

OSF Healthcare System
Medicare Shared Savings Program
Accountable Care Organization
Compliance Plan
2019

TABLE OF CONTENTS

I.	Introduction _____	1
II.	Scope _____	2
III.	General Background _____	2
IV.	Components of OSF MSSP ACO Compliance Plan _____	3
	A. Written Standards _____	3
	B. Compliance Officer and Governing Body _____	4
	C. Education and Training _____	7
	D. Lines of Communication _____	8
	E. Disciplinary Guidelines _____	9
	F. Auditing and Monitoring _____	10
	G. Corrective Action _____	11

I. Introduction

The OSF Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO) has adopted a compliance plan (the "Compliance Plan") that outlines the Compliance Program of the ACO. The Compliance Plan, which is designed to promote compliance with applicable laws, regulations and ACO program requirements, has been adopted by the Governing Body of the ACO and applies to OSF ACO participants and other individuals and entities performing functions or services related to the MSSP ACO activities.

The purpose of the Compliance Plan is to provide guidance to Governing Body members, clinical and operational leaders and managers, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities. The Compliance Plan assists the OSF MSSP ACO in implementing effective internal controls that promote adherence to applicable laws, regulations and ACO program requirements; safeguards ACO assets from financial penalties; and protects against sanctions on the part of ACO Governing Body members, clinical and operational leaders and managers, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities.

It is incumbent upon the clinical and operational leaders and managers of the OSF MSSP ACO to provide ethical leadership to the organization and to assure that adequate systems and controls are in place to facilitate ethical and legal conduct. The Compliance Plan, together with the Philosophy and Values, and Mission and Vision of The Sisters of the Third Order of St. Francis, articulates the commitment of the ACO to maintain high ethical standards, to improve the quality and coordination of care, to promote evidence-based medicine and patient-centered care, to promote engagement on the part of ACO Beneficiaries and their caregivers, to reduce waste and to provide a central coordinating mechanism for disseminating information and guidance on applicable laws and regulations.

Compliance efforts are designed to establish a culture within the OSF MSSP ACO that promotes the prevention, detection and resolution of instances of conduct that do not conform to applicable laws, regulations and MSSP ACO program requirements . The establishment of the Compliance Plan significantly advances the prevention of fraud, waste and abuse in the ACO, while, at the same time, furthering the fundamental Philosophy and Values, and Mission and Vision of The Sisters of the Third Order of St. Francis.

Notwithstanding any arrangements between the OSF MSSP ACO and ACO participants or other individuals or entities performing functions or services related to MSSP ACO activities, the ACO has ultimate responsibility for adhering to and otherwise complying fully with the terms and conditions of the Compliance Plan. The ACO understands that nothing restricts the authority of the Office of Inspector General (OIG) of the Federal Department of Health and Human Services to audit, evaluate, investigate, or inspect the OSF MSSP ACO and ACO participants and other individuals or entities performing functions or services related to MSSP ACO activities.

The goals achieved by implementation of an effective Compliance Program include:

- Identifying and correcting unlawful and improper behavior at an early stage;
- Encouraging employees to report potential problems and allowing for appropriate internal inquiry and corrective action; and
- Minimizing, through early detection and reporting, any financial loss to the Federal or State government and to the OSF MSSP ACO.

This ACO Compliance Plan is interpreted and applied in tandem with the OSF HealthCare Compliance Plan and any other OSF Compliance Plans.

II. Scope

This ACO Compliance Plan applies to all OSF MSSP ACO participants and other individuals and entities performing functions or services related to the MSSP ACO activities.

III. General Background

According to the Office of Inspector General (OIG) of the Federal Department of Health and Human Services (HHS), effective compliance programs include several essential elements:

1. The development and distribution of written standards of conduct, as well as written policies and procedures, which reflect the institution's commitment to compliance.
2. The designation of a compliance officer and a compliance committee charged with the responsibility for developing, operating and monitoring the compliance program.
3. The development and implementation of regular, effective education and training programs for all affected employees.
4. The creation and maintenance of effective lines of communication between the Compliance Team and all employees.
5. The enforcement of appropriate disciplinary action against employees or contractors who violate institutional policies or procedures and/or applicable government requirements for the use of government funds.

6. The use of audits and/or other risk evaluation techniques to monitor compliance and identify potential problem areas.
7. The development of processes for the investigation of identified instances of possible non-compliance or misconduct, as well as guidelines for the initiation of appropriate corrective action.

The CMS regulations require that ACOs have a compliance plan that contains five specific elements, which are included in the seven elements above. See 42 CFR 425.300.

IV. Components of OSF MSSP ACO Compliance Plan

A. Written Standards

It is the obligation of each OSF Mission Partner to abide by and to conform his or her conduct to the Philosophy and Values, Mission and Vision of The Sisters of the Third Order of St. Francis.

The following foundational documents provide a written framework for the ethical performance of job duties by OSF Mission Partners:

1. OSF MSSP ACO Compliance Plan
2. OSF Code of Conduct
3. OSF Standards of Performance

OSF maintains written policies and procedures for MSSP ACO activities that are consistently applied across the institution. ACO policies and procedures are developed under the direction of the ACO Governing Body and other institutional officials. The MSSP ACO compliance policies are reviewed at regular intervals to ensure that the policies are current and relevant. The policies are available online to all OSF employees in PolicyStat (the OSF policy management system). These written polices include, but are not limited to:

- MSSP ACO Compliance with Laws
- MSSP ACO Governing Body: Conflict of Interest
- MSSP ACO Governing Body: Structure and Responsibilities
- MSSP ACO: HHS Right to Audit
- MSSP ACO Maintenance of Records
- MSSP ACO Marketing Materials and Activities
- MSSP ACO Notifications to ACO Beneficiaries
- MSSP ACO Operational Structure
- MSSP ACO Participation Waiver

- MSSP ACO Prohibitions on Certain Required Referrals and Cost-Shifting
- MSSP ACO Providers/Suppliers
- MSSP ACO Public Reporting and Transparency
- MSSP ACO Compliance with Physician Self-Referral Law Waiver
- MSSP ACO Reporting Probable Violations of Law
- MSSP ACO Termination of the Agreement
- MSSP ACO Waiver for Patient Incentives
- MSSP ACO 3-Day SNF Rule Waiver
- MSSP ACO Beneficiary Choice
- MSSP ACO Clinical Management Structure

B. Compliance Officer and Governing Body

1. Compliance Officer

By action of the OSF Board of Directors on May 5, 1997, the Ministry position of Director of Compliance (now called the Chief Compliance Officer) was created. The primary responsibilities of the Chief Compliance Officer with respect to the MSSP ACO Compliance Program include:

- a. Directing and monitoring the OSF MSSP ACO Compliance Program.
- b. Providing reasonable assurance to the Governing Body that all ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities are functioning in compliance with Federal and State statutes and regulations and with OSF compliance standards, policies and procedures.
- c. Advising Governing Body members, clinical and operational leaders and managers and ACO participants with respect to MSSP ACO compliance issues.
- d. Directing the development, implementation and revision of compliance standards, policies and procedures.
- e. Directing the development and implementation of ongoing education programs that focus on the elements of the Compliance Plan and that promote an understanding of, and compliance with, applicable laws, regulations and MSSP ACO program requirements.
- f. Reviewing, and acting in response to, reports of possible non-compliance received through the OSF Integrity Line, or otherwise brought to the attention of the Compliance Team.

- g. Establishing mechanisms to protect from retaliation ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities who identify and report instances of possible non-compliance.
- h. Directing internal compliance risk assessments, audits, investigations and other reviews to monitor and report on the effectiveness of compliance controls ACO-wide or at the level of an ACO participant or entity performing functions or services related to MMSP ACO activities.
- i. Engaging consultants to conduct compliance risk assessments, audits, investigations and other reviews; establishing standards for, and providing direction to, the consultants and monitoring their progress and the quality of their work.
- j. Overseeing the OSF response to compliance audits and reviews conducted by government agencies or contractors, including the Office of Inspector General (OIG) of a Federal or State agency, a United States Attorney, Center for Medicare and Medicaid Services (CMS) contractors or State payment agencies, and the Internal Revenue Service.
- k. Analyzing the findings of internal or external audits, investigations and other reviews and overseeing the corrective action needed.
- l. Appropriately reporting to the responsible government agency any self-discovered non-compliance with Federal or State requirements.

The Chief Compliance Officer is the designated compliance official for the OSF MSSP ACO and reports directly to the ACO Governing Body. The Chief Compliance Officer is not legal counsel to the OSF MSSP ACO or an ACO participant. The Chief Compliance Officer has express authority to communicate personally with the ACO Governing Body. The Chief Compliance Officer is authorized to engage external consultants, including outside auditors and legal counsel, as warranted, and to review all documents, records and other information that are relevant to compliance activities. The Chief Compliance Officer is authorized to independently investigate and act on matters related to compliance and has the flexibility to design and coordinate internal investigations and any resulting corrective action with any particular facility, operating division or work unit.

The Chief Compliance Officer reports at least annually to the ACO Governing Body on the status of the OSF MSSP ACO Compliance Program and on the results of OSF MSSP ACO Compliance audits. The compliance reports are documented in the minutes of the ACO Governing Body meetings.

2. ACO Governing Body

The compliance functions of the ACO Governing Body include:

- a. Reviewing the MSSP ACO Compliance Program to determine the extent to which the Program is meeting the needs of the institution.
- b. Reviewing and approving the Compliance Plan and revisions to the Plan.
- c. Actively participating in committee meetings.
- d. Understanding the Federal and State statutes and regulations applicable to the MSSP ACO activities.
- e. Assessing existing compliance standards, policies and procedures and reviewing new and revised compliance policies and procedures.
- f. Participating in training on the elements of an effective compliance program and on compliance developments in the healthcare industry and trends in enforcement.
- g. Reviewing MSSP ACO compliance education materials.
- h. Reviewing reports on the number and nature of calls and e-mail contacts to the OSF Integrity Line and other reported compliance matters that relate to MSSP ACO activities and management.
- i. Ensuring that monitoring of the effectiveness of existing internal administration controls is occurring and recommending the development of new systems and controls.
- j. Assessing and addressing specific areas of compliance risk.
- k. Reviewing the MSSP ACO elements of the Annual Compliance Audit Plan.
- l. Analyzing the findings of MSSP ACO compliance risk assessments, audits, investigations and other reviews.
- m. Assessing the effectiveness of the corrective action taken in response to the findings of MSSP ACO compliance risk assessments, audits, investigations and other reviews.
- n. Considering measures to implement standards of conduct that promote compliance with Federal and State law, this MSSP ACO Compliance Plan and OSF standards, policies and procedures.

C. Education and Training

The OSF MSSP ACO adopts, and supplements , as needed, the compliance training programs of OSF Healthcare System for use with ACO Governing Body members, clinical and operational leaders and managers, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities. These compliance training programs fall into two broad categories: general training aimed at raising awareness of the Compliance Program and training focused on the impact of particular statutory and regulatory requirements on certain job functions.

With respect to general compliance education, employees are trained on the elements of the Compliance Program, including compliance policies and procedures that are broadly applicable. An important aim of this general education is to provide useful information about the Federal and State False Claims Acts, including penalties for any violations and the whistleblower protections under these laws. This general education covers both the major areas of compliance risk, including fraud, waste and abuse, coding, claim development and submission, as well as the steps that need to be taken to prevent or mitigate the risks. The training emphasizes the affirmative duty of employees to report compliance risks and concerns, probable violations of law and other possibly illegal or improper conduct.

In addition, employees receive specific compliance education on the ways in which applicable laws and regulations affect their work. OSF facilities and operating divisions are required to provide employees with appropriate training on the importance of compliance with applicable laws, regulations and the MSSP ACO program requirements that apply to their responsibilities. Managers of specific departments or work units are required to identify areas that need compliance education and to assist in the delivery of training. Also, periodic professional education courses that are required for certain providers are considered compliance training. Employees receive training through a variety of methods, including in-person and online education. New employees receive in-person training on the ACO compliance policies.

Participation in compliance training on the part of Governing Body members, clinical and operational leaders and managers, MSSP ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities is logged, and the documentation is maintained and, on request, provided to the Chief Compliance Officer. Failure to comply with compliance training requirements may result in disciplinary action, including, for OSF employees, possible termination of employment, in accordance with the Human Resources policy on Positive Discipline.

D. Lines of Communication

The OSF MSSP ACO provides employees and contractors of the ACO, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities a method to report to the Chief Compliance Officer, on an anonymous basis, suspected problems related to the ACO. The ACO has adopted the OSF Integrity Line of OSF Healthcare System, which is operated jointly by internal staff and an external vendor.

The OSF Integrity Line is a vehicle for OSF employees to report probable violations of law, other possibly illegal or improper behavior or other compliance issues, including concerns about possible fraud, waste or abuse, HIPAA violations, conflicts of interest, theft of OSF property, and workplace violence, harassment or discrimination.

The Chief Compliance Officer is required to report violations and probable violations of law to the appropriate law enforcement agency. Assertions of fraud, waste and abuse by individuals who may have participated in illegal conduct or who may have committed other misconduct raise numerous complex legal and management issues that are examined on a case-by-case basis. All internal reports alleging violations of law are analyzed by Compliance Staff and investigated. Reports are resolved as either substantiated, partially substantiated or unsubstantiated. Reports involving probable violations of law are escalated according to internal procedures. When reports are escalated to the Chief Compliance Officer or his designee, the violation is promptly reviewed, investigated and, where required, self-disclosed to the appropriate law enforcement agency. The Chief Compliance Officer or his designee has independent authority to report misconduct to CMS, its designee or other law enforcement agencies. In determining whether a probable violation of law has been found the Chief Compliance Officer will take into account 1) the results of the internal review to establish the relevant facts of the matter, 2) legal counsel's evaluation, 3) the compliance officer (or compliance staff) evaluation and 4) factors such as the availability of evidence, length of time, dollar value of the claim involved, the nature and clarity of the pertinent regulatory requirement.

The OSF Integrity Line may be accessed by calling 800-547-2822 or by logging-on to www.OSFintegrityline.alertline.com. This service is available twenty-four hours a day, seven days a week. OSF MSSP ACO leaders and managers, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities who contact the OSF Integrity Line are assigned a report number, a personal identification number (PIN) and a contact date. Individuals may call back or log-on again on the contact date for follow-up information about the investigation and resolution of the matter that they reported.

OSF MSSP ACO leaders and managers, ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities who contact the OSF Integrity

Line may choose to remain anonymous. Reports are relayed confidentially to the Chief Compliance Officer or designee, who strives to maintain the anonymity of employees who contact the Integrity Line. However, a caller's identity may become known or may need to be revealed in the course of investigating a reported concern or in certain instances when government officials become involved. Retaliation against individuals who contact the OSF Integrity Line is not tolerated. The *Whistleblower Protection (130)* and the *False Claims Prevention and Whistleblowers Act (CC-109)* policies include reporting unlawful activities, policies or practices and protected activities. Any reported retaliation by OSF employees is handled through the OSF Positive Discipline process.

Details about the OSF Integrity Line are provided to new OSF employees during orientation or in the packet of information provided to them by the Human Resources department at their facility or operating division. The packet of information includes an explanation of the use of the OSF Integrity Line with instructions on how to call or log-on to the OSF Integrity Line. Current OSF employees are reminded through various means of the importance of the OSF Integrity Line. All OSF facilities are required to post signage that promotes the OSF Integrity Line as an anonymous method for communication of probable violations of law and OSF policies. Signs contain the hotline phone number and the web address for the reporting portal.

Matters reported to the OSF Integrity Line or through other means are recorded by the Ministry Compliance Division and are investigated promptly. The nature of a reported concern, the steps taken to investigate the matter and the results of the investigation are tracked. A report that shows the number and types of issues reported to the OSF Integrity Line is presented periodically to the Board Compliance Committee and compliance committees throughout the MSSP ACO.

In addition to the OSF Integrity Line all employees have access to *Compliance Questions*. *Compliance Questions* is an online intake platform that allows employees to seek guidance on compliance-related matters. The platform is used primarily to seek prophylactic guidance on compliance matters.

E. Disciplinary Guidelines

Governing Board members, officers, managers and employees, including physicians and other providers, are expected to comply with the requirements in the OSF Code of Conduct and the OSF Standards of Performance and the Human Resources policy on Positive Discipline. Employees receive copies of the Standards of Performance and are required to familiarize themselves with the contents and to sign an acknowledgement that they have received and understand the requirements and the standards. Violations of any requirement or standard may result in disciplinary action, including termination of employment, at the discretion of OSF.

Neither the OSF MSSP ACO nor OSF Healthcare System knowingly employs or engages in business with any individual or entity that has been convicted of a criminal offense related to health care or is listed as debarred, excluded or otherwise ineligible for participation in a Federal or State health care program. The OSF MSSP ACO has adopted the OSF Healthcare System processes for screening all current employees, business vendors and independent contractors against the Federal and State government exclusion databases.

The Human Resources department at OSF facilities and operating divisions conducts a reasonable and prudent background investigation, including a reference check, for all employees as part of the hiring process. Applicants must disclose any criminal conviction or exclusion action. Other background investigations are performed as part of the credentialing process for physicians and other providers. The Ministry Finance and Accounting Division screens all new business vendors prior to completing a contract for services.

F. Auditing and Monitoring

ACO compliance audits are identified and included in the annual Compliance Audit Plan based on the results of internal and external risk assessments, audits, investigations and other reviews, as well as on recent enforcement activity. Compliance audits may focus on the effectiveness of the MSSP ACO Compliance Program, in general, or may target specific compliance issues or particular aspects of the ACO activities. The Compliance Team conducts the risk assessments, audits and other reviews. The Chief Compliance Officer may engage external auditors with expertise in the relevant Federal and State statutes and regulations and in the program requirements of Federal and State agencies.

In addition, Compliance risk analysis is performed, on behalf of OSF Healthcare System, by the Ministry Compliance Division, by OSF facilities and operating divisions, and by external parties engaged by OSF. The risk assessment protocol of OSF Healthcare System is used to evaluate OSF MSSP ACO risks and to incorporate these risks into the enterprise risk profile. It is incumbent on ACO Governing Body members, clinical and operational leaders and managers, MSSP ACO participants and other individuals and entities performing functions or services related to MSSP ACO activities to be vigilant and proactive in identifying and bringing compliance risks to the attention of the Compliance Team. Together with auditing and monitoring, risk assessments are mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance.

G. Corrective Action

The Chief Compliance Officer oversees the development and monitoring of corrective action taken in response to reports of possible non-compliance and to the results of compliance risk assessments, audits, investigations and other reviews. Corrective action is designed to correct deficiencies, improve controls and prevent recurrence of errors. The Chief Compliance Officer also oversees the self-reporting, when appropriate, to the responsible government agency of non-compliance with Federal or State requirements.

OSF MSSP ACO leaders and managers, ACO participants other individuals and entities performing functions or services related to MSSP ACO activities have an affirmative duty to report probable violations of law, other possibly illegal or improper conduct and other compliance issues. Facility and operating division Compliance Officers, working on behalf of the Chief Compliance Officer, and managers must initiate prompt steps to investigate the conduct in question in order to determine whether or not a material violation of law or the requirements of the Compliance Plan has occurred, and if so, to take the steps necessary to correct the problem.

If a facility or operating division Compliance Officer, manager or legal counsel discovers credible evidence of misconduct on the part of any individual or entity, including any OSF MSSP ACO leader or manager, ACO participant or any individual or entity performing functions or services related to MSSP ACO activities, and, after reasonable inquiry, has reason to believe that the misconduct may violate the Philosophy and Values, Mission and Vision of The Sisters of the Third Order of St. Francis, the Compliance Plan, the organization's compliance or other policies and procedures or criminal, civil or administrative law, then the facility or division Compliance Officer promptly notifies the Chief Compliance Officer.

If violations of law are found, then the Chief Compliance Officer determines the appropriateness of self-reporting to the relevant government agency and the most suitable means of self-reporting available. Prompt reporting demonstrates the good faith and willingness of the organization to work with government officials to correct and remedy a detected compliance problem. For example, self-reporting would be considered a mitigating factor by the Office of Inspector General (OIG) of the Federal Department of Health and Human Services (HHS) in determining administrative sanctions, including penalties, assessments and exclusion.