

HEALTHCARE SOLUTIONS NETWORK	
POLICIES & PROCEDURES	
TITLE: Compliance Plan	POLICY #: COMP-01
	RESPONSIBLE Party: Compliance Officer
EFFECTIVE DATE:	REVISED DATE:
APPROVAL SIGNATURE: _____ Chief Executive Officer, Tom Boggs	

I. Introduction

Healthcare Solutions Network (“HSN”) is participating in the Medicare Shared Savings Program (“MSSP”) as an Accountable Care Organization (“ACO”). The Centers for Medicare and Medicaid Services (“CMS”) established the MSSP to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service beneficiaries while reducing inefficiencies and unnecessary costs.

CMS regulations require MSSP ACO's to have a compliance plan that meets certain minimum elements as specified in §425.300 Compliance Plan of the MSSP regulations. This document summarizes the structure and core elements of HSN’s Compliance Plan that address each MSSP regulation.

This policy will be implemented and executed by HSN and its Participants in collaboration with our Regional Care Delivery Teams (RCDTs) known individually as St. Elizabeth Provider Network (SEPN) and TriHealth PHO (TPHO).

II. Policy Statement

HSN is committed to conducting its affairs in accordance with the highest ethical standards and in full compliance with the all applicable federal and state laws and regulations. To this end, HSN will establish and operate an effective Compliance Program designed to detect, correct, and prevent incidences of non-compliance with applicable federal and state statutes, regulations, and rules, including, but not limited to, incidences of fraud, waste, and abuse relating to MSSP and federal health care programs.

III. Integrity and Compliance Program Elements

1. Designated Compliance Official (§425.300(a)(1))

- a. HSN will designate a Compliance Official with responsibility for oversight and operation of the MSSP Compliance Program.
- b. The Compliance Official will report directly to the HSN Board of Directors on the operations of the Compliance Program, including the nature and status of any material compliance issues or other matters identified affecting HSN.
- c. The Compliance Official will not serve as legal counsel to HSN.

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- d. The Compliance Official may serve in a similar role for a Participant organization provided the individual meets the requirements of 1b. and 1c. above.

2. Participant Compliance (§425.208 (2)(b))

- a. HSN will contractually require its employees, contractors, providers/suppliers and any other individuals or entities performing functions or services related to HSN activities (hereinafter referred to as "Participants") to comply with the requirements of the Compliance Program described herein.
- b. HSN and its Participants will comply with all applicable federal and state laws, regulations and rules, CMS instructions and guidance, including but not limited to: (a) federal criminal law; (b) the False Claims Act (31 USC 3729); (c) the anti-kickback statute (42 USC 1320a-7b(b)); (d) the civil monetary penalties law (42 USC 1320a-7a); (e) the physician self-referral law (42 USC 1395nn); (f) the MSSP regulations (42 CFR Part 425); and (g) all requirements specified in ACO MSSP Agreement with CMS (collectively, "Requirements").
- c. All providers participating in the Medicare program are required by law to maintain a compliance program as a condition of enrollment in federal health care programs. Accordingly, each Participant provider organization will maintain a compliance program to detect, correct and prevent incidents of non-compliance with Requirements as applicable to the activities of the Participant. Such compliance program will be appropriate to the Participant provider organization's size and scope of operations and consistent with existing compliance program regulations and guidance issued by federal agencies.

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3. Identification, Monitoring and Remediation of Compliance Issues (§425.300(a)(2))

- a. HSN will establish procedures to monitor and review all bulletins, transmittals and other publications issued by CMS and its contractors relevant to HSN and its participation in the MSSP and will implement changes in systems, policies, and procedures, as required, to maintain HSN compliance with laws, regulations, and guidance applicable to its operations.
- b. HSN will conduct a risk assessment at least annually that considers HSN 's operation and performance in accordance with legal and regulatory requirements for participation in the MSSP, results of internal or external audits and reviews, matters identified through the Compliance Hotline or other reporting systems, and other relevant factors.
- c. HSN will conduct periodic audits and reviews to assess specific risk areas related to HSN’s operations and performance, including compliance with MSSP requirements and areas identified through the annual risk assessment process. HSN may conduct such audits independently or in conjunction with HSN Participants, and may rely upon applicable compliance reviews conducted by HSN Participants. HSN Participants are required to cooperate in the performance of such audits, including providing requested information in a timely manner.
- d. The Compliance Official may initiate audits or investigations in response to various compliance matters reported through the Compliance Hotline or other reporting systems. The results of audits will be communicated to appropriate HSN personnel and corrective actions based on audit findings will be monitored for timely implementation.
- e. HSN and its HSN Participants will not knowingly hire, employ, contract, or otherwise do business with any individual or entity excluded, debarred, or ineligible to participate in federal or state health care programs. HSN and each participant organization are responsible for ensuring that all HSN personnel are screened against the Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the U.S. General Services Administration System for Award Management (SAM) prior to hire and monthly thereafter.

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- f. HSN Participants are expected to adhere to the Compliance Program requirements and all laws, regulations and HSN policies applicable to participation in the MSSP. If, after an appropriate investigation is conducted, it is determined that applicable laws, regulations or HSN policies have been violated, the Compliance Official shall inform HSN senior management and/or the HSN Board of Directors, as appropriate. Appropriate discipline, remedial processes and penalties, up to and including termination of participation in HSN, will be taken.
- g. Responsibility for the oversight and monitoring of HSN operations rests with HSN Board of Directors. The results of compliance risk assessments, auditing, and monitoring activities will periodically be reported to HSN Board of Directors.

4. Reporting of Compliance Issues (§425.300(a)(3))

- a. All HSN Participants are required to report in good faith any actual or suspected actions or concerns that involve the participation in MSSP, including violations or suspected violations of law, regulation or HSN policies. Such matters may include, but are not limited to:
 - i. HSN operations and performance-related activities;
 - ii. Beneficiary privacy, security and use of CMS claims data;
 - iii. Beneficiary services reduction and limitations;
 - iv. Conflicts of interest;
 - v. Criminal violations; and
 - vi. Violations of fraud and abuse laws and regulations.
- b. Participants may choose one or more of the following methods for reporting:
 - i. Participant Organization Management: Participants are encouraged, but are not required, to report compliance matters directly to their supervisor or to other management of their organization or to their organization's compliance officer.
 - ii. HSN Compliance Official: At any time, concerns may be reported directly to the ACO Compliance Official at 513-569-1966.

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iii. HSN Compliance Hotline: Participants may report compliance matters to the HSN Compliance Official by using the following:

1. The Compliance Hotline is staffed 24 hours a day, seven days a week by an outside organization. 1-855-252-7606
2. Filing an online report at <http://www.hotline-services.com>

- b. Individuals filing a report will have the option to remain anonymous if they so choose. Individuals who identify themselves will be provided a report identification number to check back later on the status and ultimate resolution of the matters reported.
- c. The identity of the individual filing the report and the information provided will be treated confidentially throughout the process of investigation to the extent possible under applicable law and as necessary for a full investigation of the matters reported.
- d. HSN strictly prohibits retaliation against any individual reporting an issue in good faith. Individuals who believe they have been retaliated for reporting a matter are encouraged to report their concern using one of the available options listed previously. All cases of alleged retaliation will be promptly investigated.
- e. Information concerning the availability of the Compliance Hotline and other methods for reporting issues and concerns will be regularly publicized by HSN through posters, website, training materials, and other communications.
- f. The Compliance Official will maintain documentation of all reports received and will periodically furnish a summary of such reports to the HSN Board of Directors.

5. Compliance Training (§425.300 (a)(4))

- a. This Compliance Plan will be provided, or otherwise made accessible, to all HSN Participants.

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b. HSN and its Participants will ensure that all personnel receive compliance training at the time of employment or engagement by HSN or a Participant organization and at least annually, thereafter.

c. Compliance training will emphasize HSN’s commitment to compliance with all legal and regulatory requirements and HSN policies and procedures. The RCDTs are to maintain documentation of compliance training provided to HSN employees and to Participant organizations.

d. The compliance training may be provided by HSN or by the RCDTs. The training will focus on the requirements of the HSN Compliance Program, and applicable federal and state laws, regulations, and rules, including training on compliance issues specific to HSN operations and its participation in the MSSP.

e. Targeted compliance training will be also provided, where appropriate, to address specific compliance needs as may be identified through the collection and analysis of quality data and measures, compliance risk assessments, quality and compliance reviews, and legal and regulatory changes.

6. External Reporting of Compliance Issues (§425.300 (a)(5))

a. Upon discovery, from any source, of credible evidence of misconduct related to HSN Participants regarding operations and/or and performance under the MSSP and, after reasonable inquiry and investigation, it is determined that the misconduct represents a probable violation of law, HSN will promptly report the probable violation to the appropriate law enforcement agency.

VII. Written Policies, Procedures and Standards

HSN defers to established policies and standards maintained by St. Elizabeth Healthcare and TriHealth to ensure its business and operations are conducted in accordance with ethical obligations, and legal and regulatory requirements. This policy will be implemented and executed by HSN and its Participants in collaboration with our Regional Care Delivery Teams (RCDTs), also known individually as St. Elizabeth Provider Network (SEPN) and TriHealth PHO (TPHO).

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IV. Plan Amendments

The Compliance Official will review and update the Compliance Program as necessary to reflect changes in applicable laws, regulations, guidance, and HSN operations. Any substantive changes to the Compliance Program will be approved by the HSN Board of Directors.