Princeton HealthCare Partners, LLC

CORPORATE COMPLIANCE PLAN

Approved by: The Board of Managers

April 25, 2016

Introduction

In cooperation with Princeton HealthCare System ("PHCS"), the Princeton HealthCare Partners, LLC ("PHP"), has designed and implemented a comprehensive Compliance Program that establishes various compliance procedures and structures, and sets forth the standards of conduct that all PHP Personnel, and all individuals associated with PHP, are expected to follow in their employment or course of dealings with PHP.

The PHP Compliance Program applies to all staff whether employed directly or employed through contracting agreements (PHP Personnel); all PHP participants suppliers and all vendors.

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 PHP Compliance Program. Each element governs a different and important aspect of the Program.

➢ **Element 1: Written Policies and Procedures**

- The PHCS Code of Ethical Conduct and this Corporate Compliance Plan. PHP will follow the PHCS Code of Ethical Conduct which has been adopted through the approval of the BOM. The PHCS Code of Ethical Conduct and this Corporate Compliance Plan are at the core of the PHP Compliance Program. They will be made accessible on the PHP web site and via the intranet. Personnel may also obtain copies of these and other Compliance Program documents from the PHP Compliance Office.

- PHP Compliance Policies and Procedures. In addition to the PHCS Code of Ethical Conduct and this Corporate Compliance Plan, PHP may develop and implement formal, written Compliance Policies and Procedures to describe in more detail existing PHP compliance processes and procedures and to otherwise underscore PHP commitment to compliance.

- PHCS Compliance Policies, Procedures, and Processes. In addition, PHP has adopted and relies upon a number of the Policies and Procedures of the Compliance Program of PHCS, which are incorporated into the PHP Compliance Program. In addition, PHP may utilize certain compliance processes established by PHCS, including for example, reliance on internal compliance audits by PHCS compliance staff who are participating in PHP.

- Board of Managers (BOM) Review. The BOM of PHP 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. PHP has designated a Compliance Officer who oversees the operations of the Compliance Program. The Compliance Officer is neither legal counsel to PHP nor to the existing parent organization. The PHP Compliance Officer reports directly to the PHP BOM regarding compliance issues.

- The Practice Transformation Advisory Committee. This Committee is chaired by the PHP Medical Director and includes PHP Personnel from various departments. The Committee through the Medical Director reports to the BOM and oversees the PHP 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 PHP processes and procedures; and monitoring PHP coordination with the Compliance Programs of PHCS or other PHP Providers, Suppliers and Vendors. The Committee meets monthly, or more frequently, as necessary. Compliance reporting will occur quarterly, or more frequently as needed.

- The Board of Managers. As the governing body of PHP, the BOM has ultimate responsibility for oversight of the Compliance Program. As such, the BOM will approve any substantive changes to the Compliance Code of Ethical 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 Practice Transformation Advisory Committee. At such annual presentations to the BOM, 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: <u>Training and Education</u>**

  - <u>Compliance Materials</u>. The Compliance Office is responsible for ensuring that the Code of Ethical Conduct and this Corporate Compliance Plan is made accessible to all PHP Personnel. All newly hired or engaged PHP Personnel must also be provided with the Code of Ethical Conduct and this Corporate Compliance Plan.

  - <u>Training—PHP Personnel.</u> In conjunction with the Compliance Department of PHCS, the PHP Compliance Office will oversee the development of a schedule of training on compliance issues for PHP Personnel. The training should focus on the requirements of the PHP Compliance Program generally, as well as those specific requirements most relevant to the trainee's particular job with PHP or participation in the Medicare Shared Savings Program (MSSP). The Compliance Office will maintain a record of all personnel who have attended such training.

  - <u>Training—PHP Participants and Providers/Suppliers</u>. As part of PHP collection and analysis of quality data, as well as its quality and compliance reviews, PHP will provide feedback and training to Participants and Providers/Suppliers on meeting quality measures and the requirements of the MSSP and of the PHP Compliance Program.

  - <u>Follow-Up Training</u>. The Compliance Office will also 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: <u>Communication Lines</u>**

  - <u>Open Communication</u>. Open communication between PHP Personnel and the Compliance Office, as well as between the Compliance Office and senior management and the BOM, is important to the success of this Compliance Program and to the reduction of any potential for fraud, abuse and waste. Without help from PHP Personnel, it may be difficult to learn of possible compliance issues and make necessary corrections.

  - <u>Questions</u>. At any time, any PHP 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 PHP Personnel who are aware of or suspect acts of fraud, abuse or waste or violations of the PHP Compliance Code of Ethical Conduct are required to report such acts or violations. Several independent reporting paths are available:

  (1) To Supervisors. PHP 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 PHP Compliance Officer as soon as the report is made.

  (2) To the Compliance Office. PHP Personnel may at any time report directly to the PHP Compliance Officer.

  (3) To the PHP Compliance Hotline. All PHP Personnel can report – anonymously or otherwise – any compliance concerns, issues or potential violations of PHP Compliance Program requirements by calling the PHP Compliance Hotline (609-853-7900) or web reporting (http://www.princetonhealthcarepartners.org). All such reports will be handled pursuant to PHCS established protocols, and the PHP Compliance Officer will be informed of any relevant reported matters.

- 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 Ethical Conduct or of relevant law or regulations received by the Compliance Officer, who will periodically furnish a summary of such reports to the Practice Transformation Advisory Committee and the BOM.

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

- Discipline of PHP Personnel. All PHP Personnel may be subject to possible disciplinary action. Such discipline will be applied in a uniform and consistent manner, equally to all Personnel, and may include discipline for:

  (1) Failure to perform any obligation or duty required of Personnel relating to compliance with the PHP 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 PHP 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 PHCS's existing disciplinary policies and procedures, including those found in the Medical Staff Rules and Regulations.

- Remedial Action as to Others. PHP Participants and Providers/ Suppliers and Vendors who are not PHCS Personnel are expected to adhere to the PHP Compliance Code of Ethical Conduct and all applicable Compliance Program requirements. If the Compliance Office concludes, after an appropriate investigation, that the Code of Ethical Conduct or applicable laws or regulations have been violated, then the Compliance Office will so inform PHP senior management and the PHP BOM, as appropriate. Appropriate discipline, remedial processes and penalties, up to and including termination of participation in PHP, will be taken.

- Disclaimer. Nothing in the PHP Compliance Program shall (i) constitute a contract of or agreement for employment; or (ii) modify or alter in any manner any Personnel's at-will employment status. Any part of the Compliance Program may be changed or amended at any time without notice to any PHP 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 PHP and MSSP.

  - Quality and Compliance Reviews**.** In conjunction with the Practice Transformation Advisory Committee, the PHP Compliance Office will ensure that, to the extent possible, appropriate quality and compliance reviews are conducted of PHP Participants and Providers/Suppliers.

    Such reviews will be conducted by PHP Personnel of PHP Providers on a sampling, census or other basis. Such reviews, to the extent possible as to the different categories of PHP 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 PHP Participants, as appropriate and if needed.

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

- Other Compliance Reviews. In conjunction with the Practice Transformation Advisory Committee, the PHP Compliance Office will also ensure that other compliance reviews are periodically conducted of PHP 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 BOM; and

  (3) reviews to ensure that PHP 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 PHP Compliance Office, in conjunction with the Practice Transformation Advisory Committee, as well as the PHCS Compliance Officer, will review regulatory requirements, governmental guidance or pronouncements, hotline calls, issues raised by PHP Personnel, and PHP operations to identify compliance risks or areas of compliance focus for the upcoming year.

  The Compliance Office will work with the Practice Transformation Advisory Committee to put together an Annual Compliance Work Plan that will set forth the annual reviews, initiatives and compliance goals for the upcoming year.

  As already noted in Element 1 above, the Compliance Office will, at least annually, report to the BOM 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 Practice Transformation Advisory Committee, and

relevant PHP 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 PHP compliance or business practices will be considered. Possible changes or additions to policies and procedures will be reviewed with senior management, the Practice Transformation Advisory Committee, and, if necessary, with the BOM.

PHP will report probable violations of law related to fraud, waste and abuse involving PHP and its participants, providers and suppliers to an appropriate law enforcement agency, such as the NJS Medicaid Fraud Control Unit, the OIG and/or the Department of Justice. Reporting to appropriate state and/or federal agencies will be determined based on the specifics of the violation, after appropriate investigation and in collaboration with PHCS compliance officials and General Counsel.

- ➢ **Element 8: <u>Policy on Non-Retaliation</u>.**

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