



Introduction

LHS Health Network, LLC, d/b/a Virtua Integrated Network (“VIN”) was formed as an Accountable Care Organization (“ACO”) to participate in the Medicare Shared Savings Program (“MSSP”). 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 the VIN’s Compliance Plan that address each MSSP regulation.

Policy Statement

VIN 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, VIN 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 the MSSP and federal health care programs.

Compliance Program Elements ((§425.300))

1. Designated Compliance Official who is not legal counsel to the ACO and reports directly to the Audit and Compliance Committee of the Virtua Board of Trustees. VIN is a limited liability company that is wholly-owned by Health Management Services Organization, Inc. (HMSO). HMSO is a corporation that is wholly-owned by Our Lady of Lourdes Health Care Services, Inc. Our Lady of Lourdes Health Care Services, Inc. is a corporation that is wholly-owned by Virtua Health, Inc. (§425.300(a)(1))
 - a. The Compliance Officer will report to the Audit and Compliance Committee of Virtua Health’s Board of Trustees on the operations of the Compliance Program, including the nature and status of any material compliance issues or other matters identified affecting LHS.
 - b. The Corporate Compliance Official does not serve as legal counsel to the ACO.
2. Mechanism for identifying and addressing compliance problems related to the ACO operations and performance (§425.300(a)(2))
 - a. VIN will establish procedures to monitor and review all bulletins, transmittals and other publications issued by CMS and its contractors relevant to VIN and its



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participation in the MSSP and will implement changes in systems, policies and procedures, as required, to maintain Virtua Health's compliance with laws, regulations and guidance applicable to its operations.

- b. Virtua Health Corporate Compliance Department will conduct a risk assessment at least annually that considers LHS '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. Findings and results will be reported to VIN and the Audit and Compliance Committee of Virtua Health Board of Trustees, Inc.
- c. VIN, in conjunction with CMS, will conduct periodic audits and reviews to assess specific risk areas related to VIN's operations and performance, including compliance with MSSP requirements and areas identified through the annual risk assessment process. VIN may conduct such audits independently or in conjunction with ACO Participants, and may rely upon applicable compliance reviews conducted by ACO Participants. VIN Participants are required to fully cooperate in the performance of such audits, including providing requested information in a timely manner.
- d. The Compliance Officer 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 VIN personnel and corrective actions based on audit findings will be monitored for timely implementation.
- e. Virtua Health and 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. VIN and each Participant organization are responsible for ensuring that all VIN 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. This is the responsibility of the participating providers and included in the participating agreements.
- f. VIN Participants are expected to adhere to the Compliance Program requirements and all laws, regulations and VIN policies applicable to participation in the MSSP. If, after an appropriate investigation is conducted, it is determined that applicable laws, regulations or VIN policies have been violated, the Compliance



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Officer shall inform VIN senior management and the Virtua Health Board of Trustees, as appropriate. Appropriate discipline, remedial processes and penalties, up to and including termination of participation in VIN, will be taken.

- g. Responsibility for the oversight and monitoring of VIN's operations rests with ACO Board. The results of compliance risk assessment and auditing and monitoring activities will be reported annually to the Virtua Compliance Officer and then to the Audit and Compliance Committee of Virtua Health Board of Trustees.
3. Reporting of Compliance Issues – employees or contractors of the ACO, ACO participants, ACO providers/suppliers and other individuals performing functions or services to anonymously report suspected problems related to the ACO to Compliance Officer (§425.300(a)(3))
- a. All VIN Participants are required to report in good faith any actual or suspected actions or concerns that involve VIN's participation in the MSSP, including violations or suspected violations of law, regulation or VIN policies. Such matters may include, but are not limited to:
 - i. VIN 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. Participant organizations are required to notify the Virtua Health Compliance Officer of any compliance issues reported to the Participant organization that relate to the activities or operations of VIN.
 - ii. Compliance Officer: Participants may at any time report compliance matters directly to Susan Hatch, Virtua Health Corporate Compliance Officer at shatch@virtua.org or complianceofficer@virtua.org (p) 856-355-0722.



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- iii. Virtua Health Compliance Hotline or Compliance Web intake: In cooperation with Virtua Health, Participants may report compliance matters to the Virtua Health Compliance Officer using the following:
 1. The Compliance Hotline at 1-800-268-0502. The Compliance Hotline is staffed 24 hours a day, seven days a week by an outside organization.
 2. The Compliance Web intake at virtua.alertline.com
 - c. Individuals filing a report using the Compliance Hotline or web intake have the option to remain anonymous if they so choose. Individuals filing a telephone report or web intake will be provided a report identification number to check the status and ultimate resolution of the matters reported.
 - d. 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.
 - e. Virtua Health 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.
 - f. Information concerning the availability of the Compliance Hotline, Compliance web and other methods for reporting issues and concerns will be regularly publicized by Virtua Health through internal and external website, new hire orientation, compliance awareness training, and other system-wide communications.
 - g. Failure to report suspected unethical or unlawful conduct is harmful to the integrity of the ACO and is a potential violation of the compliance plan.
4. Compliance Training – ACO, ACO Participants and ACO providers/suppliers (§425.300 (a)(4))
 - a. This Compliance Plan will be provided to or otherwise made accessible to all VIN Participants.



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- b. VIN and Participants will distribute the training material to ensure that all personnel receive compliance training at the time of employment or engagement by VIN or a Participant organization and at least annually thereafter.
 - c. The training will consist of a published, PowerPoint presentation which is readily available to all participants
 - d. Compliance training will emphasize the VIN commitment to compliance with all legal and regulatory requirements and VIN policies and procedures. The Compliance Officer will ensure VIN maintains documentation of compliance training provided to VIN employees and to Participant organizations.
 - e. The compliance training may be provided by VIN or by a Participant organization. The training will focus on the requirements of the VIN Compliance Program, and applicable federal and state laws, regulations, and rules, including training on compliance issues specific to VIN operations and its participation in the MSSP. Topics might include Patient Freedom of Choice, Protecting Patient Privacy, and Patient Notification Requirement.
 - f. 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.
 - g. All trainings materials and records will be maintained for 10 years.
5. External Reporting by ACO – Probable Violations of Law (§425.300 (a)(5))
 - a. Upon discovery, from any source, of credible evidence of misconduct related to VIN's operations and performance under the MSSP and, after reasonable inquiry and investigation, it is determined that the misconduct represents a probable violation of law, VIN will promptly report the probable violation to the appropriate law enforcement agency and appropriate government authority.
 - b. The Compliance Officer has the authority to report misconduct to CMS, its designee and law enforcement.
6. Participant Compliance (§425.208 (2)(b))
 - a. VIN will contractually require its employees, contractors, providers/suppliers and any other individuals or entities performing functions or services related to



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Virtua Health activities (hereinafter referred to as "Participants") to comply with the requirements of the Compliance Program described herein.

- b. VIN 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 VIN's MSSP Agreement with CMS (collectively, 11 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.

Plan Amendments

The Corporate Compliance Officer will review and update the Compliance Program as necessary to reflect changes in applicable laws, regulations, guidance, and VIN's operations. Any substantive changes to the Compliance Program will be presented to the Board.

Other Shared Saving Insurer Relationships

The components of the ACO Compliance Plan apply to all able insurer relationships unless within this plan there are specific aspects related only to Medicare.