



ACO Compliance Plan	ACO-001
Corporate Compliance Policy Manual	<b>Effective Date: 07/01/2018</b>

## **INTRODUCTION**

The Central PA Health Network LLC, which is also doing business as Penn State Health Care Partners (“PSHCP”), is a clinically integrated network (“CIN”) operating as a Medicare Shared Savings Program (“MSSP”) Accountable Care Organization (“ACO”). It has designed and implemented a comprehensive Compliance Program that establishes various compliance procedures and structures, and sets forth the standards of conduct that all PSHCP ACO Parties, and all individuals associated with PSHCP, are expected to follow in their employment with Penn State Health (PSH) or course of dealings with PSHCP or participation in the ACO program.

The ACO’s Compliance Program (“Compliance Program”) applies to PSHCP ACO Participants; ACO Providers, Suppliers and Vendors; and PSH staff acting as an agent for the ACO by performing certain operational functions for the ACO (collectively, “ACO Parties”).

The Compliance Program applies to all defined ACO relationships inclusive of the ACO program with CMS. This Compliance Plan summarizes the structure, key elements and compliance procedures to meet the MSSP compliance requirements defined in 42 CFR§425.300.

### **Compliance Program Elements**

The following eight elements describe the scope and operation of the ACO’s Compliance Program. Each element governs a different and important aspect of the Program.

➤ Element 1: Oversight – Compliance Program Administration

○ Compliance Officer:

The ACO has designated a Compliance Officer who oversees the operations of the Compliance Program. The Compliance Officer is neither legal counsel to the ACO nor to the existing parent organization. The ACO Compliance Officer reports directly to the Board regarding compliance issues.

○ Compliance Director:

The ACO has also designated a Compliance Director to assist the Compliance Officer in the day-to-day operations of the Compliance Program. The Compliance Director may also engage Compliance staff or PSH staff in performing certain operational functions for the ACO to assist with the oversight and management of the Compliance Program.

○ The ACO Board:

As the governing body of the ACO, the Board has ultimate responsibility for oversight of the Compliance Program. As such, the Board will approve any substantive changes to the Compliance Plan.

In addition, the Board will receive periodic reports from the Compliance Department as to the operation of the Compliance Program, as well as to the investigation and resolution of any material compliance issues that may arise.

Such reports will also include an annual presentation by the Compliance Director of the Annual Compliance Work Plan for the upcoming year, developed collaboratively with the Compliance Officer. At such annual presentations to the Board, the Compliance Director will also report on the Compliance Program's performance during the prior year under the previous year's Annual Compliance Work Plan.

➤ Element 2: Standards, Policies and Procedures

○ Penn State Health Code of Conduct and this Compliance Plan:

The PSH Code of Conduct and this Compliance Plan are at the core of the ACO's Compliance Program. They will be made accessible on the ACO's website and via the intranet. ACO Parties may obtain a copy of the documents by contacting the Compliance Department.

- ACO Compliance Policies and Procedures:  
In addition to the PSH Code of Conduct and this Compliance Plan, the ACO may develop and implement formal, written Compliance policies and procedures to describe in more detail existing ACO compliance processes and procedures and to otherwise underscore the ACO's commitment to compliance.
- Penn State Health Compliance Policies, Procedures, and Processes:  
In addition, the ACO has adopted and relies upon a number of the Policies and Procedures of the Compliance Program of PSH, which are incorporated into the ACO's Compliance Program. In addition, the ACO may utilize certain compliance processes established by PSH, including for example, use of the PSH Compliance Hotline and reliance on internal compliance audits by PSH compliance staff.
- Policy on Non-Retaliation:  
There will be no intimidation or retaliation for good faith participation in the Compliance Program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to the government or accreditation agencies. Any ACO Party who makes an intentional false report or a report not in good faith may be subject to remedial or disciplinary action.
- Board Review:  
The Board will meet at least annually to discuss and approve any change, if necessary, to these or any other Compliance Program documents.

➤ Element 3: Education and Training

- Compliance Materials: The Compliance Department is responsible for ensuring that the PSH Code of Conduct and this Compliance Plan is made accessible to all ACO Parties. All newly engaged ACO Participants will be provided the PSH Code of Conduct and Compliance Plan.
- Training – Penn State Health Employees who perform ACO work:  
All newly hired PSH employees are required to take Corporate Compliance Training as part of the onboarding process. The online training encompasses Corporate Compliance and HIPAA Compliance modules relating to compliance risk areas, fraud, waste, and abuse, the False Claims Act, and Whistleblower Protections (Non-Retaliation). Compliance training completion is tracked via system-generated reports.
- Training – Non-Employed ACO Parties:

ACO Participants, Providers/Suppliers that are not employed by PSH are required to complete compliance training on an annual basis, such as the CMS General Compliance and Fraud, Waste and Abuse training modules.

The Compliance Department may request evidence the ACO Participants, Providers, Suppliers completed the compliance Training.

- Follow-Up Training:

The Compliance Director will work with the Board to ensure that any follow-up or remedial training that is required as part of the Compliance Program takes place.

- Element 4: Identification of Compliance Risk Areas and Non-Compliance

- Tracking New Developments:

The Compliance Department will ensure that all relevant publications issued by government or third-party payers regarding compliance rules and protocols are reviewed and appropriately implemented, focusing in particular on rules, regulations, and guidance as to the operation of the ACO program.

- Other Compliance Reviews:

In working with PSH staff performing certain operational functions for the ACO, the Compliance Director will ensure that other compliance reviews are periodically conducted of ACO operations to ensure continued compliance with regulatory requirements. By way of example, such reviews may include:

- (1) Reviews of the processes for submitting required certifications to Medicare to ensure that such certifications will be accurate and complete.
- (2) Reviews of the processes for using or distributing shared savings dollars to ensure that such are compliant with the regulatory requirements and the methodology established by the Board; and
- (3) Reviews to ensure that ACO Parties have been appropriately checked against government exclusion lists or are otherwise appropriately licensed and credentialed.

- Element 5: Communication and Internal Reporting Systems

- Open Communication:

Open communication between ACO Parties and the Compliance Department, as well as between the Compliance Department and the Board, is important to the success of this Compliance Program and to the reduction of any potential for fraud, waste and abuse. Without active participation from ACO Parties it may be difficult to learn of possible compliance issues and make necessary corrections.

- Questions:

At any time, ACO Parties may seek clarification or advice from the Compliance Department with regard to the Compliance Program or any compliance related questions or issues. Questions and responses will be tracked by the Compliance Department.

- Reporting:

ACO Parties who are aware of or suspect acts of fraud, waste or abuse or violations of the PSH Code of Conduct are required to report such acts or violations. Several reporting paths are available.

- (1) Penn State Health Employees who perform ACO Work:

Penn State Health employees should report to their supervisor or department manager. If they are not comfortable reporting to their supervisor or manager, they can report to another member of leadership or the Compliance Department. Supervisors and managers will refer the report to the ACO Compliance Department as soon as the report is made. Alternatively, the PSH Compliance Hotline may be utilized. See #3 below.

- (2) Non-Employed ACO Parties:

ACO Participants, Providers, Suppliers and Vendors that are not employed by PSH may at any time report directly to the ACO Compliance Officer or Compliance Director or utilize the Penn State Health Compliance Hotline. See #3 below.

- (3) Penn State Health Compliance Hotline:

In cooperation with PSH, the ACO is using the PSH Compliance Hotline, to which all PSH employees and ACO Parties can report – anonymously or otherwise – any compliance concerns, issues or potential violations of ACO Compliance Program protocols. The ACO Compliance Officer and Compliance Director will be informed of any relevant reported matters. Penn State Health has contracted with an independent third-party to operate a 24-hour, 365-day hotline known as the “Compliance Hotline” which is available

on line at <https://pennstatehealth.org/hotline> or by telephone at 1-800-560-1637.

- Confidentiality:  
Reports received will be treated confidentially to the extent possible under applicable law. There may be a time, however, when an individual's identity may become known or have to be revealed (e.g., if governmental authorities become involved, in response to subpoena or other legal proceeding, or if in the process of the investigation the identity of the reporter cannot be kept anonymous).
- Documentation:  
The Compliance Department will maintain a record of reports of violations of the Compliance Program and PSH Code of Conduct or of relevant law or regulations received by the Compliance Department, who will periodically furnish a summary of such reports to the Board.

➤ Element 6: Investigations and Corrective Actions

- Investigation, Corrective Action and Responses to Suspected Violations:  
Whenever a compliance problem is uncovered, regardless of the source, the Compliance Department will initiate an investigation. The PSH Compliance Department will be an active participant in the investigation. Based on key PSH employees performing ACO work to ensure that appropriate and effective corrective action is implemented, as appropriate.

Any corrective action and response implemented must be designed to ensure that the violation or problem does not reoccur (or reduce the likelihood that it will reoccur) and be based on an analysis of the root cause of the problem. If it appears that a larger, systemic problem may exist, then possible modification or improvement of the ACO's compliance or business practices will be considered. Possible changes or additions to policies and procedures will reviewed with the Executive Committee, and, if necessary, with the Board.

The ACO will report probable violations of law related to fraud, waste and abuse involving the ACO and its participants, providers and suppliers to an appropriate law enforcement agency, such as the Pennsylvania Medicaid Fraud Control Unit, the United States Department of Health and Human Services Office of Inspector General and/or the United States Department of Justice. Reporting to appropriate state and/or federal agencies will be determined based on the specifics of the violation, after appropriate

investigation and in collaboration with PSH Compliance Officials and General Counsel.

➤ Element 7: Discipline for Non-Compliance

○ Discipline of Penn State Health Employees performing ACO Work:

PSH employees who perform work for the ACO may be subject to possible disciplinary action. Such discipline will be applied in a uniform and consistent manner, equally to all personnel, and may include discipline for:

(1) Failure to perform any obligation or duty required relating to compliance with the ACO or Compliance Program or applicable laws or regulations.

(2) Failure of supervisory or management personnel to detect non-compliance with applicable policies and legal requirements and the ACO Compliance Program where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any violations or problems.

○ Procedure:

Possible disciplinary action will follow PSH's existing disciplinary policies and procedures, including those found in the PSH Corporate Compliance and Human Resources Manuals.

○ Remedial Action to Non-Employed ACO Parties:

ACO Participants, Providers, Suppliers and Vendors who are not employed by PSH are expected to adhere to the PSH Code of Conduct and all applicable Compliance Program requirements. After an appropriate investigation, if the Compliance Department concludes that the PSH Code of Conduct or applicable laws or regulations have been violated, the Compliance Director will inform the ACO's Board, as appropriate. Appropriate discipline, remedial process and penalties, up to and including termination of participation in the ACO, will be taken.

➤ Element 8: Risk Assessment and Work Plan:

○ On an annual basis, the ACO Compliance Director, in consultation with the ACO Compliance Officer, will review regulatory requirements, governmental guidance or pronouncements, hotline calls, issues raised by ACO Parties, and ACO operations to identify compliance risks or areas of compliance focus for the upcoming year.

- Collaboratively, the ACO Compliance Officer and Compliance Director will create an Annual Compliance Work Plan that will set forth annual reviews, initiatives and compliance goals for the upcoming year. The work plan will be shared with the ACO Board. The work plan tasks will be addressed by PSH employees performing ACO work.

**RELATED POLCIES AND REFERENCES**

42 CFR Part 425 – MEDICARE SHARED SAVINGS PROGRAM  
 Penn State Health Corporate Compliance Plan, CCP-001

**APPROVALS**

	Name	Title	Date
Authorized:	Amy Youtz	Compliance Director	5/17/2018
Approved:	Kimberly Lansford	Chief Compliance Officer	5/20/2018

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**CONTENT REVIEWERS AND CONTRIBUTORS**

Penn State Health Senior Vice President and Chief Compliance Officer  
 Penn State Health Care Partners Executive Committee