



Signature Partners in Health
Accountable Care Organization
Participating In The
Medicare Shared Savings Program

Compliance Plan

2019

Corporate Location:
3190 Fairview Park Drive Suite 900
Falls Church, VA 22042

ARTICLE I

INTRODUCTION

This Compliance Plan outlines the components of Signature Partners' Accountable Care Organization ("ACO" or "Signature Partners") Compliance Program. Integrity and honesty are the core values under which Signature Partners operates. Effective communication of the Compliance Program is essential to its success. Signature Partners ensures that all ACO participants, providers, suppliers and other downstream contractors are educated regarding compliance issues, and meet high professional standards applicable to the ACO and in keeping with our core values.

Through this Compliance Plan, Signature Partners ensures that the ACO complies with state and federal regulatory standards. Signature Partners' ACO is governed by the requirements for the Medicare Shared Savings Programs ("MSSP") as stated in 42 CFR Part 425, as well as other applicable state and federal regulatory standards. An ACO must meet all MSSP program participation requirements in order to enter into a participation agreement with the Centers for Medicare and Medicaid Services ("CMS"). A compliance program meeting the criteria described in the MSSP regulations (42 CFR §425.300) is a required component of MSSP participation.

This Compliance Plan was developed under the direction of the Signature Partners Compliance Officer ("Compliance Officer"), reviewed by Signature Partners' Compliance Committee ("Compliance Committee") and approved by the Signature Partners MSSP ACO governing body ("Board"). Where appropriate, certain compliance functions or activities will be performed by Inova Health System, Signature Partners' parent organization ("Inova"), as appropriate.

This written document describes the means by which compliance program elements are met for Signature Partners. It also establishes how the Compliance Plan promotes regulatory compliance and prevents, detects, and resolves non-compliant and illegal conduct including fraud, waste, and abuse of government program funds by those participating in or otherwise providing services to the ACO.

As part of the Compliance Program, and as outlined in this Compliance Plan, the Compliance Officer works with the Compliance Committee to ensure compliance training and effective and open lines of communication regarding compliance issues, to enforce standards through disciplinary guidelines, to prevent Signature Partners and its providers and downstream contractors from employing individuals sanctioned by the government, to conduct internal monitoring and auditing, and, when offenses are reported or detected, to promptly respond to threats through corrective action and required reporting. All contracts or arrangements between the ACO and its participants require compliance with the ACO's MSSP participation agreement, as well as all applicable laws and regulations. Additional training will be provided to meet identified needs.

ARTICLE II

WRITTEN POLICIES AND PROCEDURES

Section 1. **Scope.** This Compliance Plan applies to all employees or contractors of the ACO, ACO participants (as defined in 42 CFR §425.20), ACO providers/suppliers (as defined in 42 CFR §425.20), and other individuals or entities performing functions or services related to ACO activities or providing items or services to the ACO (collectively, the “**ACO Parties**”), except where otherwise indicated.

Section 2. **Compliance Plan and Code of Conduct.** This Compliance Plan and the Signature Partners Code of Conduct comprise the central governing documents of the ACO Compliance Program, and are accessible on the ACO’s web site. ACO Parties may also obtain copies of these and other Compliance Program documents from the ACO Compliance Officer. This Compliance Plan is developed in accordance with the requirements of the MSSP.¹

(a) **ACO Compliance Policies, Procedures and Personnel.** The ACO may develop and implement formal, written Compliance Policies and Procedures (“**P&Ps**”) to clarify existing ACO compliance processes and procedures and to otherwise underscore the ACO’s commitment to compliance. The ACO Board has adopted and incorporated into the ACO’s Compliance Program a number of P&Ps from Inova’s compliance program. In addition, when appropriate and subject to the Board’s authorization, the ACO may utilize certain compliance systems, processes and personnel of Inova as the ACO Board deems appropriate, such as Inova’s hotlines and anonymous reporting mechanisms, compliance audits or other monitoring activities performed by Inova, and use of Inova employed or contracted staff (who are free of conflicts of interest with the ACO) to perform compliance activities related to the ACO;

ARTICLE III

COMPLIANCE OFFICER, COMPLIANCE COMMITTEE, AND BOARD

Section 1. **Compliance Officer.** The ACO will, at all times, have a Compliance Officer who will be a separate individual from legal counsel for Signature Partners, and reports directly to the Signature Partners Board.²

(a) The Compliance Officer’s job description and qualifications meet the requirements of the MSSP and other applicable law, as developed by the Compliance Committee and approved by the Board.

(b) The Compliance Officer assures oversight of the Areas of Compliance Monitoring identified in Article V of this Compliance Plan, and acts subject to approval by the Board where required for compliance with the requirements of the MSSP.

Section 2. **Compliance Committee.** The Compliance Committee assists and advises the Compliance Officer in overseeing Signature Partners’ compliance with federal and state regulatory

¹ 42 CFR §425.300(a).

² 42 CFR §425.300(a)(1).

requirements, internal audits, internal controls for the prevention and detection of fraud, waste, and abuse and investigation and resolution of compliance issues.

Section 3. **Board.** The ACO Board, has the ultimate accountability for oversight and implementation of this Compliance Plan and the ACO Compliance Program.

(a) **Duties and Obligations.** The Board's duties related to compliance with the requirements of the MSSP include:

- (1) Being responsible for oversight and strategic direction of the ACO.³
- (2) Holding the ACO management accountable for the ACO's activities.⁴
- (3) Ensuring that the Board members act consistently with their fiduciary duty to the ACO.⁵
- (4) Maintaining a transparent governing process.⁶
- (5) Executing or monitoring ACO's functions, including without limitation, promoting evidence-based medicine and patient engagement, reporting on quality and cost measures, and coordinating patient care.⁷

(b) **Membership and Control.**

- (1) The ACO provides for meaningful participation in the composition and control of the Board for ACO participants (as defined in 42 CFR §425.20) or their designated representatives.⁸
- (2) The Board is separate and unique to the ACO; and, in the interest of preserving fiduciary duty to the ACO,⁹ is not responsible for governing the activities of individuals or entities that are not part of the ACO.¹⁰
- (3) At least seventy-five percent (75%) of the Board consists of ACO participants.¹¹
- (4) The Board includes a Medicare beneficiary representative(s) served by the ACO who does not have a conflict of interest with the ACO, and has no immediate family member with a conflict of interest with the ACO.¹²

³ 42 CFR §425.106(b)(1).

⁴ *Id.*

⁵ 42 CFR §425.106(b)(3).

⁶ 42 CFR §425.106(b)(2).

⁷ 42 CFR §425.106(a).

⁸ 42 CFR §425.106(c)(1).

⁹ 42 CFR §425.106(b)(4)-(5).

¹⁰ See Additional Guidance for Medicare Shared Savings Program Accountable Care Organization (ACO) Applicants, available at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Memo-Additional-Guidance-ACO-Participants.pdf>.

¹¹ 42 CFR §425.106(c)(3).

(5) The Board adopts a conflict of interest policy which requires, at a minimum¹³: (i) the members of the Board disclose relevant financial interests¹⁴; (ii) a process to identify and address conflicts of interest¹⁵; and (iii) a process for addressing remedial action for members of the Board who fail to comply with the policy.¹⁶

ARTICLE IV

MECHANISMS TO IDENTIFY AND ADDRESS COMPLIANCE ISSUES AROUND THE ACO'S OPERATIONS AND PERFORMANCE.

Section 1. **Requirement for Compliance Mechanisms.** As required by the MSSP, the ACO implements mechanisms to identify and address compliance programs related to the ACO's operations and performance.¹⁷

Section 2. **Annual Audit Mechanism.** An annual audit will be conducted in order to assess internal compliance with regulatory and contractual requirements pertinent to the ACO and to correct any identified issues.

Section 3. **Reporting and Resolution Mechanism For Identified Compliance Issues.**

(a) *General Process Overview.* When a potential regulatory, legal or contractual violation is detected by or reported to the ACO, the Compliance Officer assures that the investigatory and resolution mechanisms outlined in this Compliance Plan are followed; that the Compliance Committee and Board are kept apprised as directed within this Compliance Plan; and that identified compliance issues are resolved, and the resolution is documented, in a timely manner.

(b) *Specific Process Steps.* Upon identification of a potential compliance issue, the following process is followed:

(1) **Reporting.** The person receiving the report of an alleged compliance issue must promptly discuss the issue with the Compliance Office. All reports must be in writing. If the issue is minor in nature, not impacting the ACO's compliance obligations or patient care, or any ACO Party's right to participating in the ACO, the Compliance Officer may investigate and resolve the issue unilaterally. If the issue is a Significant Compliance Event (as defined in Article IV, Section 2(b)(3), below), the Compliance Officer will promptly inform the Compliance Committee of the issue, and work with the Compliance Committee in developing an investigation protocol and response. Any time the identified issue concerns a matter of care quality provided by a practitioner who is an ACO Party, the Compliance Officer must consult with the ACO Chief Medical Officer, or a designee thereof, to determine the best investigatory process and response.

(2) **Issues Requiring Immediate Action.** If an issue reported to the Compliance Officer requires immediate action in order to assure the ACO's ongoing compliance with

¹² 42 CFR §425.106(c)(2).

¹³ 42 CFR §425.106(d).

¹⁴ 42 CFR §425.106(d)(1).

¹⁵ 42 CFR §425.106(d)(2).

¹⁶ 42 CFR §425.106(d)(3).

¹⁷ 42 CFR §425.300(2).

state and federal law and with the MSSP (“**Immediate Action Item**”), the Compliance Officer may take such actions as considered appropriate in accordance with the ACO Participating Provider Agreement or this Compliance Plan. Immediate Action Items include, without limitation, exclusion of any ACO Party from participation in a state or federal health care program, in which case, the Compliance Officer may temporarily suspend (but not terminate) an ACO Party until the Board can act. All issues not rising to the level of Immediate Action Items will be resolved, generally, according to the process set forth in Sections (c) – (g) of this Article IV, Section 3, but the process may be modified as appropriate to assure maximum compliance with law and regulation.

(3) **Fact-Finding.** Upon receipt of a compliance issue report, the Compliance Officer will open a fact-finding investigation as promptly as possible, and no later than seven (7) days upon receiving the report. The compliance issue, investigation and resolution should be documented thoroughly. If the issue rises to the level of a Significant Compliance Event (as defined in this Section 3(b)(3)), the Compliance Committee will be promptly apprised of the issue, and will develop an investigation and response plan in conjunction with the Compliance Officer. For purposes of this Compliance Plan, “Significant Compliance Event” is defined as one of the following: (i) an event jeopardizing the ACO’s qualification to participate in the MSSP, or violating the terms of the ACO’s participation with the MSSP; (ii) fraudulent or other unlawful conduct (whether such conduct is alleged to be intentional; or, if intent is not alleged, conduct that nonetheless may significantly impact the ACO’s legal, regulatory or billing compliance) by an ACO Party that materially impacts the ACO; and (iii) Failure of an ACO Party to fulfill the terms of the ACO Participating Provider Agreement.

(c) **Protection of Confidentiality and Attorney-Client Privilege.** All fact-finding investigations and related activity by the Compliance Officer or Compliance Committee shall be conducted such that confidentiality of the investigation, including the identity of the person reporting the information, is maximized. The Compliance Officer must notify and coordinate with the ACO’s legal counsel during fact-finding investigations, as needed.

(d) **Non-Retaliation.** The ACO maintains a policy of non-retaliation to those who report potential compliance issues in good faith.

(e) **Timeline for Resolution.** All compliance issues investigated pursuant to this Article IV, Section 3 must be resolved within sixty (60) calendar days of reporting, if possible; provided, however, that the Compliance Officer and Compliance Committee will use their best efforts to resolve all compliance issues, and particularly Significant Compliance Events, as soon as possible following reporting.

(f) **Board Involvement.** All potentially Significant Compliance Events must be reported by the Compliance Officer directly to the Board, or to its Executive Committee or designee thereof, as soon as possible upon identification. The Compliance Officer’s and Compliance Committee’s authority with regard to all compliance issues is subordinate to that of the Board. The Board will receive a report of the Compliance Officer of *all* compliance issues (whether or not such issues constitute Significant Compliance Events) identified within the preceding quarter by the Compliance Officer, and may act to undertake additional activities regarding resolution of the identified issues.

(g) **Corrective Action.** The Compliance Officer, Compliance Committee and Board have the authority to impose such corrective actions as they deem necessary in order to remediate compliance issues, including an immediate suspension of an ACO party’s participation upon the

occurrence of an Immediate Action Item described in Article IV, Section 3(b)(2). The Compliance Officer or Compliance Committee may impose additional training or monitoring as corrective action considered necessary in their reasonable discretion and will provide a report of such corrective action to the Board. The Board may limit an ACO Party's right to share in the savings of the ACO, or suspend or terminate ACO Party's ACO participation.

Section 4. **Process for reporting probable violations to law enforcement.** If required by law, the ACO will report probable violations of law to appropriate law enforcement.¹⁸ The Compliance Officer evaluates all such reported compliance events reported to Signature Partners and determines, in conjunction with the ACO legal counsel as needed, whether such events qualify as probable violations of law. In the event such probable violations are detected, the Compliance Officer, in conjunction with legal counsel, coordinates the process for reporting the event to the proper law enforcement agency.¹⁹

ARTICLE V

AREAS OF COMPLIANCE MONITORING

Section 1. The ACO must ensure that compliance with specific regulatory requirements for MSSP (including government interpretations, such as OIG Advisory Opinions) and other compliance priorities in the following areas is being monitored:

- (a) Quality measures, through review of beneficiary records.
- (b) Compliance with policies prohibiting avoiding at-risk beneficiaries. Beneficiary risk avoidance should be assessed by looking at yearly changes in patterns of risk adjustment in the ACO population. Self-audits can include beneficiary interviews and requirements that ACO providers report to the ACO when terminating a physician-patient relationship.
- (c) Patient freedom of choice of providers, through monitoring of beneficiary surveys to determine whether ACOs are improperly restricting referrals to providers within the ACO.
- (d) Compliance with policies against beneficiary inducements.
- (e) Screening and credentialing of ACO providers and suppliers.
- (f) Compliance with ACO marketing requirements by using CMS's template language whenever possible, ensuring that marketing materials are not discriminatory, and that they do not violate beneficiary inducement requirements.
- (g) Compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") data use agreement allowing Signature Partners to access beneficiary data for quality assurance, quality improvement, and population-based activities.
- (h) Compliance with the Stark law and Anti-kickback law within the parameters of the waivers permitted for ACOs participating in the MSSP.

¹⁸ 42 CFR §425.300(a)(5).

¹⁹ 42 CFR §425.300(a)(5).

(i) Compliance with applicable anti-trust laws, including avoiding improper exchanges of prices or other competitively sensitive information among competing participants by implementing firewalls to protect against collusion.

(j) Compliance with the ten (10) year ACO record retention rule.

(k) Board's maintenance of adequate, contemporaneous written records of all determinations, sufficient to create an audit trail.

(l) Review of contracts underlying ACO participation and relationships with those providing items or services to the ACO on an annual basis, and assurance that any guidelines or interpretations promulgated by the state or federal government as good contracting practices for ACOs are implemented.

ARTICLE VI

PARTICIPANT AND PROVIDER-LEVEL COMPLIANCE ISSUES

Section 1. The ACO approaches compliance as an ACO-wide endeavor, extending to each ACO Party. To this end, the ACO respects the autonomy of each individual entity or person to conduct its own internal compliance activities and maintain its own compliance plans, but retains authority to oversee the following:

(a) **Participant Compliance Plans.** The Compliance Office may request, pursuant to the ACO Participating Provider Agreement, a copy of an ACO participant's (as defined in 42 CFR §425.20) compliance plan, and may make recommendations as to provisions which might enhance ACO participation. To the extent a participant's compliance plan is identified as unsatisfactory under law (e.g., out of compliance with OIG requirements for compliance plans, if so mandated, or otherwise not compliant with regulations), the Compliance Officer may inform the Board.

(b) **Monitoring for Sanctioned Individuals.** Signature Partners' participants, providers, and suppliers will be checked against federal health care exclusions databases, including, without limitation, the List of Excluded Individuals ("LEIE") and the System for Award Management ("SAM") databases on a monthly basis to ensure compliance with exclusions imposed by the Medicare program.

(c) **Other Individual Monitoring.**

(1) Signature Partners checks the State Licensing Board database as required and identifies positive matches of participating practitioners to the Compliance Officer. The Compliance Officer may take action regarding positive matches as Immediate Action Items, described more thoroughly in Article IV Section 3(b).

(2) The ACO Credentialing Committee meets monthly to discuss issues including licensure, sanctions, complaints or poor quality and performance and adverse events concerning practitioners who provide services to the ACO (but whose activities do not constitute Immediate Action Items), and reports its findings and recommendations to the Compliance Officer. The Compliance Officer shall report such findings to the Board, or the Executive Committee or a designee thereof, for action.

(3) As part of the credentialing process, and in accordance with 42 CFR Part 425, Subpart B, Signature Partners requires that each provider supply a list of any individual or organization having five percent (5%) or more direct or indirect ownership or control interest in the practice or entity. The Credentialing Committee reviews the ownership lists to ensure that included individuals have never been debarred, suspended, or excluded from Federal or State healthcare programs or convicted of a criminal offense related to their involvement in the Medicare, Medicaid or any Federal or State Programs. Positive matches are reported to the Compliance Officer, who will then act according to the process set forth for Immediate Action Items.

ARTICLE VII

METHODS OF REPORTING

Section 1. Signature Partners provides ACO Parties with methods of reporting²⁰, which are publicized through policies and procedures and mandatory annual compliance training, including reporting to:

- Signature Partners' Compliance Officer
- Inova's Chief Compliance Officer
- Inova and Signature Partners Human Resources Staff
- Each employee's immediate supervisor
- The ACO's confidential and anonymous Compliance and Ethics Hotline (hosted by Inova): (888) 800-4030

Section 2. **Use of Compliance and Ethics Hotline.** ACO Parties may report compliance concerns to the Compliance Officer in person or anonymously through its Compliance and Ethics Hotline. The Compliance Hotline is available twenty-four (24) hours a day, seven (7) days a week, and three hundred sixty-five (365) days a year. The Hotline phone number is published on Signature Partners' website and as applicable, in newsletters or information provided to ACO Parties.

Section 3. **Privacy Incident Reporting Policy.** The Signature Partners P&P entitled "Privacy Incident Reporting" provides additional information about how to report problems or concerns, either anonymously or in confidence, and explains how the Hotline operates. The P&P outlines how the Compliance Officer will proceed with the reported problem or concern.

Section 4. **Federal/State Reporting.** The ACO apprises participants, providers and suppliers of their right to support suspected fraud and abuse activity to government authorities, and provides contact information, including:

- Virginia Office of the Attorney General: (804) 786-2071
- OIG Hotline: 1-800-447-8477
- OIG Fax: 1-800-223-8164

²⁰ 42 CFR §425.300(a)(3).

- TTY: 1-800-377-4950
- E-mail: HHSTips@oig.hhs.gov
- Online: <https://forms.oig.hhs.gov/hotlineforms/report-fraud-form.aspx>
- Mail: US Department of Health and Human Services
Office of Inspector General
Attn: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

ARTICLE VIII

COMPLIANCE TRAINING

Section 1. ACO employees and contractors, ACO participants (as defined in 42 CFR §425.20) and ACO providers/suppliers (as defined in 42 CFR §425.20) will complete mandatory compliance training on at least an annual basis.²¹ The compliance training focuses on ensuring that the ACO, ACO participants, ACO providers and ACO suppliers know and understand their legal obligations, risk areas within the ACO, and how to report compliance concerns. In addition to notifying training attendees of their compliance obligations, the training ensures that all recipients understand the ACO's legal obligations with respect to the ACO's operations.

Section 2. Signature Partners provides each new ACO Party with access to Signature Partners' Compliance Plan, P&Ps and the Signature Partners Code of Conduct. The Code of Conduct complements Signature Partners' Compliance Program by laying out principles regarding ethical and responsible business practices that guide ACO Parties for purposes of preventing and detecting violations of laws and regulations as well as violations of internal P&Ps.

Section 3. Verification. All ACO Parties must:

(1) Review and acknowledge compliance with the Compliance Program including, but not limited to, the Code of Conduct, upon becoming employed by, participating in, or providing items or services to the ACO and thereafter, on an annual basis;

(2) Complete training session(s) covering the Compliance Program, the Code of Conduct, and other compliance-related topics;

(3) Read and understanding the requirements of Signature Partners P&Ps related to their day-to-day job responsibilities; and

(4) Report suspected incidents of non-compliance to a supervisor, manager, or the Compliance Officer, either directly or through the use of the established Hotline.

²¹ 42 CFR §425.300(a)(4).

ARTICLE IX

UPDATE TO THE COMPLIANCE PROGRAM TO BE COMPLETED AT LEAST ANNUALLY

Signature Partners updates the Compliance Program annually and as needed to comply with changes in law and regulation.²² In updating its Compliance Program, Signature Partners will refer to the U.S. Department of Health and Human Services OIG Work Plan for the upcoming year. It is anticipated that CMS will monitor and update ACO requirements as needed. Signature Partners will review those updated requirements and make appropriate changes to its Compliance Program. Although the initial ACO MSSP participation agreement runs for a three-year period, Signature Partners will keep abreast of changes to ACO regulations related to quality-performance standards. If and when quality-performance regulations are updated, Signature Partners will submit a supplement to the application explaining how it will address the changes.

ARTICLE X

CONFIDENTIALITY AND IMMUNITY

The Compliance Officer and Compliance Committee shall work with legal counsel of the ACO to assure maximum protection of confidentiality of information, and extension of immunity for those participating in compliance processes, including, without limitation, peer review protection under state or federal law, and extension of applicable attorney/client and work product privileges.

²² 42 CFR §425.300(b)(2).