



2023 ACO COMPLIANCE MANUAL

PROGRAM POLICIES AND PROCEDURES

LifeCare ACO Governing Board

Member	Title/Position	Membership Type	ACO Participant Legal Business Name	Appointment Date	Voting Power
Brent Smith	Chairperson / Voting Member	ACO Participant	Comanche County Hospital Authority	January 1, 2022	9.1%
Kean Spellman	Vice Chairperson / Voting Member	ACO Participant	Grady Memorial Hospital	January 1, 2022	9.1%
William Stewart, MD	Medical Director / Voting Member	ACO Participant	Duncan Regional Hospital, Inc.	January 1, 2022	9.1%
Richie Splitt	Secretary / Voting Member	ACO Participant	Norman Regional Providers – Primary Care	January 1, 2022	9.1%
Corey Lively	Treasurer / Voting Member	ACO Participant	Farmers Union Hospital Association	January 1, 2022	9.1%
Jerry Moeller	Medicare Beneficiary / Voting Member	Medicare Beneficiary Representative		January 1, 2022	9.1%
Steve Hartgraves	Voting Member	ACO Participant	Jackson County Memorial Hospital Authority	January 1, 2022	9.1%
Shawn Howard	Voting Member	ACO Participant	McAlester Regional Health Center Authority	January 1, 2022	9.1%
Jay Johnson	Voting Member	ACO Participant	Duncan Regional Hospital, Inc.	January 1, 2022	9.1%
Denise Webber	Voting Member	ACO Participant	Stillwater Medical Center Authority	January 1, 2022	9.1%
Brian Woodliff	Voting Member	ACO Participant	Northeastern Health System	January 1, 2022	9.1%

Key LifeCare ACO Clinical and Administrative Leadership:

Leadership	Name & Position
ACO Executive	Meegan Carter, Vice President
Clinical Leader	William Stewart, Medical Director
Compliance Officer	Tiffany Moody, Population Health Consulting Director
Quality Assurance/ Improvement Officer	Tiffany Moody, Population Health Consulting Director

Associated Committees and Committee Leadership:

Committee Name	Committee Chair & Position
Provider Network Committee	Meegan Carter, Vice President, LifeCare
Quality Committee	Tiffany Moody, Population Health Consulting Director, LifeCare
Finance & Payer Committee	Kean Spellman, CEO, Grady Memorial Hospital
HIT & Data Analytics Committee	Roger Neal, VP & COO, Duncan Regional Hospital, Inc.

TABLE OF CONTENTS

DESCRIPTION	POLICY #	PAGE #
Compliance Program General		
Definitions	<u>CPG-001</u>	Pg. 8
Compliance with Laws; Conflict with Authorities	<u>CPG-002</u>	Pg. 10
Code of Conduct	<u>CPG-003</u>	Pg. 11
Conflict of Interest	<u>CPG-004</u>	Pg. 13
Non-Discrimination	<u>CPG-005</u>	Pg. 15
Beneficiary, Discharge, Avoidance, and Referrals	<u>CPG-006</u>	Pg. 17
Operational Policies		
Beneficiary Engagement and Patient Centeredness	<u>OPS-001</u>	Pg. 19
Care Coordination	<u>OPS-002</u>	Pg. 21
Evidence-Based Medicine	<u>OPS-003</u>	Pg. 23
Internal Reporting on Cost and Quality	<u>OPS-004</u>	Pg. 25
Participant and Provider/Supplier List Updates	<u>OPS-005</u>	Pg. 27
Initial Beneficiary Notifications	<u>OPS-006</u>	Pg. 30

Compliance Officer		
Introduction	<u>CO-001</u>	Pg. 33
Compliance Officer Duties and Responsibilities	<u>CO-002</u>	Pg. 34
Compliance Monitoring and Oversight		
Introduction	<u>CMO-001</u>	Pg. 38
Reporting Suspected Non-Compliance	<u>CMO-002</u>	Pg. 39
Annual Compliance Reviews	<u>CMO-003</u>	Pg. 41
Responding to Compliance Issues		
Reports of Suspected Compliance Program Violations: Confidentiality	<u>RCI-001</u>	Pg. 43
Reports of Suspected Compliance Program Violations: Non-Retaliation	<u>RCI-002</u>	Pg. 44
Reports of Suspected Compliance Program Violations: Investigation	<u>RCI-003</u>	Pg. 46
Reports of Suspected Compliance Program Violations: Programmatic Corrections	<u>RCI-004</u>	Pg. 48
Compliance Log	<u>RCI-005</u>	Pg. 51

Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures		
Development of New Policies and Procedures	DRP-001	Pg. 53
Review and Revision of Existing Compliance Plan, Code of Conduct, and Policies and Procedures	DRP-002	Pg. 55
Approval of New or Revised Compliance Plan, Code of Conduct, and Policies and Procedures	DRP-003	Pg. 57
Retiring Policies and Procedures	DRP-004	Pg. 58
Dissemination of New or Revised Compliance Plan, Code of Conduct, and Policies and Procedures	DRP-005	Pg. 59
Record Retention	DRP-006	Pg. 60
ACO Communications		
ACO Communications and Material Review	COM-001	Pg. 62
Public Reporting Requirement	COM-002	Pg. 65
Privacy and Security Compliance		
Compliance with HIPAA and DUA Requirements	PVS-001	Pg. 67
Fraud, Waste, and Abuse Compliance		
FWA Laws and Utilization of Waivers	FWA-001	Pg. 70

Yearly Risk Assessment		
ACO Monitoring and Auditing	YRA-001	Pg. 71
Hiring, Employment, and Contracting		
Screening Prospective ACO Related Individuals	HE-001	Pg. 73
Screening Current ACO Related Individuals	HE-002	Pg. 76
Pending Charges Against ACO Related Individuals	HE-003	Pg. 79
Duty to Report Suspected Non-Compliance	HE-004	Pg. 81
Education and Training		
Introduction	ET-001	Pg. 82
Distribution of Compliance Plan, Code of Conduct, and ACO Policies and Procedures, and Related Certification	ET-002	Pg. 85
Compliance Communications	ET-003	Pg. 86

Appendix		
LifeCare Corporate Compliance Policy Acknowledgement	NA	Pg. 89
LifeCare Code of Conduct Acknowledgement	NA	Pg. 90
LifeCare Annual Training Attestation	NA	Pg. 92
LifeCare Attestation of Provider/Supplier Screenings	NA	Pg. 94
LifeCare Board Member Financial Conflict of Interest	NA	Pg. 95

ACO COMPLIANCE

CMS requires ACOs to have a compliance plan. ¹ The compliance regime surrounding ACOs consists of many interconnected parts - acceptance into the program is just the beginning. CMS expects an effective compliance program, one that prevents and detects potential compliance issues proactively rather than reactively. Ideally, a compliance team will consist of a fully engaged and informed leadership team and ACO Governing Body. Finally, evidencing a "culture of compliance" with clear expectations of ethical and proper behavior best serves an ACO. ²

¹ 42 C.F.R. § 425.300.

² The OIG provides detailed compliance program advice, including "best practices" at its website, www.oig.hhs.gov/compliance, including specific advice for separate types of entities. A review of both ACO specific and non-ACO specific compliance guidance posted here should regularly be undertaken to ensure a complete, up-to-date understanding of compliance requirements.

2023 LIFECARE ACO COMPLIANCE MANUAL

POLICY NUMBER	CPG-001
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Definitions
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CPG-001 is to define the terms used throughout the ACO's Policies and Procedures.
- II. **Scope.** The defined terms apply throughout the entirety of the ACO's Policies and Procedures. All terms are defined in the singular but are applicable to the plural of the term as well.
- III. **Definitions.**
 - A. The terms are defined as follows:

TERM	DEFINITION
ACO Activities	Activities related to promoting accountability for the quality, cost, and overall care for a population of attributed Medicare Fee-For-Service Beneficiaries, including managing and coordinating care, encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery; or carrying out any other obligation or duty of the ACO under the Medicare Shared Savings Program.
ACO Participant	An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118.
ACO Provider /Supplier	An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. § 425.118.
ACO Related Individual	ACO officers, directors, employees, ACO Participant, ACO Provider/Supplier, or any other individual or entity providing functions or services related to ACO Activities.
Adverse Action	With respect to a professional license, registration, or certification, any negative finding, unfavorable decision or action by a licensing agency or entity, or any decision or action that could have a negative or unfavorable implication. This term includes but is not limited to: revocation; denial; fine; monitoring; probation; suspension; letter of concern; guidance; censure; reprimand; disciplinary action; restriction; counseling required; loss, voluntary or involuntary surrender; initiation of inquiry; and investigation or other proceeding that could lead to any of the actions listed.
Annual Compliance Review	The annual internal review of the Compliance Program conducted pursuant to CMO-003.
Beneficiary	Medicare Fee-For-Service beneficiary attributed to the ACO by CMS.

Compliance Communication	An ACO communication (e.g., newsletter) highlighting the ACO's Compliance Program and other relevant compliance and legal issues, as deemed appropriate by the Compliance Officer.
Policies and Procedures	The ACO's Policies and Procedures.
Compliance Program	The ACO's program to ensure compliance with applicable federal and state laws and regulations, and to promote ethical and lawful conduct.
Confidential Compliance Reporting Tool	A tool by which any individual may confidentially and anonymously report suspected problems related to the ACO to the Compliance Officer.
Compliance Log	A record that includes a summary of each compliance disclosure received by the Compliance Officer by or through any means or method; the status of the respective internal reviews; and any corrective action taken in response.
Compliance Training	The ACO's annual compliance education and training programs.
GSA	United States General Services Administration.
Government Investigation or Legal Proceedings	Any ongoing investigation or legal proceeding known to the ACO that is conducted or brought by a Government entity or its agents involving allegations that the ACO has committed a crime or has engaged in fraudulent activities.
HHS-OIG	United States Department of Health and Human Services, Office of the Inspector General.
HIPAA	Health Insurance Portability and Accountability Act of 1996.
LEIE	HHS-OIG's List of Excluded Individuals and Entities, which may be accessed on the Internet at https://exclusions.oig.hhs.gov .
Medicare Shared Savings Program (MSSP)	Medicare Shared Savings Program, established under section 1899 of the Social Security Act.
Code of Conduct	The ACO's Code of Conduct.
Taxpayer Identification Number (TIN)	A federal taxpayer identification number or employer identification number as defined by the Internal Revenue Service (IRS) in 26 C.F.R. § 301.6109-1.

POLICY NUMBER	CPG-002
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Compliance with Laws; Conflict of Authorities
ISSUE DATE	01.01.2023
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LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CPG-002 is to explain that the ACO's Compliance Program supplements federal and state laws and regulations. CPG-002 applies to all ACO Related Individuals.

- II. **Policy.** The ACO is committed to compliance with relevant federal and state statutory and regulatory requirements. The ACO's Compliance Program supplements all applicable laws and regulations. In case of inconsistencies, these legal authorities take precedence over the Compliance Program unless the Compliance Program imposes stricter requirements.

- III. **Procedures.**
 - A. Some of the ACO's Policies and Procedures that make up the ACO's Compliance Program summarize various government laws and regulations. Such ACO Policies and Procedures are not substitutes for the actual laws, regulations, or rules to which they relate. The ACO's Policies and Procedures supplement applicable laws, regulations, and rules (and do not modify or replace them).

 - B. In the event of an inconsistency between any Compliance Policy and/or Procedure in the ACO Compliance Program and applicable laws, regulations, or rules, all ACO Related Individuals are to follow the applicable laws and regulations, unless the ACO's Compliance Policy or Procedure imposes stricter requirements.

- IV. **Questions.** Any questions concerning CPG-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CPG-003
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Code of Conduct
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

I. **Purpose.** The purpose of CPG-003 is to establish a Code of Conduct for LifeCare ACO. This Code of Conduct has been adopted by the LifeCare ACO Governing Board as part of the ACO’s Compliance Plan, in order to provide standards by which all members, partners, participants, participant employees, managers, and contractors will conduct themselves. The Code of Conduct is intended to serve as a guide to help all to whom it applies make sound ethical and legal decisions during their day-to-day activities so we can ensure we achieve the level of compliance required by law. The standards and principles contained in this Code of Conduct apply to all ACO members, partners, participants, participant employees, managers, and contractors. The LifeCare ACO Governing Board fully embraces the concepts contained herein and has formally adopted this Code of Conduct as the policy of the ACO. It is a requirement of all members, partners, participants, participant employees, managers, and contracts to fully adhere to the Compliance Plan and Code of Conduct at all times. Failure to comply can have serious consequences for the ACO and for those who do not comply.

II. **Policy.** The ACO is fully committed to conducting its activities in compliance with all federal, state, and local laws and regulations and in conformance with the highest standards of business integrity. Individual conduct must be in a manner that protects and promotes integrity and enhances the ACO's ability to achieve its organizational mission.

III. **Procedures.**

A. **Compliance with Laws and Regulations:** The ACO operates in accordance with high legal, moral, and ethical standards and with all applicable laws, regulations, and standards. The ACO will not tolerate false statements by employees to a government agency or other payer. Deliberate misstatements to government agencies or other payers will be grounds for disciplinary action. The ACO will not pay employees, physicians, or health care professionals for referral of clients, or accept payments for referrals we make. The ACO will ensure that all reports or other information required by any federal, state, or local government agency are filed timely, accurately, and in conformance with the applicable laws and regulations. The ACO will not engage, either directly or indirectly, in any corrupt business practice, including bribery, kickbacks or payoffs, intended to induce, influence, or reward favorable decisions of any client, contractor, vendor, government personnel, or anyone in a position to benefit us in any way.

B. **Hiring, Employment, and Contracting:** The ACO will not hire or contract with any individual or entity that is currently excluded, suspended, debarred, or otherwise ineligible to participate in federal health care programs; or who has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

C. **Conflicts of Interest:** All ACO Personnel will perform their duties on behalf of the ACO in a truthful and loyal manner. All ACO Personnel will avoid any actions that may be reasonably construed to cause an actual or potential conflict of interest with their responsibilities.

D. **Billing and Coding Integrity:** The ACO and its participants will require accurate bills, which include only services actually rendered, using billing codes that accurately describe the services, and are based on documented medical necessity. The ACO and its participants will take every reasonable precaution to ensure that billing and coding is accurate, timely, and in compliance with federal and state laws and regulations. The ACO will not tolerate the submission of any claims that contain any kind of false, fraudulent, or inaccurate statements. It has adopted policies and procedures to prevent and detect fraud, waste and abuse that are in compliance with both federal and state law. Any ACO Personnel who lawfully reports a concern is protected from retaliation by these same policies, as well as federal and state laws governing false claims.

E. **Privacy and Security of Information:** The ACO will take every precaution to ensure the confidentiality, integrity, and availability of the information it collects and uses for health care and business purposes. The confidentiality protection extends to all information, regardless of location or storage medium, and it applies to both paper and electronic- based information.

IV. **Questions.** Any questions concerning CPG-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CPG-004
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Conflict of Interest Policy
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CPG-004 is to explain the ACO's Conflict of Interest Policy.

- II. **Policy.** The ACO is committed to ensuring that all Conflicts of Interest are reported, reviewed, and handled as appropriate, and that failure to report a Conflict of Interest as required results in appropriate disciplinary action.

- III. **Procedures.**
 - A. **Definitions.** For purposes of this Conflict of Interest Policy, the following definitions and rules of construction shall apply:
 - 1. "Interested Person" shall mean a Manager, Officer, or Member of a committee of the LifeCare ACO Governing Board who has a direct or indirect Financial Interest.
 - 2. "Financial Interest" exists if an Interested Person has, directly or indirectly, through business, investment, or family: (i) an ownership or investment interest in any entity with which the ACO has entered into a transaction or arrangement; (ii) a compensation arrangement with the ACO or with any entity or individual with which the ACO has entered into a transaction or arrangement; or (iii) a potential ownership or investment interest in or compensation arrangement with, any entity or individual with which the ACO is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration and gifts or favors, which are substantial in nature.

 - B. The ACO shall cause all Interested Persons to disclose any Financial Interests and all material facts relating thereto.

 - C. The Compliance Officer shall work with the ACO General Counsel to determine whether the Financial Interest of an Interested Person constitutes or results in a conflict of interest. No Interested Person shall attend a meeting at which such person's Financial Interest is discussed, nor shall any Interested Person be entitled to vote on any action relating to such person's Financial Interest.

 - D. In the event the ACO determines that a conflict of interest exists, it shall take such actions as it deems necessary to resolve the conflict of interest, including: (i) prohibiting the Interested Person from attending any meeting at which is discussed the transaction or arrangement that results in the conflict of interest; (ii) prohibiting the Interested Person from voting on any matter relating to the conflict of interest; (iii) appointing, if appropriate, a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement; (iv) determining, by a simple majority vote of the disinterested individuals present at a meeting, whether the transaction or arrangement is in the ACO's best interest and for its own benefit; is fair and reasonable to the ACO; and, after exercising due diligence, whether the ACO can enter into a more

advantageous transaction or arrangement with reasonable efforts under the circumstances; and (v) taking appropriate disciplinary action with respect to an Interested Person who violates the ACO's Conflict of Interest Policy in order to protect the ACO's best interests.

- E. The minutes of meetings of the LifeCare ACO Governing Board and all committees of the LifeCare ACO Governing Board shall include: (i) the names of all persons who have disclosed Financial Interests, the nature of the Financial Interest disclosed, and the LifeCare ACO Governing Board determination of whether a conflict of interest existed; and (ii) the names of the persons who were present at the meeting for discussions and votes relating to the transaction or arrangement, the content of these discussions (including any alternatives to the proposed transaction or arrangement), and a record of the vote.
 - F. The ACO shall distribute this Conflict of Interest Policy to all Interested Persons as defined herein. The ACO shall obtain annually a signed statement from each such person certifying that the person: (i) received a copy of the Conflict of Interest Policy; (ii) has read and understands the policy; (iii) agrees to comply with the policy; and (iv) understands that the policy applies to all committees and subcommittees acting with the authority of the LifeCare ACO Governing Board.
 - G. **Remedial Action.** If the LifeCare ACO Governing Board or an appropriate subcommittee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the LifeCare ACO Governing Board or committee determines that the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, which may include removing such member from the LifeCare ACO Governing Board or committee, as appropriate.
 - H. **Conflicts Committee.** The LifeCare ACO Governing Board, as a "committee of the whole," shall act as a "conflicts committee" to carry out the requirements of this Conflict of Interest Policy, and to adopt and apply such other procedures as it deems necessary therefor.
- IV. **Questions.** Any questions concerning CPG-004, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CPG-005
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Non-Discrimination Policy
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CPG-005 is to outline the ACO's prohibition on discrimination based on race, color, national origin, gender, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, geographic location, or income in its health programs or activities.
- II. **Policy.** The ACO does not discriminate, and does not tolerate discrimination by ACO Related Individuals, based on race, color, national origin, sex, age or disability in its health programs or activities.
- III. **Procedures.**
 - A. The ACO will not, on the basis of race, color or national origin, gender, age, or mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability, geographic location, or income aid or perpetuate discrimination against any person by providing significant assistance to any entity or person that discriminates on the basis of race, color, or national origin in providing any aid, benefit or service to beneficiaries of the ACO.
 - B. ACO Related Individuals may not directly, or through contractual or other arrangements, utilize criteria or methods of administration that have the effect of subjecting individuals to discrimination based on race, color, national origin, sex, age or disability, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program.
 - C. In determining the site or location of a facility, the ACO may not make selections that have the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination under any programs.
 - D. The ACO **may** operate a sex specific health program or activity only if the ACO can demonstrate an exceedingly persuasive justification that the program is substantially related to the achievement of an important health-related or scientific objective.
 - E. The ACO ensures appropriate auxiliary aids and services are available including qualified interpreters for individuals with disabilities and information in alternative formats, free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate.
 - F. The ACO ensures appropriate language assistance services, including translated documents and oral interpretations, are available free of charge and in a timely manner, when such services are necessary to provide meaningful access to individuals with limited English proficiency.

1. A qualified interpreter shall be offered to any individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for the individual.
2. A qualified translator shall be used when translating written content in paper or electronic form.
3. The ACO shall **not** :
 - a. Require the individual to provide their own translator;
 - b. Rely on an adult accompanying the individual to interpret or facilitate communication; **except** (i) in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter immediately available; or (ii) where the individual specifically requests that the adult interpret or facilitate communication, the adult agrees to provide such assistance, and reliance on that adult is appropriate under the circumstances;
 - c. Rely on a minor child to interpret or facilitate communication; **except** in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual immediately available; **nor**
 - d. Rely on staff other than qualified bilingual/multilingual staff.

IV. **Questions.** Any questions concerning CPG-005, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CPG-006
SUBJECT	Compliance Program General
POLICY/PROCEDURE	Beneficiary Discharge, Avoidance, and Referrals
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CPG-006 is to outline the policies of the ACO when an ACO Participant or Provider/Supplier discharges a patient who is also an ACO Beneficiary.
- II. **Policy.** It is the policy of the ACO to provide quality care to all Beneficiaries aligned with the ACO and to ensure that ACO Related Individuals do not avoid at-risk Beneficiaries.
- III. **Procedures.**
 - A. The ACO provides services to all Beneficiaries attributed to the ACO based on the best interests and wishes of the Beneficiary, as well as the medical judgement of the provider.
 - 1. No ACO Related Individual gives or receives remuneration in return for, or to induce, business or referrals.
 - 2. All referrals are made based on the best interest and wishes of the Beneficiary as well as the medical judgement of the provider. While ACO Providers/Suppliers may refer a Beneficiary to another provider within the ACO, all referrals are voluntary and the Beneficiary is free to see any provider, regardless of their participation in the ACO.
 - 3. All ACO Related Individuals are prohibited from taking any action to limit the ability of a Provider/Supplier to make decisions in the best interests of a Beneficiary, including the selection of devices, supplies and treatment used in the care of the Beneficiary.
 - B. ACO may not require that beneficiaries be referred only to ACO participants or providers/suppliers within the ACO or to any other provider or supplier, except that the prohibition does not apply to referrals made by employees or contractors who are operating within the scope of their employment or contractual arrangement to the employer or contracting entity, provided that the employees and contractors remain free to make referrals without restriction or limitation if:
 - 1. The beneficiary expresses a preference for a different provider, practitioner, or supplier; or
 - 2. The referral is not in the beneficiary’s best medical interests in the judgment of the referring party.
 - C. The ACO does not condition the participation of ACO Related Individuals on referrals of Federal health care program business that the individual knew or should have known is being (or would be) provided to Beneficiaries who are not assigned to the ACO.

- D. ACO Related Individuals shall not, directly or indirectly, commit any act or omission, nor adopt any policy, that coerces or otherwise influences a Beneficiary's decision to complete or not complete Voluntary Alignment, including but not limited to the following:
 - 1. Offering anything of value to the Beneficiary; and
 - 2. Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.
- E. The ACO requires its Participants and Providers/Suppliers to make medically necessary covered services available to Beneficiaries in accordance with applicable laws, regulations, and guidance.
 - 1. The ACO and its Participants and Providers/Suppliers shall not take any action to avoid treating at-risk Beneficiaries or to target certain Beneficiaries for services with the purposes of trying to ensure alignment in a future period.
- F. If, at any time, the physician-patient relationship becomes non-beneficial it may be in the best interest of the Beneficiary to find a new provider. ACO Providers/Suppliers follow their practice policies for administrative discharge of patients and are responsible for ensuring compliance with all requirements of their practice in relation to those actions.
 - 1. The ACO will continue to be accountable for the care of any terminated Beneficiary until he or she is no longer attributed to the ACO based on the assignment methodology utilized by the Centers for Medicare and Medicaid Services (CMS).
 - 2. If, at the time the relationship is terminated, the Beneficiary is receiving care coordination services, the ACO will continue care coordination until such time as it is no longer required, or when the Beneficiary ceases to be aligned to the ACO, whichever is sooner.
- G. No patient or Beneficiary shall be discharged based on their health status or risk to the ACO.
 - 1. If Compliance Monitoring and Oversight activities, or any Compliance Investigation, determine that an ACO Related Individual is avoiding at-risk Beneficiaries, they will be subject to disciplinary action up to and including termination of employment and/or any contractual relationship with the ACO.

IV. **Questions.** Any questions concerning CPG-006, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-001
SUBJECT	Operational Policies
POLICY/PROCEDURE	Beneficiary Engagement and Patient Centeredness
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-001 is to describe the ACO's focus on patient centeredness and policies related to beneficiary engagement.

- II. **Policy.** It is the policy of the ACO to promote patient centeredness and to promote define, establish, implement, evaluate, and periodically update processes to promote beneficiary engagement. This policy is promoted by the LifeCare ACO Governing Board and is integrated into practice by the leadership and management of the ACO in accordance with Section 425.112 of the Medicare Shared Savings Program Final Rule.

- III. **Procedures.**
 - A. The ACO's focus on patient centeredness is promoted by the LifeCare ACO Governing Board and integrated into practice within the ACO's operational activities by ACO leadership. The ACO's individualized care program promotes improved outcomes for all ACO Beneficiaries.
 1. Patient centeredness is a focus of the ACO beginning with the Medical Director and the LifeCare ACO Governing Board or appropriate subcommittee.
 - a. LifeCare has a Quality & Care Model Committee, Physician Advisory Council, and specialty Affinity Groups that meet throughout the year to oversee the quality improvement activities of the ACO. The Quality & Care Model Committee's responsibilities include:
 - Create evidence-based guidelines and clinical protocols
 - Establish quality goals
 - Develop risk stratification and intervention strategies
 - Report on quality performance
 - b. LifeCare has a Provider Network Committee that oversees the provider network governed by the LifeCare Value Network (LVN). This Committee's responsibilities include:
 - Develop minimum credentialing standards for network participation
 - Evaluate contracted provider quality
 - Monitor sanctions and complaints
 - Maintain an adequate physician network
 - Develop participation criteria
 - Develop minimum physician performance standards
 - B. The ACO's Beneficiary Engagement program is designed to encourage the beneficiary to take an active role in his/her health care.

1. The ACO will evaluate population health needs by reviewing quarterly data reports provided by Imperium Health that reviews the utilization and expenses of patients. The Patient Activity Report will also review the growth and costs of any patient cohorts identified as high-risk or those with multiple co-morbidities.
 2. The ACO will ensure compliance with federal regulations to provide patient education and a visit summary of their visits. The summary should include education for any new conditions or chronic conditions addressed in that visits. The education will also provide updated education from the EMR's health educational vendor that will provide updated statistics of health information to encourage health management.
 - a. Communications used as part of the Beneficiary Engagement Program will meet requirements for marketing materials as outlined by COM-001.
 - C. The ACO will continue to include the patient beneficiary representative on the LifeCare ACO Governing Board to speak from a beneficiary perspective for ACO decisions. The ACO will also consider any feedback participants have from their beneficiaries participating in the MSSP.
 1. The ACO works with Beneficiary representatives as appropriate, and in accordance with the beneficiary representative requirements set forth in 42 CFR Section 425.106.
 - D. The ACO contracts with a CMS approved third party contractor to complete Patient Experience of Care Surveys each year as required by 42 CFR Section 425.500. The results of this survey are reported to the LifeCare ACO Governing Board or appropriate subcommittee and utilized by the ACO as a tool to determine the effectiveness of the ACO's Beneficiary Engagement Program.
 - E. **Continued Improvement.** The ACO utilizes internal assessments to continuously monitor and improve ACO care practices as required by 42 CFR Section 425.112.
 1. The ACO will use the Patient Experience Survey to review any areas of opportunity to improve patient satisfaction from ACO participants. The ACO will review survey results annually with the ACO Governing Board and the ACO will provide education to participants regarding the patient satisfaction survey.
 - F. **Enforcement.** ACO Participants and Providers/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including cooperation in Beneficiary Engagement and Care Coordination activities, will result in remedial and/or disciplinary actions as appropriate in accordance with RCI-004.
- IV. **Questions.** Any questions concerning OPS-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-002
SUBJECT	Operational Policies
POLICY/PROCEDURE	Care Coordination
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-002 is to provide a description of the ACO's Care Coordination Program as required by the Medicare Shared Savings Program Final Rule.

- II. **Policy.** It is the policy of the ACO to maintain a care coordination program to meet the needs of the ACO population, including but not limited to chronic disease management, transition of care and high, rising, and low risk management programs for beneficiaries attributed to the ACO.

- III. **Procedures.**
 - A. The ACO will utilize evidence-based reporting to capture multiple areas of patient data including utilization. Providers will have access to details in the reports provided by Imperium Health to identify patients with activity in all parts of the care continuum. The ACO will hold quarterly reviews with its participants to review data and provide recommendations for improved care coordination. The ACO will coordinate with outside market care partners to increase efficiency of patient document communication.

 - B. The ACO will provide education for its participants who offer care programs to their patients. The ACO will use evidence-based reporting provided by Imperium Health to identify patients (e.g., high-risk and/or chronic condition beneficiaries) who could benefit from individual care programs to address their individual care needs. The ACO will also review any requests for support of the creation or partnership of a care needs program.

 - C. The ACO will utilize communication with the local markets to identify any opportunities (e.g., grants, partnerships, etc.) or resources (e.g., Chronic Care Management programs, government-sponsored programs, etc.) available to participant populations. The promotion of available opportunities and resources will be communicated to participants.

 - D. **Use of Enabling Technologies.** The ACO encourages and promotes the use of enabling technologies for improving care coordination for beneficiaries.
 - 1. The ACO has reviewed Federal Health Information Technology laws; and with the help of Imperium Health, identified any areas of opportunities within their EMRs to improve care coordination.

 - 2. The ACO also promotes the sharing and use of internal ACO participant direct IDs for document sharing between physicians.

 - 3. The ACO also implements data integration with participants who have the technological capability of sharing data files with Imperium Health.

Enabling Technologies may include one or more of the following:

- a. Electronic health records and other health IT tools;
 - b. Telehealth services, including remote monitoring;
 - c. Electronic exchange of health information; and/or
 - d. Other electronic tools to engage beneficiaries in their care.
- E. The ACO utilizes reports developed in accordance with the ACO's Internal Reporting on Cost and Quality Metrics Policy to identify high-risk and multiple chronic condition beneficiaries. These reports also allow the ACO to identify additional target populations that would benefit from the individualized care plans provided during care coordination, and the additional assistance of available community resources.
1. A patient may be excluded from care coordination if a receipt of a death is received prior to patient discharge notification.
 2. A patient may be excluded from care coordination if the patient's totality of care has been expressed to be with a provider outside of the ACO.
 3. The ACO shall not use data to avoid at-risk beneficiaries. Use of data is for identification of those beneficiaries who are most in need of care coordination services, and who are most likely to benefit from those services. Care Coordination activities are not denied based on a beneficiary's classification as "at-risk".
- F. The ACO does not require Beneficiaries to be referred within the ACO or to any other Provider/Supplier.
1. **Exception:** Referrals made by employees or contractors who are operating within the scope of their employment or contractual arrangement to the employer or contracting entity, provided that the employees and contractors remain free to make referrals without restriction or limitation if:
 - a. The beneficiary expresses a preference for a different provider, practitioner, or supplier; or;
 - b. The referral is not in the beneficiary's best medical interests in the judgment of the referring party.
- G. The ACO partners with long-term and post-acute care providers, both inside and outside the ACO, to improve care coordination for assigned beneficiaries.
- H. **Enforcement.** ACO Participants and Providers/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including cooperation in Beneficiary Engagement and Care Coordination activities, will result in remedial and/or disciplinary actions as appropriate in accordance with RCI-004.

IV. **Questions.** Any questions concerning OPS-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-003
SUBJECT	Operational Policies
POLICY/PROCEDURE	Evidenced Based Medicine
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-003 is to provide a description of the ACO's commitment to the use and promotion of evidence-based medicine.
- II. **Policy.** It is the policy of the ACO to encourage and promote the use of evidence-based medicine by all ACO Related Individuals and to utilize these standards in the management of appropriate clinical guidelines.
- III. **Procedures.**
 - A. The ACOs promotion of evidence-based clinical guidelines is critical to achieving positive healthcare outcomes, minimizing unwarranted practice variation, and promoting cost-effective utilization for a diverse beneficiary population; including identification of high-risk Beneficiaries, multiple chronic condition Beneficiaries, and additional target populations who would benefit from care coordination.
 - B. The LifeCare ACO Governing Board or appropriate subcommittee has responsibility for ongoing clinical practice guideline review and approval for promoting the use of evidence-based medicine across the ACO.
 - 1. The LifeCare ACO Governing Board or appropriate subcommittee reviews clinical literature, evaluates the unique health needs and resources of the ACO's service area, gathers specialty specific best practice information, and solicits expert input whenever the body of available research literature is not conclusive.
 - 2. The LifeCare ACO Governing Board or appropriate subcommittee determines which guidelines should be implemented within the ACO based on those diagnoses with significant potential for the ACO to achieve quality improvements.
 - C. Guideline recommendations made by the LifeCare ACO Governing Board or appropriate subcommittee are shared with ACO Participants and Providers/Suppliers as well as the Care Coordination Team. Guidelines are then implemented and utilized as appropriate based on the clinical decision making of the provider, the individual circumstances of each Beneficiary and in accordance with the OPS-002.
 - D. The ACO's approach to evidenced-based medicine involves the effective use of information technology and empowering both providers and staff to take responsibility for providing optimal evidence-based guideline care for every beneficiary.
 - E. At no time shall the ACO's evidence-based medicine standards or guidelines be used to influence or remove the ability of the provider to make clinical decisions based on the individual circumstances, preferences, or best interests of the beneficiary.

F. **Enforcement.** ACO Participants and Providers/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including utilization of evidence-based medicine standards and guidelines, will result in remedial and/or disciplinary actions as appropriate in accordance with RCI-004.

IV. **Questions.** Any questions concerning OPS-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-004
SUBJECT	Operational Policies
POLICY/PROCEDURE	Internal Reporting on Cost and Quality
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-004 to provide details around the ACO's processes for internally reporting on cost and quality metrics to ensure success in the Medicare Shared Savings Program.

- II. **Policy.** It is the policy of the ACO to maintain an infrastructure for reporting and management of quality and cost metrics to improve beneficiary outcomes and monitor the performance of ACO Participants and Providers/Suppliers as required by Section 425.112 of the Medicare Shared Savings Program Final Rule.

- III. **Procedures.**
 - A. The LifeCare ACO Governing Board or appropriate subcommittee is charged with reviewing and updating the ACO's infrastructure for internal reporting of quality and cost metrics.

 - B. The ACO utilizes standardized, nationally recognized performance measures to assess cost and quality performance. The ACO utilizes internal reports on cost and quality metrics to identify target populations that would benefit from care coordination and individualized care plans, as described in the ACO's Coordination of Care Policy. Minimum performance thresholds for each critical cost and quality metric are established and evidence-based medical guidelines are approved by the LifeCare ACO Governing Board or appropriate subcommittee as a benchmark for performance.

 - C. The LifeCare ACO Governing Board or appropriate subcommittee reviews reports as appropriate and make suggestions based on the clinical and operational goals of the ACO, progress in achieving ACO cost and quality metrics, and CMS requirements.

 - D. Recommendations for performance measures and Evidence Based Medical Guidelines may be recommended to the LifeCare ACO Governing Board or appropriate subcommittee by any ACO Related Individual.

 - E. Reports are provided quarterly and annually which allow for recognition of individual providers and for intervention for providers who need improvement in their quality or cost profiles.
 - 1. Quarterly reports for cost, utilization, and quality metrics are created by the DUA Custodian, DUA Requestor, Director of Population Health, and/or third-party vendor Imperium Health using the Lightbeam Health Solutions platform. Data is compiled into ACO and participant-level views to review performance against CMS assigned benchmarks.

 - 2. The reports that are created for review of metrics include an ACO-level financial review of costs, utilization, and quality measures. These same metrics are also created for review at the participant level.

3. The ACO will review the reports in conjunction with both the LifeCare ACO Governing Board and individual Participants to look for opportunities for improvement in operations, population health, quality, and cost of care domains. The ACO will review the cohort and high-risk patient reports to review any opportunities for market partnerships to reduce costs and/or improve access to care. The reports can also be used to create ACO education initiatives for specific high-risk or high utilization participants/beneficiaries.
 4. The Director of Population Health will be responsible for collecting any feedback from the LifeCare ACO Governing Board or participating providers and relaying the information to the Vice President and/or President. Additionally, the Director of Population Health will be responsible for any follow-up communications pertaining to any requests made by Participants for additional reports or details.
- F. The ACO shall not use data to avoid at-risk beneficiaries. Data is used to identify opportunities for the ACO to meet the goals of improved health, improved quality, and lower costs.
- G. **Quality Reporting.** The ACO shall completely and accurately report quality measures for each Performance Year. Participants are required to cooperate in quality measure reporting.
1. The ACO is responsible for procuring a CMS-approved vendor to conduct the CAHPS or other patient experience survey results are transmitted to CMS by a date and in a form and manner established by CMS.
- H. **Enforcement.** ACO Participants and Providers/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including cooperation with the care coordination program and evidence-based medicine initiatives, will result in remedial and/or disciplinary actions as appropriate in accordance with RCI-004.
- IV. **Questions.** Any questions concerning OPS-004, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-005
SUBJECT	Operational Policies
POLICY/PROCEDURE	Participant and Provider/Supplier List Updates
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-005 is to detail the ACO's policy and processes to ensure compliance with the Medicare Shared Savings Program Final Rule requirements that the ACO maintain, update, and submit to CMS an accurate and complete list identifying each ACO Participant and Provider/Supplier.

- II. **Policy.** The ACO shall maintain processes to ensure that the ACO is able to maintain, update and submit to CMS an accurate and complete list identifying each ACO Participant and Provider/Supplier within thirty (30) Days of any addition or deletion.

- III. **Procedures.**
 - A. During the term of the Participation Agreement, the ACO may add or remove ACO Participants and/or Providers/Suppliers.

 - B. The ACO must notify CMS of any entities to be added to the ACO Participant List at such time and in the form and manner as specified by CMS; see Medicare Shared Savings Program: ACO Participant List and Participant Agreement, Guidance, Version #11, Section 3.3.

 - C. The ACO must notify CMS of any entities to be deleted from the ACO Participant List by deleting the ACO Participant from the ACO Participant List no later than thirty (30) days after the ACO Participant Agreement terminates.

 - D. The ACO must notify CMS within thirty (30) days of any significant change. A "significant change" occurs when the ACO is no longer able to meet the eligibility or program requirements of the Medicare Shared Savings Program.

Examples of a "significant change" include, but are not limited to:

- 1. A provider or supplier is no longer enrolled in Medicare;

- 2. A provider or supplier has reassigned its billing to a Participant TIN after the ACO has certified it's ACO Provider/Supplier List.

- E. **Medicare Revalidation.** All ACO Participants and Providers/Suppliers are required to maintain their status as a Medicare enrolled entity. This includes the requirement to complete the Medicare Revalidation process.
 - 1. The ACO will monitor the CMS Medicare Revalidation Webpage for due dates.

 - 2. Participants are required to notify the ACO Compliance Officer within seven (7) days if a Provider/Supplier is no longer Medicare enrolled.

- F. **Participants.** The ACO will biannually audit its Participant List for accuracy and validation. If any entities need to be added, a Participation Agreement will be required and submitted to CMS.
1. The ACO will review the Participant to determine whether the addition would result in the ACO's ineligibility under any of the following:
 - a. Experience vs Non-Experienced ACO Status
 - b. High vs Low-Revenue ACO Status
 - c. Advanced Incentive Payment Eligibility
 2. Participant additions and deletions are submitted based on timelines established by CMS each year and are only effective at the end of each Performance Year.
 - a. Terminations are effective as of December 31st of the current Performance Year.
 - b. Additions are effective as of January 1st of the subsequent Performance Year.
 3. Upon CMS' approval of a new Participant, the ACO will determine whether any changes to the LifeCare ACO Governing Board and/or any subcommittees are required to ensure compliance with the Shared Governance requirements found in the Final Rule at 42 CFR Section 425.106. Changes are implemented as required in the governing documents of the ACO.
 4. The ACO Participant is responsible for:
 - a. Notifying the ACO if the Participant or a Provider/Supplier is no longer Medicare enrolled;
 - b. Notifying all Providers/Suppliers within the Participant TIN of the TIN's involvement (or termination of involvement) with the ACO; and
 - c. Ensuring that all signs and materials are added/removed from participating practice locations upon the effective date of the addition/termination.
 5. The Compliance Officer will be responsible for ensuring that the ACO's Public Disclosure is updated with any additions/deletions within thirty (30) days of the effective date.
- G. **Providers/Suppliers.** When a Provider/Supplier is added or removed from the ACO, the change must be noted.
1. The Participant must log in to PECOS and make the appropriate changes within thirty (30) days of the change.
 2. The ACO will send each of its Participants a standardized monthly report for validation of its Provider/Supplier List to ensure all changes are noted. Additionally, the ACO's third-party vendor Imperium Health, in conjunction with its Participants, will biannually audit Provider/Supplier lists for accuracy and validation.
 3. The Compliance Officer will be responsible for revision of the ACO's Provider/Supplier List; ensuring that changes are made at such time and in the form and manner specified by CMS.

4. **Effective Date of Provider/Supplier Changes.** If a request is sent timely to CMS (within thirty (30) days of the change), the addition of an individual or entity to the ACO Provider/Supplier List is effective on the date specified in the notice furnished to CMS, but no earlier than thirty (30) days before the date of notice.

- a. If the ACO fails to submit timely notice to CMS, the update is effective on the date of notice.
- b. The deletion of an individual or entity from the ACO Provider/Supplier List is effective on the date the individual or entity ceased to be a Medicare enrolled provider or supplier that bills for items or services it furnishes to Medicare Fee-For-Service beneficiaries under a billing number assigned to the TIN of an ACO Participant.

H. The ACO does not condition the participation of ACO Related Individuals in the ACO on referrals of Federal health care program business that the ACO Related Individual knew or should have known is being (or would be) provided to beneficiaries who are not assigned to the ACO.

IV. **Questions.** Any questions concerning OPS-005, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	OPS-006
SUBJECT	Operational Policies
POLICY/PROCEDURE	Initial Beneficiary Notifications
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of OPS-006 is to detail the ACO’s policy and processes related to the requirement to provide Initial Beneficiary Notifications.

- II. **Policy.** It is the policy of the ACO to provider notification to Beneficiaries at the point of care that their Providers/Suppliers are participating in the Share Savings Program and of the opportunity to decline claims data sharing under 42 CFR §425.312 and 425.708.

- III. **Procedures.**
 - A. Beneficiaries receive notification which states that: The ACO ensures that all Medicare Fee-For-Service Beneficiaries are notified at least twice during an agreement period. This notice occurs prior to or at the first primary care service visit during the first performance year in which the Beneficiary receives a primary care service from an ACO Participant. The notice must explain the following:
 - 1. That each ACO participant and its ACO providers/suppliers are participating in the Shared Savings Program.
 - 2. The opportunity to and method by which the Beneficiary can decline claims data sharing under §425.708 of the Final Rule.
 - 3. The Beneficiary’s ability to identify or change identification of the provider he or she designated for purposes of voluntary alignment and instructions on the process by which this may be completed.

 - B. This notification is carried out through the following methods:
 - 1. **Posters & Written Notices.**
 - a. The Compliance Officer will be responsible for distributing up-to-date CMS materials to its Participants on an annual basis via email.
 - b. The ACO uses template language developed by CMS for the posters and written notices described in this policy. Template language is used without modification and the templates are submitted to CMS, as required, but do not require the five (5) day “file and use” waiting period described in the ACO’s policy titled: ACO Communications and Material Review.

2. Individual Participants must provide the beneficiary notice to Beneficiaries on or before the first (1st) billed visit of the year, and on the second (2nd) visit or 180 days from the date the notice was provided.
 - a. Individual Participants can provide the beneficiary notice to Beneficiaries through the following options: patient portal, mass mailing, on in-person.
 - Portals can only be used if they send proactive notification to the Beneficiary that they have a message waiting.
 - If using traditional mail services, the Participant will be responsible for having a process in place to handle undeliverable or returned mail. The Participant will make at least two (2) attempts to deliver the notice to the Beneficiary and have documentation of such.
 - b. The Participant will be responsible for maintaining documentation of all Beneficiaries receiving the notification, the date, and how the communication was made. These records are available to CMS upon request.
3. Following the provision of the standardized written notice to a Beneficiary, the Individual Participants will provide a verbal or written follow-up communication to the Beneficiary. This follow-up must occur no later than the earlier of the next primary care visit or 180 days from the date the notice was provided.
 - a. Individual Participants can provide the beneficiary notice to Beneficiaries through the following options: patient portal, mass mailing, on in-person.
 - Portals can only be used if they send proactive notification to the Beneficiary that they have a message waiting.
 - If using traditional mail services, the Participant will be responsible for having a process in place to handle undeliverable or returned mail. The Participant will make at least two (2) attempts to deliver the notice to the Beneficiary and have documentation of such.
 - b. The Individual Participant maintains a record of all Beneficiaries receiving the follow-up communication, the date, and how the communication was made. These records are available to CMS upon request.
- C. These notifications state that the ACO may have requested Beneficiary identifiable claims data about the Beneficiary for purposes of its care coordination and quality improvement work and inform the Beneficiary how to decline having his or her claims information shared with the ACO in the form and manner specified by CMS.
- D. Beneficiary requests to decline claims data sharing will remain in effect unless and until a Beneficiary subsequently contacts CMS to amend that request to permit claims data sharing with the ACO.

- E. The opportunity to decline having claims data shared with an ACO does not apply to the information CMS provides to ACOs under 42 CFR §425.702(c).
 - F. CMS does not share Beneficiary identifiable claims data related to the diagnosis and treatment of alcohol and substance abuse without the explicit written consent of the Beneficiary.
 - G. The ACO maintains records related to the beneficiary notification process in accordance with the ACO's Record Retention Policy
- IV. **Questions.** Any questions concerning OPS-006, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CO-001
SUBJECT	Compliance Officer
POLICY/PROCEDURE	Introduction
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of the Compliance Officer (CO) Policies and Procedures is to outline (1) the duties and responsibilities of the Compliance Officer, and (2) the compliance duties and responsibilities of the LifeCare ACO Governing Board.

- II. **Policy.** The ACO shall maintain a Compliance Program overseen and implemented by the Compliance Officer and assisted by the LifeCare ACO Governing Board.

- III. **Procedures.** ACO shall audit and document compliance with the CO Policies and Procedures. Such audit shall be conducted pursuant to the Compliance Monitoring and Oversight (CMO) Policies and Procedures. Relevant documentation, which may include electronic documentation, shall be maintained in Compliance Program files, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

- IV. **Questions.** Any questions concerning the CO-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CO-002
SUBJECT	Compliance Officer
POLICY/PROCEDURE	ACO Compliance Officer Duties and Responsibilities
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CP-002 is to outline the duties and responsibilities, qualifications, and authority of the Compliance Officer.

- II. **Policy.** The ACO is committed to maintaining an effective compliance program for promoting compliance with the laws and regulations that govern operation of the organization. In furtherance of this commitment, the LifeCare ACO Governing Board has established the position of Compliance Officer. The Compliance Officer shall have the authority, qualifications, and skills necessary to meet the scope and objective of the ACO Compliance Program.

- III. **Procedures.**
 - A. **Appointment of the Compliance Officer.**
 1. The LifeCare ACO Governing Board, in consultation with others as appropriate, shall appoint a Compliance Officer.
 2. The Compliance Officer shall be a senior management level individual and may report for operational purposes to the ACO Vice President. The Compliance Officer shall not be (nor be subordinate to) the ACO's General Counsel or the Chief Financial Officer.
 3. When the Compliance Officer is appointed, an announcement concerning the appointment shall be circulated to all ACO Related Individuals, along with the Compliance Officer's contact information.
 4. The Compliance Officer shall make regular, but at least quarterly, reports to the LifeCare ACO Governing Board or appropriate subcommittee .

 - B. **Qualifications.**
 1. The Compliance Officer shall have credentials and experience appropriate for (a) understanding the ACO's various business lines, and (b) executing the duties and responsibilities set forth in the Compliance Program.
 2. The Compliance Officer shall demonstrate high integrity, good judgment, assertiveness, an approachable demeanor, and elicit respect and trust from ACO Related Individuals.
 3. The Compliance Officer must have sufficient time to dedicate to the Compliance Officer position and its duties.
 4. The Compliance Officer may not serve as legal counsel to the ACO.

C. Authority of the Compliance Officer.

1. The Compliance Officer shall have authority to (1) review all ACO documents and other information relevant to compliance activities including, but not limited to, medical records, contracts, personnel records, and company emails, and (2) interview all ACO Related Individuals, as necessary, to discharge his or her duties and responsibilities.
2. The Compliance Officer shall have sufficient management authority, responsibility, and resources to permit the effective performance of his/her duties as outlined below.
3. The Compliance Officer shall have the authority to report to the Vice President, the President, and the LifeCare ACO Governing Board regarding compliance matters at any time.
4. The Compliance Officer shall have direct access to all other senior management and legal counsel (in-house or outside), as appropriate and necessary.
5. The ACO, as directed by the LifeCare ACO Governing Board or otherwise, may commission an independent review to verify any findings of the Compliance Officer.

D. Duties and Responsibilities. The Compliance Officer shall be responsible for the development, implementation, operation, monitoring, and maintenance of the ACO's Compliance Program. The Compliance Officer may delegate certain aspects of his/her duties and responsibilities, provided the Compliance Officer appropriately supervises any such delegee, and retains ultimate responsibility for each duty and responsibility. More specifically, the Compliance Officer shall be responsible for:

1. Overseeing and monitoring the day-to-day implementation and operation of the ACO's Compliance Program, including the supervision of other ACO Related Individuals who assist with Compliance Program efforts.
2. Ensuring that adequate procedures are established to (1) monitor changes in the MSSP and other applicable Federal or State laws and regulations, that may affect existing contractual obligations or changes in electronic data transmission and storage of health information privacy and security requirements; and (2) inform the Vice President, President, and the LifeCare ACO Governing Board or appropriate subcommittee of such relevant changes in law or regulation.
3. Making reasonable efforts to stay abreast of current, relevant regulatory materials, publications, web sites, and guidance issued by government agencies, including the HHS or HHS-OIG, regarding the MSSP and other state or federal laws and regulations.
4. Reporting on a regular basis (and at least quarterly) to the LifeCare ACO Governing Board, and reporting periodically, as necessary and appropriate, to the Vice President and legal counsel on compliance issues and the status of the ACO's Compliance Program, unless such reporting would compromise an ongoing investigation or other confidential information.
5. Developing written Policies and Procedures that are designed to: (a) implement the ACO's Compliance Program; (b) address existing and new compliance risk areas; and (c) ensure compliance with the MSSP and other applicable state and federal laws and regulations.
6. Periodically reviewing, updating, and amending the ACO Compliance Program, including the Code of Conduct and the ACO's Policies and Procedures, as appropriate.

7. Developing, coordinating, and appropriately documenting the ACO's compliance-related educational and training programs, and reviewing and updating such programs as necessary, but at least on an annual basis.
8. Seeking to ensure that ACO Related Individuals are aware of and comply with applicable laws and regulations and the ACO Compliance Program (including the Code of Conduct the ACO's Policies and Procedures).
9. Coordinating with ACO Operations and/or ACO Participants, as appropriate, to ensure that ACO Related Individuals are screened against HHS-OIG's and GSA's excluded parties' lists, pursuant to the ACO's Hiring, Employment and Contracting Policies and Procedures. The ACO can enlist the support of a third-party vendor to assist with such screenings.
10. Ensuring that ACO Related Individuals (a) have access to the ACO Compliance Plan, the Code of Conduct, and the ACO's Policies and Procedures, and (b) are otherwise appropriately informed of the ACO's Compliance Program, upon hire or contracting.
11. Appropriately publicizing the existence of the mechanisms for reporting suspected instances of non-compliance.
12. Coordinating any internal and external compliance reviews of the ACO's business operations and practices (and assisting with the same, as necessary and appropriate).
13. In coordination with legal counsel, and on an as-needed basis, reviewing any new ACO business arrangements involving federal or state health care programs to ensure that these arrangements comply with relevant laws and regulations, as applicable.
14. Responding appropriately to compliance questions and inquiries.
15. Ensuring that reported compliance concerns are appropriately entered into the ACO Compliance Log (pursuant to RCI-005) and are addressed and documented.
16. Investigating suspected violations of applicable laws and regulations and taking corrective action, where appropriate, and coordinating with or through in-house or outside legal counsel, as appropriate, on such investigations.
17. Recommending, overseeing, and documenting disciplinary action and other remedial measures, where appropriate.
18. Consulting with in-house or outside legal counsel for legal advice and guidance, as appropriate.
19. Developing an annual Compliance Work Plan and presenting such Compliance Work Plan to the Vice President, President, and LifeCare ACO Governing Board or appropriate subcommittee.
20. Acting as compliance liaison between regulatory bodies and the ACO. This includes, but is not limited to, ensuring timely dissemination of important compliance communications from the Centers for Medicare and Medicaid Services (CMS).

21. Ensuring appropriate notice to CMS in the event of the following:

- a. Any significant change in eligibility or program requirements; within thirty (30) days of the change; and/or
- b. Bankruptcy; within five (5) days of petition filing.

IV. **Questions.** Any questions concerning CO-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CMO-001
SUBJECT	Compliance Monitoring and Oversight
POLICY/PROCEDURE	Introduction
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of the Compliance Monitoring and Oversight (CMO) Policies and Procedures is to identify how the ACO, through its Compliance Officer, shall monitor, audit, and make reports regarding the ACO's compliance with laws, regulations, the Compliance Plan, Code of Conduct, and the ACO's Policies and Procedures.

- II. **Policy.** The ACO shall develop, implement, and maintain an ongoing monitoring and auditing function to ensure the effective implementation of its Compliance Program and compliance with applicable laws and regulations.

- III. **Procedures.**
 - A. **General Methods of Compliance Monitoring.** The ACO has developed a multi- faceted approach to ensuring compliance, which includes day-to-day monitoring, and conducting regular compliance reviews and periodic compliance audits (both current and retrospective).

 - B. **Questions Related to CMO Policies and Procedures.** Any questions concerning the CMO Policies and Procedures, or questions that are not specifically addressed in the CMO Policies and Procedures, should be directed to the Compliance Officer.

 - C. **Audit and Documentation.** The ACO shall audit and document compliance with the CMO Policies and Procedures. Relevant documentation, which may include electronic documentation, shall be maintained in the Compliance Program files, consistent with the ACO document retention policies but, in no case, for a period of less than ten (10) years.

 - D. **Reporting to Law Enforcement Agencies.** The ACO shall timely report probable violations of law to an appropriate law enforcement entity, such as the HHS-OIG or CMS.
 - 1. The Compliance Officer will work with the ACO's legal counsel to determine whether the facts of the investigation constitute a probable violation of law requiring the ACO to report to an appropriate law enforcement agency.
 - a. The Compliance Officer will, when possible, notify and consult with the appropriate individuals within any relevant ACO Participant prior to completing the necessary reporting process.

 - b. If the Compliance Officer and legal counsel do not agree on whether or not the facts of the investigation constitute a probable violation of law requiring the ACO to report to an appropriate law enforcement agency, the issue shall immediately be taken to the LifeCare ACO Governing Board.

- IV. **Questions.** Any questions concerning CMO-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CMO-002
SUBJECT	Compliance Monitoring and Oversight
POLICY/PROCEDURE	Reporting Suspected Non-Compliance
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CMO-002 is to provide (1) a statement of the ACO's policy with respect to reporting suspected instances of non-compliance, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** ACO Related Individuals are required to report any suspected noncompliance with applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, and/or any other applicable ACO requirements. The ACO shall provide the necessary infrastructure to facilitate such reporting, including a confidential reporting line that allows such individuals to report suspected incidences of non-compliance anonymously and without fear of retaliation.

- III. **Procedures.**
 - A. **Reporting Suspicions of Non-Compliance.**
 1. **Reporting Required.** ACO Related Individuals must report any activity, practice, or arrangement that the individual in good faith believes violates or may violate any laws or regulations, the ACO Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable MSSP requirements.
 2. **Manner of Reporting.** ACO Related Individuals are encouraged to report suspected Compliance Program violations in any of the following ways:
 - a. Directly to the Compliance Officer;
 - b. Directly to the ACO Related Individual's immediate supervisor or the ACO Related Individual's organizational compliance official;
 - c. To the LifeCare ACO Compliance Hotline at (405) 440-8933;
 - d. Via the LifeCare ACO online submission form at <https://lchs.com/compliance-hotline/>
 - If a person under the ACO Related Individual's organization receives a suspected Compliance Program Violation, he/she will report it to the Compliance Officer.
 3. **Form of Report.**
 - a. Reports of suspected Compliance Program violations may be made either in writing or orally.
 - b. Written reports include reports made via regular mail or e-mail and sent to any of the individuals or locations listed in Section 3.2 above.
 - c. Oral reports include, reports made in-person or via telephone. Oral reports may be made to the ACO's Confidential Compliance Reporting Tool, which shall be available via the LifeCare Compliance Hotline as listed in Section 3.2.c above. Individuals do not need to provide their name when making a report, although they are encouraged to do so to facilitate any appropriate or necessary follow-up.

4. **Anonymity.** Reports (whether written or oral) may be made anonymously. However, individuals are encouraged to identify themselves when reporting, as it often is easier to assess the issues or concerns raised in a report when there is the ability to ask the reporting individual follow-up questions. At no time with the individual been pressured or threatened to reveal themselves.

B. Documentation.

1. The Compliance Officer, or his/her designee, shall maintain copies of any written reports submitted pursuant to CMO-002 in the Compliance Program files, which include electronic files.
2. The Compliance Officer, or his/her designee, shall document any oral reports submitted concerning suspected Compliance Program violations, and shall maintain such documentation in the Compliance Program files, which include electronic files.
3. Final copies of work papers, notes, and other documentation generated in connection with every written or verbal report submitted concerning suspected incidences of non-compliance shall be maintained in the Compliance Program files, which include electronic files.
4. The Compliance Officer shall document follow-up action taken as a result of any reports submitted concerning suspected Compliance Program violations and shall maintain related documentation in the Compliance Program files, which include electronic files, pursuant to RCI-003.
5. The Compliance Officer shall, pursuant to RCI-002, keep confidential (to the extent possible) the identity of the person(s) who report suspected Compliance Program violations.

C. The Compliance Officer shall inform the Vice President or President, and the LifeCare ACO Governing Board or appropriate subcommittee as part of his or her regular reporting obligations, regarding any action taken in response to reported Compliance Program violations that have been verified through investigation pursuant to RCI-003 to be compliance violations.

D. All documentation enumerated above, which may include electronic documentation, shall be maintained in the Compliance Program files, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning CMO-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	CMO-003
SUBJECT	Compliance Monitoring and Oversight
POLICY/PROCEDURE	Annual Compliance Reviews
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of CMO-003 is to provide (1) a statement of the ACO's policy with respect to conducting Annual Compliance Reviews of the Compliance Program, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.
- II. **Policy.** The ACO shall conduct Annual Compliance Reviews of its Compliance Program to ensure that the Compliance Program is effective and that the ACO's business practices are consistent with its stated policies, and applicable laws and regulations.
- III. **Procedures.**

A. Compliance Program Reviews.

1. **Subject Matter Areas.** The Compliance Officer (with, as appropriate, the assistance of outside independent review consultants and counsel) shall develop a protocol for performing annual reviews of the Compliance Program. This protocol shall provide for reviews of at least the following areas:

- a. Compliance with the following requirements of the MSSP in relation to the ACO's Compliance Program:
 - 1. Identification of a designated compliance official or individual who is not legal counsel to the ACO and reports directly to the LifeCare ACO Governing Board;
 - 2. Creation of mechanisms for identifying and addressing compliance problems related to the ACO's operations and performance;
 - 3. Development of a method for ACO Related Individuals to anonymously report suspected problems related to the ACO to the Compliance Officer;
 - 4. Completion of Compliance training for ACO Related Individuals; and
 - 5. The requirement for the ACO to report probable violations of law to an appropriate law enforcement agency.
- b. To the extent not covered above, any federal health care program risk areas that the Compliance Officer determines, in his or her discretion, warrants review as part of the Annual Compliance Review process.

B. **Technique.** The protocol developed by the Compliance Officer shall be based on available resources and the type of issue under review.

C. **Review Assistance.** The Annual Compliance Review shall be conducted under the supervision of the Compliance Officer (with assistance of outside, independent review consultants and counsel, as necessary). In addition to, or in lieu of, internal reviewers, outside independent review consultants and/or counsel may be used to assist in the Annual Compliance Review, where either the Compliance Officer or the LifeCare ACO Governing Board or appropriate subcommittee determines that such assistance is necessary or appropriate.

D. **Reviewer Qualifications and Independence.**

1. The entity or individual(s) conducting the Annual Compliance Review (whether internal or external) shall be independent insofar as they must be able to review the ACO's practices and procedures and make objective, independent determinations as to the accuracy or effectiveness of those practices or procedures.
2. The reviewers shall have the qualifications and experience necessary to adequately identify potential issues related to the subject they are reviewing.
3. The reviewers shall have access to the resources and information necessary to conduct the Annual Compliance Review, including access to documents and ACO Related Individuals.

E. **Documentation.**

1. The reviewers shall prepare a report of their findings, which may include recommendations, suggestions, and/or any corrective actions to achieve compliance with the Compliance Plan, Code of Conduct, and Policies and Procedures. This report shall be provided to the Compliance Officer, who shall review and revise the report, as necessary. The Compliance Officer shall then report on the Annual Compliance Review to the Vice President or President, and the LifeCare ACO Governing Board or appropriate subcommittee as part of his or her regular reporting obligations.
2. Final copies of work papers, notes, and other documentation generated in connection with every Annual Compliance Review, and the findings and conclusions thereof, shall be maintained in the Compliance Program files, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning CMO-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	RCI-001
SUBJECT	Responding to Compliance Issues
POLICY/PROCEDURE	Reports of Suspected Compliance Program Violations: Confidentiality
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of RCI-001 is to provide (1) a statement of the ACO's policy with respect to the confidentiality of reports of suspected non-compliance, and (2) procedures to ensure that ACO's practices are consistent with its stated policies.

- II. **Policy.** ACO Related Individuals are required to report any suspected noncompliance with applicable laws or regulations, the ACO Compliance Plan, Code of Conduct, Policies and Procedures, other applicable ACO requirements. The ACO shall provide the necessary infrastructure to facilitate such reporting, including a Confidential Compliance Reporting Tool (pursuant to CMO-002) that allows individuals to report suspected non-compliance anonymously and without fear of retaliation.

- III. **Procedures.**
 - A. **Response to Report.** Where an individual has made a good faith report of an activity or practice that the individual believes violates or may violate applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements, the Compliance Officer shall:
 - 1. Communicate the ACO's appreciation to the individual for making the report, as appropriate;
 - 2. Strive to keep the identity of the reporting individual confidential; and
 - 3. Inform the reporting individual (if known) that there may come a point in time where his or her identity may become known or may have to be revealed (e.g., if government authorities become involved in the investigation).
 - If a situation arises that requires identity disclosure, the Compliance Officer will contact the reporting individual prior to releasing his/her name.

 - B. **Documentation.** The ACO shall document compliance with RCI-001. Such documentation, which may include electronic documentation, shall be maintained in the ACO's Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

- IV. **Questions.** Any questions concerning RCI-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	RCI-002
SUBJECT	Responding to Compliance Issues
POLICY/PROCEDURE	Reports of Suspected Compliance Program Violations: Non-Retaliation
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of RCI-002 is to provide (1) a statement of the ACO's policy regarding non-retaliation with respect to reports of suspected non-compliance, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** ACO Related Individuals are required to report any suspected noncompliance with applicable laws and regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements. Individuals submitting such reports of noncompliance in good faith shall not be subject to retaliation or any form of harassment.

- III. **Procedures.**
 - A. **General Rule.** When an individual has made a report (internally or externally) of an activity, practice, or arrangement that the individual in good faith believes violates or may violate laws or regulations, the ACO's Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements:
 - 1. The ACO shall in no way impede, prohibit, or dissuade the individual from reporting a suspected Compliance Program violation(s);
 - 2. The ACO shall not retaliate or engage in retribution (including discharge, demotion, suspension, denial of promotion, or discrimination) against, or otherwise harass in any manner, the individual for making a report, provided such report was made in good faith and the individual was not involved in the misconduct at issue;
 - 3. The Compliance Officer periodically will make appropriate inquiry to determine whether those who report suspected Compliance Program violations were victims of retaliation conduct;
 - 4. Any ACO Related Individual who is involved in any act of retaliation, retribution, or any form of harassment - either committing the act or condoning it - against a person who reports a compliance concern will be subject to disciplinary action, up to and including termination of participation in the ACO.

 - B. **Self-Disclosure of Participation in Non-Compliance.**
 - 1. Notwithstanding its commitment not to retaliate for reporting known or suspected Compliance Program violations, the ACO shall take appropriate corrective and/or disciplinary action against any individual who violates the ACO's Compliance Plan, Policies and Procedures, Code of Conduct, or applicable laws or regulations, regardless of whether that individual reported such violation.

2. As set forth in RCI-004, however, the fact that the individual reported his or her own misconduct - and the truthfulness and completeness of that self-disclosure - may be a mitigating factor in determining the severity of any corrective and/or disciplinary action.
3. No corrective and/or disciplinary action shall be taken against any individual who mistakenly reported what he or she reasonably and in good faith believed to be an act of non-compliance or a Compliance Program violation. However, an individual may be subject to corrective and/or disciplinary action if it is determined that the report of wrongdoing or suspected Compliance Program violation was not made in good faith (e.g., was knowingly fabricated, distorted, exaggerated, or minimized in order to injure someone else, protect himself/herself, or for any other reason).
4. Any ACO Related Individual who misuses the Confidential Compliance Reporting Tool or attempts to interfere with efforts to investigate or address a possible compliance issue is subject to corrective and/or disciplinary action, up to and including termination of participation in the ACO.

C. **Documentation.** The ACO shall document compliance with RCI-002 and maintain such documentation consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning RCI-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	RCI-003
SUBJECT	Responding to Compliance Issues
POLICY/PROCEDURE	Reports of Suspected Compliance Program Violations: Investigations
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of RCI-003 is to provide (1) a statement of the ACO's policy with respect to its investigation of reports of suspected non-compliance, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall appropriately investigate reports of any suspected noncompliance with applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements, and document the findings of those investigations.

- III. **Procedures.**
 - A. **Preliminary Evaluation.**
 - 1. Upon receipt of a report concerning a compliance-related review, a Confidential Compliance Reporting Tool report, or other information suggesting a possible compliance issue, the Compliance Officer (or his/her designee) shall record the information in the Compliance Log (as set forth in RCI-005).
 - 2. The Compliance Officer (or his/her designee) must (a) make a preliminary, good faith inquiry into all reported allegations of non-compliance with applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements, and (b) determine whether further review is necessary. If the Compliance Officer determines that no additional review is necessary, this decision shall be documented (with a brief explanation for the determination) in the Compliance Log.
 - 3. For any disclosure that is sufficiently specific so that it (a) reasonably permits a determination of the appropriateness of the alleged improper practice, and (b) provides an opportunity for taking corrective action, the Compliance Officer shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted, as set forth below.

 - B. **Investigators.**
 - 1. The internal investigation of suspected non-compliance shall be initiated and overseen by the Compliance Officer. The LifeCare ACO Governing Board or appropriate subcommittee shall be available to provide assistance to the Compliance Officer, as needed.
 - 2. Depending on the nature and severity of the suspected non-compliance, the Compliance Officer may utilize outside legal counsel to assist in conducting an internal investigation.

C. **Investigation.** In conducting an internal investigation, investigators for the ACO shall, as necessary:

1. Take steps to secure, and prevent the destruction of, documents and other evidence relevant to the investigation;
2. Review relevant documents;
3. Review all applicable policies, procedures, laws, and regulations;
4. Interview persons with relevant information; and
5. Take all reasonable and necessary steps to stop any ongoing misconduct.

D. **Documentation.**

1. Upon conclusion of the investigation, written documentation will be prepared by the Compliance Officer (or his/her designee) that includes:
 - a. The nature of the problem;
 - b. The investigation scope and procedures;
 - c. Consistent with policy, the identity of the persons involved and the degree of culpability of said individuals; and
 - d. Any findings and recommended corrective actions, discipline, or programmatic corrections.
2. The ACO shall maintain written reports, copies of any work papers, interview notes, and any other key documents related to the investigation in Compliance Program files, consistent with the ACO's document retention policy but, in no case, for a period of less than ten (10) years.
3. In connection with any internal investigation, the ACO shall maintain in a confidential and secure fashion any documents, whether electronic or hard copy, that are attorney-client communications or covered by the attorney work-product privilege. Any such documents should be appropriately labeled or stamped as attorney-client privileged or attorney work product and maintained consistent with the ACO's document retention policy but, in no case, for a period of less than ten (10) years. However, failure to label such documents in this manner will not mean the documents are not protected under the attorney-client privilege or attorney work-product doctrine.

IV. **Questions.** Any questions concerning RCI-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	RCI-004
SUBJECT	Responding to Compliance Issues
POLICY/PROCEDURE	Corrective and/or Disciplinary Action and Programmatic Corrections
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of RCI-004 is to provide (1) a statement of the ACO's policy governing corrective and disciplinary actions taken in response to identified non-compliance, as well as programmatic corrective actions, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall take appropriate and consistent corrective action to address both programmatic deficiencies in its Compliance Program and instances of noncompliance by ACO Related Individuals. Any individual violating the ACO's Compliance Plan, Policies and Procedures, Code of Conduct, applicable laws, or regulations, or other applicable ACO requirements shall be subject to discipline, as relevant and appropriate, up to and including termination.

- III. **Procedures.**
 - A. **Programmatic Corrective Actions.** The ACO shall take appropriate action to correct internal operational or programmatic deficiencies that are identified by the Compliance Officer in connection with the report prepared pursuant to RCI-003.
 - 1. If the violation involves an ongoing activity or practice, then (a) the activity or practice shall be stopped, and (b) legal counsel shall be notified of the violation.
 - 2. If the same or a similar violation could or might be prevented in the future by making changes to the ACO Policies and Procedures, Code of Conduct, or otherwise, such changes shall be considered, developed, instituted, and promptly communicated to all affected individuals.
 - 3. In developing and implementing programmatic corrective actions, the ACO may consider and employ any other appropriate corrective action that may be needed.

 - B. **Corrective Action and/or Disciplinary Action.**
 - 1. Any ACO Related Individual who has violated any applicable laws or regulation, the Compliance Plan, Code of Conduct, Policies and Procedures, and/or other applicable ACO requirements shall be subject to a corrective action plan and/or disciplined, as appropriate.
 - 2. The ACO also may take corrective action and/or disciplinary action against individuals who fail to detect or report non-compliance on the part of individuals under their supervision. Failure to detect non-compliance means that the individual knew or reasonably should have known about the non-compliance but failed to identify the relevant conduct as potentially violative of applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies or Procedures and/or other applicable ACO requirements.

3. Corrective and/or disciplinary action of ACO Related Individuals may take one or more of the following forms:
 - a. Imposition of a corrective action plan, which may include training, education, and other remedial measures;
 - b. Verbal warning;
 - c. Written warning;
 - d. Probation;
 - e. Suspension with pay;
 - f. Suspension without pay; and
 - g. Termination of employment, participation, or contract with the ACO.
4. When corrective and/or disciplinary action is appropriate, the severity of the action will depend on a variety of factors, including, but not limited to:
 - a. The nature and severity of the violation;
 - b. Whether the violation was committed intentionally, recklessly, negligently, or accidentally;
 - c. Whether the individual had previously violated any laws, regulations, the Compliance Plan, Code of Conduct, or Policies and Procedures;
 - d. Whether the individual self-reported his or her non-compliance; and/or
 - e. Whether (and the extent to which) the individual cooperated with the ACO in connection with its investigation of the non-compliance.
5. The determination of the appropriate disciplinary action for compliance or legal obligations will be made by the Compliance Officer, in consultation with the Vice President, President, and LifeCare ACO Governing Board or appropriate subcommittee; and the individual's supervisor, as appropriate.

C. Disclosure; Restitution.

1. If the Compliance Officer believes that there has been a probable violation of applicable laws or regulations, the Compliance Plan, Code of Conduct, Policies and Procedures, or other applicable ACO requirements, the ACO shall determine whether the Company should:
 - a. Make a report to appropriate government authorities (including making a report to the HHS-OIG; and/or
 - b. Make a payment of any kind to the government or other entity or person (if a program overpayment has been determined); and/or
 - c. Perform other types of remedial action (including disciplinary action). In making such a determination, the ACO may consult with outside counsel, as appropriate.

- D. Continual Monitoring and Follow-up Audits.** Any issue for which corrective action is taken, will be targeted for monitoring, and reviewed in future audits of that division or segment, pursuant to CMO-003. Pertinent information learned during investigations will be incorporated into division/segment education and training, as appropriate.

E. **Documentation.** The ACO shall document any corrective and/or disciplinary actions taken pursuant to RCI-004 and maintain such documentation, which may include electronic documentation, in the Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning RCI-004, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	RCI-005
SUBJECT	Responding to Compliance Issues
POLICY/PROCEDURE	Compliance Log
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of RCI-005 is to outline required maintenance of the Compliance Log (as defined in CPG-001).

- II. **Policy.** It is the ACO's policy to respond to all compliance matters brought to the Compliance Officer's attention and to maintain a Compliance Log of such matters. The Compliance Log is a record summary of compliance disclosures and shall be maintained by the Compliance Officer (or his or her designee) in accordance with this Policy.

- III. **Procedure.**
 - A. As set forth in CMO-002, the ACO provides ACO Related Individuals with various avenues to report any activity, practice, or arrangement that such individual believes, in good faith, violates or may violate any laws or regulations or the ACO's Compliance Plan, Code of Conduct, or Policies and Procedures.

 - B. The Compliance Officer (or his/her designee) must maintain a Compliance Log of all suspected compliance violations, including, but not limited to, reports made in- person, via e-mail or other written form, or through the Confidential Compliance Reporting Tool.

 - C. The Compliance Log should, at a minimum, include for each suspected compliance violation the following:
 - 1. The manner in which the suspected compliance violation was brought to the ACO's attention;
 - 2. If applicable and known, the name of the person reporting the suspected compliance violation;
 - 3. The names of all persons involved in the suspected compliance violation, to the extent such information is known;
 - 4. A summary of the suspected compliance violation, including, but not limited to, the nature and type of allegation(s) made;
 - 5. The results of any investigations;
 - 6. Any notations regarding continued monitoring, if applicable;
 - 7. A description of any corrective (or other) actions taken in response to the reported suspected compliance violation; and
 - 8. The status of the suspected compliance violation, as updated from time-to- time to reflect current information.

 - D. The Compliance Officer, or his/her designee, shall maintain all relevant documents and notes related to each Compliance Log entry, in accordance with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

E. **Documentation.** The ACO shall document compliance with RCI-005. Such documentation, which may include electronic documentation, shall be maintained in the ACO's Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning RCI-005, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-001
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Development of New Policies and Procedures
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-001 is to provide (1) a statement of the ACO's policy regarding the development of the ACO Policies and Procedures, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall develop new Policies and Procedures as necessary in response to updates or changes to applicable laws, regulations and/or guidance, identification of compliance issues related to ACO Operations, or new processes implemented within the ACO.

- III. **Procedures.**
 - A. **Development of New Policies and Procedures.**
 - 1. New Policies and Procedures are developed by the relevant operational area or division of the ACO, in conjunction with the Compliance Officer.
 - 2. In developing such Policies and Procedures, the Operational Leaders and Compliance Officer shall consider (and incorporate):
 - a. Topics and standards designed to foster and maintain high ethical standards and fair and honest conduct;
 - b. Compliance guidance issued by HHS-OIG as fundamental to an effective ACO Compliance Program, as well as other authoritative sources of compliance guidance, such as the Federal Sentencing Guidelines.
 - 3. The Policies and Procedures shall address any "risk" areas that are deemed relevant and appropriate to address by the Compliance Officer, in conjunction with the LifeCare ACO Governing Board or appropriate subcommittee, considering the ACO's business operations. In determining appropriate risk areas to address, the Compliance Officer and the LifeCare ACO Governing Board or appropriate subcommittee shall consider any relevant CMS and HHS-OIG compliance program guidance, reports, and/or settlements, as well as any relevant "risk" areas identified by other agencies of federal or state government.
 - 4. All Policies and Procedures should be clear and concise and follow the same general format.
 - 5. New Policies and Procedures shall be discussed with the appropriate persons in the affected division(s).
 - 6. Once developed, Policies and Procedures must be approved as set forth in DRP-003.

B. **Documentation.** The ACO shall document compliance with DRP-001. Such documentation, which may include electronic documentation, shall be maintained in the ACO's Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning DRP-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-002
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Review and Revision of Existing Compliance Plan, Code of Conduct and Policies and Procedures
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-002 is to provide (1) a statement of the ACO's policies regarding the review and revision of the existing Compliance Plan, Code of Conduct, and Policies and Procedures implementing the ACO's Compliance Program, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall periodically, but no less than annually, review and revise, as appropriate, existing Compliance Program Documents, including the Compliance Plan, Code of Conduct, and Policies and Procedures to ensure consistency of its practices with applicable laws and regulations.

- III. **Procedures.**
 - A. Review of Compliance Plan, Code of Conduct, and the ACOs Policies and Procedures.
 - 1. The Compliance Officer, in conjunction with the LifeCare ACO Governing Board or appropriate subcommittee, and appropriate ACO Operational Leadership, shall review the Compliance Plan, Code of Conduct, and all Policies and Procedures as necessary, but, at a minimum, once every twelve (12) months.
 - 2. The Compliance Officer shall modify and amend the Compliance Plan, Code of Conduct, and/or Policies and Procedures, as appropriate, to reflect: (1) changes to the MSSP statute, regulation, or other program requirements; (2) changes in the nature or scope of the ACO's business (including the ACO's contractual obligations); and (3) indications that existing Policies or Procedures have been ineffective in preventing compliance violations or that new or additional Policies and Procedures would be more effective in preventing or avoiding the recurrence of misconduct.
 - a. When updating operational policies and procedures, the Compliance Officer shall work with appropriate business owners and ACO Operational Leadership to ensure the effectiveness of edits made.
 - 3. Where appropriate, the Compliance Officer, in conjunction with the LifeCare ACO Governing Board or appropriate subcommittee, and appropriate ACO Operational Leadership, shall propose revisions to the Compliance Plan, Code of Conduct, and/or Policies and Procedures.
 - 4. Proposed revisions shall be discussed with appropriate persons in the affected department(s).
 - 5. Any revisions must be approved pursuant to DRP-003.

B. **Documentation.** The Compliance Officer shall maintain copies in the Compliance Program files of all versions of the Compliance Plan, Code of Conduct, and Policies and Procedures, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning DRP-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-003
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Approval of New or Revised Compliance Plan, Code of Conduct and Policies and Procedures
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-003 is to provide (1) a statement of the ACO's policies regarding the approval of new and revised Compliance Program documents, including the Compliance Plan, Code of Conduct, and Policies and Procedures, and (2) set forth procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall approve its Compliance Plan, Code of Conduct, and Policies and Procedures developed pursuant to the Compliance Program to ensure consistency of its practices with applicable laws and regulations.

- III. **Procedures.**
 - A. **Approval of New/Revised Compliance Plan, Code of Conduct, and Policies and Procedures.**
 - 1. Revisions to the Compliance Plan and Code of Conduct must be approved by the Compliance Officer and the LifeCare ACO Governing Board or appropriate subcommittee.
 - 2. Revisions to existing Policies and Procedures may be made and implemented based on the approval of the Compliance Officer, as awaiting approval by the LifeCare ACO Governing Board or appropriate subcommittee can lead to significant delays in ACO operational practices.
 - 3. Policies and Procedures are reviewed by the LifeCare ACO Governing Board or appropriate subcommittee annually.
 - B. **Documentation.** The Compliance Officer shall maintain copies in the Compliance Program files of the approval required in Section III.A above, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

- IV. **Questions.** Any questions concerning DRP-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-004
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Retiring Policies and Procedures
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-004 is to provide (1) a statement of the ACO's policy regarding retiring Policies and Procedures implementing the ACO's Compliance Program, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall retire its Policies and Procedures in a manner that ensures consistency of practices with applicable laws and regulations.

- III. **Procedures.**
 - A. **Retiring Policies and Procedures.**
 - 1. The Compliance Officer, a member of the LifeCare ACO Governing Board or appropriate subcommittee, and/or any ACO Related Individual may propose that a Policy and Procedure be retired.
 - 2. In order for a Policy and Procedure to be retired, the Compliance Officer and any appropriate Operational Leaders, must concur that the Policy and Procedure has become obsolete.
 - 3. Retired Policies and Procedures shall not be destroyed but shall be removed from current distribution and appropriately archived in the Compliance Program files consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.
 - 4. All ACO Related Individuals shall be notified when a Policy and Procedure is retired. If a new Policy and Procedure is put in its place, such document will be disseminated pursuant to DRP-005.

 - B. **Documentation.** The ACO shall document compliance with DRP-004. Such documentation, which may include electronic documentation, shall be maintained in the ACO's Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

- IV. **Questions.** Any questions concerning DRP-004, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-005
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Dissemination of New or Revised Compliance Plan, Code of Conduct and Policies and Procedures
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-005 is to provide (1) a statement of the ACO's policy regarding dissemination of new or revised Compliance Program Documents including the Compliance Plan, Code of Conduct, and Policies and Procedures, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.

- II. **Policy.** The ACO shall disseminate its Compliance Plan, Code of Conduct, and Policies and Procedures to all ACO Related Individuals in a manner that ensures consistency of its practices with applicable laws and regulations.

- III. **Procedures.**
 - A. Dissemination of New/Revised Compliance Plan, Code of Conduct, and Policies and Procedures. The ACO shall disseminate any new or revised Compliance Plan, Code of Conduct, and/or the ACO's Policies and Procedures pursuant to ET-002, electronically or by hard copy, within thirty (30) calendar days of approval.

 - B. **Documentation.** The ACO shall document compliance with DRP-005. Such documentation, which may include electronic documentation, shall be maintained in the ACO's Compliance Program files consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

- IV. **Questions.** Any questions concerning DRP-005, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	DRP-006
SUBJECT	Development, Revision, and Approval of Code of Conduct and ACO Policies and Procedures
POLICY/PROCEDURE	Record Retention
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of DRP-006 is to provide a statement of the ACO's record retention policy.
- II. **Policy.** It is the policy of the ACO to maintain all books, contracts, records, documents, and other evidence sufficient to enable the audit, evaluation, investigation, and inspection of the ACO's compliance with program requirements as required by the Medicare Shared Savings Program Final Rule.
- III. **Procedures.**
 - A. The ACO requires all ACO Related Individuals to maintain all books, contracts, records, documents and other evidence (including data related to Medicare utilization and costs, quality performance measures, shared savings distributions and other financial arrangements related to ACO activities) sufficient to enable the audit, evaluation, inspection, or investigation of the ACO's compliance with the Medicare Shared Savings Program Final Rule, the agreement signed with the Centers for Medicare and Medicaid Services (CMS), the quality of services furnished to Beneficiaries, the ACO's right to and distribution of Shared Savings.
 - B. Each ACO Participant is responsible for maintaining the records associated with their practice. The ACO is responsible for maintaining the records of the ACO's activities, including records regarding the scope of outcomes-based contracts held by the ACO and/or its Participants with non-Medicare purchasers.
 - 1. The ACO shall maintain, and shall require Participants and Preferred Providers to maintain, records of all remuneration paid or received pursuant to participation in the ACO
 - C. CMS, DHHS, the Comptroller General, the Federal Government or their designees have the right to audit, inspect, investigate, and evaluate any books, contracts, records, documents, and other evidence of the ACO and any ACO Related Individual, in accordance with the Medicare Shared Savings Program Final Rule.
 - D. **Documentation.** All such books, contracts, records, documents, and other evidence must be maintained for a period of ten (10) years from the final date of the agreement period or from the date of completion of any audit, evaluation, or inspection, whichever is later, unless:
 - 1. CMS determines there is a special need to retain a particular record or group of records for a longer period and notifies the ACO at least thirty (30) calendar days before the normal disposition date;

or

2. There has been a termination, dispute or allegation of fraud or similar fault against the ACO or an ACO Related Individual, in which case the ACO must retain records for an additional six (6) years from the date of any resulting final resolution of the termination, dispute, or allegation of fraud or similar fault.

IV. **Questions.** Any questions concerning DRP-006, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	COM-001
SUBJECT	ACO Communications
POLICY/PROCEDURE	ACO Communications and Material Review
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of COM-001 is to identify the ACO's policy around communications outside of the ACO, as well as the approval process to ensure compliance with CMS requirements related to Marketing Materials as defined in the Medicare Shared Savings Program Final Rule.

- II. **Policy.** It is the policy of the ACO to ensure that all general audience materials are compliant with any relevant regulatory requirements, and accurately reflect the opinions, position, and strategy of the ACO.

- III. **Procedures.**
 - A. The ACO does not use and prohibits ACO Related Individuals from using ACO Related Marketing Materials or Activities until reviewed and approved in their entirety by the Compliance Officer.
 - 1. Marketing Materials or Activities include, but are not limited to, general audience materials such as brochures, advertisements, outreach events, letters, web pages, mailings, social media, or other activities conducted by or on behalf of the ACO or its Participants or Providers/Suppliers, when used to educate, notify, or contact Beneficiaries or Providers/Suppliers regarding the Medicare Shared Savings Program.

 - B. **ACO Related Communications.** Only certain specified individuals are authorized to communicate official ACO policy or to make any public statement on behalf of the ACO.
 - 1. A "public statement" is defined as any statement made to anyone other than a person receiving care from a Participant or Provider/Supplier, whether such statement is made orally, in writing, via email or other electronic communication or through social media.
 - a. A "public statement" does not include any complaint or report made in good faith to any government agency or law enforcement personnel.

 - 2. For purposes of this policy, "social media" includes all means of communicating or posting information or content of any sort on the Internet, including to one's own or someone else's web log or blog, journal or diary, personal website, social networking or affinity website, web bulletin board or chat room, whether or not associated or affiliated with the ACO.

 - 3. Only the Chair and Vice Chair of the ACO Governing Board, and the President, Vice President, and Compliance Officer are authorized to make public statements on behalf of the ACO. No other individuals are authorized to make such statements.

 - 4. All requests for public statements on behalf of the ACO, and all opportunities or responsibilities to make public statements on behalf of the ACO, should be referred to one of the above listed individuals.

- C. The Compliance Officer will review and approve all marketing materials to ensure compliance with CMS requirements. According to the contents of the marketing materials, review may be needed by the Vice President and/or President. Materials that require CMS approval will be submitted to CMS for such review and approval that ensure regulatory guidelines are met.
- D. Any template materials provided by CMS may be utilized by the ACO immediately upon filing with CMS. These template materials may not be changed in any way.
- E. The ACO and any ACO Related Individuals will obtain prior approval from Compliance for the publication or release of any press release, external reports or statistical/analytical material that materially and substantially references the ACO's participation in the MSSP or the ACO's financial arrangement with CMS. Examples of such reports include, but are not limited to papers, articles, professional publications, speeches, and testimony.
 - 1. All external reports and statistical/analytical material that are subject to this section must include the following statement on the first page: "The statements contained in this document are solely those of the authors and do not necessarily reflect the view or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document."
- F. **Voluntary Alignment Communications.** ACO Related Individuals may directly communicate with Beneficiaries regarding Voluntary Alignment.
 - 1. The ACO uses template language developed by CMS for Voluntary Alignment communications. Template language and Fact Sheets are used without modification.
 - 2. Materials will be submitted to Compliance as required and will not offer gifts, cash, or other remuneration as inducements for:
 - a. Completing Voluntary Alignment; or
 - b. Receiving items or services from, or remaining in, an ACO or with ACO Providers/Suppliers in a particular ACO or receiving items or services from ACO participants or ACO Providers/Suppliers.
 - 3. ACO Related Individuals may answer questions from Beneficiaries regarding Voluntary Alignment but may not complete the online form on behalf of any Beneficiary.
 - 4. If a Beneficiary has a question about how to make a change to their Voluntary Alignment selection, they should be directed to call the 1-800-MEDICARE or visit [MyMedicare.gov](https://www.Medicare.gov), [Medicare.gov](https://www.Medicare.gov), or any successor site.
- G. ACO Communications may not contain inaccurate or misleading information, including but not limited to:
 - 1. Language suggesting that beneficiaries are required to see providers only within the ACO or are in any way prohibited from seeing providers outside of the ACO.
 - 2. Language suggesting that beneficiaries enroll or are participating in ACOs. Language should be clear that it is the provider, not the beneficiary, which is participating in the ACO.

3. Language suggesting that CMS endorses one ACO over another.
4. Language suggesting a Shared Savings Program ACO is in any way superior to other ACOs or other types of ACOs, or that the providers participating in the MSSP ACO are superior to other providers participating in other ACOs or CMS initiatives.

H. ACO Communications must not be used in a discriminatory manner and should adhere to Federal Plain Language Guidelines where possible.

I. The Compliance Officer, or his or her designee, shall maintain a log of all material approvals and a library of all written and electronic materials in accordance with DRP-006 and the MSSP Final Rule.

IV. **Questions.** Any questions concerning COM-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	COM-002
SUBJECT	ACO Communications
POLICY/PROCEDURE	ACO Governance and Public Reporting Requirements
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of the COM-002 is to outline and define the ACO's Public Reporting Requirements as defined by the MSSP Final Rule and the Public Reporting Guidance released by the Centers for Medicare and Medicaid Services (CMS).
- II. **Policy.** It is the policy of the ACO to promote transparency within the Medicare Shared Savings Program by ensuring compliance with all Public Reporting requirements put in place by CMS.
- III. **Procedures.**
 - A. The ACO will maintain a publicly accessible website. The website will be reviewed and updated as necessary to ensure all information posted on the website is current. The website will include reporting of, at a minimum, the following:
 - 1. Organizational information, including ACO Name and location, ACO Primary Contact name, phone number, and email address; list of all ACO Participants by Legal Business Name with DBA name in parentheses; and identification of all joint ventures between ACO professionals and hospitals.
 - 2. Governing Body information, including members' names, positions, voting power, membership types, and associated ACO participant LBNs. Any change to the ACO's Governing Body will also be updated in ACO-MS within thirty (30) days, as required.
 - 3. Key ACO Clinical and Administrative Leadership, including the names of the current ACO Executive, Medical Director, Compliance Officer, and Quality Assurance/Improvement Officer.
 - a. Any change to leadership will be updated in ACO-MS Contacts subtab within thirty (30) days, as required.
 - 4. Associated Committees and Committee Leadership, including the committee name, leader's name, and leader's committee position.
 - 5. Types of ACO Participants, or Combinations of Participants, that Formed the ACO.
 - 6. Shared Savings and Shared Losses Information, including the dollar amount for all completed performance years by agreement period; the percentage of shared savings distribution invested in infrastructure, redesigned care processes and other resources to coordinate care and improve quality; and percentage distributed among ACO participants.

7. Quality Performance Results, including the results for the most performance recent year available and the measures listed in the Public Reporting Guidance issued by CMS.

a. The ACO will not publicly share or report cell sizes 11 or any combination of information that would allow cell sizes of 11 to be calculated.

B. The ACO's website is a Marketing Material for purposes of compliance review. All changes must be submitted to Compliance for review and approval prior to use on the website, except:

1. Responsible Individual or Department may update the list of ACO Participants as needed without submitting those changes for approval.

C. All updates to required public reporting shall be made within thirty (30) days of the effective date of the change. For purposes of:

1. Adding a Participant, the effective date will be the date the notice is received from CMS;

2. Removing a Participant, the effective date will be the date when the individual's or entity's agreement with the ACO to participate in the MSSP terminates.

D. ACO Participants are responsible for ensuring that CMS is notified when a Provider/Supplier is no longer billing under the ACO Participant TIN, or when a new Provider/Supplier is added to practice. Such notification shall be submitted to CMS within thirty (30) days of the effective date. It is the responsibility of the Participant and the Provider/Supplier to ensure that the Provider/Supplier's billing information listed in the Provider Enrollment, Chain and Ownership System (PECOS) is also updated.

IV. **Questions.** Any questions concerning COM-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	PVS-001
SUBJECT	Privacy and Security Compliance
POLICY/PROCEDURE	Compliance with HIPAA and DUA Requirements
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of the Privacy and Security (PVS) Policies and Procedures is to outline the ACOs policies for ensuring compliance with all privacy requirements.

- II. **Policy.** It is the policy of the ACO to maintain the privacy and security of all ACO related information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, the Date Use Agreement (DUA) signed between the ACO and the Centers for Medicare and Medicaid Services (CMS), all relevant HIPAA Privacy and Security guidance applicable to the use and disclosure of protected health information, as well as applicable state laws and regulations.

- III. **Procedures.** The ACO requires that all ACO related activities comply with all elements of applicable federal and state laws, regulations, and standards governing privacy of Health Care information. In accordance with the HIPAA and the Privacy Rules; the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act (ARRA) of 2009, Gramm-Leach-Bliley Act (GLBA), and the Data Use Agreement signed with the CMS.
 - A. The ACO is the Business Associate of each ACO Participant. Any data shared by the ACO will be done only in accordance with the Business Associate Agreement signed by each ACO Participant.

 - B. The Compliance Officer is responsible for ensuring compliance with this privacy policy and utilizes the ACO's Monitoring & Oversight program to ensure that the ACO is compliant with all applicable privacy regulations and standards.

 - C. The ACO requires all Relevant Individuals to use the best practices listed below in an effort to protect Beneficiaries' personally identifiable information (PII), protected health information (PHI), and other sensitive data:
 - 1. PII, PHI, and sensitive data will not be shared via email, except in limited circumstances. If data must be shared by email it will be sent as an encrypted file. The ACO's preferred method of sharing patient data is via Smartsheet whereby only authorized users have access;

 - 2. Passwords for encrypted files are not sent via email;

 - 3. Company information is not to be sent to or from personal email accounts;

 - 4. PII, PHI, and sensitive data is not shared via text;

 - 5. PII, PHI, and sensitive data is not shared via social media or on the internet;

 - 6. Company Login credentials and passwords are not shared;

7. Documents and electronic devices are not left unattended. Electronic devices are locked when not in use;
 8. Paper documents are securely stored as outlined under HIPAA guidelines, and are disposed of properly when no longer needed and/or retention requirements have been met;
 9. Patient privacy is paramount. Only authorized users who have a need to access patient data are permitted to do so.
- D. Privacy concerns are reported to the Compliance Officer and investigated according to the ACO's RCI policies. The report, investigation and any follow-up activities are documented in the Compliance Log, as required by RCI-005.
- E. The Compliance Officer is responsible for reporting violations as required by the regulations, and in accordance with the ACO's CMO-001 policy regarding reporting to law enforcement.
1. In the event of any breach of personally identifiable information from the CMS data files, loss of these data or disclosure to any unauthorized persons, the Compliance Officer will report to the CMS Action Desk within one (1) hour and cooperate in the federal security incident process.
 2. The ACO shall take reasonable steps to mitigate, to the extent practicable, any harmful effect (that is known to the ACO) of a use or disclosure of PHI by the ACO in violation of an agreement with an ACO Participant, or the ACO's Data Use Agreement with the ACO.
- F. As part of its participation in the Medicare Shared Savings Program, the ACO has signed a Data Use Agreement (DUA) with the Centers for Medicare and Medicaid Services (CMS). The ACO will only share data in accordance with the terms of that agreement.
1. Data is not physically moved, transmitted, or disclosed in any way from or by the site indicated in the DUA without written approval from CMS unless such movement, transmission or disclosure is required by a law.
 2. If the ACO needs to send information covered by the DUA outside of the ACO, the ACO will ensure that the receiving entity agrees to abide by the terms of the DUA through the use of a Data Use Acknowledgement Form prior to sharing any data files received from CMS as part of the Shared Savings Program. This form will capture, at a minimum, the following data elements to ensure the ability of the ACO to respond to CMS in the event of an audit:
 - a. The legal name and full address of the entity;
 - b. The individual within the entity ultimately responsible for ensuring compliance with the requirements of the DUA;
 - c. The date the ACO began sharing data with the entity;
 - d. The date the ACO stopped sharing data with the entity; and
 - e. Upon termination of the arrangement, a certification by the individual identified in paragraph ii above, that all data has been destroyed or returned to the ACO.

- G. The ACO has designated a Custodian of the CMS data files who is responsible for the observance of all conditions of use and for the establishment and maintenance of security arrangements as specified in the DUA to prevent unauthorized use. The ACO shall notify CMS within fifteen (15) days of any change of custodianship.
1. All individuals identified as an ACO Contact in ACO-MS are deemed by CMS to be ACO Custodians and are thus responsible for ensuring the ACO's Compliance with all requirements of the Data Use Agreement signed by the ACO.
- H. **Availability of PHI for Amendment.** Within fifteen (15) business days of receipt of a written request from an ACO Participant for the amendment of an Individual's PHI maintained by the ACO, the ACO shall provide such information for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. §164.526. If the ACO receives a request for amendment to PHI directly from an Individual, the ACO shall forward such request to the ACO Participant or Provider/Supplier within ten (10) business days.
- I. **Accounting of Disclosures.** Within thirty (30) business days of written notice by an ACO Participant or Provider/Supplier that it has received a request for an accounting of disclosures of PHI (other than disclosures to which an exception to the accounting requirement applies), the ACO shall make available such information as is in the ACO's possession and is required for the ACO Participant to make the accounting required by 45 C.F.R. §164.528.
- J. Each ACO Related Individual is required to complete Compliance Training, including HIPPA and Privacy training, upon hire or contracting and at least annually thereafter. The Compliance Officer is responsible for ensuring the appropriate documentation of training completions and retention of training records. The Compliance Officer is also responsible for ensuring that this training is reviewed and updated as needed, but no less than annually.
- K. Requests to add vendors or contractors to the Data Use Agreement with CMS are submitted to the ACO's DUA Custodian. Once approval is received from CMS, the ACO's DUA Custodian provides notification to the appropriate individual within the ACO to allow for the sharing of data as necessary.
- L. All data requests, uses and disclosures are limited to the minimum necessary to achieve the purposes of the ACO and the MSSP.
- M. **Reporting.** The Compliance Officer reports on any privacy issues to the LifeCare ACO Governing Board or appropriate subcommittee at least quarterly.
- IV. **Questions.** Any questions concerning PVS-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	FWA-001
SUBJECT	Fraud, Waste and Abuse (FWA) Compliance
POLICY/PROCEDURE	FWA Laws and Utilization of Waivers
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of FWA-001 is to outline the processes used by the ACO to ensure compliance with all Fraud, Waste and Abuse (FWA) laws and regulations, and appropriate use and documentation of any FWA waivers.

- II. **Policy.** It is the policy of the ACO to ensure that all ACO Related Individuals act in accordance with all applicable Fraud, Waste and Abuse laws, and to ensure proper compliance with the five Medicare Shared Savings Program FWA Waivers created by the Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG). These waivers are known as the:
 - A. ACO Pre-Participation Waiver
 - B. ACO Participation Waiver
 - C. Shared Savings Distribution Waiver
 - D. Compliance with Physician Self-Referral (Stark) Law Waiver
 - E. Patient Incentives Waiver

- III. **Procedures.** The ACO requires that all ACO Related Individuals complete Compliance training within ninety (90) days of hire or contracting and on an annual basis thereafter. The training emphasizes the ACO's commitment to making compliance with Federal and State requirements a top priority, including but not limited to training related to Fraud, Waste and Abuse (FWA) laws.
 - A. The Compliance Officer is responsible for ensuring compliance with the FWA laws and utilizes the ACO's Monitoring & Oversight program to actively manage that requirement.

 - B. If any waiver(s) is to be utilized, they will be brought to the Compliance Officer for review of regulatory compliance. The review will determine the appropriateness of the initiative and identification of the appropriate waiver, as well as include all relevant documentation.

 - C. If any waiver(s) is to be utilized, the Compliance Officer will work with the business owner to document their use. This documentation will include, but may not be limited to:
 - 1. Details around the program including any payments to be made;
 - 2. Purposes of the program and their relationship to the three-part-aim of the MSSP; and
 - 3. Approval of the use of a waiver by the LifeCare ACO Governing Board.

 - D. This documentation will be maintained in accordance with DRP-006. The Compliance Officer will work with ACO Vice President to ensure any public disclosure requirements are met once utilization of the waiver has been approved.

 - E. The Compliance Officer maintain a log of any waivers utilized by the ACO.

- IV. **Questions.** Any questions concerning FWA-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	YRA-001
SUBJECT	Yearly Risk Assessment
POLICY/PROCEDURE	ACO Monitoring and Auditing
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of YRA-001 is to set forth policies and procedures pursuant to which the Compliance Officer (or his or her designee) will work with ACO Operational Leaders on the development and implementation of an effective system for completion of an Annual Risk Assessment and identification of compliance risks concerning the ACO's operations. Such system shall include internal monitoring and audits and, as appropriate, external audits, to evaluate ACO compliance with applicable state and federal laws and regulations, CMS MSSP Participation Agreement and MSSP requirements, and the terms and conditions of the relevant agreement.

- II. **Policy.** It is the ACO's policy for the Compliance Officer (and his or her designee) to coordinate with ACO Operational Leaders on the development and implementation of processes and procedures by which the ACO shall engage in an annual risk assessment related to ACO operational activities, including ACO Participant performance. Such monitoring and auditing shall be designed to identify compliance risks by, among other things, examining if:
 - A. Sufficient controls are in place to ensure operational compliance with applicable state and federal laws and regulations, CMS Participation Agreement and MSSP requirements, and the terms and conditions of the relevant Participant Agreement; and
 - B. ACO Related Individuals are aware of and have been following the applicable requirements.

- III. **Procedures.**
 - A. **Monitoring and Formal Annual Review.**
 1. The performance of ACO Related Individuals shall be monitored on a routine basis. ACO Operational Leaders, in consultation with the Compliance Officer, shall determine the manner, degree and frequency of routine monitoring.
 2. ACO operational activities, including those activities performed by ACO Participants, shall be formally reviewed at least annually to assess whether the ACO is in compliance with MSSP standards and the extent to which ACO performance promotes the overall goals and objectives for the MSSP. Such reviews may include audits of selected ACO Participants, as determined in accordance with the creation of the Annual Work Plan.
 3. Determinations regarding the scope and intensity of routine monitoring and annual reviews shall take into account the nature of the activity, the risks and potential impacts on beneficiaries and/or the Medicare program associated with non-compliance, and past experience with relevant ACO Participants.
 4. Specific policies and procedures shall be developed, as necessary and appropriate.

5. Monitoring and annual review strategies designed to detect potential compliance issues may take many forms, including (but not limited to):
 - a. Interviews with ACO Participant staff (where applicable);
 - b. Monthly or other scheduled meetings with ACO Participant staff (where applicable);
 - c. Collection and analysis of documents and/or data (e.g., through standard or ad hoc reports);
 - d. Direct monitoring (e.g., secret shopper, ride-alongs);
 - e. Data validation reviews; and
 - f. Chart reviews.
6. Specific data shall be analyzed as applicable and appropriate, and reviewed regularly as routine reports are generated and monitored.
7. Annual reviews and/or audits may also be undertaken through arrangements with outside entities that are qualified to assess the ACO's activities.
8. ACO Operational Leadership shall promptly share copies of monitoring and auditing reports and other evaluations with the Compliance Officer, and the Compliance Officer (or his or her designee) shall promptly review such results.
9. If any problems or deficiencies are identified as a result of routine monitoring or the annual review, the Compliance Officer shall work in conjunction with relevant ACO Operational Leadership legal counsel, as appropriate, with regard to:
 - a. Investigating the matter to determine the extent to which actual deficiencies exist;
 - b. Evaluating the cause(s);
 - c. Specifying necessary and appropriate corrective actions, including timelines for implementation;
 - d. Implementing procedures for assuring that any necessary corrective action has been effectively applied; and
 - e. Documenting that the corrective action taken has remedied the issue.
10. Other actions by the ACO may also be appropriate, including (but not limited to) revocation of specific activities by the ACO Related Individual Participant and/or termination of employment, contracting or participation in the ACO.

IV. Questions. Any questions concerning YRA-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	HE-001
SUBJECT	Hiring, Employment, and Contracting
POLICY/PROCEDURE	Screening Prospective ACO Related Individuals
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of HE-001 is to provide (1) a statement of the ACO's policy regarding screening of prospective ACO Related Individuals, and (2) procedures to ensure that the ACO's Participants are consistent with its stated policy.

- II. **Policy.** The ACO will conduct (or arrange for others to conduct) relevant screening of all prospective ACO Related Individuals. Subject to legal restraints, ACO will not contract with or employ any person who: (1) is currently excluded, suspended, debarred or otherwise has become ineligible to participate in a federal health care program or in a federal procurement or non-procurement program; (2) has been charged with, or convicted of, a criminal offense related to the provision of health care items or services or health care fraud (including any criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a)), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible for participation in a federal health care program; or (3) who has a conflict of interest with the ACO. In addition, the ACO will not contract with or employ individuals who do not have current professional licenses, registration, certifications or degrees, or other academic credentials identified by the ACO as necessary to perform the relevant duties and responsibilities.

- III. **Procedures.**
 - A. **Screening of Prospective Individuals.**
 - 1. The ACO, with the help of their managing partner Imperium Health, will screen each Participant and any individuals employed by the ACO. Individual Participants are responsible for completion of screenings of ACO Related Individuals under their Taxpayer Identification Number (TIN). The screening of prospective individuals must include screening against the OIG/GSA List of Excluded Individuals and Entities and may include other areas, such as a criminal background check, as appropriate.
 - a. The HHS-OIG's List of Excluded Individuals and Entities, which may be accessed on the Internet at <https://exclusions.oig.hhs.gov>; and
 - b. The GSA's Excluded Parties List System, which may be accessed on the Internet at <http://www.sam.gov>.
 - c. Before appointment, hiring or contracting, the ACO shall require that the prospective ACO Related Individual disclose, in writing, as applicable, whether he or she:
 - i. Has been, at any time, debarred, excluded, suspended, or otherwise deemed ineligible for participation in a federal health care program or in a federal procurement or non-procurement program;

- ii. Has been convicted of committing any criminal offense, including any criminal offense relating to the provision of health care items or services or of health care fraud that falls within the ambit of 42 U.S.C. § 1320a-7(a) or that relates to federal procurement or non- procurement programs;
 - iii. Is the subject of or otherwise part of any ongoing federal or state investigation;
 - iv. Has any charges pending against him or her for violating any criminal law;
 - v. Lacks a current professional license, registration, or certificate, as required for the job position, or is not in good standing with, or has/had an Adverse Action (as defined in CPG-001) taken by any authorities granting such license, registration, or certification, as applicable; or
 - vi. Has not earned the degrees or other academic credentials as represented to ACO in his/her employment application or contract.
- d. In the event that the prospective ACO Related Individual discloses a matter set forth above, the prospective individual shall provide complete information with respect to the charge(s), conviction(s), prohibition(s), notices(s), investigation(s), or other matters at issue.

2. Screening by Contractors/Vendors.

- a. The ACO shall require, by contract, that Contractors/Vendors certify, in writing, that they have properly reviewed and screened all personnel who have been assigned to work on an ACO engagement prior to actual placement and have determined, as appropriate (based, in part, on disclosures by the individuals themselves), that the Contractor/Vendor and such individuals have:
 - i. Not been excluded, debarred, suspended, or otherwise made ineligible to participate in a federal health care program or in a federal procurement or non-procurement program;
 - ii. Not been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a);
 - iii. Not been charged with a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a) or 1320a-7(b)(1)-(3);
 - iv. Not been proposed for exclusion from participation in a federal health care program or in a federal procurement or non-procurement program; and
 - v. Not named on the HHS-OIG or GSA exclusion lists.
- b. The ACO shall obtain and maintain sufficient documentation to evidence the Contractor/Vendor's completion of the screening obligations set forth in this Policy.

- B. **Hiring.** The ACO shall not knowingly (1) appoint an officer or director (2) employ an individual, (3) contract with a Contractor, or (4) utilize an employee of a Contractor that:
1. Is currently debarred, excluded, suspended, or otherwise deemed ineligible for participation in a federal health care program or in a federal procurement or non- procurement program;
 2. Has been convicted of a criminal offense related to the provision of health care items or services or to health care fraud (including a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a));
 3. Has been charged with committing a criminal offense related to the provision of health care items or services or health care fraud (including a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a));
 4. Does not have a current professional license, registration, or certification, and/or is not in good standing with, and/or has had an Adverse Action taken by, the relevant state authorities that grant such license, registration, or certification, if such professional license, registration or certificate is required by the ACO to perform related duties and responsibilities; or
 5. Has not earned the degrees or other academic credentials identified by the ACO as required for the particular position.
- C. **Access to CMS Systems.** The President, Vice President, and Compliance Officer have responsibility for the maintenance and authorization of user access to CMS Systems. In accordance with the ACO's Compliance with HIPAA and DUA Requirements Policy, access to data and systems should be limited to those who require the information in order to complete their responsibilities related to ACO Activities.
1. The ACO maintains all required contacts in ACO-MS and updates the Contact Page within that system within thirty (30) days of a change in ACO contacts.
 2. The ACO ensures users are disassociated from the ACO's account within the CMS system when a change occurs as a result of termination or a change in responsibilities within the ACO leads to the individual no longer requiring access.
- D. **Documentation.** The ACO shall document compliance with HE-001 and shall maintain such documentation in accordance with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.
- IV. **Questions.** Any questions concerning HE-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	HE-002
SUBJECT	Hiring, Employment, and Contracting
POLICY/PROCEDURE	Screening Current ACO Related Individuals
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of HE-002 is to provide (1) a statement of the ACO's policy regarding screening current ACO Related Individuals, and (2) procedures to ensure that the ACO's practices are consistent with its stated policy.
- II. **Policy.** The ACO will conduct (or arrange for others to conduct) relevant screening of current ACO Related Individuals. Upon receiving notice that an ACO Related Individual:
- Is currently excluded, suspended, debarred, or otherwise has become ineligible to participate in a federal health care program or in a federal procurement or non- procurement program; or
 - Has been convicted of a criminal offense related to the provision of health care items or services or to health care fraud (including any criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a)), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible for participation in a federal health care program,

The ACO may, subject to legal and/or contractual constraints, terminate the individual or entity's employment/engagement/participation with the ACO, but shall, at a minimum, remove such person or entity from (1) any responsibility for, or involvement with, the ACO's business operations related to federal health care programs, and (2) any position for which the individual's compensation is, or the items or services furnished, ordered or prescribed by such individual are, paid in whole or in part, directly or indirectly, by federal health care programs or otherwise with federal funds. The ACO may, subject to legal and contractual constraints, terminate an individual's employment/engagement/participation with the ACO upon learning that the individual does not have current professional licenses, registration, certifications or degrees, or other academic credentials identified by the ACO as necessary to perform relevant duties and responsibilities.

III. Procedures.

A. Screening of Current Individuals.

1. The ACO, with the help of their managing partner Imperium Health, will screen each Participant and any individuals employed by the ACO. Individual Participants are responsible for completion of screenings of ACO Related Individuals under their Taxpayer Identification Number (TIN). The screening of current individuals must include screening against the OIG/GSA List of Excluded Individuals and Entities and may include other areas, such as a criminal background check, as appropriate.
 - a. The HHS-OIG's List of Excluded Individuals and Entities, which may be accessed on the Internet at <https://exclusions.oig.hhs.gov>; and
 - b. The GSA's Excluded Parties List System, which may be accessed on the Internet at <http://www.sam.gov>.

- c. The ACO shall require all ACO Related Individuals to disclose immediately to the Compliance Officer:
 - i. Any debarment, exclusion, suspension, or other event that makes the individual ineligible to participate in a federal health care program or in a federal procurement or non-procurement program; or
 - ii. Any conviction of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a).

2. Screening by Current Contactors/Vendors.

- a. The ACO shall, by contract, require Contractors/Vendors to screen their personnel annually against the HHS-OIG and the GSA exclusion lists and certify periodically (but no less than annually) that they and their personnel working on an ACO engagement have not been:
 - i. Debarred, excluded, suspended, or otherwise made ineligible for participation in federal health care programs or other federal procurement or non-procurement programs; or
 - ii. Convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a).
- b. Contractors/Vendors shall, by contract, be required to notify the ACO immediately if they, or their personnel working on an ACO engagement, are:
 - i. Debarred, excluded, suspended, or otherwise made ineligible to participate in the federal health care program or in federal procurement or non-procurement programs; or
 - ii. Convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a).

B. Termination or Other Corrective Action.

- 1. Subject to legal constraints and absent extenuating circumstances, the ACO shall not knowingly retain any ACO Related Individual that:
 - a. Is currently debarred, excluded, suspended, or has otherwise been deemed ineligible for participation in a federal health care program or a federal procurement or non-procurement program; or
 - b. Has been convicted of committing a criminal offense related to the provision of health care items or services or of health care fraud (including a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a)) but has not been excluded, debarred, suspended or other been made ineligible for a federal health care program.

2. Notwithstanding the foregoing, the ACO may decide to retain such individual if the circumstances warrant such determination, as decided by the President, Vice President, LifeCare ACO Governing Board, or appropriate subcommittee in consultation with the Compliance Officer and the General Counsel.
3. If such a determination is made, the individual shall be immediately removed from (1) any responsibility for, or involvement with, the ACO's business operations related to federal health care programs, and (2) any position for which the individual's compensation is, or the items or services furnished, ordered, or prescribed by such individual are, paid in whole or in part, directly or indirectly, by federal health care programs or otherwise with federal funds.
4. Subject to legal and contractual restraints, the ACO also may terminate the employment/engagement/participation of, or modify the job duties of, a person or entity that:
 - a. Does not have a current professional license, registration, or certification as applicable, and/or is not in good standing with, and/or has had Adverse Action taken by, the relevant state authorities that grant such license, registration, or certification, as applicable, if such a qualification is required by the ACO to perform ACO-related duties or responsibilities; or
 - b. Has not earned the degree or other academic credentials identified by the ACO as required for the particular position.

C. **Documentation.** The ACO shall document compliance with this Policy, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning HE-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	HE-003
SUBJECT	Hiring, Employment, and Contracting
POLICY/PROCEDURE	Pending Charges Against ACO Related Individuals
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of HE-003 is to provide (1) a statement of the ACO's policy regarding pending charges against its ACO Related Individuals, and (2) procedures to ensure that the ACO's practices are consistent with its stated policy.

- II. **Policy.** The ACO shall ensure that it appropriately addresses situations in which a current ACO Related Individual is charged with a criminal offense in a manner that is consistent with its Compliance Program Policies and Procedures, and applicable laws and regulations.

- III. **Procedures.**
 - A. **Action Pending Resolution of Charges.**
 - 1. If the ACO learns that: (1) a current ACO Related Individual has been charged with a criminal offense related to the provision of health care items or services or health care fraud (including any criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a)); or (2) a federal agency has issued a notice proposing to debar, exclude, or otherwise deem the ACO Related Individual ineligible to participate in a federal health care program or a federal procurement or non-procurement program, then, pending resolution of the charges or proposed sanction:
 - a. If the individual is in a position of responsibility for, or involvement with, the ACO's business operations related to federal health care programs, then the individual shall be removed from such responsibilities. At the ACO's discretion, and if deemed warranted, further actions may be taken, up to and including termination of employment, ACO participation, or any contract with the ACO pursuant to any applicable contract requirements.
 - b. In any such case, the ACO will take reasonable steps to ensure that the responsibilities of the individual or entity have not and shall not adversely affect the quality of services offered by the ACO.
 - c. If an ACO Related Individual is not in a position that involves direct responsibility for, or involvement with, the ACO's business operations related to federal health care programs, then the individual or Contractor shall not be appointed to such a position unless and until such pending allegations are resolved in the individual's favor.
 - 2. If the ACO learns that a state agency or authority has proposed to take an Adverse Action against a required professional license, certification, or registration of an ACO Related Individual then, pending resolution of the Adverse Action, the ACO shall take all necessary steps as required by applicable law or regulation, and may remove the person from his or her current position, as deemed appropriate.

B. **Documentation.** The ACO shall document compliance with HE-003, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.

IV. **Questions.** Any questions concerning HE-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	HE-004
SUBJECT	Hiring, Employment, and Contracting
POLICY/PROCEDURE	Duty to Report Suspected Non-Compliance
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of HE-004 is to provide (1) a statement of the ACO's policy regarding the duty to report suspected non-compliance with the ACO's Compliance Plan, Code of Conduct, Policies and Procedures, and applicable laws and regulations, and (2) procedures to ensure that the ACO's practices are consistent with its stated policy.

- II. **Policy.** All ACO Related Individuals are expected to adhere to all applicable laws and regulations, as well as to the ACO's Compliance Plan, Code of Conduct, and Policies and Procedures.

- III. **Procedures.**
 - A. **Duty to Report.** Each ACO Related Individual is required, as a condition of participation, employment, or engagement, to report any practice that the individual believes in good faith does or may violate the ACO's Compliance Plan, Code of Conduct, Policies and Procedures, or applicable laws and regulations. The procedures for reporting suspected non-compliance are set forth in CMO-002.

 - B. **Responding to Reports.** The procedures for responding to such reports of suspected non-compliance are set forth in RCI-001 and RCI-003. RCI-004 sets forth the procedures for determining the appropriate corrective action and/or discipline for (1) ACO Related Individuals who violate applicable laws and regulations, the Compliance Plan, Code of Conduct, the ACO's Policies and Procedures, or other applicable ACO requirements, and (2) supervisors who fail to detect or report such compliance violations.

 - C. **Documentation.** The documentation requirements for reports of suspected non-compliance are set forth in RCI-005.

- IV. **Questions.** Any questions concerning HE-004, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	ET-001
SUBJECT	Education and Training
POLICY/PROCEDURE	Introduction
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of the Education and Training (ET) Policies and Procedures is to ensure that all ACO Related Individuals understand the ACO's commitment to compliance and the objectives and requirements of the ACO's Compliance Program.
- II. **Policy.** The ACO shall ensure that all ACO Related Individuals receive effective education and training, so that they understand (1) the ACO's commitment to compliance and the objectives and requirements of the ACO's Compliance Program, and (2) the important role that each individual plays in achieving Compliance Program objectives.
- III. **Procedures.**
 - A. **Participation.** The ACO requires each ACO Related Individual to complete General Compliance Training within ninety (90) Days of hire or contracting, and annually thereafter.
 - 1. All ACO Related Individuals are required to participate in the ACO's Compliance Training as a condition of employment, participation, or contracting with the ACO.
 - 2. Documentation of training completion for each individual shall be maintained by the ACO. Such documentation shall specify the type of training received and the date of completion.
 - 3. An individual's failure to participate in Compliance Training will be considered a violation of the Compliance Program and will result in corrective and/or disciplinary action. The procedures for imposing corrective and/or disciplinary action are set forth in RCI-004.
 - 4. The Compliance Officer may decide, in his/her discretion, to allow Contractors and Participants to offer their own Compliance Training that meets the requirements outlined in this Policy.
 - B. **Data Use Agreement Custodian Training.** Any individual identified as an ACO Contact with ACO-MS will be a DUA Custodian as defined by the Data Use Agreement signed between the ACO and CMS. All such individuals will be required to complete specialized training related to this designation within of being identified as an ACO Contact within ACO-MS, and annually thereafter.
 - C. **Delivery.** The Compliance Training may be presented in any manner that the Compliance Officer determines to be effective. This may include, for example, in- person classroom-based training, live Web-conference (Webinar) training, Web-based self-study, or teleconference training. If the ACO uses computer-based training, it shall make available appropriately qualified and knowledgeable staff or trainers to answer questions or provide additional information to individuals receiving such training.
 - 1. The ACO will use their partner Imperium Health's Annual ACO Compliance Training offered online.

- D. **Content Development, Implementation and Review** . The Compliance Officer shall be responsible for developing, implementing, regularly reviewing (at least annually), and updating the Compliance Training. This training includes, at a minimum, information on the following areas:
1. Privacy and Security: Including HIPAA/HITECH privacy requirements, State level privacy considerations and ACO specific privacy concerns, such as additional privacy requirements found in the DC Participation Agreement;
 2. Fraud, Waste and Abuse: Including applicable federal and state FWA laws and the waivers available to the ACO under the DC Model;
 3. An overview of the ACO Compliance Program (with a focus on any modifications or additions since the previous Compliance Training);
 4. The ACO's strong and continuing commitment to compliance with all applicable requirements of the DC Model Participation Agreement and federal health care program laws and regulations (with a focus on new legal and regulatory developments);
 5. A discussion of the ACO Compliance Plan, Code of Conduct and Policies and Procedures, the requirement that they be followed, and the consequences if they are not;
 6. The importance of asking questions and seeking the guidance of the Compliance Officer when in doubt about the propriety of a particular practice;
 7. The duty to report any practice or activity that the individual suspects violate or may violate any laws, regulations, the Compliance Plan, Code of Conduct, or the ACO's Policies and Procedures;
 8. The methods that can be used to communicate reports of any practice that the employee suspects violate, or may violate, any laws, regulations, the Compliance Plan, Code of Conduct, or the ACO's Policies and Procedures;
 9. The ACO's policy of striving to protect the identity of individuals who report a practice that the individual suspects violate or may violate any laws, regulations, the Compliance Plan, Code of Conduct, or the ACO's Policies and Procedures; and
 10. The ACO's policy of non-retaliation with respect to good faith reports of any practice that the individual suspects violate, or may violate, any laws, regulations, the Compliance Plan, Code of Conduct, or the ACO's Policies and Procedures (where the individual was not involved in the practice at issue).

E. **Audit/Documentation** . The ACO shall audit and document compliance with the ET Policies and Procedures. Such audit shall be conducted pursuant to the CMO Policies and Procedures. Relevant documentation, which may include electronic documentation, shall be maintained in the Compliance Program files consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years. Documentation shall include:

1. All materials used in connection with the Compliance Training (e.g., course descriptions and course materials) (whether conducted as an in-house training program, an external workshop, or using computer-based training methods); and
2. Sign-in sheets, attendance records, certifications, and/or any other documents used to reflect and confirm participation in the Compliance Training.

IV. **Questions**. Any questions concerning ET-001, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	ET-002
SUBJECT	Education and Training
POLICY/PROCEDURE	Distribution of Compliance Plan, Code of Conduct and ACO Policies and Procedures and Related Certification
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of ET-002 is to establish (1) a policy for distributing the ACO's Compliance Plan Code of Conduct and Policies and Procedures and for encouraging understanding and compliance with these authorities, and (2) procedures to ensure that the ACO's practices are consistent with its stated policies.
- II. **Policy.** The ACO shall make available the Compliance Plan, Code of Conduct, and the ACO's Policies and Procedures to all ACO Related Individuals.
- III. **Procedures.**
 - A. The ACO's Compliance Plan, Code of Conduct, and Policies and Procedures shall be made available, electronically and/or in hard copy, to all ACO Related Individuals within ninety (90) days of hire or contracting, and upon request thereafter.
 - B. **Certification.** Each ACO Related Individual, shall certify, electronically or in writing, that he or she has received, read, understands, and will comply with ACO's Compliance Plan, Code of Conduct, and Policies and Procedures. Such certifications must be obtained by the ACO within 180 days of hire or contracting.
 - C. **Documentation.** Copies of all certifications executed in accordance with ET-002, whether hard copy or electronic, shall be maintained, consistent with the ACO's document retention policies but, in no case, for a period of less than ten (10) years.
- IV. **Questions.** Any questions concerning ET-002, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

POLICY NUMBER	ET-003
SUBJECT	Education and Training
POLICY/PROCEDURE	Compliance
ISSUE DATE	01.01.2023
REVISION DATE	05.12.2023
LAST REVIEWED	05.12.2023
CONFIDENTIAL & PROPRIETARY	

- I. **Purpose.** The purpose of ET-003 is to provide (1) a statement of ACO's policies regarding the development and distribution of Compliance Communications, and (2) procedures to ensure that ACOO Participants and Providers/Suppliers are consistent with its stated policies.

- II. **Policy.** The Compliance Officer shall develop and distribute Compliance Communications (as defined in CPG-001) that support the Compliance Program and educate ACO Related Individuals about compliance matters.

- III. **Procedures.**
 - A. **Preparation.** The Compliance Officer shall be responsible for the development and distribution of Compliance Communications, either published separately or as part of other outreach communications. Members of the LifeCare ACO Governing Board or appropriate subcommittee, as well as any other individuals, divisions, or segments that the Compliance Officer deems appropriate, shall provide assistance.

 - B. **Content.**
 - 1. Compliance Communications shall contain educational information that the Compliance Officer deems appropriate to highlight the ACO Compliance Program and compliance-related issues, such as
 - a. Changes to ACO's Compliance Program, if any;
 - b. Issues identified by the Compliance Officer and/or the LifeCare ACO Governing Board or appropriate subcommittee as relevant to highlight or discuss;
 - c. Upcoming compliance training and education programs; and
 - d. The ACO's compliance resources (e.g., links to the on-line version of the Compliance Plan, Code of Conduct, and Policies and Procedures, and the phone number of the Confidential Compliance Reporting Tool for use in reporting suspected non-compliance).

 - 2. Compliance Communications may contain any other information relating to compliance that is deemed appropriate by the Compliance Officer.

C. Distribution.

1. Compliance Communications shall be made available to all ACO Related Individuals, as appropriate. The Compliance Officer shall determine which individuals should be included in the Compliance Communications.
2. The ACO may use any appropriate format and distribution method for the Compliance Communications (e.g., paper, e-mail, intranet, and/or inclusion with other newsletters published by the ACO).
3. Archived copies of the Compliance Communications shall be available upon request.

D. Documentation. The ACO shall maintain in its Compliance Program files copies (electronic or hard copy) of all Compliance Communications issued pursuant to this ET-003, consistent with its document retention policies but, in no case, for a period of less than ten (10) years.

IV. Questions. Any questions concerning ET-003, or questions that are not specifically addressed by this Policy, should be directed to the Compliance Officer.

APPENDIX

- I. Corporate Compliance Policy Acknowledgement
- II. Code of Conduct Acknowledgement
- III. Annual Training Attestation
- IV. Attestation of Provider/Supplier Screenings
- V. Board Member Financial Conflict of Interest



Lifecare ACO Corporate Compliance Policy Acknowledgement

This is to acknowledge that I have received a copy of the ACO's Corporate Compliance Policy. I understand that it contains important information regarding the ACO's compliance policies, procedures, and structures; and sets forth standards of conduct for all ACO Personnel to follow in their course of dealings with the ACO or participation in the Medicare Share Savings Program (MSSP).

Our organization understands that the ACO's Corporate Compliance Program applies to all ACO staff, all ACO participant entities, all ACO Providers/Suppliers and staff, and other individuals or entities performing functions or services related to ACO activities. I acknowledge that our organization is expected to read, understand, and adhere to these ACO compliance policies and we will familiarize ourselves with the material in this manual. I understand that this manual supersedes all previous ACO Corporate Compliance Policy Manuals.

I acknowledge that no Lifecare ACO policy, manual, or any other ACO guidelines create an employment contract. The ACO has the right, with or without notice, in an individual case or generally, to change any of its guidelines, policies, or practices at any time.

Printed Name

Signature

Job Title

Organization Name

Organization TIN

Date



Lifecare ACO Code of Conduct Acknowledgement

This is to acknowledge that I have received a copy of the ACO's Code of Conduct. I understand that it contains important information regarding the ACO's compliance rules, legal obligations, conflicts of interest, and privacy and security of information; and sets forth standards of conduct for all ACO Personnel to follow in their course of dealings with the ACO or participation in the Medicare Share Savings Program (MSSP).

Our organization understands that the ACO's Code of Conduct applies to all ACO staff, all ACO participant entities, all ACO Providers/Suppliers and staff, and other individuals or entities performing functions or services related to ACO activities. I acknowledge that our organization is expected to read, understand, and adhere to Code of Conduct and we will familiarize ourselves with the material in this document. I understand that this document supersedes all previous ACO Code of Conduct documents.

I acknowledge that no Lifecare ACO policy, manual, or any other ACO guidelines create an employment contract. The ACO has the right, with or without notice, in an individual case or generally, to change any of its guidelines, policies, or practices at any time.

Printed Name

Signature

Job Title

Organization Name

Organization TIN

Date

[1] 42 C.F.R. 425.300.

[2] The OIG provides detailed compliance program advice, including "best practices" at its website, www.oig.hhs.gov/compliance, including specific advice for separate types of entities. A review of both ACO specific and non-ACO specific compliance guidance posted here should regularly be undertaken to ensure a complete, up-to-date understanding of compliance requirements.

[3] 42 C.F.R. 425.314.

[4] Established under Section 3022 of the ACA, amending Title 18 of the Social Security Act by adding Section 1899, et seq.

[5] 76 Fed. Reg. 19528 (April 7, 2011), 76 Fed. Reg. 67802 (Nov. 2, 2011), 79 Fed. Reg. 72760 (Dec. 8, 2014), 80 Fed. Reg. 32692 (June 9, 2015), and 81 Fed. Reg. 37950 (June 6, 2016).

[6] Located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/>



Lifecare ACO Annual Compliance Program & Training Attestation for Participating Accountable Care Organization TINs

FOR ACO PARTICIPANT TIN LEADERSHIP USE ONLY NOT INDIVIDUAL EMPLOYEES

As a participating entity in LIFECARE, a Medicare Shared Savings Program Accountable Care Organization (ACO), the participating TIN (Participant) named below attests to the following:

The Participant:

- A. Understands LIFECARE ACO has a Compliance Plan with a workplan, policies, & procedures that are applicable to all ACO participants, of which the undersigned is one.
- B. Attests they have received and distributed copies of this ACO Compliance Plan to staff members for educational purposes.
- C. Agrees to abide by the standards specified in the foregoing materials, and/or adopts and follows a compliance program and compliance policies particular to its own organization that reflects a commitment to detecting, preventing, and correcting non-compliance with Medicare requirements in the delivery of Medicare services, to include detecting, preventing, and correcting fraud, waste, and abuse.
- D. Agrees to abide by all HIPAA security, privacy, and other regulatory requirements.
- E. Agrees to distribute all compliance and HIPAA privacy training materials to all new employees upon hire and annually thereafter.
- F. Agrees that it is my practice's responsibility to provide annual compliance training to all individuals under my TIN.
- G. Agrees to disseminate annual notifications of ACO participation to ACO Beneficiaries per CMS guidelines.
- H. Agrees that any failure to comply with annual provider, supplier, vendor, and employee screenings will result in disciplinary or corrective action from the ACO Board.
- I. Agrees to maintain documentation of this attestation and any additional supporting documents for a minimum of ten (10) years, such as compliance materials, education sign-in sheets, staff memos, or other evidence of distribution of compliance materials to staff and other documentation pertinent to the ACO functions & operations.

By signing below, you attest that your ACO Participating TIN understands and will abide by the standards specified above and will furnish materials upon request to validate the representations made in this attestation are accurate.

Printed Name

Signature

Job Title

Organization Name

Organization TIN

Date



Lifecare ACO Attestation of Provider/Supplier Screenings

This is to acknowledge that I have received a copy of the ACO's Compliance Plan and Policies, and I understand that it is my practice's responsibility to screen all providers, suppliers, and vendors, as related to our medical practice, with the OIG and GSA's excluded parties list.

I acknowledge that my practice must also screen providers, employees, suppliers, and vendors with any other certification, registry, or board related to their role. I understand that these screenings are a participation requirement of the federal Medicare Shared Savings Program as is a mandatory process for participation in my ACO.

I understand that this screening process is subject to audit under the MSSP program and acknowledge that it is the responsibility of my clinic to maintain records and documentation of screenings up to ten years. I understand that this process is also subject to audit by the Compliance Officer. I acknowledge that any failure to comply with annual provider, supplier, vendor, and employee screenings will result in disciplinary or corrective action from the ACO Board.

Printed Name

Signature

Job Title

Organization Name

Organization TIN

Date



Lifecare ACO Board Member Conflict of Interest Financial Disclosure Statement

FOR ACO BOARD MEMBER USE ONLY

For purposes of completing this form, each ACO Board Member is required to read and understand the ACO Conflict of Interest Policy. Should a member have questions regarding the definition of any term below, please consult ACO Leadership or ACO Management Company. Completion of this form indicates that the Member fully understands the terms and definitions utilized within this document.

1. Do you, or an immediate family member, have a financial interest in:
 - a. A hospital, health care facility, individual provider, or group practice; OR
 - b. Any entity providing products or services under an existing or anticipated business relationship to a hospital, health care facility, individual provider, or group practice?

Examples include: Stock in companies where there is a referral relationship; immediate family members employed by an entity to which the ACO makes referrals; surgery center ownership; prescription company ownership; home health ownership; medical directorship; medical office ownership.

YES _____ NO _____

If yes, describe: _____

2. Are you involved in any other relationship (e.g., outside employment, research, speaking, teaching) activity or interest which may result in a conflict of interest or impair your ability to be objective as an ACO Board Member?

YES _____ NO _____

If yes, describe:

3. Have you, or an immediate family member, received a gift, or anything of value, cash or kind, directly or indirectly, from an entity providing products or services under an existing or anticipated business relationship with the ACO or ACO participants?

Examples include: Trips; gift cards; lodging; transportation; sporting event tickets.

YES _____ NO _____

If yes, describe:

4. Do you agree to immediately notify the ACO Compliance Officer should any of your responses to the above questions change?

YES _____ NO _____

I attest that the responses given on this form are accurate and fully disclose any financial relationship, actual or perceived, related to outside financial interests that could create or currently create conflicts of interest with this ACO. I furthermore attest that I have received a copy of the ACO Conflict of Interest Policy and will abide by the provisions set forth in the policy.

Board Member Printed Name

Board Member Signature

Board Member Organization

Date of Signature