



CHS ACO Op Co LLC.  
CODE OF CONDUCT



The CHS ACO Op Co LLC. (CHS ACO) Code of Conduct is intended to promote and sustain ethical business practices throughout its operations and in compliance with applicable laws and regulations. This Code of Conduct, Compliance Plan, and policies and procedures applies to all ACO Personnel.

ACO Personnel is defined as all CHS ACO employees, board of directors, Participating and Preferred Providers, providers/suppliers, and other individuals/entities that have entered into agreements with CHS ACO for the performance of functions or services related to CHS ACO activities.

Expectations of all ACO Personnel:

1. **True Blue Standards of Excellence:** We strive to be the leaders in delivering a superior customer experience to each and every one of our customers.
2. **Honest and Lawful Conduct:** We abide by all laws and regulations applicable to CHSACO's operations, including requirements of the ACO REACH Model Participation Agreement between CMS and CHS ACO.
3. **Comply with Laws and CHS ACO Compliance Program and Policies:** We comply with all Federal and state rules and regulations, and CHS ACO compliance program policies and procedures.
4. **Quality of Care:** We treat all patients with respect and dignity, providing care that is both necessary and appropriate.
5. **No Reduction in Medically Necessary Services:** We do not engage in any practice or activity that would reasonably be expected to have the effect of denying or discouraging the provision of medically necessary services.
6. **At-Risk Beneficiaries:** We do not take actions intended to avoid treating Medicare patients with high risk scores due but not limited to hospitalization rates, utilization patterns, dual eligibility status, mental health/substance abuse disorders, or one or more chronic conditions.
7. **Beneficiary Choice:** We do not commit any act or omission, nor adopt any policy that inhibits Medicare beneficiaries aligned with the ACO from exercising their basic freedom of choice to obtain services from health care providers and entities who are not ACO Providers.

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8. **No Discrimination:** We prohibit any form of discrimination in the provision of services, marketing, or enrollment practices. We will not deny, limit, or condition medically necessary services to any person based on characteristics protected by law or any factor that is related to health status, such as nature and extent of medical condition or medical history.

9. **Quality Data Collection and Submission:** We are required to periodically submit quality and other relevant Medicare reporting data to CMS. All ACO Personnel are expected to cooperate in the gathering, recording, and submitting of such data and information in a timely, accurate and complete manner in accordance with ACO REACH program requirements. All certifications and other reports submitted to government agencies will be filed timely, accurately and in accordance with Participation Agreement and CMS requirements.

10. **No Retaliation:** We prohibit retaliation, in any form, against any individual reporting issues and concerns in good faith. Retaliation is subject to discipline, up to, and including, termination of employment or participation in CHS ACO.

11. **Beneficiary Rights to Opt-Out of Data Sharing:** Upon request, CHS ACO and ACO Participating and Preferred Providers will provide Medicare beneficiaries information regarding their right to opt out or modify their data sharing preferences in accordance with the CMS Participation Agreement requirements.

12. **Privacy and Security of Patient Information:** We will maintain the privacy and security of Medicare beneficiaries' protected health information (PHI). All ACO Personnel will keep such PHI confidential, except when disclosure is authorized by the patient or permitted by law.

13. **Fraud and Abuse Laws:** Federal and state law prohibit the exchange of anything of value in order to induce or reward patient referrals for business payable by a federal or state health care program. In accordance with these laws, we will not offer, solicit, pay or receive anything of value, directly or indirectly, for referring a patient or furnishing or arranging for a good or service payable by a federal, state or other third-party payer. All referral decisions will be based solely on the health care needs of CHS ACO patients. We will promptly investigate any reports of alleged violations of law, regulations or policies related to CHS ACO activities and will timely report violations of law to appropriate authorities.

14. **Reporting Issues or Concerns:** We promote an environment that encourages all ACO Personnel to seek answers to questions and to report issues and concerns. ACO Personnel are expected to report, in good faith, any actual or suspected fraud, waste, and abuse, violations of law, regulation, or CHS ACO policies. Any ACO Personnel may at any time report compliance matters directly to the CHS ACO Compliance Officer by calling the Compliance Action Line at 1-800-238-1770 or by email to



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communicareactionline.ethicspoint.com. Callers have the option to remain anonymous if they so choose.

**15. Gifts to Beneficiaries:** We will not provide gifts or other remuneration to beneficiaries, either individually or on behalf of the ACO, as inducements for receiving items or services from or remaining in the ACO, or receiving items or services from ACO Personnel.

**16. Marketing Activities and Materials:** We will adhere to all applicable federal and state laws, regulations, and rules governing marketing and advertising to, and the enrolling of, potential beneficiaries. We do not tolerate the use of incorrect or misleading information in marketing and advertising materials. Marketing and advertising materials are to be submitted to the relevant government agency for approval prior to use.

**17. Distribution and Use of Shared Savings:** All distributions of shared savings payments will be made in accordance with a methodology approved by the CHS ACO Board of Directors, and will not reflect or be based on referrals between ACO Providers/Suppliers or on any other improper bases. Rather, distributions or any use of shared savings payments are expected to be reasonably related to the purpose of the ACO, as determined by the CHS ACO Board.

**18. Documentation, Coding, and Billing:** We adhere to laws and regulations governing the billing, coding, and documentation requirements for medical services billed to Medicare. All billing, coding, and documentation must be accurate and truthful. Only medically necessary services that are consistent with accepted standards of medical care may be billed. Billing and coding is to be based on adequate documentation of the medical justification for the service provided and for the claim submitted, and medical documentation must comply with applicable payer requirements.

**19. Exclusion Screening:** CHS ACO and ACO Personnel, including Participating and Preferred Providers, will not knowingly hire, employ, contract, or do business with any individual or entity excluded, debarred, or otherwise ineligible to participate in federal or state health care programs such as Medicare and Medicaid, or whose officers, directors or employees are excluded from participating in federal or state health care programs. ACO Personnel are responsible for taking all necessary steps to ensure their employees involving in providing functions or services related to CHS ACO activities, directly or indirectly, remain eligible to participate in federal and state health care programs.



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**20. Conflicts of Interest:** We exercise good faith in all transactions that touch upon ACO Personnel duties and responsibilities for, or on behalf of, CHS ACO. No ACO Personnel may use their positions or knowledge gained for personal advantage and will not allow their judgment to become impaired by outside personal or financial interests. If ACO Personnel find that their duties may conflict, or appear to conflict, with another relationship, then it is the duty of the ACO Personnel to immediately disclose such situation to the compliance officer or their supervisor.



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**Honesty:** Have the courage to be truthful. Honesty is the foundation for all of our principles, policies and actions.

**Excellence:** Strive to base all decisions and actions on our company philosophy of creating a superior customer experience.

**Accountability:** Take ownership not only of your job, but of the customer experience. Do what it takes to make it right.

**Respect:** Treat and value others as you would like to be treated and valued.

**Teamwork:** Promote common goals and teamwork by helping others openly communicating.



Compliance Action Line

Phone: 1-800-238-1770

Email: [communicareactionline.ethicspoint.com](mailto:communicareactionline.ethicspoint.com)

833-39 REACH (833-397-3224)  
PartnershipInHealth.com

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