| RESPONSIBLE DEPARTMENT: Corporate Compliance | SUBJECT: COMPLIANCE WITH FEDERAL LAWS – ACO COMPLIANCE |
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| NUMBER OF PAGES: 4 | REPLACES POLICY: 03/2023 |
| EFFECTIVE DATE: APRIL 2024 | POLICY ID. ADM-CC |

**SCOPE:**
This policy applies to all employees at Community Memorial Hospital (CMH), Family Health Centers (FHC), and Specialty Clinics.

**PURPOSE:**
The purpose of this policy is that Signify Health supported ACOs, their participants, provider/suppliers, and other contractors to the ACO shall comply with all federal laws and regulations. Confirmed violations of federal law shall be reported to an appropriate enforcement agency.

**POLICY STATEMENT:**
It is the policy of Community Memorial Hospital that Signify Health supported ACOs, their participants, provider/suppliers, and other contractors to the ACO shall comply with all federal laws and regulations. Confirmed violations of federal law shall be reported to an appropriate enforcement agency.

**PROCEDURE:**

1. The ACO shall ensure that its Participants and other entities providing ACO services including Caravan Health comply with all applicable federal laws and regulations including but not limited to the Medicare Shared Savings Program regulations under 42 CFR Part 425; federal criminal law; the False Claims Act (31 U.S.C. 3729 et seq.); the Anti-Kickback Statute (42 U.S.C. 1320a-7b(b)); the Civil Monetary Penalties law (42 U.SC. 1320a-7a); the Physician Self-Referral Law (42 U.S.C. 1395nn); and the Health Insurance Portability and Accountability Act (45 C.F.R. parts 160, 162, and 164, Subpart C) including changes from the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and the Final Omnibus Rule; as these laws and regulations may be amended from time to time.
2. Any known or suspected violation related to ACO activities shall be reported to the ACO Compliance Officer. The ACO Compliance Officer shall investigate all reported potential violations. Confirmed violations of federal law shall be reported to an appropriate enforcement agency.
3. ACO Participants and other entities providing ACO services shall not knowingly and willfully offer, pay, solicit, or receive remuneration to induce or reward the referral of business reimbursable under any federal health care program in violation of the Anti-Kickback Statute (AKS).
    a. All referral decisions shall be made based solely on medical necessity and quality of care concerns. In addition, distributions and use of any shared savings will not be based, either directly or indirectly, on referrals between participating providers.
    b. Remuneration may include anything of value, whether cash or in-kind, and may be provided directly or indirectly.
    c. All marketing activities and advertising by ACO Participants, Providers, and Suppliers must be based on the merits of the services provided by the ACO and not on any promise, express or implied, of remuneration for any referrals.
    d. Violators may be subject to fines, prison terms, and/or exclusion from federal health care programs.

4. ACO Participants and other entities providing ACO services shall not present or cause to be presented a false or fraudulent claim for payment or approval and / or knowingly make, use or cause to be made or used a false record or statement material to a false or fraudulent claim.
    a. Only medically necessary services that are consistent with accepted standards of medical care may be billed.
    b. Billing and coding must always be based on adequate documentation of the medical justification for the service provided and the bill submitted.
    c. Medical documentation must be accurate, truthful and comply with all applicable laws, rules and regulations as well as the ACO's internal standards for quality assurance as to the services rendered.
    d. Those found liable under the False Claims Act are subject to civil monetary penalties for each claim submitted, as well as up to three times the amount of damages sustained by the government.
5. ACO Participants and other entities providing ACO services shall not present or cause to be presented a claim to any individual, third party payer, or other entity for designated health services furnished pursuant to a prohibited referral under the Stark Law.
    a. A physician shall not refer beneficiaries for certain designated health services to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), unless an exception applies.
    b. Violators may be subject to monetary penalties, exclusion from federal health care programs, and liability under the False Claims Act.
6. ACO Participants and other entities providing ACO services shall keep patient information confidential, unless the disclosure is authorized by the patient or permitted under HIPAA and other applicable state and federal laws.
    a. ACO Participants shall maintain and enforce security protocols adequate to protect health information in its possession.
    b. ACOs must limit identifiable data requests to the minimum necessary to accomplish a permitted use of the data. ACO personnel may not access or use patient information except as necessary to perform their jobs. When accessing protected health information, personnel shall access, use, and disclose only the minimum amount of patient information needed to perform their jobs.
    c. Personally, identifiable health information received from CMS must be used only for developing processes and activities related to coordinating care and improving the quality and efficiency of care that are applied uniformly to all Medicare beneficiaries. Data may not be used to reduce, limit or restrict care for specific beneficiaries.
7. If the ACO discovers from any source credible evidence of misconduct related to the ACO's operations and performance and, after a reasonable inquiry, believes that the misconduct represents a probable violation of law, the ACO will promptly report the probable violation to the appropriate law enforcement agency within the appropriate period.
8. Any questions or concerns about the applicability of these laws should be directed to the ACO Compliance Officer.

9. Any suspected violations of this policy shall be reported to the ACO Compliance Officer at 352.914.7217 or via the anonymous compliance hotline at 844.232.8709 or http://www.signifyhealth.ethicspoint.com. Please select "ACO" as report location.

**DOCUMENTATION:** Applies to Signify Health supported ACOs, ACO Participants, ACO providers/suppliers, Signify Health, Signify Health personnel, and other entities providing ACO services.

**DEFINITIONS:**

- **Accountable care organization (ACO):** A legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants.
- **ACO Participant:** An individual or group of ACO provider(s)/supplier(s) that is identified by a Medicare-enrolled Tax Identification Number (TIN), through which one or more other ACO participants comprise(s) an ACO, and that is included on the required list of ACO participants.
- **ACO Provider/Supplier:** An individual or entity that: (1) is a provider or a supplier; (2) is enrolled in Medicare; (3) bills for items and services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant in accordance with applicable Medicare regulations; and (4) is included on the ACO's list of providers/suppliers.
- **Anti-Kickback Statute:** This statute generally states that anyone who offers, provides, solicits, or receives anything of value ("remuneration") related to the purchase or ordering of items or services billed to Federal health care programs, e.g. Medicare, can be subject to fines, prison terms, and/or exclusion from federal health care programs.
- **Civil Monetary Penalties (CMP) Law:** Authorizes penalties and assessments on individuals and entities that submit false or fraudulent claims, or engage in other types of specified misconduct. False Claims Act: Imposes liability on any person who submits a claim or causes a claim to submitted to the federal government that he or she knows (or should know) is false.
- **False Claims Act (FCA):** Imposes liability on any person who submits a false record or makes a false statement in order to obtain or retain payment from the government. Those who are found liable under the FCA are subject to civil monetary penalties for each claim submitted, as well as up to three times the amount of damages sustained by the government.
- **Health Insurance Portability & Accountability Act (HIPAA):** Establishes standards for the privacy and security of protected health information maintained and used by health plans, health care clearinghouses, and health care providers that conduct certain transactions electronically.
- **Stark Law (Physician Self-Referral Law):** This statute generally prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), unless an exception applies. ACO Participant: An individual or group of ACO provider(s)/supplier(s) that is identified by a Medicare-enrolled Tax Identification Number (TIN), that alone or together with one or more other ACO participants comprise(s) an ACO, and that is included on the required list of ACO participants.

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**REFERENCES:**
- MSSP eCFR Regulations (42 CFR §§ 425.208, 425.700 et seq.) eCFR: Home
- HIPAA eCFR Regulations (45 CFR § 164.102 et seq.) eCFR :: 45 CFR Part 164 -- Security and Privacy

Approved by:

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Corporate Compliance Officer

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