American Choice Healthcare

ACO REACH 2023 Compliance Training

Who is American Choice Healthcare?

- American Choice Healthcare (ACH) is:
  - A Reach ACO approved by CMS to participate in the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) program for performance year 2023.
- ACH has contracted with a network of Participant Providers (Primary Care) and Preferred Providers (Specialists and Facilities) in order to help improve patient care and lower healthcare costs.
- Affiliated Providers are either Participant (Primary Care) OR Preferred (Specialists, Ancillary Providers and Facilities).
  - You or your organization chose to partake in ACH's Reach ACO through a signed agreement.

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What is an ACO REACH?

- Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) is a program developed by the Innovations Center of CMS to improve quality and outcomes of care for **Medicare FFS** patients.
  - ACO REACH Goals:
    - Promote health equity and address healthcare disparities for underserved communities
    - Continue momentum of provider-led organizations participating in risk-based models
    - Protect beneficiaries and the model with more participant vetting/monitoring and transparency
- A patient must be aligned to the Reach ACO to receive the benefits of the program.

For more information on the program, please email: info@americanchoicehealthcare.com

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Aligning to the ACO REACH

To be aligned means that the beneficiary:

- Voluntary chose a Reach ACO by designating a Participant Provider affiliated with the Reach ACO as their primary clinician or main source of care.

AND/OR

- Was aligned via Claims-based alignment where CMS aligns a beneficiary to a Reach ACO based on where the beneficiary receives the plurality of their primary care services, as evidenced in claims utilization data.

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Voluntary Alignment (VA)

- Voluntary Alignment is the process where Medicare fee-for-service beneficiaries select, or "voluntarily align" with, a primary clinician.
- A patient can voluntarily align in 2 ways:

1. Online through **mymedicare.gov** (this option is immediate)
   - Process is more extensive, especially if the beneficiary doesn't have an existing account

2. Through **Voluntary Alignment form**
   - Completed onsite at the Participant Provider (Primary Care) office/clinic/medical center or via mail/email. **NOTE:** It is prohibited to coerce or attempt to influence a beneficiary's decision to:
     - ✓ Offering anything of value to the Beneficiary;
     - ✓ Sign and date a voluntary alignment form or complete form through mymedicare.gov designation
     - ✓ Align Beneficiary to specific Practitioner who they did not voluntarily chose
     - ✓ Including any other material or forms other than a copy of the signed VA form and instructions
     - ✓ No Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.

If your office will be participating in voluntary alignment, refer to **Beneficiary Voluntary Alignment policy** for full policy and procedures. If you do not have access to the policy, please reach out to compliance@americanchoicehealthcare.com and request a copy.

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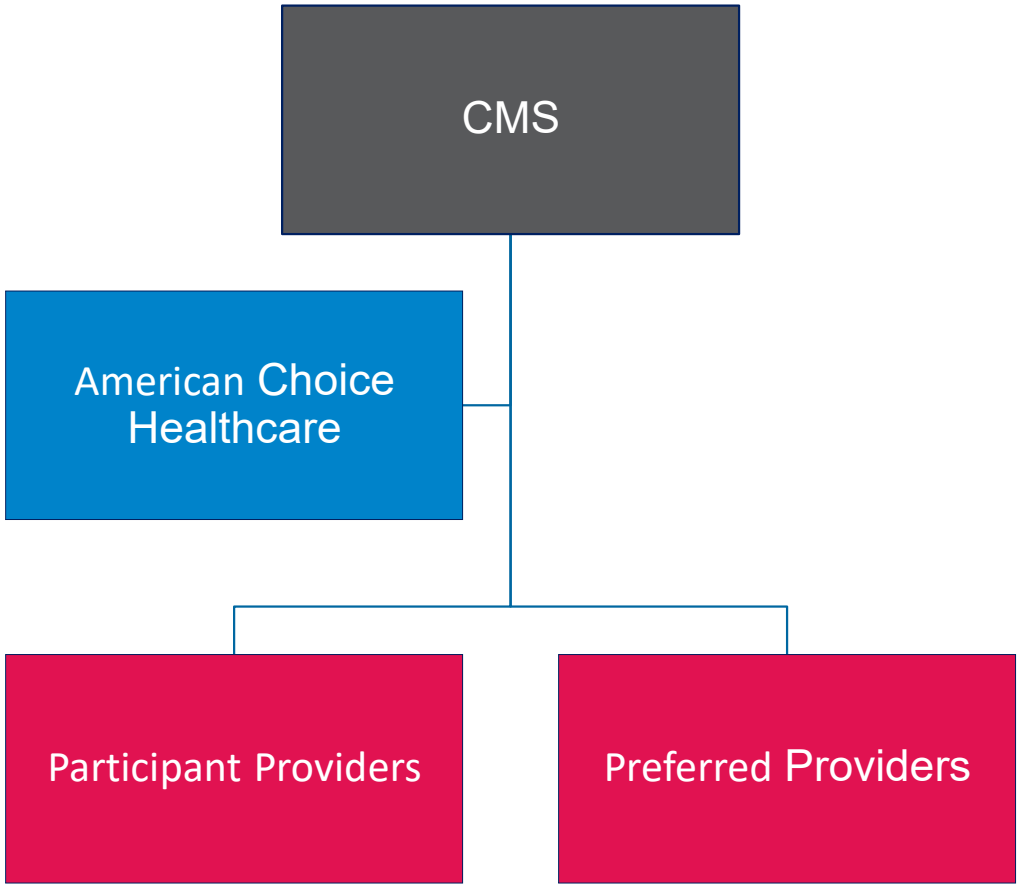
Where do I fit in?



Expectations

- As a Participant OR Preferred provider performing functions related to ACO REACH activities, you must comply with the terms of the Participation Agreement and all applicable statutes, regulations and guidance of a Compliance Program.
- As a Participant OR Preferred Provider, you shall:
  - Cooperate with ACH in its ongoing oversight to evaluate compliance as required by CMS
  - Notify ACH within seven days of becoming aware that you are under investigation or have been sanctioned by the government or licensing authority.
  - Report actual or suspected violations of the law, regulations, company policy, code of conduct, or the agreement signed with ACH to the appropriate person(s)
  - Perform HIPAA Privacy and Security training annually or as needed
  - Maintain “effective lines of communication” providing several avenues through which to report compliance concerns, openly or anonymously
  - Conduct yourselves in an ethical and legal manner. It’s about doing the right thing!
    - Act Fairly and Honestly
    - Adhere to high ethical standards in all that you do
    - Comply with the letter and spirit of the law

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Marketing

- All marketing material must be submitted to ACH. ACH will then submit to CMS for approval prior to use, including but not limited to:
  - Advertisements
  - Brochures
  - Letters to beneficiaries
  - Web and Social Media pages
  - Event promotions
- All marketing activities must be within the scope of the approved marketing plan.
- Any approved marketing activities through unsolicited mail or electronic communication must include a clearly identified method to opt-out of future communications.
- Door-to-door solicitations of beneficiaries is prohibited.
- Health-screenings used to identify beneficiaries for the purpose of ACO REACH alignment, or non-alignment are prohibited.
- No gifts or other renumeration may be given to beneficiaries to induce them to receive or continue to receive services from the ACO REACH.

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HIPAA

- The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of a patients' personal health information (PHI) and provide individuals with certain rights to their health information.
- **You play a vital role in protecting the privacy and security of patient information (PHI)**
- This section covers:
  - The Privacy Rule: sets national standards for when protected health information (PHI) may be used and disclosed
  - The Security Rule: specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)
  - The Breach Notification Rule: which requires covered entities to notify affected individuals; U.S. Department of Health & Human Services (HHS); and, in some cases, the media of a breach of PHI.

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Personal Health Information (PHI) & HIPAA Privacy

- PHI includes is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed while providing a health care service such as diagnosis or treatment.
- It includes:
  - The individual's past, present, or future physical or mental health or condition
  - The past, present, or future payment for the provision of health care to the individual
- The HIPAA Privacy Rule:
  - Establishes standards to protect personal health information (PHI)
  - Permits the use and disclosure of health information needed for patient treatment, payment or operations
  - Gives individuals important rights with respect to their protected PHI, including the right to:
    - ✓ Examine and obtain a copy of their health records in the form and manner they request
    - ✓ Ask for corrections to their information (there is no guarantee the information will be changed)
  - Provides for protection of PHI held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal

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HIPAA Security

- The HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect PHI or ePHI confidentiality, integrity, and availability.
- Participant and Preferred Providers must:
  - Ensure the confidentiality, integrity, and availability of all ePHI they create, receive, maintain, or transmit
  - Identify and protect against reasonably anticipated threats to the security or integrity of the ePHI
  - Protect against reasonably anticipated, impermissible uses or disclosures
  - Only share CMS data (even if it does not include PHI) with Participant/Preferred Providers, providers in a treatment relationship with the beneficiary or a business associate of a covered entity in a treatment relationship with the beneficiary
  - Ensure compliance by their workforce
- If you believe PHI may have been compromised, notify your compliance department, or designee, immediately.

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Safeguards to Protect PHI

- HIPAA affords rules for the acquisition, access use, or disclosure of protected health information in a manner that does not compromise the security or privacy of the PHI.
- Good faith access of personal information by an associate of the Participant or Preferred Providers is permissible only if the information is not used for a purpose unrelated to the business or subject to further unauthorized use.
- Protected Health Information (PHI) including patient demographic information, medical records and materials with patient information, cannot be used, released, or discussed with anyone without prior written consent from the patient or a legal representative.
- Associates/Employees should:
  - Never leave workstations unattended; lock computers (Ctrl Alt Delete, Enter) before walking away from your work area.
  - Not leave documents containing PHI in plain sight.
  - Dispose of documents containing PHI into shredder bins when they are no longer needed; patient forms are scanned into the medical record and then properly discarded
  - Return patient documents to the patient once they have been scanned into the system
  - Never physically remove documents containing PHI outside of the center/facility

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Safeguards to Protect PHI (cont'd)

- Release of PHI is a lawfully regulated process that must be done in an organized manner and with proper authorization.
    - All requests for release of PHI shall be directed to the HIM/Medical Records person, or designee, for appropriate release
- Do not discuss PHI with anyone in elevators, corridors or any place where others can overhear or outside the clinical setting.
- Providing quality care and continuity of care to patients will sometimes require discussing PHI. If this is the case, make sure that information is exchanged in a low traffic area and/or spoken of using a low tone.
- Access to a patient's medical record is permitted when working directly with that patient or completing a work-related task.
- In all instances, access to a record that is not made in good faith OR is unassociated to a work-related task OR is unrelated to the business OR is for personal reasons is considered a deliberate misuse of PHI.
- Verify information received from a patient to ensure it is correct, belongs to that patient, and is understood.
- Confirm the identity of a recipient of information to make sure that the recipient is the actual patient, guardian, or an authorized representative of the patient.
- Do not share passwords and/or refrain from using credentials other than your own when accessing PHI.

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Conflict of Interests

- A Conflict of Interest (COI) arises when the professional responsibilities of individuals or organizations are, or have the potential to be, compromised by other external obligations.
- Personal Financial Gain
  - Personal or family interest in an enterprise that has a business relationship with the Company or ACH
  - Investment in another business that competes directly or indirectly with the Company or ACH
  - Referring a patient to a company where an interest is held
  - Referring a patient to a company where a gift or kickback would be obtained
- If you believe a COI exists, please disclose the nature of the relationship and actual or potential conflict to the Compliance Officer.

Any actual and/or potential Conflicts of Interest should be disclosed to ACHs Compliance Officer via the Non-Compliance Hotline

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Fraud, Waste and Abuse (FWA)

- **What Are Your Responsibilities?**
- To improve the healthcare system, ACH, in collaboration with its Participant and Preferred Providers, have made a commitment to detecting, correcting, and preventing fraud, waste, and abuse.
  - Detecting and preventing FWA is the responsibility of everyone, including employees, members, providers and sub-contractors.
- Each of us plays a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare non-compliance.
- Fraud, Waste, and Abuse (FWA) affects everyone - including you.
- Become familiar with laws that pertain to FWA:
  - Stark Physician Self-Referral Law (42 U.S.C. § 1395nn)
  - Anti-Kickback Statute (42 U.S.C. § 1320a–7b(b))
  - False Claims Act (31 U.S.C. §§ 3729–3733)
  - Civil Monetary Penalties Law (42 U.S.C. § 1320a–7a)
  - HIPAA and HITECH regarding Protected Health Information

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What is FWA?

- **Fraud** is generally defined as 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** is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.
- **Abuse** includes any action(s) that may, directly or indirectly, result in one or more of the following:
  - Unnecessary costs to the health care system, including the Medicare and Medicaid programs
  - Improper payment for services
  - Payment for services that fail to meet professionally recognized standards of care
  - Services that are medically unnecessary

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Prevent & Report FWA

- How Do You Prevent FWA?
  - Look for suspicious activity
  - Conduct yourself in an ethical manner
  - Ensure accurate and timely data and billing
  - Know FWA policies and procedures, standards of conduct, laws, regulations, and reference CMS' guidance
  - Verify all information received

- Report FWA
  - Everyone must report suspected instances of FWA without fear of retaliation for making a good faith effort in reporting.
  - There are two ways to report Non-Compliance:
    - Web Form: http://ach.ethicspoint.com or by Phone: 1-833-996-3912
  - The compliance department, or designee, will investigate and make the proper determination.

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Non-Retaliation

- The Whistleblower Protection Act of 1989 is a federal law that protects whistleblowers who report misconduct as it relates to fraud, waste, and abuse.
- Whistleblowers
  - A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.
- Protected
  - Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation.
- An employer, employee, agency or independent contractor shall not dismiss, discipline, or take any other adverse personnel action against an employee for disclosing information pursuant to the provisions of FWA.
- An employer, employee, agency or independent contractor shall not take any adverse action that affects the rights or interests of a person in retaliation for the person's disclosure of information under FWA.

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In Kind Renumeration

Separate from BEIs and are exempted from being considered a Beneficiary Inducement in the following circumstances and can be provided by ACOs:

- The isn't a covered Medicare Service
- The BEI meets specific clinical criteria:
  - Preventive care items and services
  - Adherence to a treatment regime
  - Adherence to a drug regime
  - Adherence to a follow-up care plan
  - Management of a chronic disease or condition
  - The BEI has a reasonable connection to the Beneficiary's health care
  - The BEI is not furnished in whole or in part to reward the Beneficiary for designating, or agreeing to designate, a Participant Provider as his or her primary clinician, main doctor, main provider, or the main place where the Beneficiary receives care through Voluntary Alignment. e. The in-kind item or service is furnished to a Beneficiary directly by the ACO, a Participant Provider, or a Preferred Provider

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In Kind Renumeration (cont'd)

- **What Are Your Responsibilities?**
  - Only offer to ACH attributed beneficiaries, and attest that it will report to ACH the following information as required by ACH:
    - Detailed description of each in-kind item/service
    - Value of the in-kind item/service
    - Each beneficiary who receives item/service
    - Date item/service provided
    - Which of the clinical criteria (outlined above) met in order to provide the item/service

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Conclusion

- Non-compliance is any conduct that does not conform to the law, to Federal health care program requirements, or to an organization's ethical and business policies.
- Non-compliance Harms Enrollees
- Without programs to prevent, detect, and correct non-compliance there are: High-risk areas which may include, but not limited to:
  - Delayed services
  - Denial of benefits
  - Difficulty in using providers of choice
  - Hurdles to care
- Non-compliance costs money
- Non-compliance affects EVERYBODY! Without programs to prevent, detect, and correct non-compliance you risk:
  - Lower revenue
  - Higher premiums
  - Lower benefits
  - Higher copayments
  - Lower STAR ratings

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Report Non-Compliance

- Any individual reporting protentional Non-Compliance in good faith shall not be subject to any intimidation or retaliation. Your report will be:
  - Anonymous
  - Confidential
  - Non-Retaliatory

- American Choice Healthcare promotes a “See Something, Say Something” initiative. Associates can report by:
  - Web Form: http://ach.ethicspoint.com/
  - Phone: 1-833-996-9312

- Any confirmed instances of:
  - Patient Inducements, Unapproved Marketing, Solicitation, Conflicts of Interest, or Fraud, Waste, or Abuse should be reported through channels above. When reporting, reporters must specify if the incident involves a beneficiary of American Choice Healthcare.

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Thank You!

If you have any questions, please contact:
compliance@americanchoicehealthcare.com