

**CORPORATE INTEGRITY AGREEMENT  
BETWEEN THE  
OFFICE OF INSPECTOR GENERAL OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AND  
PHYSICIAN PARTNERS OF AMERICA, LLC;  
FLORIDA PAIN RELIEF GROUP, PLLC; TEXAS PAIN RELIEF GROUP, PLLC  
PHYSICIAN PARTNERS OF AMERICA CRNA HOLDINGS, LLC;  
MEDICAL TOX LABS, LLC; MEDICAL DNA LABS, LLC;  
AND RODOLFO GARI, M.D.**

**I. PREAMBLE**

Physician Partners of America, LLC; Florida Pain Relief Group, PLLC; Texas Pain Relief Group, PLLC; Physician Partners of America CRNA Holdings, LLC; Medical Tox Labs, LLC; Medical DNA Labs, LLC; and Rodolfo Gari, M.D. (collectively, PPOA)<sup>1</sup> hereby enter 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 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, PPOA is entering into a Settlement Agreement with the United States.

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

A. The Effective Date of this CIA shall be the date on which the final signatory of this CIA executes this CIA. The term of this CIA shall be five years from the Effective Date. Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a “Reporting Period.”

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<sup>1</sup> This CIA applies to any subsidiaries and affiliates of any of these entities that furnish, order, or prescribe items or services that may be reimbursed by any Federal healthcare program. Further, the CIA includes any entity that furnishes, orders, or prescribes items or services that may be reimbursed by any Federal healthcare program in which Rodolfo Gari, M.D. holds an ownership, control, or management interest greater than 5%.

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

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

1. "Arrangements" shall mean:

- a. every arrangement or transaction that involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value; and is between PPOA and any actual or potential source of health care business or referrals to PPOA or any actual or potential recipient of health care business or referrals from PPOA or
- b. every financial relationship (as defined at 42 C.F.R. § 411.354(a)) that is between PPOA and a physician (or a physician's immediate family member (as defined at 42 C.F.R. § 411.351)) who makes a referral (as defined at 42 U.S.C. § 1395nn(h)(5)) to PPOA for designated health services (as defined at 42 U.S.C. § 1395nn(h)(6)).

2. The term "source of health care business or referrals" shall mean any individual or entity that refers, recommends, arranges for, orders, leases, or purchases any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program.

3. The term "recipient of health care business or referrals" shall mean any individual or entity (a) to whom PPOA refers an individual for the furnishing or arranging for the furnishing of any item or service, or (b) from whom PPOA purchases, leases or orders or arranges for or recommends the purchasing, leasing, or ordering of any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program.

4. “Covered Persons” shall include: (a) all owners who are natural persons, officers, directors, and employees of PPOA; (b) all contractors, subcontractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of PPOA, excluding vendors whose sole connection with PPOA is selling or otherwise providing medical supplies or equipment to PPOA; and (c) all physicians and other non-physician practitioners who are members of PPOA’s active medical staff.

5. “Ordering Provider” means any Covered Person authorized to order and who orders Testing (as defined below) that is billed by or on behalf of PPOA to any Federal health care program.

6. “Testing” means any diagnostic testing, including, but not limited to, urine drug testing, genetic testing, and psychological testing, which is billed by or on behalf of PPOA to any Federal health care program and which is not included as part of an evaluation and management (E&M) code.

### **III. COMPLIANCE PROGRAM REQUIREMENTS**

PPOA shall establish and maintain a compliance program that includes the following elements:

A. Chief Compliance Officer, Deputy Compliance Officers, Medical Director, Compliance Committee, Compliance and Clinical Oversight Board, and Management Certifications

1. *Chief Compliance Officer.* Within 90 days after the Effective Date, PPOA shall appoint a Chief Compliance Officer and shall maintain a Chief Compliance Officer and Deputy Compliance Officers for the term of the CIA. The Chief Compliance Officer shall be an employee and a member of senior management of PPOA, shall report directly to the Chief Executive Officer of PPOA, and shall not be or be subordinate to the General Counsel or Chief Financial Officer or have any responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions for PPOA. The Chief Compliance Officer shall be responsible for, without limitation:

- a. 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;
- b. overseeing the work of all Deputy Compliance Officers;
- c. making periodic (at least quarterly) reports regarding compliance matters to the Compliance and Clinical Oversight Board of PPOA and shall be authorized to report on such matters to the Compliance and Clinical Oversight Board at any time. Written documentation of the Chief Compliance Officer's reports to the Compliance and Clinical Oversight Board shall be made available to OIG upon request; and
- d. monitoring the day-to-day compliance activities engaged in by PPOA as well as any reporting requirements created under this CIA.

Any noncompliance job responsibilities of the Chief Compliance Officer or the Deputy Compliance Officers shall be limited and shall not interfere or conflict with their ability to perform the duties outlined in this CIA.

The Chief Compliance Officer shall, within 180 days after the Effective Date, appoint Deputy Compliance Officers, and shall maintain Deputy Compliance Officers throughout the term of this CIA. Deputy Compliance Officers will be appointed, as appropriate, based on geographic location, type of service provided (with subject matter expertise), or both.

PPOA shall report to OIG, in writing, any changes in the identity or the duties and job responsibilities of the Chief Compliance Officer or any Deputy Compliance Officer, or any actions or other changes that would affect the Chief Compliance Officer or Deputy Compliance Officer's ability to perform the duties necessary to meet the requirements in this CIA, within five business days after such a change.

2. *Medical Director.* Within 90 days after the Effective Date, PPOA shall appoint an employee to serve as its Medical Director and shall maintain a Medical Director for the term of the CIA. The Medical Director shall be a member of senior management of PPOA, shall report directly to the Chief Executive Officer of PPOA, shall not be subordinate to the General Counsel or Chief Financial Officer, and shall be either an M.D. or a D.O. with experience in the field of pain management and urine drug testing. The Medical Director shall be responsible for, without limitation:

- a. reviewing and approving policies, procedures, and practices related to any medical or clinical decision-making; and
- b. making periodic (at least quarterly) reports regarding medical/clinical matters directly to the Chief Executive Officer and Compliance and Clinical Oversight Board of PPOA and shall be authorized to report on such matters to the Chief Executive Officer and Compliance and Clinical Oversight Board at any time. Written documentation of the Medical Director's reports to the Chief Executive Officer and Compliance and Clinical Oversight Board shall be made available to OIG upon request.

PPOA shall report to OIG, in writing, any changes in the identity or position description of the Medical Director, or any actions or changes that would affect the Medical Director's ability to perform the duties necessary to meet the obligations in this CIA, within five business days after such a change.

3. *Compliance Committee.* Within 90 days after the Effective Date, PPOA shall appoint a Compliance Committee. The Compliance Committee shall, at a minimum, include the Chief Compliance Officer, the Medical Director, all Deputy Compliance Officers, 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 Chief Compliance Officer shall chair the Compliance Committee and the Compliance Committee shall support the Chief Compliance Officer in fulfilling his/her responsibilities (e.g., shall assist in the analysis of PPOA's risk areas and shall oversee monitoring of internal and external audits and investigations). The Compliance Committee shall meet at least quarterly. The minutes of the Compliance Committee meetings shall be made available to OIG upon request.

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

4. *Compliance and Clinical Oversight Board.* The Compliance and Clinical Oversight Board of PPOA shall be responsible for the review and oversight of matters related to compliance with Federal health care program requirements and the requirements of this CIA. The Compliance and Clinical Oversight Board must include independent (i.e., non-employee and non-executive) members.

The Compliance and Clinical Oversight Board shall, at a minimum, be responsible for the following:

- a. meeting at least quarterly to review and oversee PPOA's compliance program, including but not limited to the performance of the Compliance Officer and Compliance Committee;
- b. submitting to OIG a description of the documents and other materials it reviewed, as well as any additional steps taken, such as the engagement of an independent advisor or other third-party resources, in its oversight of the compliance program and in support of making the resolution below during each Reporting Period; and
- c. for each Reporting Period of the CIA, adopting a resolution, signed by each member of the Compliance and Clinical Oversight Board summarizing its review and oversight of PPOA's compliance with Federal health care program requirements and the requirements of this CIA.

At minimum, the resolution shall include the following language:

“The Compliance and Clinical Oversight Board has made a reasonable inquiry into the operations of PPOA's compliance program, including the

performance of the Chief Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Compliance and Clinical Oversight Board has concluded that, to the best of its knowledge, PPOA has implemented an effective compliance program to meet Federal health care program requirements and the requirements of the CIA.”

If the Compliance and Clinical Oversight Board is unable to provide such a conclusion in the resolution, the Compliance and Clinical Oversight Board shall include in the resolution a written explanation of the reasons why it is unable to provide the conclusion and the steps it is taking to implement an effective compliance program at PPOA.

PPOA shall report to OIG, in writing, any changes in the composition of the Compliance and Clinical Oversight Board, or any actions or changes that would affect the Compliance and Clinical Oversight Board’s ability to perform the duties necessary to meet the requirements in this CIA, within 15 business days after such a change.

- d. for the First and Fourth Reporting Periods of the CIA, the Compliance and Clinical Oversight Board shall retain an individual or entity with expertise in compliance with Federal health care program requirements (Compliance Expert) to perform a review of the effectiveness of PPOA’s compliance program (Compliance Program Review). The Compliance Expert shall create a work plan for the Compliance Program Review and prepare a written report about the Compliance Program Review. The written report (Compliance Program Review Report) shall include a description of the Compliance Program Review and any recommendations with respect to PPOA’s compliance program. The Compliance and Clinical Oversight Board shall review the Compliance Program Review Report as part of its review and oversight of PPOA’s compliance program. A copy of the Compliance Program Review report shall be provided to OIG in each Annual Report submitted by PPOA. In addition, copies of any materials provided to the Compliance and Clinical Oversight

Board by the Compliance Expert, along with minutes of any meetings between the Compliance Expert and the Compliance and Clinical Oversight Board, shall be made available to OIG upon request.

5. *Management Certifications.* In addition to the responsibilities set forth in this CIA for all Covered Persons, certain PPOA employees (Certifying Employees) are expected to monitor and oversee activities within their areas of authority and shall annually certify that the applicable PPOA department is in compliance with applicable Federal health care program requirements and the obligations of this CIA. These Certifying Employees shall include, at a minimum, the following:

Chief Executive Officer

Chief Operating Officer

Vice President of Finance

Senior Vice President of Anesthesia

Vice President of Anesthesia Services

Director of Operations Practices Division (Florida)

Regional Director Operations Clinics (Texas and California)

Laboratory Manager

For each Reporting Period, each Certifying Employee shall sign a certification that states:

“I have been trained on and understand the compliance requirements and responsibilities as they relate to [insert name of department], an area under my supervision. My job responsibilities include ensuring compliance with regard to the [insert name of department] with all applicable Federal health care program requirements, requirements of the Corporate Integrity



Agreement, and PPOA policies, and I have taken steps to promote such compliance. To the best of my knowledge, the [insert name of department] of PPOA is in compliance with all applicable Federal health care program requirements and the requirements of the Corporate Integrity Agreement. I understand that this certification is being provided to and relied upon by the United States.”

If any Certifying Employee is unable to provide such a certification, the Certifying Employee shall provide a written explanation of the reasons why he or she is unable to provide the certification outlined above.

Within 90 days after the Effective Date, PPOA shall develop and implement a written process for Certifying Employees to follow for the purpose of completing the certification required by this section (e.g., reports that must be reviewed, assessments that must be completed, sub-certifications that must be obtained, etc. prior to the Certifying Employee making the required certification).

B. Written Standards

Within 90 days after the Effective Date, PPOA shall develop and implement written policies and procedures regarding the operation of its compliance program, including the compliance program requirements outlined in this CIA and PPOA’s compliance with Federal health care program requirements (Policies and Procedures). The Policies and Procedures also shall address compliance with 42 U.S.C. §1320a-7b(b) (Anti-Kickback Statute) and 42 U.S.C. § 1395nn (Stark Law), and the regulations and other guidance documents related to these statutes, and shall include a written review and approval process for Arrangements, the purpose of which is to ensure that all Arrangements do not violate the Anti-Kickback Statute and the Stark Law. Throughout the term of this CIA, PPOA shall enforce its Policies and Procedures and shall make compliance with its Policies and Procedures an element of evaluating the performance of

all employees. The Policies and Procedures shall be made available to all Covered Persons.

At least annually (and more frequently, if appropriate), PPOA shall assess and update, as necessary, the Policies and Procedures. Any new or revised Policies and Procedures shall be made available to all Covered Persons.

All Policies and Procedures shall be made available to OIG upon request.

C. Training and Education

1. *Covered Persons Training.* Within 90 days after the Effective Date, PPOA shall develop a written plan (Training Plan) that outlines the steps PPOA will take to ensure that all Covered Persons receive at least annual training regarding PPOA's CIA requirements and compliance program and the applicable Federal health care program requirements, including the requirements of the Anti-Kickback Statute and the Stark Law. The Training Plan shall include information regarding the following: training topics, categories of Covered Persons required to attend each training session, length of the training session(s), schedule for training, and format of the training. PPOA shall furnish training to its Covered Persons pursuant to the Training Plan during each Reporting Period.

2. *Board Training.* In addition to the training described in Section III.C.1, within 90 days after the Effective Date, each member of the Compliance and Clinical Oversight Board shall receive training regarding the corporate governance responsibilities of board members and the responsibilities of board members with respect to review and oversight of the compliance program. Specifically, the training shall address the unique responsibilities of health care Board members, including the risks, oversight areas, and strategic approaches to conducting oversight of a health care entity. This training may be conducted by an outside compliance expert hired by the Compliance and Clinical Oversight Board and should include a discussion of the OIG's guidance on Board member responsibilities.

New members of the Compliance and Clinical Oversight Board shall receive the Compliance and Clinical Oversight Board training described above within 30 days after becoming a member or within 90 days after the Effective Date, whichever is later.

3. *Training Records.* PPOA shall make available to OIG, upon request, training materials and records verifying that the training described in Sections III.C.1 and III.C.2 has been provided as required.

D. Review Procedures

1. *General Description*

- a. *Engagement of Independent Review Organization.* Within 90 days after the Effective Date, PPOA shall engage an entity (or entities), such as an accounting, auditing, or consulting firm (hereinafter “Independent Review Organization” or “IRO”), to perform the reviews listed in this Section III.D. The applicable requirements relating to the IRO are outlined in Appendix A to this CIA, which is incorporated by reference.
- b. *Retention of Records.* The IRO and PPOA shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and PPOA) related to the reviews.
- c. *Access to Records and Personnel.* PPOA shall ensure that the IRO has access to all records and personnel necessary to complete the reviews listed in this Section III.D and that all records furnished to the IRO are accurate and complete.

2. *Claims Review.* The IRO shall review claims submitted by PPOA and reimbursed by the Medicare and Medicaid programs, to determine whether the items and services furnished were medically necessary and appropriately documented and whether the claims were correctly coded, submitted and reimbursed (Claims Review) and

shall prepare a Claims Review Report, as outlined in Appendix B to this CIA, which is incorporated by reference.

3. *Independence and Objectivity Certification.* The IRO shall include in its report(s) to PPOA a certification that the IRO has (a) evaluated its professional independence and objectivity with respect to the reviews required under this Section III.D and (b) concluded that it is, in fact, independent and objective, in accordance with the requirements specified in Appendix A to this CIA. The IRO's certification shall include a summary of all current and prior engagements between PPOA and the IRO.

E. Risk Assessment and Internal Review Process

Within 90 days after the Effective Date, PPOA shall develop and implement a centralized annual risk assessment and internal review process to identify and address risks associated with PPOA's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries and the Anti-Kickback Statute and Stark Law risks associated with Arrangements (as defined in Section II.C.1 above). The Compliance Committee shall be responsible for implementation and oversight of the risk assessment and internal review process. The risk assessment and internal review process shall be conducted at least annually and shall require PPOA to: (1) identify and prioritize risks, (2) develop internal audit work plans related to the identified risk areas, (3) implement the internal audit work plans, (4) develop corrective action plans in response to the results of any internal audits performed, and (5) track the implementation of the corrective action plans in order to assess the effectiveness of such plans. PPOA shall maintain the risk assessment and internal review process for the term of the CIA.

F. Disclosure Program

Within 90 days after the Effective Date, PPOA shall establish a Disclosure Program that includes a mechanism (e.g., a toll-free compliance telephone line) to enable individuals to disclose, to the Chief Compliance Officer, Deputy Compliance Officer, or some other person who is not in the disclosing individual's chain of command, any identified issues or questions associated with PPOA'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. PPOA shall appropriately publicize 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. The Disclosure Program also shall include a requirement that all of PPOA's Covered Persons shall be expected to report suspected violations of any Federal health care program requirements to the Chief Compliance Officer or other appropriate individual designated by PPOA. Upon receipt of a disclosure, the Chief Compliance Officer (or designee) shall gather all relevant information from the disclosing individual. The Chief 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, PPOA shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted.

The Chief Compliance Officer (or designee) shall maintain a disclosure log and shall record all disclosures, whether or not related to a potential violation of criminal, civil, or administrative law related to the Federal health care programs, in the disclosure log within two business days of receipt of the disclosure. The disclosure log shall include a summary of each disclosure received (whether anonymous or not), the individual or department responsible for reviewing the disclosure, the status of the review, and any corrective action taken in response to the review.

G. Ineligible Persons

1. *Definitions.* For purposes of this CIA:
  - a. an "Ineligible Person" shall include an individual or entity who:

- i. is currently excluded from participation in any Federal health care program; or
  - ii. has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) but has not yet been excluded.
- b. “Exclusion List” means the HHS/OIG List of Excluded Individuals/Entities (LEIE) (available through the Internet at <http://www.oig.hhs.gov>).

2. *Screening Requirements.* PPOA shall ensure that all prospective and current Covered Persons are not Ineligible Persons, by implementing the following screening requirements.

- a. PPOA shall screen all prospective Covered Persons against the Exclusion List prior to engaging their services and, as part of the hiring or contracting process, or medical staff credentialing process, shall require such Covered Persons to disclose whether they are Ineligible Persons.
- b. PPOA shall screen all current Covered Persons against the Exclusion List within 90 days after the Effective Date and on a monthly basis thereafter.
- c. PPOA shall implement a policy requiring all Covered Persons to disclose immediately if they become an Ineligible Person.

Nothing in this Section III.G affects PPOA’s responsibility to refrain from (and liability for) billing Federal health care programs for items or services furnished, ordered, or prescribed by an excluded person. PPOA understands that items or services furnished, ordered, or prescribed by excluded persons are not payable by Federal health care programs and that PPOA may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether PPOA meets the requirements of Section III.G.

3. *Removal Requirement.* If PPOA has actual notice that a Covered Person has become an Ineligible Person, PPOA shall remove such Covered Person from responsibility for, or involvement with, PPOA's business operations related to the Federal health care program(s) from which such Covered Person has been excluded and shall remove such Covered Person from any position for which the Covered Person's compensation or the items or services furnished, ordered, or prescribed by the Covered Person are paid in whole or part, directly or indirectly, by any Federal health care program(s) from which the Covered Person has been excluded at least until such time as the Covered Person is reinstated into participation in such Federal health care program(s).

4. *Pending Charges and Proposed Exclusions.* If PPOA has actual notice that a Covered Person is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the Covered Person's employment or contract term, or during the term of a physician's or other practitioner's medical staff privileges, PPOA shall take all appropriate actions to ensure that the responsibilities of that Covered Person have not and shall not adversely affect the quality of care rendered to any beneficiary or the accuracy of any claims submitted to any Federal health care program.

#### H. Notification of Government Investigation or Legal Proceeding

Within 30 days after discovery, PPOA shall notify OIG, in writing, of any ongoing investigation or legal proceeding known to PPOA conducted or brought by a governmental entity or its agents involving an allegation that PPOA has committed a crime or has engaged in fraudulent activities. 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. PPOA also shall provide written notice to OIG within 30 days after the resolution of the matter and a description of the findings and/or results of the investigation or proceeding, if any.

#### I. Overpayments

1. *Definition of Overpayment.* An "Overpayment" means any funds that PPOA receives or retains under any Federal health care program to which PPOA, after applicable reconciliation, is not entitled under such Federal health care program.

2. *Overpayment Policies and Procedures.* Within 90 days after the Effective Date, PPOA shall develop and implement written policies and procedures regarding the identification, quantification, and repayment of Overpayments received from any Federal health care program.

J. Reportable Events

1. *Definition of Reportable Event.* For purposes of this CIA, a “Reportable Event” means anything that involves:

- a. a substantial Overpayment;
- b. a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized;
- c. the employment of or contracting with, or having as a member of the active medical staff, a Covered Person who is an Ineligible Person as defined by Section III.G.1.a; or
- d. the filing of a bankruptcy petition by PPOA.

A Reportable Event may be the result of an isolated event or a series of occurrences.

2. *Reporting of Reportable Events.* If PPOA determines (after a reasonable opportunity to conduct an appropriate review or investigation of the allegations) through any means that there is a Reportable Event, PPOA shall notify OIG, in writing, within 30 days after making the determination that the Reportable Event exists.

3. *Reportable Events under Section III.J.1.a. and III.J.1.b.* For Reportable Events under Section III.J.1.a and b, the report to OIG shall include:

- a. a complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims,



transactions or other conduct giving rise to the Reportable Event; the period during which the conduct occurred; and the names of individuals and entities believed to be implicated, including an explanation of their roles in the Reportable Event;

- b. a statement of the Federal criminal, civil or administrative laws that are probably violated by the Reportable Event, if any;
- c. the Federal health care programs affected by the Reportable Event;
- d. a description of the steps taken by PPOA to identify and quantify any Overpayments; and
- e. a description of PPOA's actions taken to correct the Reportable Event and prevent it from recurring.

If the Reportable Event involves an Overpayment, within 60 days of identification of the Overpayment, PPOA shall repay the Overpayment, in accordance with the requirements of 42 U.S.C. § 1320a-7k(d) and any applicable regulations and Centers for Medicare and Medicaid Services (CMS) guidance and provide OIG with a copy of the notification and repayment.

4. *Reportable Events under Section III.J.1.c.* For Reportable Events under Section III.J.1.c, the report to OIG shall include:

- a. the identity of the Ineligible Person and the job duties performed by that individual;
- b. the dates of the Ineligible Person's employment or contractual relationship or medical staff membership;
- c. a description of the Exclusion List screening that PPOA completed before and/or during the Ineligible Person's

employment or contract or medical staff membership and any flaw or breakdown in the screening process that led to the hiring or contracting with or credentialing the Ineligible Person;

- d. a description of how the Ineligible Person was identified; and
- e. a description of any corrective action implemented to prevent future employment or contracting with or credentialing an Ineligible Person.

5. *Reportable Events under Section III.J.1.d.* For Reportable Events under Section III.J.1.d, the report to OIG shall include documentation of the bankruptcy filing and a description of any Federal health care program requirements implicated.

6. *Reportable Events Involving the Stark Law.* Notwithstanding the reporting requirements outlined above, any Reportable Event that involves solely a probable violation of section 1877 of the Social Security Act, 42 U.S.C. §1395nn (the Stark Law) should be submitted by PPOA to CMS through the self-referral disclosure protocol (SRDP), with a copy to the OIG. If PPOA identifies a probable violation of the Stark Law and repays the applicable Overpayment directly to the CMS contractor, then PPOA is not required by this Section III.J to submit the Reportable Event to CMS through the SRDP.

#### K. Testing Monitoring

PPOA shall create and maintain a report of all orders for Testing by Ordering Providers (Testing Report). The Testing Report shall include at least the following information: (a) specific type of testing ordered, (b) patient's name, (c) Ordering Provider name (d) date the testing was ordered, and (e) reason the testing was ordered (including relevant diagnosis code and explanation of the diagnostic relevance of the test results). Order/requisition forms shall be modified to capture all information required for the Testing Report.

On a monthly basis, the Compliance Officer shall review the Testing Report with the Medical Director (Monthly Testing Review) to determine whether, by Ordering Provider: (a) the entries contain the required information and (b) the Ordering Provider does not exhibit patterns and practices that may be inconsistent with standards for the medical reasonableness and necessity of the testing ordered. The Compliance Officer shall prepare a written summary of the findings of each Monthly Testing Review that describes the methodology used to perform the Monthly Testing Review and the results of the Monthly Testing Review.

On a quarterly basis, the Compliance Officer and Compliance Committee shall review the Testing Report to identify trends or outlier Ordering Providers for further review (Quarterly Testing Review), including but not limited to: (a) providers whose testing frequency, patterns, or practices appear to be beyond what is medically reasonable and necessary and (b) providers who have not regularly and timely reviewed the results of testing ordered and acted, as appropriate, to modify patient care. The Compliance Officer shall prepare a written summary of the findings of each Quarterly Testing Review that describes the methodology used to perform the Quarterly Testing Review.

In each Annual Report, PPOA shall include a summary of the Monthly Testing Reviews and the Quarterly Testing Reviews for the applicable Reporting Period, along with a response and corrective action plan to address any identified issues. Copies of each Monthly Testing Review and Quarterly Testing Review shall be available to OIG upon request.

#### **IV. SUCCESSOR LIABILITY**

##### **A. Sale or Purchase of a Location or Business.**

In the event that, after the Effective Date, PPOA proposes to (a) sell any or all of its business, business units, or locations (whether through a sale of assets, sale of stock, or other type of transaction) relating to the furnishing of items or services that may be reimbursed by a Federal health care program; or (b) purchase or establish a new business, business unit, or location relating to the furnishing of items or services that may be reimbursed by a Federal health care program, the CIA shall be binding on the purchaser of any business, business unit, or location and any new business, business unit, or

location (and all Covered Persons at each new business, business unit, or location) shall be subject to the applicable requirements of this CIA, unless otherwise determined and agreed to in writing by OIG. PPOA shall give notice of such sale or purchase to OIG within 30 days following the closing of the transaction.

If, in advance of a proposed sale or a proposed purchase, PPOA wishes to obtain a determination by OIG that the proposed purchaser or the proposed acquisition will not be subject to the requirements of the CIA, PPOA must notify OIG in writing of the proposed sale or purchase at least 30 days in advance. This notification shall include a description of the business, business unit, or location to be sold or purchased, a brief description of the terms of the transaction and, in the case of a proposed sale, the name and contact information of the prospective purchaser.

B. New Employment or Contractual Arrangement

At least 30 days prior to Rodolfo Gari, M.D. becoming an employee or contractor with another entity related to the furnishing of items or services that may be reimbursed by any Federal health care program, Rodolfo Gari, M.D. shall notify OIG of his plan to become an employee or contractor and must provide OIG with the name, location, status (employee or contractor) and an explanation of Rodolfo Gari, M.D.'s responsibilities with respect to such potential relationship (as an employee or contractor). In addition, prior to Rodolfo Gari, M.D. becoming an employee or contractor with another party related to the furnishing of items or services that may be reimbursed by any Federal health care program, Rodolfo Gari, M.D. shall notify that party of this CIA. This notification shall include a copy of the CIA and a statement indicating the remaining term of the CIA. The CIA shall continue to apply to Rodolfo Gari, M.D. following the start of

the new employment or contractual relationship, unless otherwise agreed to in writing by the OIG.

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

### **A. Implementation Report**

Within 120 days after the Effective Date, PPOA shall submit a written report to OIG summarizing the status of its implementation of the requirements of this CIA (Implementation Report). The Implementation Report shall, at a minimum, include:

1. the name, business address, business phone number, and position description of the Chief Compliance Officer as required by Section III.A, and a summary of other noncompliance job responsibilities the Chief Compliance Officer may have;
2. the names and positions of the members of the Compliance Committee required by Section III.A;
3. the names of the Compliance and Clinical Oversight Board members who are responsible for satisfying the Compliance and Clinical Oversight Board compliance requirements described in Section III.A.4;
4. the names and positions of the Certifying Employees required by Section III.A.4 and a copy of the written process for Certifying Employees to follow in order to complete the certification required by Section III.A.5;
5. a list of the Policies and Procedures required by Section III.B;
6. the Training Plan required by Section III.C.1 and a description of the Compliance and Clinical Oversight Board training required by Section III.C.2 (including a summary of the topics covered, the length of the training, and when the training was provided);
7. the name, business address, business phone number, credentials, and position description of the Medical Director as required by Section III.A.2;

8. the following information regarding the IRO(s): (a) identity, address, and phone number; (b) a copy of the engagement letter; (c) information to demonstrate that the IRO has the qualifications outlined in Appendix A to this CIA; and (d) a certification from the IRO regarding its professional independence and objectivity with respect to PPOA that includes a summary of all current and prior engagements between PPOA and the IRO;
9. a description of the risk assessment and internal review process required by Section III.E;
10. a description of the Disclosure Program required by Section III.F;
11. a description of the Ineligible Persons screening and removal process required by Section III.G;
12. a copy of PPOA's policies and procedures regarding the identification, quantification and repayment of Overpayments required by Section III.I;
13. a description of the methodology that will be used to perform the Testing Monitoring required by Section III.K;
14. a description of PPOA's corporate structure, including identification of any parent and sister companies, subsidiaries, and their respective lines of business;
15. a list of all of PPOA's locations (including locations and mailing addresses), the corresponding name under which each location is doing business, and the location's Medicare and state Medicaid program provider number and/or supplier number(s);
16. a list of all entities: (1) in which Rodolfo Gari, M.D. has an ownership or control interest, as defined in 42 U.S.C. § 1320a-3; and (2) that submits claims to the Federal health care programs or provides items or services that are payable, directly or indirectly, by Federal health care programs; and
17. the certifications required by Section V.C.

B. Annual Reports

PPOA shall submit to OIG a written report on its compliance with the CIA requirements for each of the five Reporting Periods (Annual Report). Each Annual Report shall include, at a minimum, the following information:

1. any change in the identity, position description, or other noncompliance job responsibilities of the Chief Compliance Officer, Medical Director, and any Deputy Compliance Officer; a current list of the Compliance Committee members; a current list of the Compliance and Clinical Oversight Board members who are responsible for satisfying the Compliance and Clinical Oversight Board compliance requirements; a current list of the Certifying Employees; the name, business address, business phone number, and position description of each Deputy Compliance Officer as well as a summary of other noncompliance job responsibilities the Deputy Compliance Officers may have; along with the identification of any changes made during the Reporting Period to the Compliance Committee, Board, and Certifying Employees;
2. a description of any changes to the written process for Certifying Employees to follow in order to complete the certification required by Section III.A.5;
3. the dates of each report made by the Chief Compliance Officer and by the Medical Director to the Compliance and Clinical Oversight Board (written documentation of such reports shall be made available to OIG upon request);
4. the Compliance and Clinical Oversight Board resolution required by Section III.A.4 and a description of the documents and other materials reviewed by the Compliance and Clinical Oversight Board, as well as any additional steps taken, in its oversight of the compliance program and in support of making the resolution, as well as a copy of the Compliance Program Review Report;
5. a list of any new or revised Policies and Procedures developed during the Reporting Period;

6. a description of any changes to PPOA's Training Plan developed pursuant to Section III.C, and a summary of any Board training provided during the Reporting Period;

7. a complete copy of all reports prepared pursuant to Section III.D and PPOA's response to the reports, along with corrective action plan(s) related to any issues raised by the reports, including PPOA's determination of whether the CMS overpayment rule requires the repayment of an extrapolated Overpayment (as defined in Appendix B);

8. a certification from the IRO regarding its professional independence and objectivity with respect to PPOA, including a summary of all current and prior engagements between PPOA and the IRO;

9. a description of any changes to the risk assessment and internal review process required by Section III.E, including the reasons for such changes;

10. a summary of the following components of the risk assessment and internal review process during the Reporting Period: (a) work plans developed, (b) internal audits performed, (c) corrective action plans developed in response to internal audits, and (d) steps taken to track the implementation of the corrective action plans. Copies of any work plans, internal audit reports, and corrective action plans shall be made available to OIG upon request;

11. a summary of the disclosures in the disclosure log required by Section III.F that relate to Federal health care programs, including at least the following information: (a) a description of the disclosure, (b) the date the disclosure was received, (c) the resolution of the disclosure, and (d) the date the disclosure was resolved (if applicable). The complete disclosure log shall be made available to OIG upon request;

12. a description of any changes to the Ineligible Persons screening and removal process required by Section III.G, including the reasons for such changes;

13. a summary describing any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.H. 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 any changes to the Overpayment policies and procedures required by Section III.I, including the reasons for such changes;

15. a summary of Reportable Events (as defined in Section III.J) identified during the Reporting Period;

16. a summary of the Monthly Testing Reviews and the Quarterly Testing Reviews for the applicable Reporting Period, along with a response and corrective action plan to address any identified issues. The written summaries of each Monthly Testing Review and Quarterly Testing Review shall be made available to OIG upon request;

17. a summary of any audits conducted during the applicable Reporting Period by any Medicare or state Medicaid program contractor or any government entity or contractor, involving a review of Federal health care program claims, and PPOA's response/corrective action plan (including information regarding any Federal health care program refunds) relating to the audit findings;

18. a description of all changes to the most recently provided list of PPOA's locations as required by Section V.A.15;

19. a description of any changes to PPOA's owners or corporate structure, including any parent and sister companies, subsidiaries, and their respective lines of business;

20. a description of all changes to the most recently provided list of entities in which Rodolfo Gari, M.D. has an ownership or control interest and that submit claims to the Federal health care programs as required by Section V.A.15; and

20. the certifications 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

1. *Certifying Employees.* In each Annual Report, PPOA shall include the certifications of Certifying Employees required by Section III.A.4;

2. *Chief Compliance Officer, Chief Executive Officer, and Deputy Compliance Officers.* The Implementation Report and each Annual Report shall include a certification by the Chief Compliance Officer, Chief Executive Officer each Deputy Compliance Officer.

Certification by the Chief Compliance Officer and the Chief Executive Officer:

- a. to the best of his or her knowledge, except as otherwise described in the report, PPOA has implemented and is in compliance with all of the requirements of this CIA;
- b. he or she has reviewed the report and has made reasonable inquiry regarding its content and believes that the information in the report is accurate and truthful; and
- c. he or she understands that the certification is being provided to and relied upon by the United States.

Certification by the Deputy Compliance Officers:

- a. to the best of his or her knowledge, except as otherwise described in the report, the region or division of PPOA over which that Deputy Compliance Officer has oversight has implemented and is in compliance with all of the requirements of this CIA;

- b. he or she has reviewed the report and has made reasonable inquiry regarding its content and believes that the information in the report is accurate and truthful as it relates to their particular area of oversight; and
- c. he or she understands that the certification is being provided to and relied upon by the United States.

3. *Chief Financial Officer.* The first Annual Report shall include a certification by the Chief Financial Officer that, to the best of his or her knowledge, PPOA has complied with its requirements under the Settlement Agreement: (a) 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; (b) not to charge to or otherwise seek payment from federal or state payors for unallowable costs (as defined in the Settlement Agreement); and (c) to identify and adjust any past charges or claims for unallowable costs; and (d) he or she understands that the certification is being provided to and relied upon by the United States.

D. Designation of Information

PPOA 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. PPOA 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, DC 20201  
Telephone: 202.619.2078  
Facsimile: 202.205.0604

PPOA:

Mark Wade  
Chief Executive Officer  
Physician Partners of America  
504 N Reo Street  
Tampa, FL 33609  
Phone: 813.549.2134  
Email: [mwade@physicianpartnersoa.com](mailto:mwade@physicianpartnersoa.com)

Unless otherwise specified, all notifications and reports required by this CIA may be made by electronic mail, overnight mail, hand delivery, or other means, provided that there is proof that such notification was received. Upon request by OIG, PPOA may be required to provide OIG with an additional copy of each notification or report required by this CIA in OIG's requested format (electronic or paper).

**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 conduct interviews, examine and/or request copies of or copy PPOA's books, records, and other documents and supporting materials, and conduct on-site reviews of any of PPOA's locations, for the purpose of verifying and evaluating: (a) PPOA's compliance with the terms of this CIA and (b) PPOA's compliance with the requirements of the Federal health care programs. The documentation described above shall be made available by PPOA to OIG or its duly

authorized representative(s) at all reasonable times for inspection, audit, and/or reproduction. Furthermore, for purposes of this provision, OIG or its duly authorized representative(s) may interview any of PPOA's owners, employees, contractors, and directors 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. PPOA shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. PPOA's owners, employees, contractors, and directors may elect to be interviewed with or without a representative of PPOA present.

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

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

### **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 PPOA prior to any release by OIG of information submitted by PPOA pursuant to this CIA and identified upon submission by PPOA as trade secrets, or information that is commercial or financial and privileged or confidential, under the FOIA rules. With respect to such releases, PPOA shall have the rights set forth at 45 C.F.R. § 5.42(a).

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

#### **A. Stipulated Penalties**

OIG may assess:

1. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.A;
2. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.B;

3. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.C;
4. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.D;
5. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.E;
6. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.F;
7. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.G;
8. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.H;
9. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.I;
10. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.J;
11. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section III.K;
12. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section IV;
13. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section V;
14. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section VII;

15. A Stipulated Penalty of up to \$2,500 for each day PPOA fails to comply with Section VIII; or

16. A Stipulated Penalty of up to \$50,000 for each false certification or false statement made to OIG by or on behalf of PPOA under this CIA.

B. Timely Written Requests for Extensions

PPOA 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. 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 PPOA fails to meet the revised deadline set by OIG. 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 PPOA 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.* If OIG determines that a basis for Stipulated Penalties under Section X.A exists, OIG shall notify PPOA of: (a) PPOA's failure to comply; and (b) OIG's demand for payment of Stipulated Penalties. (This notification shall be referred to as the "Demand Letter.")

2. *Response to Demand Letter.* Within 15 business days after the date of the Demand Letter, PPOA shall either: (a) 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.

3. *Form of Payment.* Payment of the Stipulated Penalties shall be made by electronic funds transfer to an account specified by OIG in the Demand Letter.

D. Exclusion for Material Breach of this CIA

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

- a. failure to comply with any of the requirements of this CIA for which OIG has previously issued a demand for Stipulated Penalties under Section X.C;
- b. failure to comply with Section III.A.1;
- c. failure to comply with Section III.D;
- d. failure to comply with Section III.J;
- e. failure to comply with Section III.K;
- f. failure to comply with Section V;
- g. failure to respond to a Demand Letter in accordance with Section X.C;
- h. failure to pay Stipulated Penalties within 20 days after an ALJ issues a decision ordering PPOA to pay the Stipulated Penalties or within 20 days after the HHS Departmental Appeals Board (DAB) issues a decision upholding the determination of OIG; or
- i. failure to come into compliance with a requirement of this CIA for which OIG has demanded Stipulated Penalties, pursuant to the deadlines listed in Section X.E.2.

2. *Notice of Material Breach and Intent to Exclude.* The parties agree that a material breach of this CIA by PPOA constitutes an independent basis for PPOA's exclusion from participation in the Federal health care programs. The length of the exclusion shall be in the OIG's discretion, but not more than five years for each material



breach. Upon a preliminary determination by OIG that PPOA has materially breached this CIA, OIG shall notify PPOA of: (a) PPOA's material breach; and (b) OIG's intent to exclude PPOA. (This notification shall be referred to as the "Notice of Material Breach and Intent to Exclude.")

3. *Response to Notice.* PPOA shall have 30 days from the date of the Notice of Material Breach and Intent to Exclude to submit any information and documentation for OIG to consider before it makes a final determination regarding exclusion.

4. *Exclusion Letter.* If OIG determines that exclusion is warranted, OIG shall notify PPOA in writing of its determination to exclude PPOA. (This letter shall be referred to 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. The effect of the exclusion shall be that no Federal health care program payment may be made for any items or services furnished, ordered, or prescribed by PPOA, including administrative and management services, except as stated in regulations found at 42 C.F.R. §1001.1901(c). Reinstatement to program participation is not automatic. At the end of the period of exclusion, PPOA 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 issuing a Demand Letter or Exclusion Letter to PPOA, and as an agreed-upon remedy for the resolution of disputes arising under this CIA, PPOA 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. 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 DAB, in a manner consistent with the provisions in 42 C.F.R. § 1005.2-1005.21, but only to the extent this CIA does not provide otherwise. Notwithstanding the language in 42 C.F.R. § 1005: (a) the request for a hearing involving Stipulated Penalties shall be made within 15 business days after the date of the Demand Letter and the request for a hearing involving exclusion

shall be made within 25 days after the date of the Exclusion Letter; and (b) no discovery shall be available to the parties. The procedures relating to the filing of a request for a hearing can be found at

<http://www.hhs.gov/dab/divisions/civil/procedures/divisionprocedures.html>

2. *Stipulated Penalties Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 42 of the Code of Federal Regulations, the only issues in a proceeding for Stipulated Penalties under this CIA shall be: (a) whether PPOA was in full and timely compliance with the requirements of this CIA for which OIG demands payment; and (b) the period of noncompliance. PPOA shall have the burden of proving its full and timely compliance. If the ALJ upholds the OIG's determination that PPOA has breached this CIA and orders PPOA to pay Stipulated Penalties, PPOA must (a) come into compliance with the requirement(s) of this CIA that resulted in the OIG imposing Stipulated Penalties, and (b) pay the Stipulated Penalties within 20 days after the ALJ issues a decision, unless PPOA properly and timely requests review of the ALJ decision by the DAB. If the ALJ decision is properly and timely appealed to the DAB and the DAB upholds the determination of OIG, PPOA must (a) come into compliance with the requirement(s) that resulted in the OIG imposing Stipulated Penalties and (b) pay the Stipulated Penalties within 20 days after the DAB issues its decision.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or Title 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 whether PPOA was in material breach of this CIA. If the ALJ sustains the OIG's determination of material breach, the exclusion shall take effect 20 days after the ALJ issues the decision. 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. PPOA shall waive its right to any notice by OIG of the exclusion if a decision upholding the exclusion is rendered by the ALJ or DAB. If the DAB finds in favor of PPOA, PPOA shall be reinstated effective on the date of the exclusion.

4. *Finality of Decision.* The review by an ALJ or DAB provided for above shall not be considered to be an appeal right arising under any statutes or regulations. The parties to this CIA agree that the DAB's decision (or the ALJ's decision

if not appealed) shall be considered final for all purposes under this CIA and PPOA agrees not to seek additional review of the DAB's decision (or the ALJ's decision if not appealed) in any judicial forum.

## **XI. EFFECTIVE AND BINDING AGREEMENT**

PPOA and OIG agree as follows:

A. This CIA shall become final and binding on the date the final signature is obtained on the CIA.

B. This CIA constitutes the complete agreement between the parties and may not be amended except by written consent of the parties to this CIA.

C. OIG may agree to a suspension of PPOA's requirements under this CIA based on a certification by PPOA that it is no longer providing health care items or services that will be billed to any Federal health care program and it does not have any ownership or control interest, as defined in 42 U.S.C. §1320a-3, in any entity that bills any Federal health care program. If PPOA is relieved of its CIA requirements, PPOA shall be required to notify OIG in writing at least 30 days in advance if PPOA plans to resume providing health care items or services that are billed to any Federal health care program or to obtain an ownership or control interest in any entity that bills any Federal health care program. At such time, OIG shall evaluate whether the CIA will be reactivated or modified.

D. All requirements and remedies set forth in this CIA are in addition to and do not affect (1) PPOA's responsibility to follow all applicable Federal health care program requirements or (2) the government's right to impose appropriate remedies for failure to follow applicable Federal health care program requirements.

E. The undersigned PPOA signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatories represent that they are signing this CIA in their official capacities and that they are authorized to execute this CIA.

F. This CIA may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same CIA. Electronically transmitted copies of signatures shall constitute acceptable, binding signatures for purposes of this CIA.

**ON BEHALF OF PHYSICIAN PARTNERS OF AMERICA, LLC**

/Mark Wade/  
MARK WADE  
Chief Executive Officer  
Physician Partners of America

3/23/2022  
DATE

/Todd Foster/  
TODD FOSTER, ESQ.  
Barnett Kirkwood Koche Long & Foster, P.A.  
Counsel for Physician Partners of America, LLC

3-23-22  
DATE

/Laurence Freedman/  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Physician Partners of America, LLC

3/23/2022  
DATE

/David B. Honig/  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Physician Partners of America, LLC

3-23-2022  
DATE

**ON BEHALF OF FLORIDA PAIN RELIEF GROUP, PLLC**

/Rodolfo Gari/  
\_\_\_\_\_  
RODOLFO GARI, M.D.  
Manager  
Florida Pain Relief Group, PLLC

3/23/2022  
\_\_\_\_\_  
DATE

/Laurence Freedman/  
\_\_\_\_\_  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Florida Pain Relief Group, PLLC

3/23/2022  
\_\_\_\_\_  
DATE

/David B. Honig/  
\_\_\_\_\_  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Florida Pain Relief Group, PLLC

3-23-2022  
\_\_\_\_\_  
DATE

**ON BEHALF OF TEXAS PAIN RELIEF GROUP**

/Rodolfo Gari/  
\_\_\_\_\_  
RODOLFO GARI, M.D.  
Manager  
Texas Pain Relief Group, PLLC

3/23/2022  
\_\_\_\_\_  
DATE

/Laurence Freedman/  
\_\_\_\_\_  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Texas Pain Relief Group, PLLC

3/23/2022  
\_\_\_\_\_  
DATE

/David B. Honig/  
\_\_\_\_\_  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Texas Pain Relief Group, PLLC

3-23-2022  
\_\_\_\_\_  
DATE





**ON BEHALF OF  
MEDICAL TOX LABS, LLC**

/David A. Wood/  
\_\_\_\_\_  
DAVID A. WOOD  
Manager  
Medical Tox Labs, LLC

3/23/2022  
\_\_\_\_\_  
DATE

/Laurence Freedman/  
\_\_\_\_\_  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Medical Tox Labs, LLC

3/23/2022  
\_\_\_\_\_  
DATE

/David B. Honig/  
\_\_\_\_\_  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Medical Tox Labs, LLC

3-23-2022  
\_\_\_\_\_  
DATE

**ON BEHALF OF  
MEDICAL DNA LABS, LLC**

/David A. Wood/  
DAVID A. WOOD  
Manager  
Medical DNA Labs, LLC

3/23/2022  
DATE

/Laurence Freedman/  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Medical DNA Labs, LLC

3/23/2022  
DATE

/David B. Honig/  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Medical DNA Labs, LLC

3-23-2022  
DATE

**ON BEHALF OF  
RODOLFO GARI, M.D.**

/Rodolfo Gari/  
\_\_\_\_\_  
RODOLFO GARI, M.D.

3/23/2022  
\_\_\_\_\_  
DATE

/Laurence Freedman/  
\_\_\_\_\_  
LAURENCE J. FREEDMAN, ESQ.  
Mintz, Levin, Cohn, Ferris, Glovsky & Popeo, P.C.  
Counsel for Rodolfo Gari, M.D.

3/23/2022  
\_\_\_\_\_  
DATE

/David B. Honig/  
\_\_\_\_\_  
DAVID B. HONIG, ESQ.  
Hall, Render, Killian, Heath & Lyman, P.C.  
Counsel for Rodolfo Gari, M.D.

3-23-2022  
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DATE

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

/Lisa M. Re/  
LISA M. RE  
Assistant Inspector General for Legal Affairs  
Office of Inspector General  
U.S. Department of Health and Human Services

03/22/2022  
DATE

/Andrea L. Treese Berlin/  
ANDREA L. TREESE BERLIN  
Senior Counsel  
Administrative and Civil Remedies Branch  
Office of Inspector General  
U.S. Department of Health and Human Services

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DATE

## APPENDIX A

### INDEPENDENT REVIEW ORGANIZATION

This Appendix contains the requirements relating to the Independent Review Organization (IRO) required by Section III.D of the CIA.

#### A. IRO Engagement

1. PPOA shall engage an IRO that possesses the qualifications set forth in Paragraph B, below, to perform the responsibilities in Paragraph C, below. The IRO shall conduct the review in a professionally independent and objective fashion, as set forth in Paragraph E. Within 30 days after OIG receives the information identified in Section V.A.8 of the CIA or any additional information submitted by PPOA in response to a request by OIG, whichever is later, OIG will notify PPOA if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, PPOA may continue to engage the IRO.

2. If PPOA engages a new IRO during the term of the CIA, that IRO must also meet the requirements of this Appendix. If a new IRO is engaged, PPOA shall submit the information identified in Section V.A.8 of the CIA to OIG within 30 days of engagement of the IRO. Within 30 days after OIG receives this information or any additional information submitted by PPOA at the request of OIG, whichever is later, OIG will notify PPOA if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, PPOA may continue to engage the IRO.

#### B. IRO Qualifications

The IRO shall:

1. assign individuals to conduct the Claims Review who have expertise in the Medicare and state Medicaid program requirements (including Medicare and Medicaid managed care programs) applicable to the claims being reviewed;

2. assign individuals to design and select the Claims Review sample who are knowledgeable about the appropriate statistical sampling techniques;
3. assign individuals to conduct the coding review portions of the Claims Review who have a nationally recognized coding certification and who have maintained this certification (e.g., completed applicable continuing education requirements);
4. assign licensed nurses or physicians with relevant education, training and specialized expertise (or other licensed health care professionals acting within their scope of practice and specialized expertise) to make the medical necessity determinations required by the Claims Review; and
5. have sufficient staff and resources to conduct the reviews required by the CIA on a timely basis.

C. IRO Responsibilities

The IRO shall:

1. perform each Claims Review in accordance with the specific requirements of the CIA;
2. follow all applicable Medicare and state Medicaid program (including Medicare and Medicaid managed care programs) rules and reimbursement guidelines in making assessments in the Claims Review;
3. request clarification from the appropriate authority (e.g., Medicare contractor), if in doubt of the application of a particular Medicare or state Medicaid program (including Medicare and Medicaid managed care programs) policy or regulation;
4. respond to all OIG inquires in a prompt, objective, and factual manner; and
5. prepare timely, clear, well-written reports that include all the information required by Appendix B to the CIA.

D. PPOA Responsibilities

PPOA shall ensure that the IRO has access to all records and personnel necessary to complete the reviews listed in III.D of this CIA and that all records furnished to the IRO are accurate and complete.

E. IRO Independence and Objectivity

The IRO must perform the Claims Review in a professionally independent and objective fashion, as defined in the most recent Government Auditing Standards issued by the U.S. Government Accountability Office.

F. IRO Removal/Termination

1. *PPOA and IRO.* If PPOA terminates its IRO or if the IRO withdraws from the engagement during the term of the CIA, PPOA must submit a notice explaining (a) its reasons for termination of the IRO or (b) the IRO's reasons for its withdrawal to OIG, no later than 30 days after termination or withdrawal. PPOA must engage a new IRO in accordance with Paragraph A of this Appendix and within 60 days of termination or withdrawal of the IRO.

2. *OIG Removal of IRO.* In the event OIG has reason to believe the IRO does not possess the qualifications described in Paragraph B, is not independent and objective as set forth in Paragraph E, or has failed to carry out its responsibilities as described in Paragraph C, OIG shall notify PPOA in writing regarding OIG's basis for determining that the IRO has not met the requirements of this Appendix. PPOA shall have 30 days from the date of OIG's written notice to provide information regarding the IRO's qualifications, independence or performance of its responsibilities in order to resolve the concerns identified by OIG. If, following OIG's review of any information provided by PPOA regarding the IRO, OIG determines that the IRO has not met the requirements of this Appendix, OIG shall notify PPOA in writing that PPOA shall be required to engage a new IRO in accordance with Paragraph A of this Appendix. PPOA must engage a new IRO within 60 days of its receipt of OIG's written notice. The final determination as to

whether or not to require PPOA to engage a new IRO shall be made at the sole discretion of OIG.



## APPENDIX B

### CLAIMS REVIEW

A. Claims Review. The IRO shall perform the Claims Review annually to cover each of the five Reporting Periods. The IRO shall perform all components of each Claims Review at three or 10%, whichever is greater, of PPOA locations that furnish items or services payable by Medicare or Medicaid (each referred to as a “PPOA Location” and collectively referred to as the “PPOA Locations”)

1. *Definitions*. For the purposes of the Claims Review, the following definitions shall be used:

- a. Overpayment: The amount of money a PPOA Location has received in excess of the amount due and payable under Medicare or any state Medicaid program requirements (including Medicare and Medicaid managed care programs), as determined by the IRO in connection with the Claims Review performed under this Appendix B.
- b. Paid Claim: A claim submitted by a PPOA Location and for which such PPOA Location has received reimbursement from the Medicare program or a state Medicaid program (including Medicare and Medicaid managed care programs).
- c. Population: The Population shall be defined as all Paid Claims for a PPOA Location during the 12-month period covered by the Claims Review.

2. *Submission of Information for Claim Reviews*. At least 90 days prior to the end of each Reporting Period, PPOA shall submit the following information to the OIG: (a) a list of all PPOA Locations, (b) the total number and type(s) of Paid Claims for the prior twelve month period for each PPOA location, and (c) the Medicare and Medicaid program payor mix percentage, separately identifying Medicare and Medicaid managed care programs (*i.e.*, the percentage of Medicare and Medicaid program payments measured against gross revenues) for the prior twelve month period. The OIG will select

the PPOA Locations that will be subject to the Claims Review at least 30 days prior to the end of the Reporting Period and notify PPOA of the selection.

3. *Claims Review Sample.* The IRO shall randomly select and review a sample of 100 Paid Claims from each of the PPOA Locations selected by the OIG (Claims Review Samples). The Paid Claims shall be reviewed based on the supporting documentation available at the PPOA Location or under the PPOA Location's control and applicable Medicare and state Medicaid program requirements (including Medicare and Medicaid managed care programs) to determine whether the items and services furnished were medically necessary and appropriately documented, and whether the claim was correctly coded, submitted, and reimbursed. For each Paid Claim in each Claims Review Sample that results in an Overpayment, the IRO shall review the system(s) and process(es) that generated the Paid Claim and 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 the process(es) that generated the Paid Claim.

4. *Other Requirements.*

- a. Supplemental Materials. The IRO shall request all documentation and materials required for its review of the Paid Claims in the Claims Review Sample and the PPOA Location shall furnish such documentation and materials to the IRO prior to the IRO initiating its review of the Claims Review Sample. If the IRO accepts any supplemental documentation or materials from a PPOA Location after the IRO has completed its initial review of the Claims Review Sample (Supplemental Materials), the IRO shall identify in the Claims Review Report the Supplemental Materials, the date the Supplemental Materials were accepted, and the relative weight the IRO gave to the Supplemental Materials in its review. In addition, the IRO shall include a narrative in the Claims Review Report describing the process by which the Supplemental Materials were accepted and the IRO's reasons for accepting the Supplemental Materials.

- b. Paid Claims without Supporting Documentation. Any Paid Claim for which a PPOA Location cannot produce documentation shall be considered an error and the total reimbursement received by the PPOA Location for such Paid Claim shall be deemed an Overpayment. Replacement sampling for Paid Claims with missing documentation is not permitted.
- c. Use of First Samples Drawn. For the purposes of the Claims Review Sample discussed in this Appendix, the first set of Paid Claims selected shall be used (i.e., it is not permissible to generate more than one list of random samples and then select one for use with the Claims Review Sample).

5. *Repayment of Identified Overpayments.* PPOA shall repay within 60 days the Overpayment(s) identified by the IRO in the Claims Review Sample, in accordance with the requirements of 42 U.S.C. § 1320a-7k(d) and any applicable regulations and Centers for Medicare and Medicaid Services (CMS) guidance (the “CMS overpayment rule”). If PPOA determines that the CMS overpayment rule requires that an extrapolated Overpayment be repaid, PPOA shall repay that amount at the mean point estimate as calculated by the IRO. PPOA shall make available to OIG all documentation that reflects the refund of the Overpayment(s) to the payor. OIG, in its sole discretion, may refer the findings of the Claims Review Sample (and any related work papers) received from PPOA to the appropriate Medicare or state Medicaid program contractor for appropriate follow up by the payor.

B. Claims Review Report. The IRO shall prepare a Claims Review Report as described in this Appendix for each Claims Review performed. The following information shall be included in the Claims Review Report.

- 1. *Claims Review Methodology.*
  - a. Claims Review Population. A description of the Population subject to the Claims Review.

- b. Claims Review Objective. A clear statement of the objective intended to be achieved by the Claims Review.
  - c. Source of Data. A description of (1) the process used to identify Paid Claims in the Population and (2) the specific documentation relied upon by the IRO when performing the Claims Review (e.g., medical records, physician orders, certificates of medical necessity, requisition forms, local medical review policies (including title and policy number), CMS program memoranda (including title and issuance number), Medicare carrier or intermediary manual or bulletins (including issue and date), other policies, regulations, or directives).
  - d. Review Protocol. A narrative description of how the Claims Review was conducted and what was evaluated.
  - e. Supplemental Materials. A description of any Supplemental Materials as required by A.4.a., above.
2. *Statistical Sampling Documentation.*
- a. A copy of the printout of the random numbers generated by the “Random Numbers” function of the statistical sampling software used by the IRO.
  - b. A description or identification of the statistical sampling software package used by the IRO.
3. *Claims Review Findings.*
- a. Narrative Results.
    - i. A description of the PPOA Location’s billing and coding system(s), including the identification, by position description, of the personnel involved in coding and billing.

- ii. A description of controls in place at the PPOA Location to ensure that all items and services billed to Medicare or a state Medicaid program (including Medicare and Medicaid managed care programs) are medically necessary and appropriately documented.
- iii. A narrative explanation of the IRO's findings and supporting rationale (including reasons for errors, patterns noted, etc.) regarding the Claims Review, including the results of the Claims Review Sample.

b. Quantitative Results.

- i. Total number and percentage of instances in which the IRO determined that the coding of the Paid Claims submitted by the PPOA Location differed from what should have been the correct coding and in which such difference resulted in an Overpayment to the PPOA Location.
- ii. Total number and percentage of instances in which the IRO determined that a Paid Claim was not appropriately documented and in which such documentation errors resulted in an Overpayment to the PPOA Location.
- iii. Total number and percentage of instances in which the IRO determined that a Paid Claim was for items or services that were not medically necessary and resulted in an Overpayment to the PPOA Location.
- iv. Total dollar amount of all Overpayments in the Claims Review Sample.
- v. Total dollar amount of Paid Claims included in the Claims Review Sample.

- vi. Error Rate in the Claims Review Sample. The Error Rate shall be calculated by dividing the Overpayment in the Claims Review Sample by the total dollar amount associated with the Paid Claims in the Claims Review Sample.
  - vii. An estimate of the actual Overpayment in the Population at the mean point estimate.
  - viii. A spreadsheet of the Claims Review results that includes the following information for each Paid Claim: Federal health care program billed, beneficiary health insurance claim number, date of service, code submitted (e.g., DRG, CPT code, etc.), code reimbursed, allowed amount reimbursed by payor, correct code (as determined by the IRO), correct allowed amount (as determined by the IRO), dollar difference between allowed amount reimbursed by payor and the correct allowed amount.
- c. Recommendations. The IRO's report shall include any recommendations for improvements to the PPOA Location's billing and coding system or to the PPOA Location's controls for ensuring that all items and services billed to Medicare or a state Medicaid program (including Medicare and Medicaid managed care programs) are medically necessary and appropriately documented, based on the findings of the Claims Review.

4. *Credentials.* The names and credentials of the individuals who: (1) designed the statistical sampling procedures and the review methodology utilized for the Claims Review and (2) performed the Claims Review.