

**CORPORATE INTEGRITY AGREEMENT  
BETWEEN THE OFFICE OF INSPECTOR GENERAL  
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AND  
PROCARE3, INC.**

**I. PREAMBLE**

ProCare3, Inc. (ProCare3) hereby enters into this Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS) to promote compliance by its owners, officers, directors, employees, contractors, and agents with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal health care programs (as defined in 42 U.S.C. § 1320a-7b(f)) (Federal health care program requirements). Contemporaneously with this CIA, ProCare3 is entering into a Settlement Agreement with the United States, and this CIA is incorporated by reference into the Settlement Agreement.

**II. TERM AND SCOPE OF THE CIA**

A. The period of the compliance obligations assumed by ProCare3 under this CIA shall be three (3) years from the effective date of this CIA (Effective Date). The Effective Date shall be the date on which the Settlement Agreement is executed by ProCare3. Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a "Reporting Period."

B. Sections VII, VIII, IX, X, and XI shall expire no later than 120 days after OIG's receipt of: (1) ProCare3's final annual report; or (2) any additional materials submitted by ProCare3 pursuant to OIG's request, whichever is later.

C. The scope of this CIA shall be governed by the following definitions:

1. "Covered Persons" includes:

- a. all owners, officers, directors, and employees of ProCare3; and
- b. all contractors, agents, and contracting physicians that provide patient care items or services or that perform billing or coding functions on behalf of ProCare3.

2. "Relevant Covered Persons" includes ProCare3's employees who perform billing and coding functions, managers of such employees, and the member(s) of ProCare3's management responsible for oversight of billing and coding.

### III. CORPORATE INTEGRITY OBLIGATIONS

The Compliance Program must include the following elements.

#### A. Compliance Officer and Committee.

1. *Compliance Officer.* ProCare3 has appointed and shall maintain an individual to serve as its Compliance Officer. The Compliance Officer shall be responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in this CIA and with Federal health care program requirements. The Compliance Officer shall be a member of senior management of ProCare3, shall make periodic (at least quarterly) reports regarding compliance matters directly to the Board of Directors of ProCare3, and shall be authorized to report on such matters to the Board of Directors at any time. The Compliance Officer shall be responsible for monitoring the day-to-day compliance activities engaged in by ProCare3 as well as for any reporting obligations created under this CIA.

ProCare3 shall report to OIG, in writing, any changes in the identity or material changes in the duties of the Compliance Officer, or any actions or changes that would affect the Compliance Officer's ability to perform the duties necessary to meet the obligations in this CIA, within 15 days after such a change.

2. *Compliance Committee.* ProCare3 has formed and shall maintain a Compliance Committee. The Compliance Committee shall, at a minimum, include the Compliance Officer and other members of senior management necessary to meet the requirements of this CIA (e.g., senior executives of relevant departments, such as billing, clinical, human resources, audit, and operations). The Compliance Officer shall chair the Compliance Committee and the Committee shall support the Compliance Officer in fulfilling his/her responsibilities (e.g., shall assist in the analysis of the organization's risk areas and shall oversee monitoring of internal and external audits and investigations).

ProCare3 shall report to OIG, in writing, any changes in the composition of the Compliance Committee, or any actions or changes that would affect the Compliance Committee's ability to perform the duties necessary to meet the obligations in this CIA, within 15 days after such a change.

#### B. Written Standards.

1. *Code of Conduct.* ProCare3 has an existing written Code of Conduct and has provided the Code of Conduct to OIG. All Covered Persons shall have received a copy of the Code of Conduct within 90 days after the Effective Date. ProCare3 shall make the promotion of, and adherence to, the Code of Conduct an element in evaluating the performance of all employees. The Code of Conduct shall be revised, as necessary, within 90 days after the Effective Date to set forth, at a minimum:

a. ProCare3's commitment to full compliance with all Federal health care program requirements, including its commitment to prepare and submit accurate claims consistent with such requirements;

b. ProCare3's requirement that all of its Covered Persons shall be expected to comply with all Federal health care program requirements and with ProCare3's own Policies and Procedures as implemented pursuant to Section III.B (including the requirements of this CIA);

c. the requirement that all of ProCare3's Covered Persons shall be expected to report to the Compliance Officer or other appropriate individual designated by ProCare3 suspected violations of any Federal health care program requirements or of ProCare3's own Policies and Procedures;

d. the possible consequences to both ProCare3 and Covered Persons of failure to comply with Federal health care program requirements and with ProCare3's own Policies and Procedures and the failure to report such noncompliance; and

e. the right of all individuals to use the Disclosure Program described in Section III.E, and ProCare3's commitment to maintain confidentiality, as appropriate, and nonretaliation with respect to such disclosures.

Within 90 days after the Effective Date, each Covered Person shall certify, in writing, that he or she has received, read, understood, and shall abide by ProCare3's Code of Conduct. New Covered Persons shall receive the Code of Conduct and shall complete the required certification within 30 days after becoming a Covered Person or within 90 days after the Effective Date, whichever is later.

ProCare3 shall periodically review the Code of Conduct to determine if revisions are appropriate and shall make any necessary revisions based on such a review. Any such revised Code of Conduct shall be distributed within 30 days after finalizing such changes. Each Covered Person shall certify that he or she has received, read, understood, and shall abide by the revised Code of Conduct within 30 days after the distribution of such revisions.

2. *Policies and Procedures.* ProCare3 has existing Policies and Procedures relating to compliance matters and has provided its existing Policies and Procedures to OIG. Within 90 days after the Effective Date, ProCare3 shall revise its existing Policies and Procedures or implement additional written Policies and Procedures regarding the operation of ProCare3's compliance program and its compliance with Federal health care program requirements, as necessary. At a minimum, the Policies and Procedures shall address:

a. the subjects relating to the Code of Conduct identified in Section III.B.1; and

b. the importance of compliance with the billing and coding requirements of Federal health care programs.

Within 90 days after the Effective Date, the relevant portions of the Policies and Procedures shall be distributed to all individuals whose job functions relate to those Policies and Procedures. Appropriate and knowledgeable staff shall be available to explain the Policies and Procedures.

At least annually (and more frequently, if appropriate), ProCare3 shall assess and update as necessary the Policies and Procedures. Within 30 days after the effective date of any revisions, the relevant portions of any such revised Policies and Procedures shall be distributed to all individuals whose job functions relate to those Policies and Procedures.

C. Training and Education.

1. *General Training.* Within 120 days after the Effective Date, ProCare3 shall provide at least one hour of general training to each Covered Person. This training, at a minimum, shall explain ProCare3's:

- a. CIA requirements; and
- b. ProCare3's Compliance Program (including the Code of Conduct and the Policies and Procedures as they pertain to general compliance issues).

New Covered Persons shall receive the general training described above within 30 days after becoming a Covered Person or within 90 days after the Effective Date, whichever is later. After receiving the initial training described above, each Covered Person shall receive at least one hour of general training annually.

2. *Specific Training.* Within 60 days prior to or 120 days after the Effective Date, each Relevant Covered Person shall receive at least four hours of specific training in addition to the general training required above. This specific training shall include a discussion of:

- a. the submission of accurate claims for services rendered to Federal health care program beneficiaries;
- b. policies, procedures, and other requirements applicable to the documentation of medical records;
- c. the personal obligation of each individual involved in the claims submission process to ensure that such claims are accurate;
- d. applicable reimbursement statutes, regulations, and program requirements and directives;
- e. the legal sanctions for improper claims; and

- f. examples of proper and improper claims submission practices.

Persons providing the training shall be knowledgeable about the subject area.

Relevant Covered Persons shall receive this training within 60 days after the beginning of their employment or becoming Relevant Covered Persons, or within 30 days prior to or 120 days after the Effective Date, whichever is later. A ProCare3 employee who has completed the specific training shall review a new Relevant Covered Person's work, to the extent that the work relates to the delivery of patient care items or services and/or the preparation or submission of claims for reimbursement from any Federal health care program, until such time as the new Relevant Covered Person completes his or her applicable training.

After receiving the initial training described in this Section, each Relevant Covered Person shall receive at least four hours of specific training annually. ProCare3 shall annually review the training, and, where appropriate, update the training to reflect changes in Federal health care program requirements, any issues discovered during internal audits or IRO audits, and any other relevant information.

3. *Certification.* Each individual who is required to attend training shall certify, in writing, or in electronic form if the training is done via computer, that he or she has received the required training. The certification shall specify the type of training received and the date received. The Compliance Officer (or designee) shall retain the certifications, along with all course materials. These shall be made available to OIG, upon request.

D. Review Procedures.

1. *General Description.*

a. Retention of Independent Review Organization. Within 120 days after the Effective Date, ProCare3 shall retain an entity (or entities), such as an accounting, auditing, or consulting firm (hereinafter "Independent Review Organization" or "IRO"), to perform reviews to assist ProCare3 in assessing and evaluating its billing and coding practices and certain other obligations pursuant to this CIA and the Settlement Agreement. The IRO retained by ProCare3 (i) shall have expertise in the general requirements of the Federal health care program(s) from which ProCare3 seeks reimbursement and (ii) shall preferably have expertise in the billing, coding, reporting, and other requirements of rehabilitation services programs. The IRO shall assess, along with ProCare3, whether it can perform the IRO review in a professionally independent and/or objective fashion, as appropriate to the nature of the engagement, taking into account any other business relationships or engagements that may exist. The IRO's review shall address and analyze ProCare3's billing and coding to the Federal health care programs (Claims Review) and shall

analyze whether ProCare3 sought payment for certain unallowable costs (Unallowable Cost Review).

b. Frequency of Claims Review. The Claims Review shall be performed annually and shall cover each of the Reporting Periods. The IRO shall perform all components of Claims Review.

c. Frequency of Unallowable Cost Review. The IRO shall perform the Unallowable Cost Review for the first Reporting Period.

d. Retention of Records. The IRO and ProCare3 shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and ProCare3) related to the reviews.

2. *Claims Review.* The Claims Review shall include a Discovery Sample and, if necessary, a Full Sample. The applicable definitions, procedures, and reporting requirements are outlined in Appendix A, which is incorporated by reference.

a. Discovery Sample. The IRO shall randomly select and review a sample of 50 Medicare or Medicaid Paid Claims submitted by or on behalf of ProCare3. The Paid Claims shall be reviewed based on the supporting documentation available at ProCare3 or under ProCare3's control and applicable billing and coding regulations and guidance to determine whether the claim submitted was correctly coded, submitted, and reimbursed.

i. If the Error Rate (as defined in Appendix A) for the Discovery Sample is less than 5%, no additional sampling is required, nor is the Systems Review required. (Note: The threshold listed above does not imply that this is an acceptable error rate. Accordingly, ProCare3 should, as appropriate, further analyze any errors identified in the Discovery Sample. ProCare3 recognizes that OIG or other HHS component, in its discretion and as authorized by statute, regulation, or other appropriate authority, may also analyze or review Paid Claims included, or errors identified, in the Discovery Sample.)

ii. If the Discovery Sample indicates that the Error Rate is 5% or greater, the IRO shall perform a Full Sample and a Systems Review, as described below.

b. Full Sample. If necessary, as determined by procedures set forth in Section III.D.2.a, the IRO shall perform an additional sample of Paid Claims using commonly accepted sampling methods and in accordance with Appendix A. The Full Sample shall be designed to (i) estimate the actual Overpayment in the population with a 90% confidence

level and with a maximum relative precision of 25% of the point estimate; and (ii) conform with the Centers for Medicare & Medicaid Services' statistical sampling for overpayment estimation guidelines. The Paid Claims shall be reviewed based on supporting documentation available at ProCare3 or under ProCare3's control and applicable billing and coding regulations and guidance to determine whether the claim submitted was correctly coded, submitted, and reimbursed. For purposes of calculating the size of the Full Sample, the Discovery Sample may serve as the probe sample, if statistically appropriate. Additionally, ProCare3 may use the Items sampled as part of the Discovery Sample, and the corresponding findings for those 50 Items, as part of its Full Sample. OIG, in its full discretion, may refer the findings of the Full Sample (and any related workpapers) received from ProCare3 to the appropriate Federal health care payor, including the Medicare contractor (e.g., carrier, fiscal intermediary, or DMERC), for appropriate follow-up by that payor.

c. Systems Review. If ProCare3's Discovery Sample identifies an Error Rate of 5% or greater, ProCare3's IRO shall also conduct a Systems Review. Specifically, for each claim in the Discovery Sample and Full Sample that resulted in an Overpayment, the IRO shall perform a "walk through" of the system(s) and process(es) that generated the claim to identify any problems or weaknesses that may have resulted in the identified Overpayments. The IRO shall provide its observations and recommendations on suggested improvements to the system(s) and process(es) that generated the claim.

d. Repayment of Identified Overpayments. In accordance with Section III.H.1, ProCare3 shall repay any Overpayment(s) identified in the Discovery Sample or the Full Sample (if applicable), regardless of the Error Rate, to the appropriate payor and in accordance with payor refund policies. ProCare3 shall make available to OIG, upon request, the documentation that reflects the refund of the Overpayment(s) to the payor.

3. *Claims Review Report.* The IRO shall prepare a report based upon the Claims Review performed (the "Claims Review Report"). Information to be included in the Claims Review Report is detailed in Appendix A.

4. *Unallowable Cost Review.* If applicable, the IRO shall conduct a review of ProCare3's compliance with the unallowable cost provisions of the Settlement Agreement. The IRO shall determine whether ProCare3 has complied with its obligations not to charge to, or otherwise seek payment from, federal or state payors for unallowable costs (as defined in the Settlement Agreement) and its obligation to identify to applicable federal or state payors any unallowable costs included in payments previously sought from the United States, or any state Medicaid program. This unallowable cost analysis shall include, but not be limited to, payments sought in any cost reports, cost statements, information reports, or payment requests already submitted by ProCare3 or any of its

subsidiaries. To the extent that such cost reports, cost statements, information reports, or payment requests, even if already settled, have been adjusted to account for the effect of the inclusion of the unallowable costs, the IRO shall determine if such adjustments were proper. In making this determination, the IRO may need to review cost reports and/or financial statements from the year in which the Settlement Agreement was executed, as well as from previous years.

5. *Unallowable Cost Review Report.* If applicable, the IRO shall prepare a report based upon the Unallowable Cost Review performed. The Unallowable Cost Review Report shall include the IRO's findings and supporting rationale regarding the Unallowable Costs Review and whether ProCare3 has complied with its obligation not to charge to, or otherwise seek payment from, federal or state payors for unallowable costs (as defined in the Settlement Agreement) and its obligation to identify to applicable federal or state payors any unallowable costs included in payments previously sought from such payor.

6. *Validation Review.* In the event OIG has reason to believe that: (a) ProCare3's Claims Review or Unallowable Cost Review fails to conform to the requirements of this CIA; or (b) the IRO's findings or Claims Review results are inaccurate, OIG may, at its sole discretion and after written notice to ProCare3, conduct its own review to determine whether the Claims Review or Unallowable Cost Review complied with the requirements of the CIA and/or the findings or Claims Review results are inaccurate (Validation Review). ProCare3 shall pay for the reasonable cost of any such review performed by OIG or any of its designated agents, so long as it is initiated within one year after ProCare3's final submission (as described in Section II) is received by OIG.

Prior to initiating a Validation Review, OIG shall notify ProCare3 in writing of its intent to do so and provide ProCare3 with a written explanation of the facts supporting OIG's belief that such a review is necessary. To resolve any concerns raised by OIG, ProCare3 may request a meeting with OIG to discuss the results of any Claims Review or Unallowable Cost Review submissions or findings; present any additional or relevant information to clarify the results of the Claims Review or Unallowable Cost Review or to correct the inaccuracy of the Claims Review; or propose alternatives to the proposed Validation Review. ProCare3 shall provide any additional information as may be requested by OIG under this Section in an expedited manner. OIG will attempt in good faith to resolve any Claims Review or Unallowable Cost Review with ProCare3 prior to conducting a Validation Review. However, the final determination as to whether or not to proceed with a Validation Review shall be made at the sole discretion of OIG.

7. *Independence/Objectivity Certification.* The IRO shall include in its report(s) to ProCare3 a certification or sworn affidavit that it has evaluated its professional independence and/or objectivity, as appropriate to the nature of the engagement, with regard to the Claims Review or Unallowable Cost Review and that it has concluded that it is, in fact, independent and/or objective.



E. Disclosure Program.

ProCare3 has an existing Disclosure Program, which it provided to OIG. Within 90 days after the Effective Date, ProCare3 shall review, and revise as necessary, its Disclosure Program to conform with the requirements of this CIA. The Disclosure Program shall include a mechanism (e.g., a toll-free compliance telephone line) to enable individuals to disclose, to the Compliance Officer or some other person who is not the disclosing individual's direct supervisor, any identified issues or questions associated with ProCare3's policies, conduct, practices, or procedures with respect to a Federal health care program, believed by the individual to be a potential violation of criminal, civil, or administrative law. ProCare3 shall appropriately communicate to Covered Persons the existence of the disclosure mechanism (e.g., via periodic e-mails to employees or by posting the information in prominent common areas).

The Disclosure Program shall emphasize a nonretribution, nonretaliation policy, and shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained. Upon receipt of a disclosure, the Compliance Officer (or designee) shall gather all relevant information from the disclosing individual. The Compliance Officer (or designee) shall make a preliminary, good faith inquiry into the allegations set forth in every disclosure to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted. For any disclosure that is sufficiently specific so that it reasonably: (1) permits a determination of the appropriateness of the alleged improper practice; and (2) provides an opportunity for taking corrective action, ProCare3 shall conduct an internal review of the allegations set forth in such a disclosure and ensure that any necessary corrective action is taken.

The Compliance Officer (or designee) shall maintain a disclosure log, which shall include a record and summary of each disclosure received (whether anonymous or not), the status of any respective internal reviews, and any corrective action taken in response to the internal reviews. The disclosure log shall be available to OIG, upon request.

F. Ineligible Persons.

1. *Definition.* For purposes of this CIA, an "Ineligible Person" shall be an individual or entity who: (a) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or Federal procurement or nonprocurement programs; or (b) has been convicted of a 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.

2. *Screening Requirements.* ProCare3 shall ensure that all owners, officers, directors, employees, contractors, agents, and contracting physicians of ProCare3 are not Ineligible Persons. To ensure that such persons are not Ineligible Persons, ProCare3 shall screen such persons prior to engaging their services by: (a) requiring such persons to disclose whether they are Ineligible Persons; and (b) appropriately querying the General Services Administration's List of Parties Excluded from Federal Programs (available through the Internet at <http://epls.arnet.gov>) and the HHS/OIG List of Excluded Individuals/Entities (available through the Internet at <http://oig.hhs.gov>) (these lists shall

hereinafter be referred to as the “Exclusion Lists”). Nothing in this Section affects the responsibility of (or liability for) ProCare3 to refrain from billing Federal health care programs for services of the Ineligible Person.

3. *Review and Removal Requirement.* Within 90 days after the Effective Date, ProCare3 shall review its list of the persons identified in Section III.F.2 against the Exclusion Lists. Thereafter, ProCare3 shall review its list of such persons against the Exclusion Lists annually. In addition, ProCare3 shall require such persons to disclose immediately any debarment, exclusion, suspension, or other event that makes such person an Ineligible Person.

If ProCare3 has actual notice that such person has become an Ineligible Person, ProCare3 shall remove such person from responsibility for, or involvement with, ProCare3’s business operations related to the Federal health care programs and shall remove such person from any position for which the person’s compensation or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time as the person is reinstated into participation in the Federal health care programs.

4. *Pending Charges and Proposed Exclusions.* If ProCare3 has actual notice that a person identified in Section III.F.2 is charged with a criminal offense related to any Federal health care program, or is proposed for exclusion during his or her employment, involvement, or contract term, or, in the case of a physician, during the term of the physician’s contract. ProCare3 shall take all appropriate actions to ensure that the responsibilities of that person have not and shall not adversely affect the quality of care rendered to any beneficiary, patient, or resident, or the accuracy of any claims submitted to any Federal health care program.

G. Notification of Government Investigation or Legal Proceedings.

Within 30 days after discovery, ProCare3 shall notify OIG, in writing, of any ongoing investigation known to ProCare3 or legal proceeding conducted or brought by a governmental entity or its agents acting in their capacity as such involving an allegation that ProCare3 has committed a crime or has engaged in fraudulent activities. To the extent known to ProCare3, this notification shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding. ProCare3 shall also provide written notice to OIG within 30 days after the resolution of such matter, and shall provide OIG with a description of the findings and/or results of the proceedings, if any.

H. Reporting.

1. *Overpayments.*

a. Definition of Overpayments. For purposes of this CIA, an “Overpayment” shall mean the amount of money ProCare3 has received in excess of the amount due and payable under any Federal health care program requirements.

b. Reporting of Overpayments. If, at any time, ProCare3 identifies or learns of any Overpayment, ProCare3 shall notify the payor (e.g., Medicare fiscal intermediary or carrier) within 30 days after identification of the Overpayment and take remedial steps within 60 days after identification (or such additional time as may be agreed to by the payor) to correct the problem, including preventing the underlying problem and the Overpayment from recurring. Also, within 30 days after identification of the Overpayment, ProCare3 shall repay the Overpayment to the appropriate payor to the extent such Overpayment has been quantified. If not yet quantified, within 30 days after identification, ProCare3 shall notify the payor of its efforts to quantify the Overpayment amount along with a schedule of when such work is expected to be completed. Notification and repayment shall be done in accordance with the payor's policies and for Medicare contractors, shall include the information contained on the Overpayment Refund Form, provided as Appendix B. Notwithstanding the above, notification and repayment of any Overpayment amount that routinely is reconciled or adjusted pursuant to policies and procedures established by the payor should be handled in accordance with such policies and procedures.

2. *Material Deficiencies.*

a. Definition of Material Deficiency. For purposes of this CIA, a "Material Deficiency" means anything that involves:

- i. a substantial Overpayment; or
- ii. a matter that a reasonable person would consider constitutes a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized.

A Material Deficiency may be the result of an isolated event or a series of occurrences.

b. Reporting of Material Deficiencies. If ProCare3 determines through any means that there is a Material Deficiency, ProCare3 shall notify OIG, in writing, within 30 days after making the determination that the Material Deficiency exists. The report to OIG shall include the following information:

- i. If the Material Deficiency results in an Overpayment, the report to OIG shall be made at the same time as the notification to the payor required in Section III.H.1, and shall include all of the information on the Overpayment Refund Form, as well as:

- (A) the payor's name, address, and contact person to whom the Overpayment was sent; and

(B) the date of the check and identification number (or electronic transaction number) by which the Overpayment was repaid/refunded;

ii. a complete description of the Material Deficiency, including the relevant facts, persons involved, and legal and Federal health care program authorities implicated;

iii. a description of ProCare3's actions taken to correct the Material Deficiency; and

iv. any further steps ProCare3 plans to take to address the Material Deficiency and prevent it from recurring.

#### **IV. NEW BUSINESS UNITS OR LOCATIONS**

In the event that, after the Effective Date, ProCare3 changes locations or sells, closes, purchases, or establishes a new business unit or location related to the furnishing of items or services that may be reimbursed by Federal health care programs, ProCare3 shall notify OIG of this fact as soon as possible, but no later than within 30 days after the date of change of location, sale, closure, purchase, or establishment. This notification shall include the address of the new business unit or location, phone number, fax number, Medicare provider number (if any), and the corresponding contractor's name and address that has issued each Medicare provider number. All Covered Persons at each such business unit or location shall be subject to the applicable requirements in this CIA (*e.g.*, completing certifications and undergoing training).

#### **V. IMPLEMENTATION AND ANNUAL REPORTS**

A. Implementation Report. Within 120 days after the Effective Date, ProCare3 shall submit a written report to OIG summarizing the status of its implementation of the requirements of this CIA. This Implementation Report shall include:

1. the name, address, phone number, and position description of the Compliance Officer required by Section III.A, and a summary of other noncompliance job responsibilities the Compliance Officer may have;

2. the names and positions of the members of the Compliance Committee required by Section III.A;

3. a copy of ProCare3's Code of Conduct required by Section III.B.1;

4. a copy of all Policies and Procedures required by Section III.B.2;

5. a copy of all training materials used for the training required by Section III.C, a description of such training, including a description of the targeted audiences, length of sessions, which sessions were mandatory and for whom, percentage of attendance, and a schedule of when the training sessions were held;

6. a certification by the Compliance Officer that:
  - a. the Policies and Procedures required by Section III.B have been developed, are being implemented, and have been distributed to all appropriate Covered Persons;
  - b. all Covered Persons have completed the Code of Conduct certification required by Section III.B.1; and
  - c. all Covered Persons have completed the applicable training and executed the certification(s) required by Section III.C;

The documentation supporting this certification shall be available to OIG, upon request.

7. a description of the Disclosure Program required by Section III.E;
8. the identity of the IRO(s), a summary/description of all engagements between ProCare3 and the IRO, including, but not limited to, any outside financial audits or reimbursement consulting, and the proposed start and completion dates of the Claims Review, Unallowable Cost Review, or Systems Review;
9. a certification from the IRO regarding its professional independence and/or objectivity with respect to ProCare3;
10. a summary of personnel actions (other than hiring) taken pursuant to Section III.F.;
11. a list of all of ProCare3's locations (including locations and mailing addresses), the corresponding name under which each location is doing business) the corresponding phone numbers and fax numbers, each location's Medicare provider identification number(s), and the name and address of the Medicare contractor to which ProCare3 currently submits claims;
12. a description of ProCare3's corporate structure, including identification of any parent and sister companies, subsidiaries, and their respective lines of business; and
13. the certification required by Section V.C.

B. Annual Reports. ProCare3 shall submit to OIG Annual Reports with respect to the status of, and findings regarding, ProCare3's compliance activities for each of the three Reporting Periods.

Each Annual Report shall include:

1. any change in the identity, or material changes in the position description or other noncompliance job responsibilities of the Compliance Officer and any change in the membership of the Compliance Committee described in Section III.A;

2. a certification by the Compliance Officer that:
  - a. all Covered Persons have completed any Code of Conduct certifications required by Section III.B.1;
  - b. all Covered Persons have completed the applicable training and executed the certification(s) required by Section III.C;
  - c. ProCare3 has complied with its obligations under the Settlement Agreement: (i) not to resubmit to any Federal health care program payors any previously denied claims related to the Covered Conduct addressed in the Settlement Agreement, and not to appeal any such denials of claims; (ii) not to charge to or otherwise seek payment from Federal or State payors for unallowable costs (as defined in the Settlement Agreement); and (iii) to identify and adjust any past charges or claims for unallowable costs;

The documentation supporting this certification shall be available to OIG, upon request.

3. a summary of any significant changes or amendments to the Policies and Procedures required by Section III.B and the reasons for such changes (*e.g.*, change in contractor policy) and copies of any compliance-related Policies and Procedures;
4. a copy of all training materials used for the training required by Section III.C (to the extent it has not already been provided as part of the Implementation Report), a description of such training conducted during the Reporting Period, including a description of the targeted audiences, length of sessions, which sessions were mandatory and for whom, percentage of attendance, and a schedule of when the training sessions were held;
5. a complete copy of all reports prepared pursuant to the IRO's claims review, unallowable cost review, and systems review, if applicable, including a copy of the methodology used, along with a copy of the IRO's engagement letter;
6. ProCare3's response and corrective actions related to any issues raised by the IRO(s);
7. a revised summary/description of all engagements between ProCare3 and the IRO, including, but not limited to, any outside financial audits, compliance program engagements, or reimbursement consulting, if different from what was submitted as part of the Implementation Report;
8. a certification from the IRO regarding its professional independence and/or objectivity with respect to ProCare3;
9. a summary of Material Deficiencies (as defined in Section III.H) identified during the Reporting Period and the status of any corrective and preventative action relating to all such Material Deficiencies;

10. a report of the aggregate Overpayments that have been returned to the Federal health care programs during the Reporting Period. Overpayment amounts shall be broken down into the following categories: inpatient Medicare, outpatient Medicare, Medicaid (report each applicable state separately, if applicable), and other Federal health care programs. Overpayment amounts that are routinely reconciled or adjusted during the usual course of ProCare3's business pursuant to policies, procedures or operational activities of the applicable payor do not need to be included in this aggregate Overpayment report;

11. a summary of the disclosures in the disclosure log required by Section III.E that: (a) relate to Federal health care programs; or (b) allege abuse or neglect of patients;

12. a description of any personnel actions (other than hiring) taken by ProCare3 as a result of the obligations in Section III.F, and the name, title, and responsibilities of any person who is determined to be an Ineligible Person under Section III.F., and the actions taken in response to the obligations set forth in that Section;

13. a summary describing any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.G. The summary shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding;

14. a description of all changes to the most recently provided list (as updated) of ProCare3's locations (including addresses) as required by Section V.A.11, the corresponding name under which each location is doing business, the corresponding phone numbers and fax numbers, each location's Medicare provider identification number(s), and the contractor name and address that issued each Medicare provider number; and

15. the certification required by Section V.C.

The first Annual Report shall be received by OIG no later than 60 days after the end of the first Reporting Period. Subsequent Annual Reports shall be received by OIG no later than the anniversary date of the due date of the first Annual Report.

C. Certifications. The Implementation Report and Annual Reports shall include a certification by the Compliance Officer that: (1) to the best of his or her knowledge, except as otherwise described in the applicable report, ProCare3 is in compliance with all of the requirements of this CIA; and (2) the Compliance Officer has reviewed the Report and has made reasonable inquiry regarding its content and believes that the information is accurate and truthful.

D. Designation of Information. ProCare3 shall clearly identify any portions of its submissions that it believes are trade secrets, or information that is commercial or financial and privileged or confidential, and therefore potentially exempt from disclosure under the Freedom of Information Act (FOIA), 5 U.S.C. § 552. ProCare3 shall refrain from identifying any

information as exempt from disclosure if that information does not meet the criteria for exemption from disclosure under FOIA.

## **VI. NOTIFICATIONS AND SUBMISSION OF REPORTS**

Unless otherwise stated in writing after the Effective Date, all notifications and reports required under this CIA shall be submitted to the following entities:

OIG: Administrative and Civil Remedies Branch  
Office of Counsel to the Inspector General  
Office of Inspector General  
U.S. Department of Health and Human Services  
Cohen Building, Room 5527  
330 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: 202.619.2078  
Facsimile: 202.205.0604

ProCare3: Randy Milnes  
ProCare3 Compliance Officer  
13376 Industrial Road  
Suite 105  
Omaha, NE 68137-1124  
Telephone: 402-330-3231 Ext. 181  
Facsimile: 402-330-0826

Ron Hofmeister, ProCare3 President  
13336 Industrial Road, #105  
Omaha, NE 68137-1124  
Telephone: (402) 330-3231  
Facsimile: (402) 330-0826

Thomas J. Kenny  
Kimberly A. Lammers  
Kutak Rock LLP  
The Omaha Building  
1650 Farnam Street  
Omaha, NE 68102-2186  
Telephone: (402) 346-6000  
Facsimile: (402) 346-1148

Unless otherwise specified, all notifications and reports required by this CIA may be made by certified mail, overnight mail, hand delivery, or other means, provided that there is proof that such notification was received. For purposes of this requirement, internal facsimile confirmation sheets do not constitute proof of receipt.



## **VII. OIG INSPECTION, AUDIT, AND REVIEW RIGHTS**

In addition to any other rights OIG may have by statute, regulation, or contract, OIG or its duly authorized representative(s) may examine or request copies of ProCare3's books, records, and other documents and supporting materials and/or conduct on-site reviews of any of ProCare3's locations for the purpose of verifying and evaluating: (a) ProCare3's compliance with the terms of this CIA; and (b) ProCare3's compliance with the requirements of the Federal health care programs in which it participates. The documentation described above shall be made available by ProCare3 to OIG or its duly authorized representative(s) at all reasonable times for inspection, audit, or reproduction. Furthermore, for purposes of this provision, OIG or its duly authorized representative(s) may request to interview any of ProCare3's employees, contractors, or agents who consent to be interviewed at the individual's place of business during normal business hours or at such other place and time as may be mutually agreed upon between the individual and OIG. ProCare3 shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. ProCare3's employees may elect to be interviewed with or without a representative of ProCare3 present, or with or without their counsel present.

## **VIII. DOCUMENT AND RECORD RETENTION**

ProCare3 shall maintain for inspection all documents and records relating to reimbursement from the Federal health care programs, or to compliance with this CIA, for four years (or longer if otherwise required by law).

## **IX. DISCLOSURES**

Consistent with HHS's FOIA procedures, set forth in 45 C.F.R. Part 5, OIG shall make a reasonable effort to notify ProCare3 prior to any release by OIG of information submitted by ProCare3 pursuant to its obligations under this CIA and identified upon submission by ProCare3 as trade secrets, or information that is commercial or financial and privileged or confidential, under the FOIA rules. With respect to such releases, ProCare3 shall have the rights set forth at 45 C.F.R. § 5.65(d).

## **X. BREACH AND DEFAULT PROVISIONS**

ProCare3 is expected to fully and timely comply with all of its CIA obligations.

A. Stipulated Penalties for Failure to Comply with Certain Obligations. As a contractual remedy, ProCare3 and OIG hereby agree that failure to comply with certain obligations set forth in this CIA may lead to the imposition of the following monetary penalties (hereinafter referred to as "Stipulated Penalties") in accordance with the following provisions.

1. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day ProCare3 fails to have in place the obligations described in Section III:

- a. a Compliance Officer;

- b. a Compliance Committee;
- c. a written Code of Conduct;
- d. written Policies and Procedures;
- e. a requirement that Covered Persons be trained; and
- f. a Disclosure Program.

2. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day ProCare3 fails to retain an IRO, as required in Section III.D.

3. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day ProCare3 fails to meet any of the deadlines, for the submission of the Implementation Report or the Annual Reports to OIG.

4. A Stipulated Penalty of \$2,000 (which shall begin to accrue on the date the failure to comply began) for each day ProCare3 employs, or contracts with, an Ineligible Person and that person: (a) has responsibility for, or involvement with, ProCare3's business operations related to the Federal health care programs; or (b) is in a position for which the person's salary or the items or services rendered, ordered, or prescribed by the person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds (the Stipulated Penalty described in this Subsection shall not be demanded for any time period during which ProCare3 can demonstrate that it did not discover the person's exclusion or other ineligibility after making a reasonable inquiry (as described in Section III.F) as to the status of the person).

5. A Stipulated Penalty of \$1,500 for each day ProCare3 fails to grant access to the information or documentation as required in Section VII. (This Stipulated Penalty shall begin to accrue on the date ProCare3 fails to grant access.)

6. A Stipulated Penalty of \$5,000 for each false certification submitted by or on behalf of ProCare3 as part of its Implementation Report, Annual Report, additional documentation to a report (as requested by the OIG), or otherwise required by this CIA.

7. A Stipulated Penalty of \$1,000 for each day that ProCare3 fails to comply fully and adequately with any obligation of this CIA. In its notice to ProCare3, OIG shall state the specific grounds for its determination that ProCare3 has failed to comply fully and adequately with the CIA obligation(s) at issue and steps ProCare3 shall take to comply with the CIA. (This Stipulated Penalty shall begin to accrue 10 days after ProCare3 receives notice from OIG of the failure to comply.) A Stipulated Penalty as described in this Subsection shall not be demanded for any violation for which OIG has sought a Stipulated Penalty under Subsections 1 – 6 of this Section.

B. Timely Written Requests for Extensions. ProCare3 may, in advance of the due date, submit a timely written request for an extension of time to perform any act or file any notification or report required by this CIA. Notwithstanding any other provision in this Section, if OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after ProCare3 fails to meet the revised deadline set by OIG. Notwithstanding any other provision in this Section, if OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until three business days after ProCare3 receives OIG's written denial of such request or the original due date, whichever is later. A "timely written request" is defined as a request in writing received by OIG at least five business days prior to the date by which any act is due to be performed or any notification or report is due to be filed.

C. Payment of Stipulated Penalties.

1. *Demand Letter.* Upon a finding that ProCare3 has failed to comply with any of the obligations described in Section X.A and after determining that Stipulated Penalties are appropriate, OIG shall notify ProCare3 of: (a) ProCare3's failure to comply; and (b) OIG's exercise of its contractual right to demand payment of the Stipulated Penalties (this notification is hereinafter referred to as the "Demand Letter").

2. *Response to Demand Letter.* Within 10 days after the receipt of the Demand Letter, ProCare3 shall either: (a) cure the breach to OIG's satisfaction and pay the applicable Stipulated Penalties; or (b) request a hearing before an HHS administrative law judge (ALJ) to dispute OIG's determination of noncompliance, pursuant to the agreed upon provisions set forth below in Section X.E. In the event ProCare3 elects to request an ALJ hearing, the Stipulated Penalties shall continue to accrue until ProCare3 cures, to OIG's satisfaction, the alleged breach in dispute. Failure to respond to the Demand Letter in one of these two manners within the allowed time period shall be considered a material breach of this CIA and shall be grounds for exclusion under Section X.D.

3. *Form of Payment.* Payment of the Stipulated Penalties shall be made by certified or cashier's check, payable to: "Secretary of the Department of Health and Human Services," and submitted to OIG at the address set forth in Section VI.

4. *Independence from Material Breach Determination.* Except as set forth in Section X.D.1.c, these provisions for payment of Stipulated Penalties shall not affect or otherwise set a standard for OIG's decision that ProCare3 has materially breached this CIA, which decision shall be made at OIG's discretion and shall be governed by the provisions in Section X.D., below.

D. Exclusion for Material Breach of this CIA.

1. *Definition of Material Breach.* A material breach of this CIA means:

a. a failure by ProCare3 to report a Material Deficiency, take corrective action, and make the appropriate refunds, as required in Section III.H;

- b. a repeated or flagrant violation of the obligations under this CIA, including, but not limited to, the obligations addressed in Section X.A;
- c. a failure to respond to a Demand Letter concerning the payment of Stipulated Penalties in accordance with Section X.C; or
- d. a failure to retain and use an IRO in accordance with Section III.D.

2. *Notice of Material Breach and Intent to Exclude.* The parties agree that a material breach of this CIA by ProCare3 constitutes an independent basis for ProCare3's exclusion from participation in the Federal health care programs. Upon a determination by OIG that ProCare3 has materially breached this CIA and that exclusion is the appropriate remedy, OIG shall notify ProCare3 of: (a) ProCare3's material breach; and (b) OIG's intent to exercise its contractual right to impose exclusion (this notification is hereinafter referred to as the "Notice of Material Breach and Intent to Exclude").

3. *Opportunity to Cure.* ProCare3 shall have 30 days from the date of receipt of the Notice of Material Breach and Intent to Exclude to demonstrate to OIG's satisfaction that:

- a. ProCare3 is in compliance with the obligations of the CIA cited by OIG as being the basis for the material breach;
- b. the alleged material breach has been cured; or
- c. the alleged material breach cannot be cured within the 30-day period, but that: (i) ProCare3 has begun to take action to cure the material breach; (ii) ProCare3 is pursuing such action with due diligence; and (iii) ProCare3 has provided to OIG a reasonable timetable for curing the material breach.

4. *Exclusion Letter.* If, at the conclusion of the 30-day period, ProCare3 fails to satisfy the requirements of Section X.D.3, OIG may exclude ProCare3 from participation in the Federal health care programs. OIG shall notify ProCare3 in writing of its determination to exclude ProCare3 (this letter shall be referred to hereinafter as the "Exclusion Letter"). Subject to the Dispute Resolution provisions in Section X.E, below, the exclusion shall go into effect 30 days after the date of the Exclusion Letter. The exclusion shall have national effect and shall also apply to all other Federal procurement and nonprocurement programs. Reinstatement to program participation is not automatic. After the end of the period of exclusion, ProCare3 may apply for reinstatement by submitting a written request for reinstatement in accordance with the provisions at 42 C.F.R. §1001.3001-.3004.

#### E. Dispute Resolution.

1. *Review Rights.* Upon OIG's delivery to ProCare3 of its Demand Letter or of its Exclusion Letter, and as an agreed-upon contractual remedy for the resolution of disputes arising under this CIA, ProCare3 shall be afforded certain review rights comparable to the ones that are provided in 42 U.S.C. § 1320a-7(f) and 42 C.F.R.

Part 1005 as if they applied to the Stipulated Penalties or exclusion sought pursuant to this CIA. Specifically, OIG's determination to demand payment of Stipulated Penalties or to seek exclusion shall be subject to review by an HHS ALJ and, in the event of an appeal, the HHS Departmental Appeals Board (DAB), in a manner consistent with the provisions in 42 C.F.R. §§ 1005.2-1005.21. Notwithstanding the language in 42 C.F.R. § 1005.2(c), the request for a hearing involving Stipulated Penalties shall be made within 10 days after receipt of the Demand Letter and the request for a hearing involving exclusion shall be made within 25 days after receipt of the Exclusion Letter.

2. *Stipulated Penalties Review.* Notwithstanding any provision of Title 42 of the United States Code or Chapter 42 of the Code of Federal Regulations, the only issues in a proceeding for Stipulated Penalties under this CIA shall be: (a) whether ProCare3 was in full and timely compliance with the obligations of this CIA for which OIG demands payment; and (b) the period of noncompliance. ProCare3 shall have the burden of proving its full and timely compliance and the steps taken to cure the noncompliance, if any. OIG shall not have the right to appeal to the DAB an adverse ALJ decision related to Stipulated Penalties. If the ALJ agrees with OIG with regard to a finding of a breach of this CIA and orders ProCare3 to pay Stipulated Penalties, such Stipulated Penalties shall become due and payable 20 days after the ALJ issues such a decision unless ProCare3 requests review of the ALJ decision by the DAB. If the ALJ decision is properly appealed to the DAB and the DAB upholds the determination of OIG, the Stipulated Penalties shall become due and payable 20 days after the DAB issues its decision.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or Chapter 42 of the Code of Federal Regulations, the only issues in a proceeding for exclusion based on a material breach of this CIA shall be:

- a. whether ProCare3 was in material breach of this CIA;
- b. whether such breach was continuing on the date of the Exclusion Letter; and
- c. whether the alleged material breach could not have been cured within the 30-day period, but that: (i) ProCare3 had begun to take action to cure the material breach within that period; (ii) ProCare3 has pursued and is pursuing such action with due diligence; and (iii) ProCare3 provided to OIG within that period a reasonable timetable for curing the material breach and ProCare3 has followed the timetable.

For purposes of the exclusion herein, exclusion shall take effect only after an ALJ decision favorable to OIG, or, if the ALJ rules for ProCare3, only after a DAB decision in favor of OIG. ProCare3's election of its contractual right to appeal to the DAB shall not abrogate OIG's authority to exclude ProCare3 upon the issuance of an ALJ's decision in favor of OIG. If the ALJ sustains the determination of OIG and determines that exclusion is authorized, such exclusion shall take effect 20 days after the ALJ issues such a decision, notwithstanding that ProCare3 may request review of the ALJ decision by the

DAB. If the DAB finds in favor of OIG after an ALJ decision adverse to OIG, the exclusion shall take effect 20 days after the DAB decision. ProCare3 shall waive its right to any notice of such an exclusion if a decision upholding the exclusion is rendered by the ALJ or DAB. If the DAB finds in favor of ProCare3, ProCare3 shall be reinstated effective on the date of the original exclusion.

**XI. EFFECTIVE AND BINDING AGREEMENT**

Consistent with the provisions in the Settlement Agreement pursuant to which this CIA is entered, and into which this CIA is incorporated, ProCare3 and OIG agree as follows:

A. This CIA shall be binding on the successors, assigns, and transferees of ProCare3;

B. This CIA shall become final and binding on the date ProCare3's signature is obtained on the CIA;

C. Any modifications to this CIA shall be made with the prior written consent of the parties to this CIA;

D. OIG may agree to a suspension of ProCare3's obligations under the CIA in the event of ProCare3's cessation of participation in Federal health care programs. If ProCare3 withdraws from participation in Federal health care programs and is relieved of its CIA obligations by OIG, ProCare3 shall notify OIG at least 30 days in advance of ProCare3's intent to reapply as a participating provider or supplier with the Federal health care programs. Upon receipt of such notification, OIG shall evaluate whether the CIA should be reactivated or modified.

E. The undersigned ProCare3 signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatory represents that he is signing this CIA in his official capacity and that he is authorized to execute this CIA.

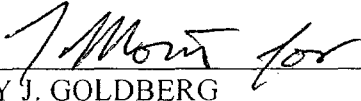
ON BEHALF OF PROCARE3, INC.

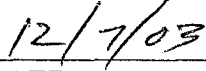
Ronald W. Hofmeister                      12/9/03  
RON HOFMEISTER                              DATE  
President and CFO  
ProCare3, Inc.

Risa K. Hofmeister                      12/9/03  
RISA HOFMEISTER                              DATE  
Chief Executive Officer  
ProCare3, Inc.

Thomas J. Kenny                      12/9/03  
THOMAS J. KENNY                              DATE  
KIMBERLY A. LAMMERS  
Kutak Rock LLP  
Counsel for ProCare3, Inc.

ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL  
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

  
\_\_\_\_\_  
LARRY J. GOLDBERG  
Assistant Inspector General for Legal Affairs  
Office of Inspector General  
U.S. Department of Health and Human Services

  
\_\_\_\_\_  
DATE