OneCare Vermont

Policy Number & Title:	**07-02 Compliance Policy**
Responsible Department/s:	**Compliance**
Author:	**Gregory Daniels**
Original Implementation Date	**September 23, 2013**
Date Reviewed/Revised:	**September 1, 2019**
Next Review Date:	**September 1, 2020**

I. Purpose

This document sets forth the elements of the Compliance Policy for the OneCare Vermont, ("OneCare"), a Limited Liability Corporation ("LLC") formed to: (i) participate in cost savings and other arrangements with government programs, commercial insurers and other payers; (ii) develop a network of health care providers for the delivery of health care services according to applicable rules, regulations and contractual obligations for the purpose of improving the quality and efficiency of health care and the patient care experience; (iii) promote evidence-based medicine, patient engagement, reporting on quality and cost, and care coordination and distribution of shared savings, and (iv) engage in other similar or related activities.

This Compliance Policy is created to ensure OneCare abides by applicable federal, state and local laws, rules, and regulations in its formation and operation and creates a structure whereby the organization sets high ethical standards, consistently trains Workforce in those standards, audits and monitors for compliance with law and established standards, provides way for members and their employees/agents to report possible violations of law or this Plan, investigates reported non-compliance, and remedies noncompliance.

This Compliance Policy incorporates the statutes, regulations, and rules related to the formation and operation of an accountable care organization ("ACO") the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model Agreement ("Agreement") between the Centers for Medicare and Medicaid Services ("CMS"), the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB"), and the Vermont Agency for Human Services ("AHS") (collectively referred to as the "Parties"), and all related contracts between the parties in furtherance of the Agreement.

In the conduct of its business, OneCare and its Network shall comply with all applicable laws, including, but not limited to: (a) federal criminal law; (b) the False Claims Act (31 U.S.C. 3729 *et seq.*); (c) the anti-kickback statute (42 U.S.C. 1320a–7b(b)); (d) the civil monetary penalties law (42 U.S.C. 1320a–7a); (e) the physician self-referral law (42 U.S.C. 1395nn); and (f) federal and state antitrust laws (15 U.S.C. 1 *et seq*. and 10 M.R.S.A. § 1101-1102-A and 5 M.R.S.A. § 207, respectively).

II. Statement

OneCare is committed to compliance with applicable federal, state and local laws, and regulations, including, without limitation, those governing publicly funded health care programs and ACOs, and those set forth by the GMCB; the ethical standards set forth in OneCare's Code of Conduct; the terms and conditions of any contractual agreement(s) with CMS, the State of Vermont through AHS, GMCB, or any other public or private payer.

This Compliance Policy is one aspect of the OneCare Compliance Program, which is modeled on the regulations governing ACOs and the terms of the Agreement, as well as guidance promulgated by the GMCB, anti-trust regulators and CMS related to the formation and operation of ACOs. This Compliance Policy outlines the organization of the program, including requirements for staff training, audit protocols, and reporting and investigation mechanisms. It is designed to promote full compliance with applicable law, and to ensure that any deviations from the law are promptly detected, investigated, and corrected.

III. Scope

Applicable to all OneCare Workforce and Network members.

IV. Actions/Responsibilities

The OneCare Compliance Program will include the following elements:

1. Designated Compliance Official and Compliance Committee

The Compliance Officer shall report directly to the Board of Managers and the Chief Executive Officer ("CEO") of OneCare. The Compliance Officer shall be responsible for:

- Overseeing and monitoring OneCare's compliance activities, including the development and implementation of a Code of Conduct;
- Ensuring the effectiveness of the compliance program through auditing and monitoring;
- Ensuring alignment of the compliance program with applicable state and federal laws;
- Reporting periodically to the OneCare leadership team and the Board of Managers on compliance matters and advising OneCare on appropriate compliance policies and procedures, reporting probable violations of law,
- Repaying overpayments to the extent OneCare receives any payment for services, and other applicable compliance matters;
- Reviewing and revising elements of the Compliance Policy to address changes in regulatory requirements;
- Serving as a knowledgeable resource to organizational and operational matters relating to compliance;
- Developing and implementing a compliance education program for OneCare Workforce and Network members;
- Receiving and investigating reports of potential non-compliance or other conduct that may violate applicable laws, regulations, policies or ethics; and
- Developing policies and procedures that encourage the reporting of non-compliance or suspected fraud, waste and abuse, and ensuring that those who do report may do so without fear of retaliation.

The Compliance Officer will not serve as legal counsel to OneCare.

The Compliance Committee will be comprised of OneCare staff to include the following: the Chief Operations Officer ("COO"), Chief Medical Officer ("CMO"), Directors for Value Based Care, and ACO Program Strategy and Development and/or their designees, and will be chaired by the Compliance Officer. The Committee will work with and provide input to the Compliance Officer in developing and periodically updating a detailed and effective Compliance Policy to identify, investigate and refer fraud, waste and abuse as set forth in Agreement requirements and for each payer program. The Committee will also, as an integral part of its work, monitor data from program payers as well as external data.

2. Code of Conduct

OneCare has established a Code of Conduct which is an essential component of the Compliance Program. The Code of Conduct establishes the general ethical and compliance expectations for OneCare Workforce and the OneCare Network of participants, preferred providers, collaborators, contractors, awardees, and

others who perform functions or ACO related activity services for or on behalf of OneCare. The Code of Conduct is available to the OneCare through electronic means or upon request.

3. Policies and Procedures

OneCare develops and maintains policies and procedures to ensure that the ACO business and operations are conducted in accordance with this Compliance Plan, the Code of Conduct, and all statutory and regulatory requirements. These policies and procedures are available to all OneCare Workforce through electronic means or upon request.

OneCare shall adopt policies and procedures to address the following compliance program functions:

i. Internal audit/monitoring policy to ensure compliance with this Policy and Code of Conduct;
ii. Polices addressing compliance with the fraud & abuse policy, including prohibitions found in federal and state criminal law, such as anti-kickback laws, stark laws, false claims act, referrals among ACO members, gainsharing CMP, and prohibitions on patient inducements;
iii. Policies addressing compliance with the requirements of the ACO Fraud and Abuse Waivers granted to OneCare by CMS under the Vermont All-Payer Model;
iv. Non-retaliation;
v. Prohibition on unlawful Referrals;
vi. Confidentiality of protected health information;
vii. Record retention and destruction (General 10-year retention period for ACO documents);
viii. Information Security/HIPAA Security Rule Compliance;
ix. Notification of breach of protected health information;
x. Reporting, investigating and correcting violations of the law or the Code of Conduct;
xi. Training and education

When an organization becomes a member of the OneCare Network, it shall provide copies of its written compliance plan and policies to the OneCare Compliance Officer. To the extent permitted by law, the Network member shall ensure its compliance plan and policies sufficient address legal and regulatory requirements related to ACO activities, and reflect the requirements of this Compliance Plan. OneCare Network members shall work collaboratively with the OneCare Compliance Officer to ensure its compliance plan and policies sufficiently address legal and regulatory requirements related to ACO activities.

4. Education and Training

The Compliance Officer shall provide annual training and make available educational resources and training materials either in-person or on-line to OneCare Workforce and Network members to ensure compliance with the statutes and regulations applicable to the ACO and to individual healthcare provider entities. The OneCare Network, Workforce, and Board of Managers shall be educated, at a minimum, in the following areas:

- Physician self-referral, anti-kickback statutes and civil monetary penalties, including the application of CMS final waivers in connection with ACO start-up and ongoing operations (42 C.F.R. Chapter V), other fraud & abuse laws, federal and state criminal law related specifically to healthcare fraud, referrals among ACO members, gainsharing CMP, and prohibitions on patient inducements

- Use of the Compliance Hotline
- Anti-trust law and its application to ACOs
- ACO beneficiary rights
- ACO Marketing requirements
- Reporting and investigating suspected violations and complaints
- Non-retaliation `
- Conflict of interest requirements
- Data sharing, other information security requirements, Patient Confidentiality, and
- Record retention

Other education may be provided as necessary to address evolving compliance risks, including but not limited to items addressed in the federal Office of the Inspector General ("OIG") reports or identified during internal or external audits of OneCare or any of its participant organization. The Compliance Officer shall keep a record of education and training provided to OneCare Workforce and Network members, and shall maintain documentation and attendance records of each training.

5. Conflict of Interest

OneCare has a conflict of interest policy that applies to members of the governing body and which requires annual and ongoing disclosures of relevant financial interests, a process for determining whether a conflict of interest exists, a process for addressing any conflicts that arise, and remedial steps that will be taken in the event members of the governing body fail to comply with the policy.

6. Auditing and Monitoring

OneCare maintains a program of periodic auditing and monitoring to assess risk and confirm compliance with applicable laws, rules and program agreements. This program will regularly review metrics related to cost, utilization, and quality for indications of program integrity concerns.

7. Confidential Communications and Reporting

OneCare maintains a confidential communication mechanism so that Workforce members and others may report compliance concerns without concern for retaliation

A. Internal Reporting. OneCare Workforce and its Network have an affirmative duty to report in good faith any known or suspected violations of applicable law or policy. These reports may be made to OneCare leadership or directly to the Compliance Officer. OneCare has established a Compliance Hotline, a toll-free telephone line, as a means to enable anyone to report instances of noncompliance and/or make inquiries on compliance issues. Information concerning the Hotline is publicized throughout the Network through the OneCare website and is included in education and training materials. Reports made to the Compliance Officer will be treated confidentially. Reports may be made anonymously.

   OneCare is committed to a policy of non-retaliation against Workforce members and Network members who report suspected violations in good faith. Any action taken by an OneCare Workforce member or Network member to retaliate against anyone making a good faith report alleging improper activities is strictly prohibited. Any Workforce member or Network member who commits or condones any form of

retaliation will be subject to discipline up to, and including, termination of employment or exclusion from OneCare.

B. External Reporting. If OneCare discovers credible evidence of misconduct from any source related to OneCare's operations and performance and, after a reasonable inquiry, believes that the misconduct represents a probable violation of law, OneCare will promptly report the existence of misconduct to the appropriate contracted program or law enforcement agency within the appropriate period.

8. Monitoring of Network

OneCare and its Network will not knowingly hire, employ or contract with an individual or entity that has excluded from participation in any federal health care program. All OneCare Workforce members and Network members will be screened against the OIG List of Excluded Individuals and Entities ("OIG LEIE") and the U.S. General Services Administration's Excluded Parties List System ("GSA EPLS") prior to initial hire and periodically as needed thereafter. Subcontractors will be required to conduct such screenings and assure OneCare that no excluded or debarred individuals are employed. Documentation of such screening will be maintained by the Compliance Officer.

OneCare Workforce and Network members will immediately notify OneCare of the identification of any person or entity who provides services to or on behalf of OneCare and its Network that (a) has been excluded according to the OIG LEIE or GSA EPLS; (b) has been subject to any conviction or adverse action that subjects the individual to federal health care program exclusion under 42 U.S.C. 1320a-7; or (c) has a history of health care program integrity issues.

OneCare will immediately remove any excluded entity or individual from any work related directly or indirectly to OneCare.

9. Responding to Detected Compliance Issues

OneCare commits to timely and full cooperation with governmental inquiries, audits and investigations, and the adherence to standards and protocols that involve OneCare's legal counsel, its Compliance Officer, as well as the Compliance Officers of OneCare's Network.

OneCare will take appropriate corrective action in response to any identified compliance issues. Such corrective action may include additional training, amended policies and procedures and/or Workforce discipline.

10. Coordination with Regulators

OneCare will work cooperatively with and maintain communication with payers and regulatory agencies, including program integrity units.

11. Vermont All-Payer Model Program Integrity

While OneCare participates in the Vermont All-Payer Model Program ("APM Program"), all program integrity requirements set forth in any program agreement between OneCare and the Department of Vermont Health Access (DVHA) shall be included as part of this Compliance Plan.

The Compliance Officer and OneCare will cooperate and maintain communication with DVHA's Program Integrity Unit to make prompt reports or referrals of fraud, waste, and abuse and will participate in the development of corrective action plans.

A. Phone Staff Training

OneCare Workforce members who staff member and provider services phone lines will be trained in the detection of potential fraud, waste, and abuse and the parameters for reporting any suspicions to the Compliance Officer.

B. Fraud and Abuse Waivers and Updates

The Board of Managers will, in accordance with the APM Program waiver requirements, review and approve all permitted waivers of law.

C. Monitoring Provision of Reports to DVHA

OneCare will monitor on a regular basis through its committees and Board of Managers reports relating to key metrics of cost, utilization, and quality to identify variance that may inform program integrity functions. The following type of reports will be monitored and made available to DVHA at its request: Over and Underutilization reports; HEDIS Measures; Payer required Quality Measures (CMS, Commercial, DVHA); Care Coordination Outcomes; Beneficiary/Member Experience; Medical Expense Targets; Member Services Grievance and Appeals and; Network reports.

On an annual basis OneCare will comprehensively evaluate Quality, Experience, Total Cost of Care, and Utilization outcomes to identify opportunities for improvement as well as accomplishments and will develop interventions based on the evaluation. The evaluation will include over and underutilization, appropriateness, efficacy or efficiency of services, and member satisfaction. The Population Health Strategy Committees will review the evaluation which will ultimately be approved by the Board of Managers and made available to DVHA.

V. Outcome

An effective compliance program.

VI. Related Policies/Procedures

Code of Conduct

VII. Monitoring Plan

This Compliance Policy and the Code of Conduct shall be reviewed periodically and updated to be consistent with the requirements established by the Board of Managers, OneCare Leadership, Federal and State law and regulations, and applicable accrediting and review organizations.

VIII. References:

Program Contracts and Requirements

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures\Policies

Management Approval:

Director, ACO Program Operations — Date: 9/19/19

Chief Operating Officer (COO) — Date: 9/25/19

Chief Compliance Officer — Date: 9/26/19

Board of Managers Approval: *Requires BOM approval annually if content/substantial changes. If N/A BOM approval every two years.

Chair, OneCare VT Board of Managers — Date: 9/17/19