updates, address concerns, and gather feedback.
 - 2. Meeting frequency may vary depending on the provider's needs and the specific issues under discussion.
 - ii. Electronic Communication:
 - 1. Electronic communication channels, such as email and secure messaging platforms, will be utilized for day-to-day communication and information dissemination.
 - 2. The CIN will maintain a secure online portal for providers to access information, submit requests, and communicate with the CIN staff.
 - iii. Newsletters & Updates:
 - 1. Regular newsletters and updates will be distributed to providers via email or the online portal to keep them informed about CIN activities, performance data, and important announcements.
- c. Dispute Resolution
 - i. Informal Resolution:
 - 1. In the event of a dispute between a provider and the CIN, efforts will be made to resolve the issue informally through direct communication and mediation between the provider and their Account Manager.
 - ii. Formal Resolution Process:
 - 1. If informal resolution efforts are unsuccessful, a formal dispute resolution process may be initiated.

2. This process may involve a review by a designated committee within the CIN or an independent third party.
 3. The specific steps of the formal dispute resolution process will be outlined in a separate document.
- d. Provider Recognition and Engagement
 - i. Recognition Programs
 1. The CIN will establish programs to recognize and reward providers for their contributions to the network and their achievement of quality improvement goals.
 - ii. Provider Engagement Activities:
 1. The CIN will organize and participate in various activities to foster provider engagement and build strong relationships within the network.
 2. These activities may include educational events, social events, and opportunities for peer-to-peer learning.
- e. Communication and Training
 - i. Internal Communication
 1. Effective and timely internal communication is essential for the success of the Clinically Integrated Network (CIN). All decisions, updates, and relevant information will be communicated to stakeholders through designated channels, such as email, secure messaging platforms, or scheduled meetings. Department heads and committee leaders are responsible for ensuring their teams are informed. Transparency and clarity are prioritized to maintain alignment and foster collaboration across the network. Feedback mechanisms will be in place to address questions or concerns promptly.
 - ii. External Communication
 1. The Clinically Integrated Network (CIN) is committed to maintaining clear, consistent, and professional communication with external stakeholders, including patients, payers, community partners, and regulatory bodies. All external communications will be coordinated through the CIN's designated communications team to ensure accuracy, compliance, and alignment with the network's mission and values. Press releases, public statements, and outreach materials must be approved by the Governing Body or its designee. The CIN will proactively share updates on initiatives, outcomes, and community benefits while safeguarding patient privacy and confidential information in accordance with applicable laws and regulations.
 - iii. Training and Education
 1. The Clinically Integrated Network (CIN) prioritizes the ongoing training and education of its stakeholders to ensure the delivery of high-quality, evidence-based care. All training and educational opportunities, including workshops, webinars, and certification programs, will be communicated through centralized channels such as email announcements, member account pages on the CIN's website

<https://ucsdhn.org>, or other learning management system (LMS) such as UC Learning Center. Medical group leaders and committee chairs are responsible for identifying and disseminating relevant training needs and schedules to their teams. Participation in mandatory training will be tracked, and reminders will be sent to ensure compliance. Feedback on training programs will be collected to continuously improve educational offerings and meet the evolving needs of the network.

5. Clinical Integration Activities

- a. Quality Improvement Program
 - i. All members of the CIN are required to provide data for quality metrics. Quality data may be obtained directly from the member's EMR or transmitted via another secure method.
 - ii. Performance will be measured on the PHSO Scorecard. Benchmarking for each metric will be assigned based on nationally accepted standards such as NCQA/HEDIS or the Medicare Merit-Based Incentive Payment System.
 - iii. UC San Diego Health will provide CIN members with access to physician champions and other experts that will collaborate with members on quality improvement projects and initiatives.
 - iv. UC San Diego Health will develop, maintain, and enforce the use of clinical practice guidelines and protocols in collaboration with CIN members.
- b. Care Coordination and Management
 - i. Patient identification and risk stratification
 - 1. The Clinically Integrated Network (CIN) will implement a systematic process to identify patients and stratify them based on clinical risk, social determinants of health (SDOH), and other relevant factors. This process will utilize data analytics, electronic health records (EHRs), and validated risk assessment tools to categorize patients into risk tiers (e.g., low, moderate, high). High-risk patients, such as those with chronic conditions or complex care needs, will be prioritized for targeted care coordination interventions. The risk stratification process will be reviewed and updated regularly to ensure accuracy and alignment with patient needs and organizational goals. All patient data will be handled in compliance with privacy regulations, including HIPAA.
 - ii. Care transitions
 - 1. The Clinically Integrated Network (CIN) is committed to ensuring safe, seamless, and effective transitions of care for patients moving between healthcare settings (e.g., hospital to home, primary care to specialty care). A standardized care transition protocol will be implemented, including the following key components:
 - a. Comprehensive Discharge Planning: Develop individualized discharge plans that address medical, social, and follow-up care needs.

- b. Timely Communication: Ensure all relevant patient information (e.g., medications, treatment plans, test results) is shared with receiving providers prior to or at the time of transition.
 - c. Patient and Caregiver Engagement: Educate patients and caregivers about their care plan, medications, and warning signs that require immediate attention.
 - d. Follow-Up: Schedule and confirm post-discharge appointments, and conduct follow-up calls or visits to monitor patient progress and prevent readmissions.
 - e. Accountability: Designate a care transition coordinator or team to oversee the process and address any barriers to continuity of care.
 - 2. These practices will be regularly evaluated and refined to improve patient outcomes and reduce avoidable readmissions.
- iii. Chronic disease management
 - 1. The Clinically Integrated Network (CIN) will implement evidence-based, patient-centered strategies to manage chronic diseases effectively and improve long-term health outcomes. Key components of the chronic disease management program include:
 - a. Personalized Care Plans: Develop individualized care plans for patients with chronic conditions, such as diabetes, hypertension, and COPD, based on clinical guidelines and patient-specific needs.
 - b. Multidisciplinary Team Approach: Engage a team of healthcare providers, including physicians, nurses, pharmacists, and care coordinators, to deliver comprehensive and coordinated care.
 - c. Patient Education and Self-Management: Provide patients with tools, resources, and education to empower them to manage their conditions effectively, including lifestyle modifications and medication adherence.
 - d. Regular Monitoring and Follow-Up: Use remote monitoring, telehealth, and in-person visits to track patient progress, adjust treatment plans, and address emerging issues promptly.
 - e. Data-Driven Interventions: Leverage data analytics to identify high-risk patients, measure outcomes, and implement targeted interventions to reduce complications and hospitalizations.
 - 2. The CIN will continuously evaluate and refine its chronic disease management programs to ensure they meet the evolving needs of patients and align with best practices.
- iv. Utilization management
 - 1. The Clinically Integrated Network (CIN) will establish a utilization management (UM) program to ensure the appropriate and efficient use of healthcare resources while maintaining high-quality patient care. Key components of the UM program include:

- a. Evidence-Based Guidelines: Utilize clinical guidelines and protocols to evaluate the necessity, appropriateness, and efficiency of healthcare services, including diagnostics, treatments, and procedures.
 - b. Prior Authorization: Implement a prior authorization process for select services to ensure they align with clinical criteria and patient needs before they are delivered.
 - c. Concurrent Review: Monitor patients' ongoing care during hospital stays or treatment episodes to ensure continued medical necessity and optimal resource utilization.
 - d. Retrospective Review: Analyze completed services to identify patterns, trends, and opportunities for improvement in care delivery and resource use.
 - e. Stakeholder Collaboration: Engage providers, payers, and care teams in the UM process to promote transparency, reduce administrative burden, and align on shared goals.
 - f. Data and Reporting: Use data analytics to track utilization metrics, identify outliers, and drive performance improvement initiatives.
 - 2. The UM program will be regularly reviewed and updated to ensure it supports the CIN's mission of delivering high-value, patient-centered care while controlling costs.
- c. Population Health Management
 - i. Community health needs assessments (CHNA)
 - 1. The Clinically Integrated Network (CIN) will conduct regular Community Health Needs Assessments to identify and address the health priorities of the populations it serves. These assessments will be performed every three years or as required by regulatory standards, in collaboration with local health departments, community organizations, and stakeholders. Data will be collected through surveys, focus groups, and public health databases to evaluate health disparities, social determinants of health (SDOH), and community resources. Findings will inform the development of targeted initiatives and programs to improve population health outcomes and reduce inequities. Results of the CHNA and corresponding action plans will be made publicly available to ensure transparency and community engagement.
 - ii. Health promotion and prevention programs
 - 1. The Clinically Integrated Network (CIN) will implement evidence-based health promotion and prevention programs to improve the overall health and well-being of the populations it serves. These programs will focus on:
 - a. Preventive Care: Encouraging routine screenings, immunizations, and wellness visits to detect and prevent illnesses early.

- b. Lifestyle Interventions: Promoting healthy behaviors, such as physical activity, balanced nutrition, smoking cessation, and stress management, through education and community resources.
 - c. Chronic Disease Prevention: Targeting risk factors for chronic conditions, such as obesity, hypertension, and diabetes, through tailored interventions and support programs.
 - d. Community Outreach: Partnering with local organizations to deliver health education, workshops, and preventive services in accessible community settings.
 - e. Health Equity: Addressing social determinants of health (SDOH) and barriers to care to ensure equitable access to preventive services for all populations.
 - 2. Program effectiveness will be regularly evaluated using measurable outcomes, and initiatives will be adjusted based on feedback and evolving community needs. The CIN is committed to fostering a culture of prevention and empowering individuals to take an active role in their health.
- iii. Interventions to address social determinants of health
 - 1. The Clinically Integrated Network (CIN) recognizes that social determinants of health (SDOH)-such as housing, food security, transportation, education, and economic stability-significantly impact health outcomes. To address these factors, the CIN will:
 - a. Screening and Identification: Implement standardized screening tools to identify patients' social needs during clinical encounters.
 - b. Community Partnerships: Collaborate with local organizations, social services, and community resources to connect patients with support programs, such as food banks, housing assistance, and transportation services.
 - c. Care Coordination: Integrate SDOH interventions into care plans, ensuring that patients receive holistic support to address both medical and social needs.
 - d. Data-Driven Strategies: Use data analytics to identify population-level SDOH trends and develop targeted interventions to reduce disparities.
 - e. Provider Education: Train healthcare providers and staff to recognize and address SDOH in patient care, fostering a culturally competent and empathetic approach.
 - 2. The CIN will regularly evaluate the impact of these interventions and refine strategies to ensure they effectively improve health equity and patient outcomes.

6. Financial Operations

- a. **Budgeting and Finance:** The Clinically Integrated Network (CIN) will establish and maintain a comprehensive budgeting and financial management process to ensure fiscal responsibility and sustainability. This includes:
 - i. Developing annual budgets aligned with strategic goals and operational needs.
 - ii. Monitoring financial performance against budget targets and adjusting plans as necessary.
 - iii. Ensuring transparency and accountability in financial reporting to stakeholders.
- b. **Payment Models:** The CIN will utilize a variety of payment models, including fee-for-service, value-based care, and risk-sharing arrangements, to align incentives with high-quality, cost-effective care. Payment models will be:
 - i. Designed to support the CIN's mission and goals.
 - ii. Regularly evaluated for effectiveness and fairness.
 - iii. Communicated clearly to providers and stakeholders.
- c. **Financial Incentives and Penalties:** The CIN will implement financial incentives and penalties to promote accountability and performance improvement. Key principles include:
 - i. Incentives for achieving quality, efficiency, and patient satisfaction targets.
 - ii. Penalties for non-compliance with clinical, operational, or financial standards.
 - iii. Clear, measurable criteria for incentives and penalties, communicated transparently to all participants.
 - iv. Regular review and adjustment of incentive structures to ensure alignment with organizational objectives.

7. Data and Technology

- a. **Data Sharing and Exchange**
 - i. The Clinically Integrated Network (CIN) is committed to secure, efficient, and compliant data sharing and exchange to support care coordination, quality improvement, and population health management. Data sharing will adhere to all applicable laws, including HIPAA and state privacy regulations, and will be governed by formal data use agreements (DUAs) with partners. The CIN will utilize interoperable health information technology (HIT) systems, such as electronic health records (EHRs) and health information exchanges (HIEs), to facilitate real-time access to patient information among authorized providers and stakeholders. Data exchange protocols will prioritize patient consent, data accuracy, and cybersecurity to protect sensitive health information. Regular audits will ensure compliance and identify opportunities to enhance data-sharing processes.
- b. **Technology Infrastructure**
 - i. The Clinically Integrated Network (CIN) will establish a robust and interoperable technology infrastructure to support seamless communication and data exchange across its diverse network of providers, many of whom use different

electronic health record (EHR) systems. Key components of the infrastructure include:

1. Interoperability Standards: Adopt and enforce industry standards (e.g., HL7, FHIR) to enable integration and data sharing between disparate EHR systems.
 2. Health Information Exchange (HIE): Utilize a centralized HIE platform to facilitate real-time access to patient data across the network, ensuring continuity of care.
 3. Data Integration Tools: Implement middleware and APIs to bridge gaps between different EHR systems and ensure consistent data flow.
 4. Cybersecurity Measures: Protect patient data with advanced encryption, access controls, and regular security audits to comply with HIPAA and other regulations.
 5. User Training and Support: Provide ongoing training and technical support to ensure providers and staff can effectively use the technology infrastructure.
- ii. The CIN will regularly evaluate and upgrade its technology infrastructure to meet evolving needs, enhance efficiency, and maintain compliance with regulatory requirements.

8. Legal, Regulatory Compliance, and Risk Management

a. Antitrust Compliance

- i. The Clinically Integrated Network (CIN) is committed to adhering to all federal and state antitrust laws to promote fair competition and prevent anticompetitive practices. All CIN activities, including contracting, pricing, and provider collaborations, will be conducted in compliance with antitrust regulations. The CIN will avoid discussions or actions that could be perceived as price-fixing, market allocation, or restricting competition. Staff, providers, and board members will receive regular antitrust compliance training to ensure awareness and understanding of legal boundaries. Legal counsel will review high-risk decisions and agreements to mitigate antitrust risks. Any potential antitrust concerns must be reported immediately for investigation and resolution.

b. Fraud and Abuse

- i. The Clinically Integrated Network (CIN) is committed to preventing, detecting, and addressing fraud, waste, and abuse in all aspects of its operations. The CIN will comply with all applicable federal and state laws, including the False Claims Act, Anti-Kickback Statute, and Stark Law. Key measures include:
1. Policies and Training: Implement clear policies and provide regular training to staff and providers on fraud and abuse prevention.
 2. Monitoring and Auditing: Conduct routine audits and monitoring to identify and address potential fraudulent or abusive practices.

3. Reporting Mechanisms: Establish confidential reporting channels, such as a compliance hotline, for stakeholders to report suspected fraud or abuse without fear of retaliation.
4. Investigations and Corrective Actions: Promptly investigate reported concerns and take appropriate corrective actions, including disciplinary measures and reporting to regulatory authorities when necessary.
- ii. The CIN's Compliance Officer will oversee these efforts to ensure adherence to legal and ethical standards, safeguarding the integrity of the network and its resources.
- c. Risk Management
 - i. The Clinically Integrated Network (CIN) will implement a comprehensive risk management program to identify, assess, and mitigate risks across the organization. This program will address the following key risk areas:
 - ii. Legal and Regulatory Risks: Ensure compliance with all applicable laws, regulations, and accreditation standards (e.g., HIPAA, Stark Law, Anti-Kickback Statute). Conduct regular compliance audits and provide ongoing training to staff and providers. Engage legal counsel to review high-risk decisions and contracts.
 - iii. Financial Risks: Monitor financial performance, including revenue cycles, cost management, and risk-sharing arrangements. Implement internal controls to prevent fraud, waste, and abuse. Develop contingency plans to address potential financial disruptions.
 - iv. Operational Risks: Identify and mitigate risks related to care delivery, technology infrastructure, and supply chain management. Establish protocols for emergency preparedness, business continuity, and disaster recovery. Regularly evaluate and improve processes to enhance efficiency and reduce errors.
 - v. Reputation Risks: Maintain transparency and ethical standards in all interactions with patients, providers, and the community. Address patient complaints and concerns promptly to uphold trust and satisfaction. Proactively manage public relations and communication to protect the CIN's reputation.
 - vi. The CIN's Risk Management Committee will oversee the program, ensuring risks are proactively managed and mitigated to support the network's mission and long-term sustainability.
- d. Ensure compliance to State and Federal regulations
 - i. The Clinically Integrated Network (CIN) is committed to full compliance with all applicable California state and federal regulations governing healthcare operations. Key measures include:
 1. Regulatory Monitoring: Stay informed of changes to California-specific laws (e.g., California Consumer Privacy Act (CCPA), Knox-Keene Act) and federal regulations (e.g., HIPAA, Medicare/Medicaid rules) through ongoing monitoring and engagement with legal and regulatory experts.
 2. Policies and Procedures: Develop and maintain policies and procedures that align with California state and federal requirements, ensuring

adherence to standards for patient privacy, data security, fraud prevention, and quality of care.

3. Training and Education: Provide regular training to staff, providers, and board members on California and federal regulatory requirements, including updates to laws and best practices for compliance.
 4. Audits and Assessments: Conduct internal and external audits to assess compliance with state and federal regulations, identify gaps, and implement corrective actions as needed.
 5. Reporting and Transparency: Ensure timely reporting of required data to state and federal agencies, such as quality metrics, financial disclosures, and incident reports. Maintain transparency in all operations to build trust with regulators and stakeholders.
 6. Designated Compliance Officer: Appoint a Compliance Officer to oversee regulatory compliance efforts, address concerns, and serve as the primary point of contact for regulatory inquiries.
- ii. The CIN will prioritize a culture of compliance, ensuring that all operations meet or exceed California state and federal regulatory standards to protect patients, providers, and the organization.
- e. Contractual Agreements
- i. The Clinically Integrated Network (CIN) will establish and maintain a structured process for managing contractual agreements to ensure compliance, mitigate risks, and support the network's mission. Key components include:
 1. Standardized Contract Development: Use standardized templates for Affiliation and Participation Agreements and legal review processes to ensure contracts align with CIN policies, regulatory requirements, and organizational goals.
 2. Due Diligence: Conduct thorough due diligence on all parties entering into agreements, including vendors, providers, and payers, to verify credentials, financial stability, and compliance history.
 3. Clear Terms and Conditions: Define clear terms, including scope of services, performance expectations, payment terms, confidentiality clauses, and termination provisions.
 4. Regulatory Compliance: Ensure all contracts comply with applicable California state and federal regulations, including antitrust laws, fraud and abuse statutes, and data privacy requirements.
 5. Risk Management: Identify and address potential risks in contractual agreements, including financial, operational, and legal risks, through appropriate safeguards and indemnification clauses.
 6. Approval Process: Require contracts to be reviewed and approved by relevant stakeholders, including legal counsel, compliance officers, and the Governing Body, based on the agreement's scope and impact.
 7. Monitoring and Enforcement: Regularly monitor contractual obligations of members to ensure adherence to terms and conditions. Address

breaches or non-compliance through corrective actions or contract termination as necessary.

8. Documentation and Recordkeeping: Maintain a centralized repository for all contractual agreements, ensuring easy access, version control, and secure storage in compliance with record retention policies.
- ii. The CIN will ensure that all contractual agreements are managed transparently, ethically, and in alignment with its strategic objectives and regulatory obligations.