

## CHS ACO Op Co LLC. Compliance Plan

### I. Introduction

CHS ACO Op Co LLC. (CHS ACO) has established the following Compliance Plan in accordance with 42 C.F.R. § 425.300 (the Compliance Plan). As an accountable care organization, CHS ACO participates in the ACO Realizing Equity, Access, and Community Health Model (ACO REACH), through its agreement with CMS. The Federal Medicare Share Savings Program (MSSP) regulations applicable to ACO's participating in the ACO REACH require such ACO's to have a compliance plan that, at a minimum, has five (5) specified elements. CHS ACO has developed a Compliance Plan designed to meet these five required elements.

The Compliance Plan applies to all CHS ACO employees, the governing body, ACO participants (participating and preferred providers), ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities (hereinafter referred to collectively as ACO Personnel).

### II. ACO Compliance Plan Elements:

#### 1. A designated compliance official or individual who is not legal counsel to the ACO and reports directly to the ACO's governing body

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- The ACO's compliance official does NOT serve as legal counsel to the ACO.
- The ACO's compliance official reports directly to the ACO's governing body.
  - The ACO compliance official reports directly to the ACO governing body, which meets quarterly. The ACO compliance official typically reports on results of any audits performed, regulatory matters, training requirements, conflicts of interest matters, critical hotline or other investigative matters, and other matters of interest to the governing body and/or ACO participants.
- The ACO's compliance official is David Gibbons. In his capacity as the ACO's compliance official, he reports directly to the ACO's governing body.

#### 2. Mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance

##### Compliance Plan

- Conduct training and education annually.
- Conduct annual risk assessment that considers operation and performance in accordance with legal and regulatory requirements, results of internal/external audits and reviews, matters identified through the hotline or compliance committee, and other relevant factors.
- Periodic audit and monitoring of risk areas identified by risk assessment or through other mechanisms.
- Respond to noncompliance with investigations and corrective action plans.

- Exclusion screening.
- Quarterly board meetings.
- Quarterly compliance committee meetings.
- Annual compliance work plan.

**3. A method for employees or contractors of the ACO, ACO participants, ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities (ACO Personnel) to anonymously report suspected problems related to the ACO to the compliance officer**

Compliance Plan

- Anonymous reporting is made to the compliance officer through a designated compliance hotline by calling 1-800-238-1770 or by email to: [CommuniCareActionLine.ethicspoint.com](mailto:CommuniCareActionLine.ethicspoint.com).
- *ACO Personnel* are made aware of the anonymous compliance hotline and its appropriate use through education and training and are provided the compliance hotline number.
- Retaliation or retribution will not be tolerated for reporting suspected or actual credible instances of improper or unlawful conduct.
- Failure to report suspected or actual unethical or unlawful conduct is harmful to the integrity of the ACO and is a potential violation of this Compliance Plan.

**4. Compliance training for ACO Personnel**

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- *ACO Personnel* must complete compliance education and training upon joining the ACO and at least annually thereafter, both scheduled and as needed. Completion of compliance education and training is confirmed via written and signed attestation.
- Topics covered for ACO compliance training and education may include, but are not limited to: The Compliance Plan, conflicts of interest, record retention, identifying and reporting violations, Code of Conduct, marketing activities/requirements, Stark & AKS, privacy & security, and FWA.

**5. External Reporting by ACO – Probable Violations of Law**

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- The ACO is required to report violations and probable violations to an appropriate law enforcement agency.

- If a compliance issue rises to the level of a potential violation of law, the compliance officer will work in coordination with the ACO's counsel to make that determination, and if necessary, develop a reporting plan.

The compliance officer will review and update the Compliance Plan as necessary to reflect changes in applicable laws, regulations, guidance, and ACO's operations. Any substantive changes to the Compliance Plan will be presented to the Board.

### **iii. Comply with ACO Code of Conduct and Compliance Program Policies**

All ACO Personnel must adhere to the following:

**Written Policies and Procedures** – CHS ACO has written policies and procedures, including a Code of Conduct and this Compliance Plan, which describe compliance expectations, implement the ACO compliance program, provide compliance guidance to ACO personnel and others, identify ways to communicate compliance issues and describe how compliance issues are investigated and resolved.

**Disciplinary Policies** – CHS ACO has policies, including a Code of Conduct and this Compliance Plan, to encourage good faith participation in the compliance program. These policies outline sanctions, including discipline up to and including termination of employment, contract, and/or affiliation with the ACO for failing to report compliance issues.

**Non-retaliation Policy** – CHS ACO strictly prohibits any form of retaliation against a person who raises a compliance issue or participates in the compliance program. A person who violates the anti-retaliation policy will be disciplined up to and including termination of employment or contract.

**Conflicts of Interest** – CHS ACO is required to have a conflicts of interest policy. The ACO conflicts of interest policy must:

- Require members to the ACO governing body to disclose relevant financial interests;
- Provide a procedure to determine whether a conflict of interest exists and set forth a process to address any conflicts that arise; and
- Address remedial action for members of the governing body that fail to comply with the policy.

**Records Maintenance and Rights to Access** – ACO Personnel agree to produce and make available to authorized government agencies contracts, records, books, documents and other evidence for government audit, inspection, investigation, evaluation for functions or services related to ACO activities that pertain to (i) the ACO's compliance with Shared Savings Program; (ii) the quality of services performed and determination of amount due to or from CMS under the participation agreement; (iii) the ability of the ACO to bear the risk of potential losses and to repay any losses to CMS; and (iv) the ACO's operation of a beneficiary incentive program. ACO Personnel agree to maintain ACO records for a period of 10 years from the final date of the agreement period with CMS or from the date of completion of any audit, evaluation or inspection, which is later, unless CMS determines there is a special need to retain beyond a 10-year period or there has been an allegation of fraud or similar fault against the ACO or ACO Personnel.

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**Marketing Requirements** – ACO marketing materials and activities must meet the following requirements:

- Use template language developed by CMS, if available
- Not be used in a discriminatory manner or for discriminatory purposes
- Comply with restrictions on beneficiary inducements; and
- Not be materially inaccurate or misleading

**Licensure and Certification** – ACO Personnel information must remain up to date. ACO Personnel must keep all required job licenses, registrations and/or certifications up to date including their National Provider Identifier (NPI) up-to-date and must notify CMS of any changes within 30 days.

**Beneficiary Protection and Notification** – ACO Personnel must notify beneficiaries at the point of care that their providers/suppliers are participating in the REACH ACO and of their opportunity to decline claims data sharing. Notification is carried out when ACO Personnel post signs in facilities, and in settings in which beneficiaries receive primary care services, and by making standardized written notices available upon request. The ACO must use template language developed by CMS.

**Compliance with Laws** – CHS ACO and each participant has agreed to comply, and shall cause its providers and its employees and subcontractors to comply, with all applicable laws, including but not limited to (i) federal criminal laws; (ii) the False Claims Act (31 U.S.C. § 3729, et seq.); (iii) the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)); (iv) Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a); and (v) the Physician Self-Referral Law (Stark Law) (42 U.S.C. § 1395nn).

**Confidentiality and HIPAA Compliance** – CHS ACO and all ACO Personnel agree to comply with the Health Insurance Portability and Accountability Act (HIPAA) and to maintain the confidentiality of beneficiaries' health information, enrollment information and financial terms of its participation agreement and has agreed to not release any such information except in compliance with applicable federal or state law or the written consent of the beneficiary, if applicable, and CHS ACO.

**Excluded Providers** – CHS ACO and all ACO Personnel warrants and represents that neither they nor any of their employees, contractors, subcontractors or agents are ineligible persons identified on: (i) the HHS/OIG List of Excluded Individuals/Entities; (ii) the General Services Administrations' List of Parties Excluded from Federal Programs; or (iii) the CMS Preclusion List. CHS ACO and each participant shall screen its employees, contractors, subcontractors, and agents against such lists on a monthly basis and report any identified exclusion(s) or ineligibility.

**Monitoring** – Each participant has agreed to permit CHS ACO to monitor the services furnished under the Participation Agreement on an on-going basis, in any reasonable manner as necessary for CHS ACO to comply with CHS ACO's obligations to CMS.

**Participation with CHS ACO** – Each CHS ACO participant has signed an agreement with CHS ACO (Participant Agreement), in which it has agreed for itself and its providers to participate in the REACH ACO, or otherwise perform functions or services related to CHS ACO's REACH ACO activities, through CHS ACO, and has agreed



to abide by, and will ensure that such providers abide, by the terms and conditions of: (i) its Participant Agreement with CHS ACO; (ii) all applicable policies and procedures of CHS ACO; (iii) REACH ACO program and all other applicable legal and regulatory requirements; and (iv) CHS ACO's Participation Agreement with CMS.

CHS ACO, its employees, governing body, ACO participants, ACO providers/suppliers, and any other individuals or entities providing functions or services related to ACO activities (ACO Personnel) who violate these laws, regulations, or requirements not only risk individual criminal and civil penalties and administrative exclusion, but also subject the ACO to the same risks and penalties. Any ACO Personnel violating a law, regulation or requirement may be subject to disciplinary action up to and including termination of ACO participation. ACO Personnel have a duty to report any suspected violation of law, regulation, or requirement to the compliance officer.

**Beneficiary Choice** – Neither the ACO nor any ACO participants, employees, providers/suppliers, and contractors or other individuals or entities performing functions or services related to the ACO shall commit any act or omission, nor adopt any policy that inhibits Medicare beneficiaries aligned with the ACO from exercising their basic freedom of choice to obtain services from health care providers and entities who are not ACO Providers. In addition, neither the ACO nor any ACO participants, employees, providers/suppliers, and contractors may engage in cost-shifting or required referrals.