



**AllyAlign
Health**

EPCACO
EPC Accountable Care Organization

Standards of Conduct

Our Principles of Ethics & Integrity

Every Associate. Every Decision. Every Day.

Dear Valued Associate, Health Care Providers, & Business Partners:

Each one of us plays an important role in supporting Curana Health's mission to improve the health, happiness, and dignity of senior living residents. Therefore, every action we take, interaction we have, or decision we make must be anchored on our principals of ethics, integrity, and core values.

We are all responsible for taking ownership and accountability of our actions and complying with applicable federal and state laws that govern our business. The Curana Health Standards of Conduct serve as a guide for conducting ourselves ethically and with integrity. Because of this, it is important for you to familiarize yourself with our Standards of Conduct.

If you know or believe that our commitment to ethics, integrity, or compliant business practices has been compromised, you have a responsibility to report the concern in good faith. Therefore, if you have any questions about our Standards of Conduct or need to report a concern, I encourage you to talk to your department's leader(s), reach out to me or any member of the Curana Health Compliance team, or call our Compliance & Ethics Helpline.

Our Compliance & Ethics Helpline is managed by an independent third-party vendor and offers an anonymous way for you to pose questions or report concerns. While you may choose to remain anonymous, you are encouraged to identify yourself. Doing so will assist in our ability to better communicate with you.

Curana Health Associates can call the toll-free Compliance & Ethics Helpline at 1-844-317-9059, 24 hours a day/7 day a week. You can also email compliance@allyalign.com or melanie.crowe@curanahealth.com or send a letter to Curana Health, Attn: Chief Compliance Officer, 8911 N. Capital of Texas Hwy, BLDG 1, Suite 1110, Austin, TX 78759. When you ask a question or report a concern in good faith, you are protected against retaliation.

Thank you for your continued contributions and commitment to doing the right thing every day.

Kind regards,

Mark Price



Mark Price

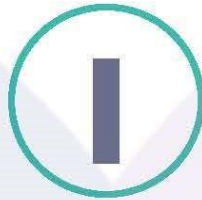
Chief Executive Officer



OUR MISSION

To improve the health, happiness, and dignity of senior living residents

OUR VALUES



Integrity

We communicate openly and honestly. We strive to ensure each interaction and decision is one we are proud of.



Compassion

We are stewards of our patients' wishes, their families' journey, and the resources we are provided. We accept this responsibility and work to deliver the type of healthcare experience we would want for our own families.



Accountability

We each take ownership and accountability for the results we deliver. We exceed expectations in the work we do and support our colleagues to help them succeed in everything they do.



Respect

We admire and respect the individuality and unique contribution of each of our patients, colleagues, and partners.



Excellence

We work every day to build a better healthcare system through relentless improvement and innovation in everything we do.

Table of Contents

1. INTRODUCTION	5
2. COMPLIANCE DEPARTMENT	6
3. OUR DUTY TO REPORT	6
4. NON-RETALIATION	7
5. INVESTIGATIONS	8
6. CONSEQUENCES FOR VIOLATIONS	8
7. CONFLICTS OF INTEREST	9
8. GIFTS, MEALS & ENTERTAINMENT	10
9. INDIVIDUAL POLITICAL ACTIVITIES & CONTRIBUTIONS	11
10. LOBBYING	11
11. WORKING WITH GOVERNMENT AGENCIES	11
12. SAFEGUARDING INFORMATION	12
13. FRAUD, WASTE & ABUSE	14

1. INTRODUCTION

Curana Health's (Curana's) Standards of Conduct are intended to serve as a guide by which all associates (full-time, part-time, temporary, contractors, interns, seasonal, PRN), the Board of Directors, health care providers, and business partners shall conduct themselves. Curana and its Board of Directors believe strongly in the principles outlined in the Standards of Conduct. It is important for you to know that our Standards of Conduct are approved by our Board of Directors. The Standards of Conduct complement and serve as an extension of the Curana Health Associate Handbook.

Fulfilling our Standards of Conduct is dependent on everyone's decisions and actions, no matter what role you play.

Everyone's Responsibilities:

- Read and understand the Standards of Conduct.
- Perform your job duties and ensure your individual decisions and actions follow our Standards of Conduct and comply with policies and procedures, applicable laws, regulations, Centers for Medicare and Medicaid Services (CMS) requirements, and/or other contractual requirements.
- Seek guidance when in doubt about your job responsibilities.
- Act with integrity and refrain from involvement in illegal, unethical, or other improper acts.
- Be respectful, truthful, and transparent.
- Exercise common sense and good judgement.
- Be accountable and take responsibility for your own actions.
- Communicate openly, honestly, and respectfully.
- Immediately report if:
 - o you have been excluded from participating in federal health care programs or receiving federal contracts and placed on a federal exclusions list, including the U.S. Department of Health and Human Services Office of the Inspector General (DHHS OIG) List of Excluded Individuals/Entities (LEIE) and/or General Services Administration (GSA) System for Award Management (SAM);
 - o you have been excluded from participating in state health care programs (such as Medicaid) or receiving state contracts and placed on a state exclusions list;
 - o your related professional license(s) or certification(s) have expired or have been revoked and/or sanctioned;
 - o you have been convicted of a criminal offence, other than a minor traffic violation.
- If you have questions or concerns about Curana's Compliance Program, Standards of Conduct, and/or policies and procedures, talk to your department's leader(s), reach out to Curana's Chief Compliance Officer, any member of the Curana Health Compliance department, or call our Compliance & Ethics Helpline.
- Speak up and promptly report any actions that you believe may violate our Standards of Conduct, policies and procedures, applicable laws, regulations, and/or contractual requirements.

- When requested, assist Curana and outside personnel authorized by Curana in investigating alleged violations.
- Report any known or potential conflict of interest.

2. COMPLIANCE DEPARTMENT

Curana’s Chief Compliance Officer reports directly to Curana’s Chief Executive Officer and is accountable to the Board of Directors. The Chief Compliance Officer establishes Curana’s Standards of Conduct and is responsible for maintaining a culture of accountability, integrity, and ethical behavior. Together, the Chief Compliance Officer and Compliance department personnel provide day-to-day implementation, oversight, and enforcement of the Compliance Program. Oversight of Curana’s Compliance Program is also supported by the Corporate Compliance Committee.

Compliance is comprised of seasoned compliance professionals with years of experience in Medicare Advantage, Prescription Drug Plans and/or traditional Medicare and is here to support and guide you. Here are a few duties performed by Compliance:

- Develops and maintains compliance policies and procedures;
- Administers and tracks compliance training and education;
- Provides guidance on compliance matters;
- Performs compliance monitoring and auditing activities;
- Undertakes measures to prevent, detect, investigate, correct, and report fraud, waste, and abuse;
- Researches and investigates compliance concerns; and
- Manages or assists in the management of appropriate actions in response to government audits and investigations.

Compliance embraces and supports an open-door policy that encourages open and honest communication. Therefore, you can share workplace concerns, questions, or suggestions with your Compliance partners at any time.

3. OUR DUTY TO REPORT

If you know of or suspect a violation of our Standards of Conduct, policies and procedures, applicable laws, regulations, CMS requirements, other contractual requirements, and/or you have a fraud, waste, and abuse (“FWA”) concern, it is your duty to report it.

Among other things, Curana promotes an environment of trust, integrity, respect, open/honest communication, and personal responsibility/accountability. To report a known or suspected violation, you may choose from several methods, including:

- Talking to your department’s leadership (e.g., your direct supervisor, manager, or other leadership); or
- Reaching out to the Chief Compliance Officer or any member of Compliance.
 - o Emailing melanie.crowe@curanahealth.com
 - o Emailing compliance@allyalign.com

o Calling the toll-free Compliance & Ethics Helpline at 1-844-317-9059, 24 hours a day/7 day a week. You can choose to remain anonymous.

o Writing Compliance at:

Curana Health
Attn: Chief Compliance Officer
8911 N. Capital of Texas Hwy
BLDG 1, Suite 1110
Austin, TX 78759

The toll-free Compliance & Ethics Helpline is managed by an independent third-party vendor (“vendor”). Calls received to the Compliance & Ethics Helpline are serviced by trained Communications Specialists who are employed by the vendor and are not affiliated with Curana.

To ensure anonymity, the vendor never captures the telephone number of incoming calls to the Helpline. Therefore, calls to the Helpline cannot be traced or otherwise identified.

While you may choose to remain anonymous, you are encouraged to identify yourself. Doing so will assist in our ability to better communicate with you. If you choose to remain anonymous, please provide detailed information about the known or suspected violation. Providing all pertinent information will assist in Curana’s ability to investigate the concern and take appropriate actions. You will be assigned a confidential identification number to follow up on your call. Anonymity will be maintained to the extent possible and in accordance with applicable laws.

Whether you disclose your identity or remain anonymous, the independent Communications Specialist servicing the call will document the information you share and provide a written report to Curana Compliance for review and determination of needed actions.

4. NON-RETALIATION

Curana prohibits retaliation against any associate who reports a known or potential violation in good faith.

Anyone who retaliates or encourages retaliation against an associate who reports a concern or who has been asked to assist in the investigation of an actual or alleged violation, will be subject to corrective action, up to and including termination of employment or contract. Additionally, any individual who deliberately makes false accusations to harm or retaliate against another associate will be subject to disciplinary action. Retaliation also can be against the law and may result in potential civil liability and/or criminal penalties.

If you have raised a question or reported a known or potential violation in good faith and you believe you are being retaliated against, you should contact Curana’s Chief Compliance Officer and/or Chief People Officer.

5. INVESTIGATIONS

Curana's Chief Compliance Officer (or designee) investigates all good faith reports of known or potential violations. As warranted, Curana's General Counsel (or designee), Chief People Officer (or designee), or other members of management may contribute to the investigation and corrective action plan process.

During the investigation process, Curana may conduct interviews. If you are asked to participate in the investigation process, you are required to cooperate fully. Once the investigation is finalized, Curana will document the findings and undertake corrective measures for confirmed violations.

Failure to fully cooperate in the investigation process, may result in disciplinary action, up to and including termination.

6. CONSEQUENCES FOR VIOLATIONS

Curana expects all associates, health care providers, and business partners to conduct themselves with integrity and comply with all applicable laws, regulations, and requirements. Violations of our Standards of Conduct, policies and procedures, applicable laws, regulations, CMS requirements, other contractual requirements, and/or FWA, may result in disciplinary action for the associate(s), health care provider(s), and/or business partner(s) involved, up to and including termination of employment or contract. Additionally, failure to comply with laws or regulations, may result in civil or criminal penalties for those involved.

To help guide you, below are some examples of situations that may result in disciplinary action. Violations can include, but are not limited to:

- o Failing to report known or suspected violations.
- o Failing to fully cooperate in an investigation.
- o Retaliating or encouraging retaliation against an individual for reporting a known or suspected violation, or for participating in an investigation.
- o Failing to disclose a known or potential conflict of interest.
- o Failing to follow Curana policies and procedures resulting in non-compliance.
- o Sacrificing ethical or compliant behavior to meet business or personal objectives.
- o Engagement in FWA activities.
- o Insubordination.
- o Falsification of records.
- o Inappropriate use or theft of Curana property.
- o Unauthorized use or disclosure of personal/protected health information (PHI), confidential, and/or proprietary information.
- o Conduct that violates any law applicable to Curana.
- o Any criminal conduct while acting in your capacity as a Curana employee or that impacts your ability to perform your duties as a Curana employee.

7. CONFLICTS OF INTEREST

We must all avoid actual or perceived conflicts of interest and never let our personal relationships or dealings improperly influence, or appear to influence, our business decisions and actions.

A conflict of interest may arise or occur when you or your immediate family members' personal interests, relationships, outside employment, and/or activities affect or appear to affect the decisions you make in your Curana role or may improperly influence your ability to act in the best interest of Curana.

You are required to promptly disclose any situation that may involve an actual or potential conflict of interest. At times, situations involving conflicts of interest may not always be easy to identify. To help guide you as an associate, below are some examples of situations that may result in a conflict of interest. Conflicts of interest can include, but are not limited to:

- Employment and/or Consulting outside of Curana – Outside employment, consulting, or a personal business must not interfere with your duties and obligations at Curana. This includes services related to our business and/or the market segments that Curana Health is in.
- Personal financial interests – You may not own (either directly or indirectly), a significant financial interest in any business that does business with, seeks to do business with, or competes with Curana. In general, a significant financial interest is ownership by you and/or an immediate family member (your spouse, domestic partner, child, child's spouse, stepchildren, domestic partner's child, as well as your or your spouse's or domestic partner's mother, father, brother or sister) of more than one percent of the outstanding securities/capital value of a business entity, or that represents more than five percent of the associate's total assets and/or those of an immediate family member.
- Serving on an external board of directors – You may not, as an associate, serve on an external board of directors when doing so might conflict with your role at Curana. If you wish to serve on an external board of directors, disclose this opportunity prior to your appointment so that it can be reviewed and approved by the Chief Executive Officer and the Chief Compliance Officer.
- Family and personal relationships – Your family members, significant others, or members of your household must not improperly influence, or appear to influence, Curana business decisions you make. Additionally, you may not have a supervisory or subordinate relationship with a family member or someone that you have a personal relationship with, unless prior approval from the Chief Person Officer and/or Chief Compliance Officer is granted.
- Use of Curana property or information for personal gain – You must only use Curana assets (e.g., equipment, materials, supplies, time) and information for legitimate Curana business purposes.

To disclose a potential or actual conflict of interest, you must complete the Conflict of Interest Disclosure Form (Appendix A) and promptly submit it to Curana's compliance department via email at melanie.crowe@curanahealth.com or compliance@allyalign.com. Upon receipt, Curana

Compliance will coordinate with Legal, Human Resources, and business unit leaders as appropriate to assess your disclosure and take any necessary action.

First tier and downstream entities must have a process for their associates and business partners to disclose conflicts of interest, ensure disclosures are appropriately reviewed and necessary action taken.

Failure to disclose and withdraw from conflicts of interest can result in corrective action, up to and including termination of employment or contract.

8. GIFTS, MEALS & ENTERTAINMENT

While giving or receiving gifts, meals, and entertainment is customary in business relationships, in our industry, giving or receiving gifts, meals, or entertainment can create a conflict of interest or may even result in a violation of law. Therefore, when deciding to give or accept a gift, meal, or entertainment, we must be careful and ensure that doing so does not influence decisions or violate any laws. To help guide you, here are some basic definitions:

Gifts – A gift is any item of value voluntarily transferred to a recipient without compensation. Free or discounted services also constitute a gift.

Entertainment – Tickets or attendance to any event such as a concert, sporting event, theater, theme park, where the recipient is not expected to pay for the tickets or associated fee and the giver does not necessarily intend to attend the event or entertainment venue.

Accepting Gifts, Meals & Entertainment

Generally, no associate shall accept gifts, meals, or entertainment from customers, payors, patients, or vendors and may accept gifts only as expressly set forth in Curana's gift policy in the Employee Handbook. Curana Health associates may not solicit any gifts from customers, vendors, patients, or payors, regardless of the value. Even gifts of nominal value may be viewed to influence or potentially influence Curana associates in the conduct of their duties and responsibilities. Gifts that are impermissible for Curana associates are also impermissible when given to family members of Curana associates.

Additionally, you must never accept a gift, meal, or entertainment from a government associate or official.

If you are a health care provider, you can never give or accept a gift in exchange for a referral. Please refer to the FWA, Stark, and Anti-Kickback Law sections for more information.

Giving Gifts, Meals & Entertainment

In accordance with CMS guidelines, a Medicare Advantage and Prescription Drug Plan (including its associates and contractors) may only offer nominal gifts to beneficiaries for marketing purposes, provided the gift is given regardless of whether the beneficiary enrolls in the plan and without discrimination. A nominal gift to beneficiaries for marketing purposes must be \$15 or less per gift and not exceed an annual \$75 aggregate per beneficiary. Nominal gifts may not be in the form of cash or other monetary rebates regardless of the amount. A Medicare

Advantage and Prescription Drug Plan may not provide or subsidize meals at a sales/marketing event.

In no event shall an associate otherwise give gifts to patients, vendors, contractors, and/or payors with the exception of branded materials (marketing items like pens, notepad, etc.).

No Gifts, Meals & Entertainment for Government Associates or Officials

Providing anything of value to a government associate or officials could violate Curana policy and certain laws. Therefore, as a general rule, you may not give gifts, meals, or entertainment to government associates or officials.

If you have questions regarding gifts, meals, and entertainment in general, please contact your Compliance department.

9. INDIVIDUAL POLITICAL ACTIVITIES & CONTRIBUTIONS

Curana does not discourage your individual participation in political activities on your own time and using your own resources. Therefore, you may communicate your personal beliefs to public officials and make personal political contributions, as long as it is clear that you are not speaking or acting on behalf of Curana.

You may not make any contribution on behalf of Curana, or use Curana's name, Curana stationary/letterhead, time, funds, staff, property (e.g., supplies, printers, computers, phones, etc.) or services for the support of political activities, political parties or candidates. Additionally, Curana will not reimburse you for your personal political contributions.

Additionally, you may not serve in any non-military legislative, executive or judicial office, whether national, federal, state, municipal, local, regional, or provincial while employed by Curana unless advanced written approval is received from Curana's CEO and General Counsel.

10. LOBBYING

No Curana associate is allowed to engage lobby for, or otherwise promote Curana's interest on any legislative, regulatory, or governmental issue without advance authorization from Curana's CEO and General Counsel.

11. WORKING WITH GOVERNMENT AGENCIES

Curana performs work on behalf of organizations that have entered into contracts with CMS to offer Medicare Advantage and Prescription Drug Plans. Therefore, you must be familiar with current Medicare Advantage and Prescription Drug Plan program requirements and follow them accordingly.

Additionally, Curana fully cooperates with any government audits or investigations as required by law. As a Curana associate, health care provider, or business partner, you must also cooperate

fully with Curana's Legal, Compliance, and/or Human Resources personnel who are responding to or facilitating a government audit or investigation.

When communicating with government officials or regulators, Curana is committed to providing complete and accurate information. Therefore, you must:

- Maintain books, records, and other documents related to the operation of Medicare Advantage contracts records for the applicable 10-year period.
- Provide timely and accurate information.
- Never destroy or alter any document or record in anticipation of a request for the document or record by a government agency or court.
- Never lie or make false or misleading statements to any government auditor or investigator.

If you receive any request for information, notification of a violation, or citations alleging a violation from a government regulatory agency, you must immediately notify Curana's General Counsel and Chief Compliance Officer.

12. SAFEGUARDING INFORMATION

Types of Information

- **Internal Information** – Information that is generally available to Curana associates for business purposes but is not intended for public release/disclosure/access. Internal information may include but is not limited to policies and procedures; job aids; workflows.
- **Restricted Information** – Information that is sensitive/proprietary and intended for use by specific individuals or departments. Restricted information may include but is not limited to intellectual property; network designs; source codes; algorithms; unreleased financial results; strategic plans; salary information.
- **Confidential Information** – Information that is private and relates to the personal information protected by either state or federal regulations. Personal information is any information that relates to, describes, or is reasonably capable of being associated with an identifiable individual. Confidential information includes but is not limited to: Protected Health Information (PHI); Electronic Protected Health Information (ePHI); Personally Identifiable Information (PII); Personally Identifiable Financial Information (PIFI).
- **Public Information** – Information that is not business sensitive and is available for public release.

Data Accuracy & Integrity

Curana is committed to providing accurate information. We understand that in order to maintain trust with those we serve, we have a responsibility to ensure integrity of the data we produce, maintain, and report. Therefore, you are expected to help ensure the accuracy and integrity of the data you produce in your respective role. Providing accurate and truthful information in any transaction is required.

If you are a health care provider, you are required to submit accurate, truthful and complete risk adjustment data along with accurate and appropriately documented procedure, diagnosis and treatment information in medical records.

As an organization that supports and operates Medicare Advantage and Prescription Drug plans, we are required to produce and report data to the plans we support, CMS, Departments of Insurance, and other regulatory or accreditation bodies as applicable.

If you are aware of data inaccuracy or if you have been asked to withhold or alter information, you are required to immediately report the matter to Curana Compliance.

Protected Health Information

Due to the nature of the work we perform, many of our associates have access to or come into contact with protected health information (PHI) of the beneficiaries/patients we serve. PHI includes information that identifies the beneficiary/patient such as name, address, phone number, email address, Medicare Beneficiary Identifier (MBI), enrollee's plan identification number, social security number, as well as information about their physical or mental condition, or the provision of or payment for health care. Information about a beneficiary or patient's authorized representative, guardian, or power of attorney is also considered PHI.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect PHI from being disclosed without the patient's consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule. In addition to HIPAA, there are state laws that establish data protection requirements.

Accordingly, we all have a responsibility to safeguard PHI from unauthorized use, disclosure, or access.

PHI must only be provided to authorized individuals, access limited to individuals on a need-to-know basis, and for legitimate treatment, payment, and health care operation purposes, unless required by law.

You are required to immediately report any concerns or potential data breaches to the Chief Compliance and Privacy Officer.

How to Protect Information

To prevent inadvertent disclosures of information, here are some best practices to follow:

- Appropriately limit use and disclosure of PHI to the least amount required in order to accomplish the intended purpose of the use, disclosure or request.
- Authenticate all inbound and outbound calls by verifying the identity of the person and the authority of that person to have access to information before you disclose any PHI to that person.
- Obtain consent from a beneficiary/patient prior to releasing his or her protected information to a third party.

- Passwords:
 - o Never use poorly constructed passwords as doing so may result in the compromise of individual systems, data, or networks.
 - o Only use strong password. Here are some best practices for creating strong passwords:
 - Use long passwords. Never use less than 8 characters and ideally use a minimum of 14 characters.
 - Use passphrases made up of multiple words and use special characters.
 - o Never share your password with any individuals.
- Keep your office access card in a safe place. Do not loan your office access card to any other individuals. When entering and exiting the office, do not allow any unauthorized individuals to enter the office.
- Lock your computer/laptop/tablet/other computing equipment and workstation (e.g., lock desks and file cabinets) any time you step away for any period of time.
- Enable a password-protected screen saver or lock-screen with a short timeout period to ensure that computer/laptop/tablet/other computing equipment that are inadvertently left unsecured will be protected.
- Follow the clean desk policy. When not actively in use, do not leave written/printed information on your desk, in conference rooms, on white boards, etc.
- When not actively in use, ensure cell phones used for work purposes are appropriately secured.
- Immediately retrieve printed documents from printers and physical fax machines.
- When no longer needed for regulatory, business, or legal reasons and the data is not under the applicable 10-year record retention period or on legal hold, appropriately destroy (e.g., use of locked shredder bins in office, use of shredders for work-at-home) paper documents and removable storage media.
- When traveling, secure laptop/tablet/other computing equipment when not actively in use. For example, you should:
 - o Never transport laptop/tablet/other computing/cell phone or printed internal, restricted, or confidential information in checked baggage.
 - o When traveling by car, transport laptop/tablet/other computing equipment, cell phone, or printed internal, restricted, or confidential information in locked car trunk. Do not leave information in car overnight.

13. FRAUD, WASTE & ABUSE

Fraud, waste, and abuse (FWA) hurts everyone – including you! Combating FWA is everyone’s responsibility. As an individual who performs administrative services or provides healthcare services, the actions you take can potentially affect the beneficiaries/patients we serve, Curana, the plan partners we support, the Medicare program, the Medicare Trust Fund, and taxpayers.

In order to help combat FWA, you must know how to identify it and protect Curana or partners we serve from potential abusive practices, civil liability, and possible criminal activity.

Below is information that will help you recognize FWA and familiarize yourself with the relevant laws and regulations that pertain to FWA:

FWA Defined

Fraud

Fraud is knowingly submitting, or causing to be submitted, false claims, or making misrepresentations of facts to obtain a Federal health care payment. It includes obtaining something of value through misrepresentation or concealment of material facts.

Knowingly soliciting, receiving, offering, and/or paying remuneration to induce or reward referrals for items or services reimbursed by Federal health care programs, or making prohibited referrals for certain designated health services is also considered fraud.

Some examples of fraud are:

- A sales agent or broker misrepresenting the plan's benefits in order to coerce a beneficiary into a Medicare Advantage or Prescription Drug Plan enrollment.
- Knowingly billing for services not furnished or supplies not provided, including billing a Medicare Advantage plan or Medicare for appointments the patient failed to keep.
- A pharmacy billing for drugs they never dispensed, and/or knowingly dispensing a generic drug but billing for a brand name drug.
- A healthcare provider and/or their administrative staff knowingly altering or falsifying information submitted on a claim and/or medical records in order to receive a higher payment.

Waste

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

Some examples of waste are:

- Conducting excessive office visits or writing excessive prescriptions.
- Prescribing more medications than necessary for treating a specific condition.
- Ordering excessive laboratory tests.

Abuse

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Some examples of abuse are:

- Billing for unnecessary medical services or supplies, even if not intentional.
- Excessively charging for medical services or supplies, even if not intentional.
- Misusing codes on a claim, such as upcoding or unbundling codes, even if not intentional.

Medicare Fraud and Abuse Laws & Penalties

Anti-Kickback Statute (AKS)

The federal AKS at [42 U.S.C. Section 1320a-7b\(b\)](#) prohibits and makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program, including the Medicare Program. Remuneration includes anything of value such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultations.

The Code of Federal Regulations (CFR) at [42 CFR Section 1001.952](#) establishes safe harbors and describes various payments and business practices that may satisfy regulatory requirements for arrangements that do not violate AKS. For more information visit the [Safe Harbor Regulations](#) webpage. Always consult with Curana Legal Counsel before assuming an arrangement qualifies for a safe harbor.

Some examples of AKS violations are

- A provider routinely waiving Medicare beneficiaries' cost-share (deductible, coinsurance, co-payments).
- A pharmaceutical company paying a doctor inflated rates for speaking engagements as compensation for the doctor prescribing the drugs manufactured by the pharmaceutical company.
- A hospital paying their employed doctors' salaries or performance bonuses that are directly or indirectly tied to the value or volume of x-rays, lab tests, or procedures ordered at the hospital.
- A nursing facility paying doctors for referring patients to their facility.

Penalties:

- Criminal:
 - o Fines up to \$25,000 per violation
 - o Up to a 5-year prison term per violation
- Civil/Administrative:
 - o False Claims Act liability
 - o Civil monetary penalties (CMP) and program exclusion
 - o Potential \$50,000 CMP per violation
 - o Civil assessment of up to three times amount of kickback

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute at [18 U.S.C. Section 1347](#) prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie about the delivery of, or payment for, health care benefits, items, or services to:

- defraud any health care benefit program.
- obtain, by means of false or fraudulent pretenses, representations, or promises, any of

the money or property owned by, or under the custody or control of, a health care benefit program, in connection with the delivery of or payment for health care benefits, items, or services.

Some examples of Criminal Health Care Fraud Statute violations are:

- Several doctors and medical clinics conspire in a coordinated scheme to defraud the Medicare Program by submitting medically unnecessary claims for power wheelchairs.
- A pharmacist submitted claims under the beneficiaries' Medicare Part D benefit for nonexistent prescriptions and drugs not dispensed.

Conviction under the statute does not require proof the violator had knowledge of the law or specific intent to violate the law.

Penalties:

- Violator shall be fined or imprisoned not more than 10 years, or both.
- If the violation results in serious bodily injury, the violator shall be fined or imprisoned not more than 20 years, or both.
- If the violation results in death, the violator shall be fined or imprisoned for any term of years or for life, or both.

False Claims Act (FCA)

The civil FCA at [31 United States Code \[U.S.C.\] Sections 3729-3733](#) protects the Federal government from being overcharged or sold substandard goods or services. It also imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the Federal government.

Some examples of FCA violations are:

- A provider bills for medications and/or services that were not provided to the patient.
- A home health provider submits claims indicating twice-daily insulin injections were provided to homebound diabetic patients however, the patients were not homebound or insulin dependent diabetics.
- A provider bills for services at a higher complexity than the services actually rendered to the patient.

Under the civil FCA, no specific intent to defraud is required. Therefore, the terms “knowing” and “knowingly” mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information related to the claim.

Penalties:

- Civil:
 - o Recovery of up to three times the number of damages sustained by the Government as a result of the false claims
 - o Financial penalties per false claim filed
- Criminal FCA at [18 U.S.C. Section 287](#) :
 - o Individuals or entities may face criminal penalties for submitting false, fictitious, or fraudulent claims, including fines, imprisonment, or both

Physician Self-Referral Law (Stark Law)

The Physician Self-Referral Law at [42 U.S.C. Section 1395nn](#), often called the Stark Law, prohibits a physician from referring certain “[designated health services](#)” (e.g., clinical laboratory services, physical therapy, and home health services), payable by Medicare or Medicaid, to an entity where the physician (or an immediate family member) has an ownership/investment interest or has a compensation arrangement, unless an exception applies.

This law also prohibits the designated health services entity from submitting claims to Medicare for those services resulting from a prohibited referral.

Some examples of Physician Self-Referral Law violations are:

- A physician refers a patient for physical therapy services to a clinic where the physician has an investment interest.
- A physician refers a patient for imaging services to an imaging center partly owned by the provider’s spouse.

Under this law, there is no intent standard for overpayment. In other words, regardless of the intent of the arrangement, a prohibited referral is a violation of the Stark Law.

Penalties:

- Civil:
 - o Overpayment/refund obligation
 - o False Claims Act liability
 - o Civil monetary penalties and program exclusion for knowing violations
 - o Potential \$15,000 CMP for each service
 - o Civil assessment of up to three times the amount claimed

Civil Monetary Penalties Law (CMPL)

The CMPL at [42 U.S.C. Section 1320a-7a](#) authorizes the OIG to seek CMPs and sometimes exclusion for a variety of health care fraud violations. Different amounts of penalties and assessments apply based on the type of violation. CMPs also may include an assessment of up to three times the amount claimed for each item or service, or up to three times the amount of remuneration offered, paid, solicited, or received. Violations that may justify CMPs include:

- Presenting a claim you know, or should know, is for an item or service not provided as claimed or that is false and fraudulent.
- Violating the AKS.
- Making false statements or misrepresentations on applications or contracts to participate in the Federal health care programs.

Exclusion Statute

The Exclusion Statute at [42 U.S.C. Section 1320a-7](#) requires the OIG to exclude individuals and entities convicted of any of the following mandatory exclusion offenses from participation in all Federal health care programs:

- Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid.
- Patient abuse or neglect.
- Felony convictions for other health care-related fraud, theft, or other financial misconduct.
- Felony convictions for unlawful manufacture, distribution, prescribing, or dispensing controlled substances.

Mandatory exclusions stay in effect for a minimum of 5 years but may result in longer or permanent exclusion.

The OIG also may impose permissive exclusions on other grounds. Some examples of permissive exclusions include, but are not limited to:

- Misdemeanor health care fraud convictions other than Medicare or Medicaid fraud.
- Misdemeanor convictions for unlawfully manufacturing, distributing, prescribing, or dispensing controlled substances.
- Revocation, suspension, or health care license surrender for reasons of professional competence, professional performance, or financial integrity.
- Providing unnecessary or substandard service.
- Convictions for obstructing an investigation or audit.
- Engaging in unlawful kickback arrangements.
- Defaulting on health education loan or scholarship obligations.

The Exclusion Statute prohibits the excluded individual or entity from participating in all Federal health care programs. The exclusion means no Federal health care program pays for items or services given, ordered, or prescribed by an excluded individual or entity.

Additional Resources

For additional resources related to FWA and provider compliance tips/resources, please access the following:

- CMS' Medicare Learning Network (MLN) [Medicare Fraud & Abuse: Prevent, Detect, Report](#) booklet
- MLN [SNF Billing Reference](#)
- MLN [Medicare Provider Compliance Tips](#)
- [OIG Compliance Resources](#) page
- CMS [Fraud Prevention Toolkit](#)

Your Actions Matter - Every Associate. Every Decision. Every Day.

Thank you for reading our Standards of Conduct and ensuring you understand what is expected of you.

As a reminder, if you have any questions or concerns talk to your department's leader(s), reach out to the Chief Compliance Officer or any member of the Compliance teams, or call our toll-free Compliance & Ethics Helpline at 1-844-317-9059, 24 hours a day/7 day a week.

Lastly, thank you for your continued contributions and for helping us achieve our mission

To improve the health, happiness, and
dignity of senior living residents.





Appendix A:

Conflict of Interest Disclosure Form

Curana Health associates (full-time, part-time, temporary, contractors, interns, seasonal, PRN, etc.) and Board of Directors members, must disclose any relationships that may create an actual or perceived conflict of interest. An actual or perceived conflict of interest may exist if an Curana Health associate or Board member has any type of business or economic relationship with an individual or organization that may interfere with such person’s ability to make independent judgements or decisions on behalf of Curana Health, Align Senior Care, or EPC ACO enrollees or patients. This form provides an opportunity for you to disclose all relationships that may pose an actual or perceived conflict of interest. If the above applies, please submit the completed form to Curana Health Compliance via email at melanie.crowe@curanahealth.com or compliance@allyalign.com

Please supply the following information:	
_____	_____
First & Last Name	Title

Work Phone #	

Conflicts of interest may arise in many situations. Below are some of the common situations an associate or Board member may encounter. This is not intended to represent a comprehensive list of conflicts of interest. Even if a particular situation is not expressly mentioned herein, associates and Board members are advised to disclose all potential conflicts.

Select all that apply and enter details describing any of the potential conflicts you select.

Personal Financial Interest
<input type="checkbox"/> I own, directly or indirectly, a significant financial interest in a company or supplier that does business with, seeks to do business with, or competes with Curana Health. (In general, a significant financial interest is ownership by you and/or an immediate family member of more than one percent of the outstanding securities/capital value of a business entity, or that represents more than five percent of your total assets and/or those of an immediate family member.)
Description of Potential Conflict:

Outside Employment/External Activities (ASSOCIATES ONLY)

I understand that my primary employment obligation is to Curana Health and any external activities, such as a second job or a personal business, must not conflict with my Curana Health obligations. I have outside employment or other external activities that may present a conflict.

Description of Potential Conflict:

Service on an External Board of Directors (ASSOCIATES ONLY)

I wish to serve on an external Board of Directors, and I am disclosing the potential conflict of interest prior to the board appointment.

OR

I serve on an external Board of Directors, and I am disclosing a potential conflict of interest.

Description of Potential Conflict:

Family and Personal Relationships

An individual with whom I am involved in a personal relationship and/or a relative is employed by Curana Health.

I understand that I cannot make decisions involving the hiring, promoting, transferring, compensation, performance evaluation, corrective action or termination of a family member's employment, or any others with whom I have a personal relationship with (including temporary workers, contractors, vendors, etc.) unless first approved by the Chief Person Officer and/or Chief Compliance Officer.

Description of Potential Conflict:

Other Relationships & Activities That May Pose a Conflict of Interest

I received remuneration in return for performing consulting activities on behalf of a Pharmaceutical, Device, Biological or Medical Supply Manufacturer, or other healthcare industry company.

I received remuneration or transfers of value from a Pharmaceutical, Device, Biological or Medical Supply Manufacturer or other healthcare industry company for educational sessions (not as a speaker) or materials.

A Pharmaceutical, Device, Biological or Medical Supply Manufacturer, other healthcare industry company made a charitable contribution on my behalf, paid an honorarium to me, reimbursed me for out-of-pocket expenses (travel, lodging, food, or beverage), provided me with tickets for entertainment events, or gave me a gift.

I serve on the Board of Directors, Board of Trustees, or other board for a Pharmaceutical, Device, Biological, or Medical Supply Manufacturer, other outside organization, or financial investment firm that has any direct or indirect relationship with Curana Health or could be considered a competitor.

Me or my spouse/significant other/partner have direct or indirect Equity Interest in the form of stock/stock options or royalties from a Pharmaceutical, Device, Biological, Medical Supply Manufacturer, or any other healthcare industry company.

Description of Potential Conflict:

Someone Close to Me Works in the Industry

My spouse, family member, or others close to me has/have a relationship with a competitor or another business in the health care industry.

Description of Potential Conflict:

Other Potential Conflicts of Interest

I have another potential conflict of interest that is not listed above.

Description of Potential Conflict:

I attest that the disclosure responses provided in this form are accurate and complete and that I have fully disclosed all relationships and activities to the best of my knowledge. If changes occur in my relationships or activities throughout the year, I will immediately update my information using this form and submitting to Curana Health Compliance. I fully agree to cooperate with the Curana Health Compliance Department, Legal Department, Human Resources, and other appropriate individuals to manage any actual or potential conflicts. By signing my name and indicating the date below, I attest to the statements above.

Sign your full name and date in the fields below:

_____	_____
Signature	Date