

Montefiore

ACO ACCOUNTABLE CARE
ORGANIZATION

**BRONX ACCOUNTABLE HEALTHCARE
NETWORK IPA INC.,
D.B.A.
MONTEFIORE ACO**

**PIONEER ACO CORPORATE
COMPLIANCE PLAN**

Approved by: The ACO Board of Directors

Date: January 10, 2014

Introduction

In cooperation with Montefiore Medical Center (“Montefiore”), the Bronx Accountable Healthcare IPA, Inc, which is also doing business as the Montefiore ACO (the “Montefiore ACO” or the “ACO”), has designed and implemented a comprehensive Compliance Program that establishes various compliance procedures and structures, and sets forth the standards of conduct that all Montefiore ACO Personnel, and all individuals associated with the Montefiore ACO, are expected to follow in their employment or course of dealings with the ACO or participation in the Pioneer ACO Model Program.

The ACO’s Compliance Program applies to all ACO staff; all ACO Providers/Suppliers and staff, and vendors; all staff of the Montefiore IPA (“MIPA”), and all staff of the Montefiore Care Management Organization (the “CMO”), which is acting as an agent for the ACO and is performing certain operational functions for the ACO (collectively, “ACO Personnel”).

This Corporate Compliance Plan summarizes the structure, key elements and compliance procedures of the Compliance Program.

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: Written Policies and Procedures**

- The Code of Conduct and this Corporate Compliance Plan. The ACO Code of Conduct and this Corporate Compliance Plan are at the core of the ACO’s Compliance Program. They will be made accessible on the ACO’s web site and via the intranet. Personnel may also obtain copies of these and other Compliance Program documents from the ACO Compliance Office.
- ACO Compliance Policies and Procedures. In addition to the ACO Code of Conduct and this Corporate 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.
- Montefiore 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 Montefiore, which are incorporated into the ACO’s Compliance Program. In addition, the ACO may utilize certain compliance processes established by Montefiore, MIPA, and the CMO, including for example, use of the Montefiore Compliance Hotline and reliance on internal compliance audits by Montefiore compliance staff of Montefiore providers who are participating in the ACO.

- Board of Directors Review. The Board of the ACO will meet at least annually to discuss and approve any changes, if necessary, to these or any other Compliance Program documents.

➤ **Element 2: Oversight of the Compliance Program.**

- Compliance Officer. The ACO has designated a Compliance Officer who oversees the operations of the Compliance Program, and works in cooperation with the Montefiore Compliance Officer, as necessary. The ACO Compliance Officer reports directly to the ACO's Board of Directors 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 Officer and the Compliance Director may also engage other ACO Personnel to assist them with the oversight and management of the Compliance Program.
- The Compliance Officer and Compliance Director are collectively known as the "Compliance Office."
- The Clinical Quality and Compliance Committee. This Committee is chaired by the ACO's Chief Medical Officer and includes ACO Personnel from various departments, including the Compliance Office. The Committee, through the Chief Medical Officer and the Compliance Office, report to the ACO Board of Directors and oversees the ACO's quality and compliance functions, including but not limited to: the performance of quality and compliance reviews; the creation of an annual compliance work plan; training; addressing and resolving quality or compliance issues; improving ACO, CMO, and MIPA processes and procedures; and monitoring the ACO's coordination with the Compliance Programs of Montefiore or other ACO Providers, Suppliers and Vendors. The Committee meets monthly, or more frequently, as necessary. Compliance reporting will occur quarterly, or more frequently as needed.
- The ACO Board of Directors. As the governing body of the ACO, the Board of Directors has ultimate responsibility for oversight of the Compliance Program. As such, the Board will approve any substantive changes to the Compliance Code of Conduct or this Corporate Compliance Plan. In addition, it will receive periodic reports from the Compliance Office 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 Office of the Annual Compliance Work Plan for the upcoming year, as developed by the Compliance Office and the Clinical Quality and Compliance Committee. At such annual presentations to the Board, the Compliance Office will also report on the

Compliance Program's performance during the prior year under the previous year's Annual Compliance Work Plan.

➤ **Element 3: Training and Education**

- Compliance Materials. The Compliance Office is responsible for ensuring that the Code of Conduct and this Corporate Compliance Plan is made accessible to all ACO Personnel. All newly hired or engaged ACO Personnel must also be provided with the Code of Conduct and this Corporate Compliance Plan.
- Training—ACO, MIPA, and CMO staff. In conjunction with the Compliance Department of Montefiore Medical Center, and staff from the CMO and MIPA, the ACO Compliance Office will oversee the development of a schedule of training on compliance issues for ACO and CMO staff. The training should focus on the requirements of the ACO Compliance Program generally, as well as those specific requirements most relevant to the trainee's particular job with the ACO or participation in the Pioneer ACO Model Program. The Compliance Office will maintain a record of all personnel who have attended such training.
- Training—ACO Providers and Suppliers. As part of the ACO's collection and analysis of quality data, as well as its quality and compliance reviews, the ACO will provide feedback and training to Providers and Suppliers on meeting quality measures and the requirements of the Pioneer ACO Model Program and of the ACO Compliance Program.
- Follow-Up Training. The Compliance Office will also work with CMO staff to ensure that any follow-up or remedial training that is required as part of the Compliance Program takes place. Such may occur, for instance, if quality or compliance reviews, or analysis of quality data, indicate ways to enhance coordination of care, quality processes and better ways to satisfy quality measures.

➤ **Element 4: Communication Lines**

- Open Communication. Open communication between ACO Personnel and the Compliance Office, as well as between the Compliance Office and senior management and the Board of Directors, is important to the success of this Compliance Program and to the reduction of any potential for fraud, abuse and waste. Without help from ACO Personnel, it may be difficult to learn of possible compliance issues and make necessary corrections.
- Questions. At any time, any ACO Personnel may seek clarification or advice from the Compliance Office with regard to the Compliance Program or any compliance questions or issues. Questions and responses will be documented by the Compliance Office.

- Reporting. All ACO Personnel who are aware of or suspect acts of fraud, abuse or waste or violations of the ACO Compliance Code of Conduct are required to report such acts or violations. Several independent reporting paths are available:
 - (1) To Supervisors. ACO Personnel may but are not required to report to their supervisor or department director or manager. Supervisors and managers will refer the report to the ACO Compliance Officer as soon as the report is made.
 - (2) To the Compliance Office. ACO Personnel may at any time report directly to the ACO Compliance Officer or Director.
 - (3) To the Montefiore Compliance Hotline. In cooperation with Montefiore Medical Center, the ACO is using the Montefiore Compliance Hotline, to which all ACO Personnel can report – anonymously or otherwise – any compliance concerns, issues or potential violations of ACO Compliance Program requirements. All such reports will be handled pursuant to Montefiore’s established protocols, and the ACO Compliance Officer will be informed of any relevant reported matters. Montefiore has contracted with an independent company (Global Compliance) to operate a 24-hour, 365-day hotline known as the “Compliance Hotline” 1-800-MMC-8595 (1-800-662-8595).

- 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 Office will maintain a record of reports of violations of the Compliance Program and its Code of Conduct or of relevant law or regulations received by the Compliance Officer, who will periodically furnish a summary of such reports to the Clinical Quality and Compliance Committee and the ACO Board of Directors.

➤ **Element 5: Remedial or Disciplinary Action**

- Discipline of Montefiore Associates. All ACO Personnel who are also Montefiore Associates – whether working for the ACO, the CMO or MIPA – may be subject to possible disciplinary action. Such discipline will be applied in a uniform and consistent manner, equally to all Associates, and may include discipline for:

- (1) Failure to perform any obligation or duty required of Associates relating to compliance with the ACO 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 Montefiore's existing disciplinary policies and procedures, including those found in the Medical Staff Rules and Regulations.
 - Remedial Action as to Others. ACO Providers, Suppliers and Vendors who are not Montefiore Associates are expected to adhere to the ACO Compliance Code of Conduct and all applicable Compliance Program requirements. If the Compliance Office concludes, after an appropriate investigation, that the Code of Conduct or applicable laws or regulations have been violated, then the Compliance Office will so inform the ACO's senior management and the ACO Board, as appropriate. Appropriate discipline, remedial processes and penalties, up to and including termination of participation in the ACO, will be taken.
 - Disclaimer. Nothing in the ACO Compliance Program shall (i) constitute a contract of or agreement for employment; or (ii) modify or alter in any manner any Associate's at-will employment status. Any part of the Compliance Program may be changed or amended at any time without notice to any Associate or ACO Personnel.

➤ **Element 6: Identification of Compliance Risk Areas and Non-Compliance**

- Tracking New Developments. The Compliance Office 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 and its Pioneer ACO Model Program.
- Quality and Compliance Reviews. In conjunction with the Clinical Quality and Compliance Committee, the ACO Compliance Office will ensure that, to the extent possible, appropriate quality and compliance reviews are conducted of ACO Providers and Suppliers.

Such reviews will be conducted by the Provider Services Department of the CMO (or a contracted vendor thereto) of ACO Providers on a sampling, census or other basis. Such reviews, to the extent possible as to the different categories of ACO Participants, may include, but are not necessarily limited to: quality reviews of medical charts; data extraction and analysis based on applicable quality measures; patient satisfaction or other surveys; and reliance on Providers

or Supplier to conduct their own reviews. Based on the results of such reviews, feedback and education will be provided to the ACO Participants, as appropriate and if needed.

In addition, the ACO may also rely on compliance reviews conducted by the Montefiore Compliance Department of Montefiore providers who are participating in the ACO.

- Other Compliance Reviews. In conjunction with the Clinical Quality and Compliance Committee, the ACO Compliance Office will also 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 of Directors; and
 - (3) reviews to ensure that ACO Personnel have been appropriately checked against government exclusion lists or are otherwise appropriately licensed and credentialed.
- Annual Compliance Work Plan and Risk Assessment. On an annual basis, the ACO Compliance Office, in conjunction with the Clinical Quality and Compliance Committee, as well as the Montefiore Compliance Officer, will review regulatory requirements, governmental guidance or pronouncements, hotline calls, issues raised by ACO Personnel, and ACO operations to identify compliance risks or areas of compliance focus for the upcoming year.

The Compliance Office will work with the Clinical Quality and Compliance Committee to put together an Annual Compliance Work Plan that will set forth the annual reviews, initiatives and compliance goals for the upcoming year. This Work Plan will be comprised of three sections: one as to ACO relevant issues that will be reviewed or addressed by CMO or MIPA personnel; a second that will detail ACO relevant reviews by the Montefiore Compliance Program; and, finally, ACO specific reviews not already covered in the first two sections.

As already noted in Element 1 above, the Compliance Office will, at least annually, report to the Board to provide and obtain approval for the Work Plan and report on the prior years' compliance efforts.

➤ **Element 7: Responding to Compliance Issues**

- Investigation, Corrective Action and Responses to Suspected Violations. Whenever a compliance problem is uncovered, regardless of the source, the

Compliance Office will first conduct a thorough investigation. Based on the results of the investigation, the Compliance Office will work with the Clinical Quality and Compliance Committee, and relevant ACO, CMO or MIPA staff, and 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 re-occur (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 be reviewed with senior management, the Quality Clinical and Compliance Committee, and, if necessary, with the Board of Directors.

➤ **Element 8: Policy on Non-Retaliation.**

- Retaliation is Strictly Prohibited. 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 Personnel who makes an intentional false report or a report not in good faith may be subject to remedial or disciplinary action.