



CODE OF CONDUCT AND ETHICS

Precision Healthcare Delivery

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March 2015

To our Employees, Contractors, Business Partners and Patients:

Consistent with our Organization's mission and values, Sterling Medical Consultants, LLC dba Precision Healthcare Delivery is committed to serving our patients in an ethical, compliant, legal, and responsible manner. Our standards of excellence are evident in our Code of Conduct and Ethics, which is designed to provide general guidance, and to supplement our Company Handbook and other Precision Healthcare Delivery policies and procedures. The Code of Conduct is distributed within 90 days of hire, on an annual basis and when changes occur to the Code of Conduct. This Code of Conduct and Ethics applies to all Precision Healthcare Delivery employees, contractors downstream entities and business partners.

The Code of Conduct and Ethics originates from our mission and guiding principles, and affirms the values and professional standards that already exist among our employees and contractors. The Code of Conduct and Ethics serves as the "constitution" of our compliance program and addresses seven elements of an effective compliance program and fraud, waste, and abuse prevention, detection, and correction. Failure to observe the Code of Conduct and Ethics may negatively impact patient care, and/or result in damage to our reputation, legal or regulatory action, and employee disciplinary action.

If you SEE something, SAY something....

Our success requires the active participation of every individual associated with our organization. If you know or suspect that a law, regulation, policy, or our standards are not being followed, you are obligated to report this information to Tom Samuels, the Precision Healthcare Delivery Compliance Officer, senior management, or by calling our dedicated Compliance, Assistance, and Reporting Line at (502) 814-3174 (available 24/7). Calls to the Compliance Officer can be made anonymously. You may also report concerns online at rshultz@phdelivery.com

To assist you in carrying out your compliance responsibilities, we have a designated Compliance Officer. Our Compliance Officer is charged with being available and responsive to employees and contractors when questions arise about adherence to the Code of Conduct and Ethics and the Compliance Program.

In addition to the Compliance Officer, you may raise any concerns with the members of the Precision Healthcare Delivery Compliance Committee comprised of Board of Director members:

The door is always open if you wish to report or discuss a concern. Precision Healthcare Delivery will not tolerate retaliation for good faith reporting of issues or concerns to anyone.

The Precision Healthcare Delivery Board of Directors and senior management are committed to upholding the Code of Conduct in maintaining an effective Compliance Program. Employees are expected to familiarize themselves and comply with the provisions of the Code of Conduct and Ethics, as well as with the policies and procedures applicable to employment and responsibilities at Precision Healthcare Delivery. We owe it to ourselves and our patients to ensure flawless execution in these areas.

INTRODUCTION TO THE COMPLIANCE PROGRAM

Precision Healthcare Delivery is committed to serving patients in an ethical, legal, and responsible manner, consistent with our organization's mission and values. We aim to provide high quality services in compliance with all applicable laws, regulations, and guidelines, as well as Precision Healthcare Delivery's policies and procedures. We recognize our obligation to comply with the requirements applicable to Federal health care programs (e.g., Medicare and Medicaid) and the submission of accurate billing.

The Precision Healthcare Delivery Code of Conduct and Ethics contains:

- Quality of Care
- Compliance with Laws and Regulations, including Fraud, Waste, and Abuse Prevention
- People Services
- Billing, Coding, and Records Integrity
- Protection and Use of Information, Property, and Assets

- Health and Safety in the Workplace
- Conflicts of Interest
- Non-Retaliation

The Code of Conduct and Ethics, as well as all statutes, regulations, guidelines, and Precision Healthcare Delivery's policies and procedures must be observed by everyone, including: senior executives, employees, contractors, interns, business partners, vendors and anyone else engaged in our work environment or acting on behalf of the organization. No one, regardless of position, will be allowed to compromise adherence to the Code of Conduct and Ethics, laws, regulations, business standards, policies, or procedures. Failure to comply with the Code of Conduct and Ethics, or applicable laws, regulations, policies and procedures can affect our ability to serve our patients and may result in disciplinary action which may include termination, or significant legal or regulatory action against the organization, business partners, contractors, and/or individual employees, including physicians.

Further, the Code of Conduct and Ethics adopted by Precision Healthcare Delivery is intended to ensure that we meet our compliance goals in today's highly regulated health care and business environment, as well as to provide high quality services. The Code of Conduct and Ethics is designed to provide general guidance, and supplement other policies and procedures of Precision Healthcare Delivery. The Code of Conduct and Ethics is a "living document, which will be updated periodically to respond to changing conditions.

If you have any questions about the Code of Conduct and Ethics or adhering to the Code of Conduct and Ethics or about any policies or practices of Precision Healthcare Delivery, you should raise the issues with a Precision Healthcare Delivery manager, supervisor, member of the Compliance Committee, or the Compliance Officer. You may also call the Compliance Officer at (502) 814-3174.

If you identify a conflict between the Code of Conduct and Ethics and any laws, professional standards, or internal policies or practices, please contact the Compliance Officer for review and resolution.

QUALITY

STANDARD OF CONDUCT: Precision Healthcare Delivery is committed to providing high quality care and services. Its primary responsibility is to our clients.

- We will provide high quality services.
- We will provide care and services consistent with a philosophy that all aspects of patient care are to be taken seriously.
- We will treat all patients, Precision Healthcare Delivery personnel, and any other individuals with whom we interact with courtesy, respect, compassion and dignity at all times.
- We will respect the dignity of each patient by responding to any questions, concerns, and needs in a timely and responsive manner.
- We will not discriminate against a patient for any reason including race, color, sex, national origin, age, disability, or any other classification protected by law.
- We will follow all applicable laws regarding patient rights, and maintain the confidentiality and integrity of patient medical records and personal health information in keeping with all laws and professional standards.
- Employees will not use or reveal protected health information except as a patient authorizes and as is permitted by law.

COMPLIANCE WITH LAWS AND REGULATIONS

STANDARD OF CONDUCT: Precision Healthcare Delivery is committed to the highest standards of business and professional ethics and will promote compliance with all applicable Federal and State laws, regulations, and policies. Precision Healthcare Delivery shall establish and maintain a Compliance Program that is aligned with the seven elements of an effective compliance program:

Element I: Written Policies, Procedures and Standards of Conduct

Element II: Compliance Officer, Compliance Committee and High Level Oversight

Element III: Effective Training and Education

Element IV: Effective Lines of Communication

Element V: Well-Publicized Disciplinary Standards

Element VI: Effective System for Routine Monitoring, Auditing and Identification of Compliance

Risks Element VII: Procedures and System for Prompt Response to Compliance Issues

- We expect all employees and contractors to be familiar with and agree to abide by the Code of Conduct and Ethics as well as applicable laws, regulations, sub-regulatory guidance and instructions, contractual obligations, and policies governing their area of work.
- We have designated personnel accountable for overseeing compliance responsibilities, including designating a Compliance Officer and Board-Level Compliance.
- We have established a compliance training program, including training on Fraud, Waste and Abuse prevention and General Compliance training, and we expect all employees and contractors to complete training within 90 days of initial contract/employment and annually thereafter.
- We expect employees to seek guidance as needed and to promptly report to management, a supervisor, the Compliance Officer, or to any member of the Compliance Committee, any possible violation of law, regulation, or policy. All compliance issues or reported concerns will be acted upon in a fair and objective manner.
- Any supervisor, manager, or executive who receives a report of a compliance violation shall report the violation to the Compliance Officer as expeditiously as possible for investigation and follow-up. This may include reporting to a government agency or to a health plan or sponsor if appropriate so prompt reporting will help us meet any required deadlines.
- We will not engage in or tolerate any retaliation or other negative action against an employee who in good faith reports a suspected violation or concern.
- Failure to comply with the Code of Conduct and Ethics, or applicable laws, regulations, policies and procedures can affect our ability to serve our patients and may result in disciplinary action which may include termination, or significant legal or regulatory action against the organization, business partners, contractors, and/or individual employees, including physicians.

- We will not offer or provide kickbacks, bribes, rebates, or anything of value to influence the referral of patients for items and services covered and payable by a Federal health care program.
- We will ensure that marketing information, both oral and written, is clear and not deceptive.
- We will ensure that confidential patient information is accessible only by individuals authorized to review patient information.
- We will not hire or contract with individuals who have been sanctioned (excluded from participation in Federal health care programs) by the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services, or barred from a state health care program. We will also perform these queries monthly.
- We will remove employees and/or downstream entities who do not receive fraud, waste and abuse training and General Compliance training within 90 days of hire or contract and annually thereafter.
- We will confirm that downstream entities adhere to core compliance requirements such as FWA, OIG and GSA queries.
- We shall establish and maintain a risk-based monitoring and auditing program to protect against potential non-compliance or FWA and expect employees and contractors to cooperate with such oversight activities.
- We investigate suspected violations, take applicable disciplinary action, and implement any necessary, subsequent corrections to prevent future violations. Employees and contractors must also cooperate with any investigation and initiate disciplinary actions when applicable.
- We will retain all training for our organization for 10 years. We expect that all training documentation be retained for 10 years for our contractors and/or downstream entities.

EMPLOYMENT ENVIRONMENT AND CULTURE

STANDARD OF CONDUCT: *Precision Healthcare Delivery recognizes that its employees are our most valuable assets. It is committed to creating a work place where employees are treated with respect, fairness and professionalism.*

- We will provide a work environment for all those associated with Precision Healthcare Delivery that is free from harassment and intimidation. We will not tolerate verbal, physical, or sexual harassment.
- We will make all employment and promotion decisions without regard to race, color, sex, national origin, age, disability, or any other classification protected by law.
- We will continually strive to foster professionalism in every employee as well as an ethical and compliant culture.
- We will maintain open lines of communication so that the views of each employee may be considered and their opinions given proper respect and consideration.
- We will treat employees with respect, regardless of status or position.
- We will apply the *Code of Conduct and Ethics* and personnel policies equally to all employees regardless of position in the work place.
- We will provide training opportunities to assist employees in building and maintaining the professional skills required to meet our patient care standards.
- We are committed to maintaining a work place that protects the health and safety of our employees and patients. Any practice that may violate a safety standard should be promptly reported.
- We will maintain the confidentiality and integrity of all staff's personally identifiable information in accord with all laws and professional standards.

BILLING, CODING AND RECORDS INTEGRITY

STANDARD OF CONDUCT: *Precision Healthcare Delivery is committed to promoting and maintaining accuracy and completeness in its coding, billing, and reimbursement practices and management.*

- We will promote correct coding and billing for services that are ordered and/or delivered and ensure that bills and claims submitted for payment are properly coded, documented, and billed in accordance with all applicable laws and regulations
- We will not knowingly submit, or cause to be submitted, a bill or claim that we know to be false, fraudulent, or fictitious.
- We will perform medical documentation and billing record maintenance in a manner consistent with applicable laws and regulations, including HIPAA standards.
- We will report and refund of any identified overpayments made by a Federal health care program within 60 days of identification and verification.
- We shall retain and maintain all records as required by Federal and state regulations. We will not alter or prematurely destroy any document in response to, or in anticipation of, a request for documents by any authorized Government agency.
- We will respond to all questions and complaints related to a patient's bill in a direct, timely, and completely honest manner.

PROTECTION AND USE OF PROPERTY

STANDARD OF CONDUCT: *Employees are expected to protect Precision Healthcare Delivery's property and information against loss, theft, destruction, and misuse.*

- Employees will protect other confidential corporate information, and not use or reveal such information except in the proper performance of duties. Employees will not communicate or transfer any information or documents to any unauthorized persons.
- Employees will maintain and inventory supplies in an accurate and complete manner, and keep them secure.
- Employees will not permit or make unauthorized copies of computer software or use unauthorized software on Precision Healthcare Delivery computer equipment.
- Employees will not use computers, software, e-mail, facsimile machines, and other technology to communicate information to unauthorized people or entities. Further, the use of technology to send offensive, discriminatory, or harassing messages is prohibited.
- Employees will safeguard the use and disclosure of protected health information, and other information contained in patient and employee records, in accordance with Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations, state law, and Precision Healthcare Delivery's policies and procedures.

HEALTH AND SAFETY IN THE WORKPLACE

STANDARD OF CONDUCT: Precision Healthcare Delivery is committed to maintaining a work place that protects the health and safety of our patients and employees.

- We will take all reasonable precautions and follow all Federal, state and local safety rules and regulations to maintain a safe environment for our employees and visitors.
- Employees should exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines for all property and equipment entrusted to them.
- We will not tolerate any work place violence, including threats, harassment, bullying toward any individual or possession of weapons in the work place.
- Employees are expected to promptly report any possible violation of Precision Healthcare Delivery's safety policies and procedures, laws, regulations, or standards.
- The manufacture, sale, possession, distribution, or use of illegal drugs at work will not be permitted.
- Precision Healthcare Delivery complies with the Federal Drug Free Workplace Act. We will not tolerate any individuals under the influence of illegal drugs or alcohol in the workplace. Further drug and alcohol policies may be found in the Company Handbook. Violations of these policies may result in disciplinary action, up to and including termination.

CONFLICT OF INTEREST

STANDARD OF CONDUCT: *Precision Healthcare Delivery is committed to acting in good faith and with integrity in all aspects of its business operations. Conflicts of interest or the appearance of conflicts between the private interests of any employee and his or her work duties will be avoided.*

- Employees are expected to maintain unbiased relationships with actual and potential members, clients vendors, and contractors.
- Except as permitted by law, Employees will not accept, offer or provide gifts or favors, such as meals or entertainment, which might be interpreted as a conflict of interest or to induce the referral of patients.
- Employees will exercise good faith and fair dealing in all transactions that involve their responsibilities to Precision Healthcare Delivery.
- Employees are expected to report actual or perceived conflicts.
- Employees should not abuse or misuse their positions for personal and improper gain.

PRECISION HEALTHCARE DELIVERY DUTY TO REPORT

Employees have an affirmative duty to report any violations of the Precision Healthcare Delivery Code of Conduct or any other compliance violations. No disciplinary action or retaliation will be taken against an individual reporting "in good faith " a perceived compliance issue, problem, concern, or violation to management, a supervisor, the Compliance Officer, or a member of the Compliance Committee.

The "in good faith" requirement means the individual actually believes or perceives the information reported to be true. Precision Healthcare Delivery values and respects each individual; therefore, all employees will be treated fairly and with respect.

The term "retaliation" means that no hardship, loss of benefit, or penalty may be imposed on an employee as punishment for reporting a concern. This non-retaliation policy shall also apply when:

Filing or responding to a bona fide complaint of discrimination or harassment.

Appearing as a witness in the investigation of a complaint.

Serving as an investigator or participating in the investigation of a suspected or detected violation.

Intimidation of, or retaliation against or attempted retaliation against, an individual for reporting or participating in the investigation of a violation or suspected violation of the Code of Conduct or Precision Healthcare Delivery policies is a violation of this policy and anyone who does so will be subject to severe sanctions up to and including termination.

HOW TO REPORT A CONCERN

Precision Healthcare Delivery encourages employees to report compliance concerns. You may report a compliance concerns as follows:

Step 1: Discuss the question or concern with your direct supervisor. Your direct supervisor is most familiar with the laws, regulations, and policies that relate to your work.

Step 2: If you are not comfortable with talking to your supervisor or feel you did not receive an adequate response, contact your supervisor's manager or another member of the management team.

Step 3: Contact:

- Compliance Officer, at (502) 814-3174 or at rschultz@phdelivery.com.

Step 4: Contact the Compliance Hotline at (502) 814-3174 (available 24/7; reports can be made anonymously and without retaliation). The Precision Healthcare Delivery Compliance Officer will review and address all reports of potential non-compliance made to the Compliance Hotline.

IMPORTANT REMINDER: Please report matters as soon as possible so we can limit the impact or potential harm and since we may be required to report externally to a government agency or to a health plan or sponsor within a specific timeframe. All reports will be taken seriously and, if warranted, investigated by the Compliance Officer. The identity of those reporting will remain confidential to the extent possible. However, confidentiality cannot be guaranteed and will not be possible in some circumstances. Compliance issues will only be discussed with persons with an absolute "need to know." We will not tolerate retaliation against any individual who reports a suspected violation in good faith.

Any supervisor, manager, or executive who receives a report of a compliance violation shall report the violation to the Compliance Officer as expeditiously as possible for investigation and follow-up. This may include reporting to a government agency or to a health plan or sponsor if appropriate so prompt reporting will help us meet any required deadlines.

COMPLIANCE RESPONSIBILITIES

RESPONSIBILITY OF EMPLOYEES

All employees are expected to follow all laws, regulations, and policies. Anyone who knows about or suspects a violation must report this information. If an employee does not report a violation, he/she may be subject to disciplinary action even if not directly involved. Reporting does not protect someone from disciplinary action regarding his/her own performance or conduct. However, their reporting and honesty will be recognized and taken into consideration.

RESPONSIBILITY OF MANAGERS AND SUPERVISORS

Management is expected to demonstrate a commitment to ethical and legal behavior that is consistent with Precision Healthcare Delivery's mission and compliance program. Management is responsible for maintaining a work place environment that stresses commitment to compliance with the *Code of Conduct and Ethics* and with laws and regulations, and that prevents retaliation or reprisals against employees who report actual or suspected compliance violations. Managers and supervisors have an obligation to ensure that employees under their supervision:

- Receive, read, and understand the *Code of Conduct and Ethics*;
- Understand their affirmative duty to report actual or suspected *Code of Conduct and Ethics* violations;
- Know about and follow all laws, regulations, and policies within the scope of their responsibilities;
- Know the procedures for reporting suspected or actual violations; and
- Encourage others to ask questions and to report actual or suspected violations.

If an employee comes forward with a question regarding compliance with a law, regulation, or policy, a manager or supervisor is responsible for:

- Taking steps to ensure the employee does not fear or experience retaliation;
- Maintaining the employee's confidentiality;
- Collecting accurate information regarding the employee's report;
- Pursuing the right process so that reports of violations or suspected violations can be further investigated; and
- Informing the employee that his/her report will be investigated.

CERTIFICATION AND ACKNOWLEDGEMENT

I have received and will read Precision Healthcare Delivery's *Code of Conduct and Ethics*. I understand that the *Code of Conduct and Ethics* applies to my employment/contract with Precision Healthcare Delivery and that following all laws, regulations, policies, and the *Code of Conduct and Ethics* are conditions of my employment/contract. I will seek advice from Precision Healthcare Delivery managers, supervisors, the Compliance Committee, the Compliance Officer, with any compliance questions or concerns.

My signature reflects that I have received Precision Healthcare Delivery's *Code of Conduct and Ethics* dated March 2015. I realize that it is my responsibility to read and comply with the procedures and policies set forth in the *Code of Conduct and Ethics*. If I identify a conflict between the *Code of Conduct and Ethics* and any laws, professional standards, or internal policies or practices, I also understand that it is my responsibility to contact the Compliance Officer for review and resolution.

Employee/Contractor Signature

Employee/Contractor Printed Name

Date

APPENDIX A - SUMMARY OF LAWS AND REGULATIONS RELATING TO FEDERAL PROGRAMS

<p>Title XVIII of the Social Security Act</p>	<p>Passed in 1966, the Social Security Act included Title XVIII, which became known as Medicare. Title XVIII includes Part A, which provides hospital insurance for the aged and disabled, and Part B, which provides medical insurance. To address the Part A and Part B benefits, Medicare offers a choice between an open network single payer health care plan (known as Original Medicare) and plans administered by private companies approved by Medicare (Medicare Advantage, or Medicare Part C), where the federal government pays for private companies to administer health coverage. Medicare Part D covers outpatient prescription drugs exclusively through plans offered by Medicare-approved private insurance companies. Part D plans can either be standalone prescription drug plans or through included in a Medicare Advantage plan that offers prescription drugs. Sponsors who offer Part C and D plans are governed by the laws and regulations related to Part C and D plans, many of which are listed below, and therefore impact our relationship with the sponsoring organizations.</p> <p>http://www.ssa.gov/OP_Home/ssact/title 18/1800.htm</p>
<p>Regulations governing Medicare Parts C and D, and Medicaid, where applicable, found at 42 C.F.R. §§ 422 and 423 respectively</p> <p>OIG Compliance Program Guidance for Individual and Small Group Physician Practices and U.S. Sentencing Commission Guidelines</p>	<p>The Centers for Medicare & Medicaid Services (CMS) CMS has outlined compliance program guidelines in its Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21. That combined manual is an interpretation of the compliance program requirements and related provisions in C.F.R. §§ 422 and 423 for Medicare Advantage Organizations (MAO) and Medicare Prescription Drug Plans (PDP). As a result, sponsors of Part C and D plans must have compliance programs that incorporate the seven elements of an effective program as outlined by CMS. The seven elements are also considered best practice by the Office of Inspector General (OIG) as outlined in voluntary compliance guidance to providers. These elements are based on the seven steps listed in the Federal Sentencing Guidelines regarding an effective compliance and ethics program.</p> <p>C.F.R. §§ 422.503: http://www.edr.gov/cgi-bin/text-idx?c=edr&rgn=div8&view=text&node=42:3.0.1.1.9.11.5.4&idno=42</p> <p>C.F.R. 422.504: http://www.edr.gov/cgi-bin/retrieveECFR?gp=1&SID=c41f978c39319dbc1d0a601eba47deeO&ty=HTML&h=L&r=SECTION&n=se42.3.422_1504</p> <p>C.F.R. §§ 423.504: http://www.edr.gov/cgi-bin/retrieveECFR?gp=1&SID=808d3484cc31371f557c19a256928842&ty=HTML&h=L&r=SECTION&n=42y3.0.1.1.10.11.5.5</p> <p>OIG Compliance Program Guidance for Individual and Small Group Physician Practices: http://oig.hhs.gov/authorities/docs/physician.pdf</p> <p>OIG Compliance Program Guidance for Third-Party Medical Billing Companies: http://oig.hhs.gov/fraud/docs/compliance/uidance/thirdparty.pdf</p> <p>United States Sentencing Commission Guidelines, Guidelines Manual, § 882.1, Effective Compliance and Ethics Program: http://www.uscc.gov/guidelines-manual/2013/2013-8b21</p>
<p>Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119)</p>	<p>This extensive act is most known for the increased rights and protections it establishes for consumers, but it has many provisions, known as titles. The core elements of this act include, but are not limited to, the following:</p> <ul style="list-style-type: none"> o Where/how to purchase coverage is being expanded o New benefits are offered for those eligible for coverage o There are shifts in who is eligible for receiving and retaining coverage and under what arrangements o Organizations offering insurance are subject to greater accountability <p>The act will change payment (amounts) and reimbursement(s) for certain benefits, as well as increase the ability to appeal claims, which may impact enrollment and claims processing. This could ultimately affect our relationship with health plans and/or how our organization maintains records and/or tracks payments.</p> <p>Therefore, the act is available here for review: http://www.gpo.gov/fdsys/pkg/PLAW-111/publ148/pdf/PLAW-111/publ148.pdf</p>
<p>Federal Acquisition Regulation</p>	<p>This regulation prohibits gifts with greater than \$15 fair market value from being given to, or received from, the government. The exceptions are:</p> <ul style="list-style-type: none"> o Modest items of snacks and refreshments (such as soft drinks, coffee and donuts) offered other than as part of a meal if made available to everyone in attendance o Promotional or marketing materials (e.g., pens, pencils, note pads and calendars) valued at \$15 or less o Tokens of appreciation (e.g., command coins or patches) with the command's/unit's logo, valued at \$15 or less <p>http://www.acquisition.gov/far/current/pdf/FAR.pdf http://www.justice.gov/jmd/do-it-right#three</p>
<p>Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191)</p>	<p>Per the U.S. Department of Labor, HIPAA was initially passed in 1996 to "improve portability and continuity of health insurance coverage." As a result, there are more consumer protections regarding options for coverage. http://aspe.hhs.gov/admsimp/pl104191.htm</p> <p>Later "rules", or provisions, were passed in 2001 and 2003 to protect the privacy, confidentiality, and security of individually identifiable health information. This includes the establishment of security standards for electronic protected health information.</p> <p>Our organization, as well as the health plans we work with, are required to have sufficient safeguards regarding this type of information, including who may access it, how much of it may be accessed by any individual, and how it is retained and transmitted.</p> <p>http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html</p>

<p>False Claims Acts (31 U.S.C. §§ 3729-3733)</p>	<p>This act gives the federal government leverage against persons/entities involved in fraudulent activities with the government. This allows financial liability in the form of a civil penalty and damages to be imposed for submitting, or causing someone to submit, a false or fraudulent claim for government payment.</p> <p>http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitle11-chap37-subchapter11-sec3729.pdf http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitle11-chap37-subchapter11-sec3730.pdf http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitle11-chap37-subchapter11-sec3731.pdf http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitle11-chap37-subchapter11-sec3732.pdf http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitle11-chap37-subchapter11-sec3733.pdf</p>
<p>Federal Criminal False Claims Statutes (18 U.S.C. §§ 287, 1001)</p>	<p>Section 1001 applies to anyone whose action(s) related to any claim(s) for government payment consist(s) of any of the following:</p> <ul style="list-style-type: none"> o Falsifying, concealing, or covering up by any trick, scheme, or device a material fact related to any claim(s) for government payment; o Making any materially false, fictitious, or fraudulent statement or representation; o Making or using any false writing or document knowing it contains any materially false, fictitious, or fraudulent statement or entry. <p>Section 287 states that whoever makes or presents to the government a claim knowing that it is false, fictitious, or fraudulent shall be imprisoned and subject to fines. The government is required to establish all of the following in regard to the action(s) of a false claim(s) case defendant. He/she:</p> <ul style="list-style-type: none"> o Made or presented a false, fictitious, or fraudulent claim to a department of the United States; o Knew the claim was false, fictitious or fraudulent; and o Did so with the specific intent to violate the law or with awareness that what s/he was doing was wrong. <p>http://www.gpo.gov/fdsys/pkg/USCODE-2011-title18/pdf/USCODE-2011-title18-part1-chap11-sec287.pdf http://www.gpo.gov/fdsys/pkg/USCODE-2011-title18/pdf/USCODE-2011-title18-part1-chap11-sec1001.pdf</p>
<p>Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))</p>	<p>This federal statute prohibits any individual or entity from knowingly and deliberately offering, giving, or receiving money or something of value in exchange for referrals of health care goods or services that will be paid for in whole or in part by Medicare or Medicaid.</p> <p>http://www.wssa.gov/OP/Home/ssact/title11ti128B.htm#f</p>
<p>The Beneficiary Anti-Inducement Statute (42 U.S.C. § 1320a-7a(a)(S))</p>	<p>This federal statute declares that any person who gives or offers to give anything of value* to a Medicare or Medicaid beneficiary that the person knows or should know is likely to influence a beneficiary's choice of a particular health care provider, practitioner, or supplier to buy or rent a Medicare or Medicaid covered item from the provider, practitioner, or supplier may be liable for civil money penalties of up to \$10,000 for each wrongful act.</p> <p>http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapter11-partA-sec1320a-7a.pdf</p> <p>*The OIG stated in guidance that there is a "nominal value" exception that allows a health care provider to give:</p> <ul style="list-style-type: none"> o A gift to a beneficiary as long as the gift has a retail value of \$10 or less o Multiple gifts of \$10 or less over a 12-month period, as long as the total retail value of the gifts does not exceed \$50 <p>Any such gift must not be in cash or cash equivalents, so it should not be a gift card or gift certificate. Types of gifts and their value(s) are detailed in a Special Advisory Bulletin from the OIG:</p> <p>https://oig.hhs.gov/fraud/docs/alertsandbulletins/SABGiftsandInducements.pdf</p>
<p>Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the federal government (42 U.S.C. § 1395w-27(g)(1)(G))</p>	<p>Individuals and entities acting on our behalf or the behalf of the health plans and sponsors we work with, either directly or indirectly, that appear on either the Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities (OIG) or the General Services Administration list of excluded parties contained within the System for Award Management (GSA) may not support any of our business functions related to a Federal or state health program. All employees and downstream entities, are required to be screened against both the OIG and the GSA prior to hire or contract and monthly thereafter.</p> <p>As a health care provider that provides services to Federal and state health program beneficiaries, we must:</p> <ul style="list-style-type: none"> o Check both the OIG and GSA for all employees and downstream entities prior to hire or contract and monthly thereafter o Promptly remove any individual or entity appearing on either of these lists from any work related to business functions for a Federal program o Promptly report any such exclusions and actions to any impacted health plan or sponsor <p>http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapter11-partC-sec1395w-27.pdf https://oig.hhs.gov/exclusions/effects_of_exclusion.asp http://oig.hhs.gov/exclusions/files/sab-05092013.pdf</p>
<p>Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27 (g))</p>	<p>This provision of the Social Security Act describes the penalties that can be assessed to organizations that offer Part C and/or Part D plans should CMS determine they do not meet the requirements outlined in their contract(s) with CMS. Our organization is impacted by this act to the extent it supports and/or sells any Medicare Advantage or Prescription Drug products. Examples of such impactful provisions include, but are not limited to:</p> <ul style="list-style-type: none"> o Enrolling an individual in any such plan without the prior consent of the individual or the individual's designee o Failing to re-enroll an eligible individual o Denying or discouraging an eligible individual from plan enrollment <p>http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapter11-partC-sec1395w-27.pdf</p>

<p>Physician Self-Referral ("Stark") Statute (42 U.S.C. § 1395nn)</p>	<p>This statute:</p> <ul style="list-style-type: none"> o Prohibits a physician from making referrals for certain designated health services 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 o Prohibits the entity from presenting, or causing to be presented, claims to Medicare (or billing another individual, entity, or third party payer) for those referred services <p>* Specific exceptions have been established, and the federal government has the authority to create regulatory exceptions for financial relationships that do not pose a risk of program or patient abuse.</p> <p>Please refer to the following link for a list of the established exceptions and additional information: https://www.cms.gov/PhysicianSelfReferral/</p>
<p>Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by HITECH Act</p>	<p>This act could be considered an extension of HIPAA, as it enabled the U.S. Department of Health and Human Services to promote and expand the adoption of health information technology. It addresses:</p> <ul style="list-style-type: none"> o Use of electronic health records, including incentives for adopting them and requirements around their disclosure o How to secure protected health information appropriately o When and to whom notifications should be made in regard to data breaches of unsecured protected health information (PHI) <p>http://www.healthit.gov/policy-researchers-implementers/health-it-legislation-and-regulations</p>
<p>Fraud Enforcement and Recovery Act of 2009</p>	<p>This act improves the enforcement of various kinds of fraud related to federal assistance and relief programs, the <i>recovery</i> of funds lost to these frauds, and for other purposes. It increased resources for investigation and prosecution of fraud cases and made <i>recovery</i> under the False Claims Act, 31 USC § 3729 statute easier.</p> <p>http://www.gpo.gov/fdsys/pkg/PLAW-111/publ21/pdf/PLAW-111publ21.pdf</p>
<p>CMS Data Use Agreement</p>	<p>Our <i>Code of Conduct and Ethics</i> incorporates the overarching aspects of the CMS Data Use Agreement to facilitate the proper safeguarding of all data, including CMS-related data, by the health plans and sponsors we work with as well as our employees and downstream entities, regardless of whether support is provided for Medicare Part C and/or Part D plans.</p> <p>The overarching components of the CMS Data Use Agreement are as follows:</p> <p>Disclosure, use, or reuse of the data <i>covered</i> by the agreement between CMS and the health plans or sponsors CMS contracts with must only be for the purpose(s) specified within the agreement, unless CMS provides appropriate authorization for any other purpose(s).</p> <ul style="list-style-type: none"> o Any individual's access to the data must only be on a need-to-know basis o Data access must be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in the agreement <p>Sufficient Data Safeguards for the storage and disclosure of data/information must be established from the following perspectives: administrative, technical, and physical. Together these measures assure data confidentiality is protected and that unauthorized use or access to it is prevented.</p> <p>Handling of Suspected or Detected Breaches</p> <ul style="list-style-type: none"> o This process is addressed in the Precision Healthcare Delivery Duty to Report/Non-Retaliation Policy <p>A signed CMS Data Use Agreement provides CMS with assurance of compliance with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies when CMS data is utilized by anyone outside of CMS. The agreement must be completed and updated when applicable by entities that contract with CMS. Upon CMS' receipt of the completed agreement, CMS provides these entities with, and/or access to, data containing, but not necessarily limited to, protected health information and individual identifiers from CMS' Systems of Record. It is our responsibility to consult with your legal counsel to determine when/if there are instances that the CMS Data Use Agreement applies to our organization.</p>
<p>All sub-regulatory guidance produced by CMS and HHS such as manuals, training materials, HPMS memos, and guides</p>	<p>Vast guidance resources are available on the following websites:</p> <p>CMS: https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html</p> <p>U.S. Department of Health and Human Services: http://www.hhs.gov/ http://www.iw.hhs.gov/regulations/index.</p>

Compliance, Assistance, and Reporting Line
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