

eleHealth Medicare ACO, LLC

Code of Business Conduct



eleHealth is an Accountable Care Organization (ACO) which contracts with CMS for its Shared Savings Program.

About eleHealth Medicare ACO, LLC

Our Mission

Empowering our physicians and partners to fundamentally transform the delivery of care and significantly improve patient outcomes, affordability, access, and experience.

Our Vision

Helping providers across Louisiana improve the delivery, quality, and affordability of health care through population health services.



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Introduction

eleHealth Medicare Accountable Care Organization (ACO), LLC (the Company) is a participant within the Centers for Medicare and Medicaid Services (CMS) Medicare Shared Savings Program. As such, we are committed to providing a better system of care for the Medicare Fee-for-Service (FFS) beneficiaries we serve. To achieve this, we will focus on increased coordination and communication among partners like you and additional partnered doctor groups, hospitals, and providers of population health services. Within this booklet, you will find the expectations outlining the Company's business practice expectations. This Code of Business Conduct or "Code" applies to all applicable personnel, including eleHealth Medicare ACO physician partners, employees, contractors, providers, and suppliers (hereinafter referred to as "eleHealth ACO Partners"), in addition to eleHealth Medicare ACO Board members.

The standards within this Code are a combination of what we consider proper business practices as well as the standards set forth by CMS for all ACOs. Compliance with this Code ensures you are working with us in moving toward producing better overall care for individuals served, enhancing quality of care for the entire population of our Medicare FFS beneficiaries, and lowering growth in expenditures as generated by the effects of shared savings.



General Code of Conduct Expectations

Ethical Work Principles. eleHealth ACO Partners are expected to follow these ethical work principles:

- Deal professionally and honestly with others.
- Perform assigned duties using the highest ethical standards.
- Follow the laws, rules and regulations that apply to company business and comply with applicable policies, procedures, and guidelines.
- Use good judgment and common sense and be sensitive to how others perceive and interpret actions.
- Use authority given by eleHealth in the best interest of the Company.
- In considering what action to take, ask the following questions:
 - Is the action consistent with the Code of Business Conduct?
 - Could this action appear improper to others?
 - Is this action justifiable?

Overall Compliance Expectations. The expectations for all eleHealth ACO Partners are to be aware of and comply with all Federal, State, and local laws and regulations outlined within this Code, the eleHealth Medicare ACO Compliance Program, and eleHealth Medicare ACO policies and procedures. eleHealth ACO Partners should contact the Compliance and Ethics team through the various contact and reporting mechanisms listed on page 11 for any questions concerning these laws and regulations.

Conflict of Interest

Conflict of Interest Expectations. A conflict of interest is a situation where personal relationships or activities could influence the ability to act in the best interest of eleHealth Medicare ACO. These could be real or perceived influences, such as outside interests that interfere with regular work duties, adversely affect the quality of work or could harm the Company's reputation. Even the perception of a conflict of interest can be harmful to Company business and reputation and should be avoided.

As an eleHealth ACO Partner, you should always act in the best interest of the Company to the exclusion of personal advantage and should avoid acquiring or maintaining an interest in any financial concern that could influence business decisions or actions. You should also avoid outside activities that interfere with your regular work duties and work time, adversely affect the quality of your work, or could harm the Company's reputation.

It is your responsibility to disclose potential conflicts of interests timely and honestly. This can be done via communication to a supervisor, by contacting the Compliance and Ethics Department, or by contacting the Company Compliance Officer directly.



Protecting Information

Protected Health Information. Federal law provides patients' rights over their health information, limits access and use of health information by providers and vendors and requires implementation of safeguards and security measures to protect health information. The laws, and subsequent updates, require providers to notify patients when their information has been used, accessed, or shared inappropriately; to the extent the data has been compromised. Failure to comply with HIPAA can result in both civil and criminal penalties as well as significant monetary fines.

As an eleHealth ACO Partner, you should access, use, and disclose only the minimum amount of patient information needed to complete your job. You should not discuss patient information with people who do not have a job-related need to know, including coworkers, colleagues, family, and friends. All eleHealth ACO Partners will keep patient information confidential, except when disclosure is authorized by the patient or permitted by law.

Beneficiary Outreach and Marketing

Unapproved Marketing to Beneficiaries. eleHealth Medicare ACO strictly complies with all Federal and State requirements governing marketing and advertising to, and enrolling, potential enrollees. As such, beneficiaries must be notified they are participating in eleHealth Medicare ACO. Marketing materials are required to be submitted to the relevant government agency for approval prior to use.

Marketing materials and activities include, but are not limited to, general audience materials such as brochures, advertisements, outreach events, letters to beneficiaries, Web pages, data sharing opt out letters, mailings, social media, or other activities conducted by or on behalf of the ACO, or by ACO Partners, when used to educate, solicit, notify, or contact Medicare beneficiaries or providers and suppliers regarding the Shared Savings Program.

Beneficiary Opt-out. eleHealth Medicare ACO shall comply with all requirements related to beneficiary notices, including the requirement that notices be sent with information on how to decline having their information shared, and shall further comply with the requirement to provide notice to CMS regarding such beneficiary elections.

Proper Books, Records, and Documents

Record Retention. You are expected to maintain and provide access to regulatory agencies (CMS, DHHS, the Comptroller General, the Federal Government or their designees) all books, contracts, records, documents, and other evidence sufficient to enable the audit, evaluation, investigation, and inspection of compliance with program requirements, quality of services performed, right to any shared savings payment, or obligation to repay losses, ability to bear the risk of potential losses, and ability to repay any losses to CMS. Retention of records should be maintained for a period of 10 years, with an additional 6 years in instances of cases which result in final resolution of the termination, dispute, or allegation of fraud or similar fault.

Accurate Reporting and Record Retention. eleHealth ACO Partners must ensure that there is no improper use, payment, or diversion of government funds. All cost and pricing data provided



in connection with government proposals and contracts must be current, complete, and accurate and not intentionally false or misleading. All labor, materials and other costs for government programs must be charged to the appropriate account regardless of the financial status of the program, contract, or project. Timesheets and other cost records and reports must be complete and reflect accurate costs.

The Federal government has numerous cost categories, identified in the Federal regulations and Federal contracts that are not reimbursable to contractors. All non-allowed costs must be identified, appropriately accounted for, and excluded from proposals and requests for reimbursement prepared by the Company. It is a violation of Federal law to make fraudulent claims or Statements to the government or to alter bills or papers being processed in connection with government claims. Any attempt to defraud the Federal government is punishable under Federal laws by monetary fines and/or imprisonment and could jeopardize the Company's relationship with the Federal government. Violators will be subject to prompt disciplinary action up to and including discharge.



Prohibited Actions

Beneficiary Inducements. eleHealth ACO Partners are prohibited from providing gifts or other remuneration to beneficiaries as inducements for receiving items or services to join or to remain in eleHealth Medicare ACO.

Stinting on Care / Underutilization. Given the incentives to reward lower provider expenditures, actions to reduce or skipping steps in necessary care or potentially avoiding necessary hospitalizations when complications of procedures occur are prohibited. You are not encouraged to reduce or limit medically necessary services.

Avoiding Certain Beneficiaries. eleHealth ACO Partners may not avoid beneficiaries with high medical needs, or “at-risk” beneficiaries. An “at-risk” beneficiary includes a patient who: has one or more chronic conditions; is dually eligible for Medicare and Medicaid; is diagnosed with a mental health or substance abuse disorder or has had a recent diagnosis that is expected to result in increased cost; has had two or more hospitalizations or emergency room visits each year, or otherwise has a high utilization pattern.

Patient Choice Restrictions. eleHealth ACO honors the freedom to select providers - even if that provider is not part of eleHealth Medicare ACO. You are expected to honor the patient's choice and are not allowed to restrict referrals to only those within the ACO.



Relevant Laws

Anti-Kickback Statute. It is a violation of the Federal Anti-Kickback Statute, as well as the Code of Business Conduct, to offer, pay, solicit, or receive “remuneration” (i.e., something of value) in exchange, directly or indirectly, for the referral of any government–sponsored business unless it falls within certain “safe harbors” specified under Federal laws. In addition to criminal and monetary penalties, violations of the statute may cause an individual or entity to be excluded from participation in Medicare and other Federal healthcare programs.

False Claims Act. The False Claims Act prohibits knowingly presenting (or causing to be presented) to the Federal government a false or fraudulent claim for payment or approval. Additionally, it prohibits knowingly making or using (or causing to be made or used) a false record or Statement to get a false or fraudulent claim paid or approved by the Federal government or its agents.

Reverse False Claims Act. A Reverse False Claim may exist when the Company receives an overpayment and fails to identify the error and promptly return the funds to the government. The False Claims Act is enforced against any individual or entity that knowingly falsifies any material information that gives rise to a claim to the Federal government or that knowingly does not timely return monies owed to the government. There is an additional obligation to inform the government of any new information indicating the falsity of a previously filed claim.

Fraud, Waste, and Abuse. The Company has established multiple mechanisms for internal and external parties to seek assistance or report non-compliance or fraud, waste, and abuse concerns.

Fraud - Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Waste - Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse - Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involved payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Stark Law. Also referred to as the physician self-referral law -- Prohibits a physician from making referrals to an entity for hospital, laboratory, and many other ancillary services known as “designated health services” payable by Medicare if there is a financial relationship between the entity and the physician (or an immediate family member), unless the financial relationship



meets each and every element of a listed exception. Prohibits the entity from billing for those referred services.

You may not pay a bribe, kickback or any similar improper payment to any person or entity for any reason. You cannot encourage or solicit entertainment from any company or individual with whom the Company does business. You cannot use inappropriate gifts, excessive entertainment, or any other means to improperly influence customers or potential customers. Be especially sensitive to situations in which accepting business courtesies, such as meals, gifts, or entertainment, might create the appearance of favoritism toward a contractor, vendor, healthcare provider or other business associate. These situations pose ethical or legal problems.

Kickbacks or Rebates — the purchase or sale of goods and services must not benefit you or your personal relationships in the form of kickbacks or rebates. Paying premium rebates is considered an unfair trade practice and is illegal unless the premium rebate is paid by the Company pursuant to the Patient Protection and Affordable Care Act. Kickbacks or rebates can take many forms and are not limited to monetary gifts. They can include gifts, trips, services, use of property, meals, drinks, entertainment, hospitality, passes, promotional items, or use of a giver's name, materials, or equipment.

Ineligible or Excluded Persons and Entities. As a contractor of the Federal government, the Company is prohibited by law from employing, contracting, or doing business with any person or entity currently debarred, suspended, excluded, proposed for debarment, or declared ineligible to participate in Federal health care programs. The Company screens all applicants and routinely screens current employees, officers, Board members, customers, providers, and vendors against the Federal government's excluded parties' lists.



IX. Reporting Violations and Seeking Assistance

All ACO Partners and eleHealth Medicare ACO Board members have an obligation to report any suspected or actual Code of Business Conduct violation, accounting, internal control, or auditing irregularities directly to the Compliance and Fraud helpline/hotline. You may report 24 hours a day, 365 days a year, with an option to remain anonymous if you prefer.

eleHealth Compliance and Fraud Concerns
Call: 1-844-777-2583

Online: Click [here](https://www.mycompliancereport.com/report?cid=BCBSL) to submit an online report **OR**
<https://www.mycompliancereport.com/report?cid=BCBSL>

Nonretaliation. If you have any questions regarding the Code or ethical business practices, please contact the Compliance and Ethics Department. An employee who, in good faith, reports a suspected violation of the Code will not be subject to any adverse job actions or any other form of retaliation. Anyone who retaliates or brings retribution against an individual who, in good faith, reports a suspected violation may be subject to disciplinary action up to and including termination.

