



One Health
Quality Alliance

May 2015

**One Health
CORPORATE
COMPLIANCE
PLAN**



Introduction

The One Health Quality Alliance, LLC (“ONE HEALTH”), was formed as a limited liability organization, doing business as a clinically integrated physician-hospital organization. The members of the LLC as part of ONE HEALTH will help create value-based care in the region through health care services that control costs and ensure quality of care forth region.

“One Health Personnel” is collectively the staff of the clinical practices in ONE HEALTH and Adventist HealthCare.

One Health will implement a comprehensive Compliance Program that establishes various compliance procedures and structures, and sets forth the standards of conduct that all ONE HEALTH Personnel, and all individuals associated with the ONE HEALTH, are expected to follow in their employment or course of dealings with the ONE HEALTH or participation in the ONE HEALTH Program.

The ONE HEALTH’s Compliance Program applies to all ONE HEALTH Providers/Suppliers and staff, and vendors, and all staff of AHC, which manages the ONE HEALTH and is performing certain operational functions for the ONE HEALTH. This Corporate Compliance Plan summarizes the structure, key elements and compliance procedures of the ONE HEALTH Compliance Program.

Compliance Program Elements

The following eight elements describe the scope and operation of the ONE HEALTH’s Compliance Program. Each element governs a different and important aspect of the Program.

➤ Element 1: Written Policies and Procedures

□ The Code of Conduct and this Corporate Compliance Plan. The AHC Code of Conduct is at the core of the ONE HEALTH’s Compliance Program. The compliance policies will be made accessible on the ONE HEALTH’s web site and via the intranet. All ONE HEALTH Personnel will follow a Code of Conduct and Compliance Plan, which may include a currently existing Code of Conduct and Compliance Plan for members of an organization, upon approval by the

ONE HEALTH Board. ONE HEALTH Personnel may obtain copies of these and other Compliance Program documents from the ONE HEALTH Compliance Officer.

□ ONE HEALTH Compliance Policies and Procedures. The ONE HEALTH may develop and implement formal, written Compliance Policies and Procedures to describe in more detail existing ONE HEALTH compliance processes and procedures and to otherwise underscore the ONE HEALTH's commitment to compliance.

□ AHC Compliance Policies, Procedures, and Processes. The ONE HEALTH may utilize certain compliance processes established by AHC, including for example, use of the AHC Compliance Hotline and reliance on internal compliance audits by AHC compliance staff of ONE HEALTH providers who are participating in the ONE HEALTH.

□ Board of Directors Review. The Board of the ONE HEALTH 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. The ONE HEALTH has designated a Compliance Officer who oversees the operations of the Compliance Program and reports directly to the ONE HEALTH's Board of Directors regarding compliance issues.

□ Compliance Director. The ONE HEALTH may designate a Compliance Director to assist the Compliance Officer in the day-to-day operations of the Compliance Program. The Compliance Officer and the Compliance Director may also engage other ONE HEALTH Personnel to assist them with the oversight and management of the Compliance Program.

□ The ONE HEALTH Board of Directors. As the governing body of the ONE HEALTH, the Board of Directors has ultimate responsibility for oversight of the Compliance Program. As such, the Board will approve any substantive changes to the Compliance Code of Conduct or this Corporate Compliance Plan. In addition, it will receive periodic reports from the Compliance Officer as to the operation of the ONE HEALTH 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 Officer of the Annual Compliance Work Plan for the upcoming year, as developed by the Compliance Officer. At such annual presentations to the Board, the Compliance Officer will also report on the Compliance Program's performance during the prior year under the previous year's Annual Compliance Work Plan.

□ **Element 3: Training and Education**

□ Compliance Materials. The Compliance Officer is responsible for ensuring that the Code of Conduct and this Corporate Compliance Plan is made accessible to all ONE HEALTH Personnel. All newly hired or engaged ONE HEALTH Personnel must also be provided with the Code of Conduct and this Corporate Compliance Plan.

□ Training—ONE HEALTH Providers and Suppliers. As part of the ONE HEALTH's collection and analysis of quality data, as well as its quality and compliance reviews, the ONE HEALTH will provide feedback and training to Providers and Suppliers on meeting quality measures and the requirements of the ONE HEALTH Compliance Program.

□ Follow-Up Training. The Compliance Officer will also work with ONE HEALTH Personnel to 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 a ways to enhance coordination of care, quality processes and better ways to satisfy quality measures.

□ **Element 4: Communication Lines**

□ Open Communication. Open communication between ONE HEALTH Personnel and the Compliance Officer, as well as among the ONE HEALTH Compliance Officer and the ONE HEALTH Board of Directors, is important to the success of this Compliance Program and to the reduction of any potential for fraud, abuse and waste. Without help from ONE HEALTH Personnel, it may be difficult to learn of possible compliance issues and make necessary corrections.

□ Questions. At any time, any ONE HEALTH Personnel may seek clarification or advice from the Compliance Officer with regard to the Compliance Program or any compliance questions or issues. Questions and responses will be documented by the Compliance Officer or designee.

□ Reporting. All ONE HEALTH Personnel who are aware of or suspect acts of fraud, abuse or waste or violations of the ONE HEALTH Compliance Code of Conduct are required to report such acts or violations. Several independent reporting paths are available:

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

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

(3) To the AHC Compliance Hotline. In cooperation with AHC, the ONE HEALTH is using the AHC Compliance Hotline, to which all ONE HEALTH Personnel can report – anonymously or otherwise – any compliance concerns, issues or potential violations of ONE HEALTH

Compliance Program requirements. All such reports will be handled pursuant to AHC's established protocols, and the ONE HEALTH Compliance Officer will be informed of any relevant reported matters. **AHC operates a 24-hour, 365-day hotline known as the "Organizational Integrity Hotline," 1-800-814-1434**, which is available to all employees, contractors, vendors, physicians, volunteers, board members and business associates of AHC.

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 Officer will maintain a record of reports of violations of the Compliance Program and its Code of Conduct or of relevant law or regulations received by the Compliance Officer, who will periodically furnish a summary of such reports to the ONE HEALTH Board of Directors.

Element 5: Remedial or Disciplinary Action

Procedure. ONE HEALTH Personnel are expected to adhere to the ONE HEALTH Compliance Code of Conduct and all applicable Compliance Program requirements. If the Compliance Officer concludes, after an appropriate investigation, that the Code of Conduct or applicable laws or regulations have been violated, then the Compliance Officer will so inform the ONE HEALTH Board, as appropriate. Appropriate discipline, remedial processes and penalties, up to and including termination of participation in the ONE HEALTH, will be taken.

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

Element 6: Identification of Compliance Risk Areas and Non-Compliance

Tracking New Developments. The Compliance Officer, or a designee, 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 the ONE HEALTH.

Quality and Compliance Reviews. In conjunction with the Quality Committee, the ONE HEALTH Compliance Officer will ensure that, to the extent possible, appropriate quality and compliance reviews are conducted of ONE HEALTH Providers and Suppliers.

□ Other Compliance Reviews. The ONE HEALTH Compliance Officer will ensure that other compliance reviews are periodically conducted of ONE HEALTH 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 payors 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 Board of Directors; and

(3) reviews to ensure that ONE HEALTH 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 ONE HEALTH Compliance Officer, in conjunction with the Quality Committee, will review regulatory requirements, governmental guidance or pronouncements, hotline calls, issues raised by ONE HEALTH Personnel, and ONE HEALTH operations to identify compliance risks or areas of compliance focus for the upcoming year.

The Compliance Officer will work with the Board 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 Officer will, at least annually, report to the Board 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 Officer will first conduct a thorough investigation. Based on the results of the investigation, the Compliance Officer will work with relevant ONE HEALTH Personnel to ensure that appropriate and effective corrective action is implemented, as appropriate.

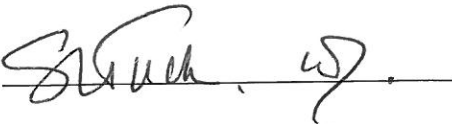
Any corrective action and response implemented must be designed to ensure that the violation or problem does not re-occur (or reduce the likelihood that it will reoccur) and be based on an analysis of the root cause of the problem. If it appears that a larger, systemic problem may exist, then possible modification or improvement of the ONE HEALTH's compliance or business practices will be considered.

□ **Element 8: Policy on Non-Retaliation.**

Retaliation is Strictly Prohibited. 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 ONE HEALTH Personnel who makes an intentional false report or a report not in good faith may be subject to remedial or disciplinary action.

Adopted May 27, 2015

ONE HEALTH QUALITY ALLIANCE, LLC

By:  _____

Name: STEVEN L. TUCK, M.D.

Title: CHAIR