

Medical Home Network REACH ACO

Compliance Plan

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| SUBJECT: | Compliance Plan | LAST REVIEW DATE: | 4/20/2022 |
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I. PURPOSE

The Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) Model is a value-based payment model for Medicare beneficiaries from the Centers for Medicare and Medicaid Services (CMS).

The CMS ACO REACH program requires that participating ACOs have a compliance plan that, at a minimum, has five specified elements. This ACO Compliance Plan outlines how the Medical Home Network REACH ACO, LLC (“the ACO”) will satisfy these five required Plan elements.

II. POLICY

It is the Policy of the ACO to implement and maintain an effective compliance plan utilizing the five elements below.

III. REQUIRED ELEMENTS OF AN EFFECTIVE ACO COMPLIANCE PLAN

1. **Element #1** - Independent Officer. A designated compliance official or individual who is not legal counsel to the ACO and reports directly to the ACO’s governing body.
 - a) The ACO’s Compliance Officer does not serve as legal counsel to the ACO.
 - b) The ACO’s Compliance Officer reports directly to the ACO’s governing body.
 - i) The ACO Compliance Officer reports directly to the ACO governing body, which meets quarterly.
 - ii) The ACO Compliance Officer reports on results of any audits performed, regulatory matters, training requirements, conflict of interest matters, critical hotline or other investigative matters, and other matters of interest to the governing body and/or ACO participants.
 - c) The Compliance Officer reports to the CEO of the ACO. In the capacity as the ACO’s compliance official, the Compliance Officer reports directly to the ACO’s governing body.
2. **Element #2** - Compliance Procedures. Mechanisms for identifying and addressing compliance issues related to the ACO’s operations and performance (e.g., internal risk assessment or audit processes).
 - a) Identifying concerns and risks related to ACO compliance begins with education and training. For more information on the ACO’s education and training programs, see element 4 below. The ACO is committed to detecting, investigating, and preventing wrongful acts committed by

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participants, providers/suppliers, employees, and contractors through the establishment of a robust compliance plan.

- b) The ACO will identify, resolve, recover funds, report, and, when appropriate, take legal action if suspected fraud, waste, and/or abuse has occurred. Resolution of noncompliant activity may include termination of participation in the ACO.
- c) The ACO has a zero tolerance policy against retaliation for good faith reporting of issues or concerns. Any act of retaliation is strictly prohibited, including retaliation in connection with reporting issues of misconduct or potential violations of policy or law to the Compliance Officer. ACO participants, providers/suppliers, employees, and contractors have a responsibility and are expected to promptly report any potential retaliatory conduct to the Compliance Officer. The Compliance Officer will promptly investigate and document all allegations of retaliation. The Compliance Officer will work in conjunction with the ACO governing body to take disciplinary action when allegations are substantiated. Potential disciplinary action includes termination of participation in the ACO.
- d) Reported or suspected non-compliance will be investigated and the Compliance Officer will make a determination as to whether or not a violation has occurred.

3. **Element #3** - Problem Reporting. 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 to anonymously report suspected problems related to the ACO to the Compliance Officer.

- a) Anonymous reporting is made to the Compliance Officer directly by email to ACO_Compliance@mhnchicago.org, or may be submitted by an anonymous report through the Lighthouse portal, by calling the toll-free telephone line 855-208-3766 or by emailing the report to: reports@lighthouse-services.com.
- b) ACO participants, providers/suppliers, employees, and contractors are made aware of the anonymous compliance hotline and its appropriate use through education and training and are provided the compliance hotline number upon joining the ACO.
- c) The ACO Compliance Plan does not tolerate retribution or retaliation for reporting credible instances of improper or unlawful conduct.
- d) Failure to report suspected unethical or unlawful conduct is harmful to the integrity of the ACO and is a potential violation of this Compliance Plan.

4. **Element #4** - Training. Compliance training for the ACO, its Participant Providers and Preferred Providers.

- a) The ACO and its Participant Providers and Preferred Providers must complete compliance training upon joining the ACO and from time to time thereafter, both scheduled and as needed. Completion of compliance training is confirmed via written and signed attestation.
- b) Topics covered within the ACO compliance training program include the five elements of an effective ACO compliance plan. Within these five elements, topics covered include what

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constitutes Compliance Plan violations, how to identify violations, and how to report potential compliance issues or concerns.

- c) Training methods, such as in-person, online, newsletters, etc., will be tailored as needed. This includes focused training of individuals with specific job functions, if necessary.
- d) Training is conducted upon joining the ACO, and annually thereafter.
- e) The ACO requires new hires of the ACO and its Participant Providers and Preferred Providers to complete all education and training programs that apply to the ACO's Compliance Plan.

5. **Element #5 - Mandatory Reporting.** The ACO must report probable violations of law to an appropriate law enforcement agency.

- a) The ACO is required to report violations and probable violations to an appropriate law enforcement agency.
- b) 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, to develop a reporting plan.
 - i) The ACO Compliance Officer is responsible for routine oversight of the Compliance Plan, which includes conducting monitoring, auditing, and investigative activities related to ACO operations.
 - ii) If, in the course of carrying out these oversight functions, the ACO Compliance Officer identifies a probable violation of law that requires reporting to a law enforcement agency, the ACO Compliance Officer is committed to acting upon such matters by promptly reporting them to the appropriate law enforcement agency.
- c) It is the role and responsibility of the ACO's Compliance Officer to report misconduct to CMS, its designee, and law enforcement.

IV. OTHER ELEMENTS OF THE ACO COMPLIANCE PLAN

- 1. **Written Policies and Procedures** – The ACO has written compliance policies and procedures and a Code of Conduct, which describe compliance expectations, implement the Compliance Plan, provide compliance guidance to the ACO's personnel and others, identify ways to communicate compliance issues, and describe how compliance issues are investigated and resolved.
- 2. **Disciplinary Policies** – The ACO has policies to encourage good faith participation in the Compliance Plan. These policies outline sanctions, including discipline up to and including termination of employment or contract with the ACO for failing to report compliance issues and/or participating in, encouraging, or directing non-compliant behavior.
- 3. **Non-retaliation Policy** – The ACO strictly prohibits any form of retaliation against a person who raises a compliance issue or participates in the Compliance Plan. Any person who violates the anti-retaliation policy will be disciplined up to and including termination of employment or contract.
- 4. **Conflicts of Interest** – The ACO has a conflicts of interest policy, which addresses the following:

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- a) Requires members of the ACO Governing Body to disclose relevant financial interests;
- b) Provides a procedure to determine whether a conflict of interest exists and set forth a process to address any conflict that arise; and
- c) Provides for remedial action for members of the ACO Governing Body that fail to comply with the policy.

V. OVERVIEW OF ACO REACH REQUIREMENTS

Goal of ACO REACH - The ACO's goal to increase the availability of high-quality, coordinated care with a focus on reaching people who live in underserved communities.

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

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

Beneficiary Alignment - Most beneficiaries are aligned with an ACO based on the primary care provider they see. ACO REACH also allows beneficiaries to self-align throughout the year through a process called voluntary alignment.

Annual Notification to Beneficiaries of Participation in the ACO - The ACO provides Beneficiaries notice in writing that they have been aligned to the ACO for the Performance Year. This notice provides information to Beneficiaries about how to modify their data sharing preferences and is translated, as necessary. The ACO must use template language developed by CMS.

Quality Measures - ACOs are assessed on four measures:

- a) All-cause readmission rate
- b) Unplanned admissions for beneficiaries with chronic conditions
- c) Timely follow-up after acute events
- d) Patient experience measured through the CAHPS survey

Total Cost of Care Model - When the ACO provides high-quality care for less than what CMS would have paid through traditional Medicare, the ACO keeps those savings and shares them with Participant Providers.

Practice-level Care Management - Care Managers employed by the medical home are embedded in the primary care teams. This provides better care navigation and engagement with the beneficiaries.

VI. Relevant Laws and Regulations

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The ACO and its Participant Providers, Preferred Providers, other providers/suppliers, employees, and contractors are required to comply with a wide range of federal and state laws and regulations, including the requirements for participating in state and federally funded health care programs.

The Compliance Plan is designed to address fraud, waste and abuse laws, false claims, privacy and security, and Medicare requirements. The health care laws and regulations that apply to the ACO's business activities include, but are not limited to:

- a) Anti-Kickback Statute
- b) Civil Monetary Penalties (CMP) Act
- c) Federal False Claims Act (FCA)
- d) Health Insurance Portability and Accountability Act ("HIPAA")
- e) Health Information Technology for Economic and Clinical Health ("HITECH") Act
- f) Applicable State False Claims Acts
- g) Physician Self-Referral ("Stark") Law

Those who violate these laws, regulations or requirements not only risk individual criminal prosecution and penalties, 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. The ACO and its Participant Providers, Preferred Providers, other providers/suppliers, employees, and contractors also have a duty to report any suspected violation of law, regulation or requirement to the Compliance Officer.

VI. REVIEW STATEMENT

The MHN REACH ACO will maintain the status of this Compliance Plan and conduct audits as appropriate to ensure compliance. This Compliance Plan will be reviewed every year or in timely response to changes in local or federal regulations, including the Center for Medicare and Medicaid Innovation. The Plan will be amended as warranted by changes in applicable laws and regulations.