

**CORPORATE INTEGRITY AGREEMENT
BETWEEN THE
OFFICE OF INSPECTOR GENERAL
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
POST ACUTE MEDICAL, LLC; POST ACUTE MEDICAL AT LULING, LLC;
POST ACUTE MEDICAL AT SAN ANTONIO, LLC; POST ACUTE MEDICAL
AT VICTORIA, LLC; POST ACUTE MEDICAL OF NEW BRAUNFELS, LLC;
WARM SPRINGS SPECIALTY HOSPITAL OF SAN ANTONIO, LLC; PAM II
OF COVINGTON, LLC; WARM SPRINGS REHABILITATION HOSPITAL OF
VICTORIA, LLC; POST ACUTE MEDICAL AT ALLEN, LLC; POST ACUTE
MEDICAL AT HAMMOND, LLC; POST ACUTE MEDICAL OUTPATIENT
CLINICS, LLC; POST ACUTE MEDICAL AT NANTICOKE, LLC; PAM
SQUARED AT TEXARKANA, LLC; PAM SQUARED AT CORPUS CHRISTI,
LLC**

I. PREAMBLE

Post Acute Medical, LLC; Post Acute Medical at Luling, LLC; Post Acute Medical at San Antonio, LLC; Post Acute Medical at Victoria, LLC; Post Acute Medical of New Braunfels, LLC; Warm Springs Specialty Hospital of San Antonio, LLC; PAM II of Covington, LLC; Warm Springs Rehabilitation Hospital Of Victoria, LLC; Post Acute Medical At Allen, LLC; Post Acute Medical At Hammond, LLC; Post Acute Medical Outpatient Clinics, LLC; Post Acute Medical At Nanticoke, LLC; Pam Squared At Texarkana, LLC; and Pam Squared At Corpus Christi, LLC (collectively Post Acute Medical) 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, Post Acute Medical is entering into a Settlement Agreement with the United States.

II. TERM AND SCOPE OF THE CIA

A. The period of the compliance obligations assumed by Post Acute Medical under this CIA shall be five years from the effective date of this CIA. The “Effective Date” shall be the date on which the final signatory of this CIA executes this CIA. Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a “Reporting Period.”

B. Sections VII, X, and XI shall expire no later than 120 days after OIG’s receipt of: (1) Post Acute Medical’s final annual report; or (2) any additional materials submitted by Post Acute Medical 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 Post Acute Medical and any actual or potential source of health care business or referrals to Post Acute Medical or any actual or potential recipient of health care business or referrals from Post Acute Medical or
 - b. every financial relationship (as defined at 42 C.F.R. § 411.354(a)) that is between Post Acute Medical 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 Post Acute Medical 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 (1) to whom Post Acute Medical refers an individual for the furnishing or arranging for the furnishing of any item or service, or (2) from whom Post Acute Medical 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. “Focus Arrangements” means every Arrangement that:
 - a. is between Post Acute Medical and any actual source or recipient of health care business or referrals to Post Acute Medical and involves, directly or indirectly, the offer, payment, or provision of anything of value; or
 - b. is between Post Acute Medical and any 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 Post Acute Medical for designated health services (as defined at 42 U.S.C. § 1395nn(h)(6)).

Notwithstanding the foregoing provisions of Section II.C.4, any Arrangement that satisfies the requirements of 42 C.F.R. § 411.356 (ownership or investment interests), 42 C.F.R. § 411.357(g) (remuneration unrelated to the provision of designated health services); 42 C.F.R. § 411.357(i) (payments by a physician for items and services); 42 C.F.R. § 411.357(k) (non-monetary compensation); 42 C.F.R. § 411.357(m) (medical staff incidental benefits), 42 C.F.R. § 411.357(o) (compliance training), 42 C.F.R. § 411.357(q) (referral services), 42 C.F.R. § 411.357(s) (professional courtesy), or 42 C.F.R. § 357(u) (community-wide health information systems), shall not be considered a Focus Arrangement for purposes of this CIA, provided that Post Acute Medical maintains sufficient documentation to demonstrate compliance with the applicable exceptions to 42 U.S.C. § 1395nn (Stark Law). Such documentation shall be made available to OIG upon request.

5. “Covered Persons” includes:

- a. all owners, officers, managers, members, and employees of Post Acute Medical; and
- 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 Post Acute Medical excluding vendors whose sole connection with Post Acute Medical is selling or otherwise providing medical supplies or equipment to Post Acute Medical; and
- c. all physicians and other non-physician practitioners who are members of Post Acute Medical’s active medical staff.

6. “Arrangements Covered Persons” includes each Covered Person who is involved with the development, approval, management, or review of Post Acute Medical’s Arrangements.

III. CORPORATE INTEGRITY OBLIGATIONS

Post Acute Medical shall establish and maintain a Compliance Program that includes the following elements:

A. Compliance Officer and Committee, Managers, and Management Compliance Obligations

1. *Compliance Officer.* Within 90 days after the Effective Date, Post Acute Medical shall appoint a Compliance Officer and shall maintain a Compliance Officer for the term of the CIA. The Compliance Officer shall be an employee and a member of senior management of Post Acute Medical, shall report directly to the Chief Executive Officer of Post Acute Medical, 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 Post Acute Medical. The 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. making periodic (at least quarterly) reports regarding compliance matters directly to the Manager of Post Acute Medical, and shall be authorized to report on such matters to the Manager at any time. Written documentation of the Compliance Officer's reports to the Manager shall be made available to OIG upon request; and
- c. monitoring the day-to-day compliance activities engaged in by Post Acute Medical as well as any reporting obligations created under this CIA.

Any noncompliance job responsibilities of the Compliance Officer shall be limited and must not interfere with the Compliance Officer's ability to perform the duties outlined in this CIA.

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

2. *Compliance Committee.* Within 90 days after the Effective Date, Post Acute Medical shall appoint a Compliance Committee. The Compliance Committee shall, at a minimum, include the Compliance Officer and other members of senior management necessary to meet the requirements of this CIA (e.g., senior executives of relevant departments, such as billing, clinical, human resources, audit, and operations). The Compliance Officer shall chair the Compliance Committee and the Committee shall support the Compliance Officer in fulfilling his/her responsibilities (e.g., shall assist in the analysis of Post Acute Medical'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.

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

3. *Manager Compliance Obligations.* The managing member of Post Acute Medical (Manager) shall be responsible for the review and oversight of matters related to compliance with Federal health care program requirements and the obligations of this CIA.

The Manager shall, at a minimum, be responsible for the following:

- a. meeting at least quarterly to review and oversee Post Acute Medical's compliance program, including but not limited to the performance of the Compliance Officer and Compliance Committee;
- b. submitting to the 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 the Manager summarizing its review and oversight of Post Acute Medical's compliance with Federal health care program requirements and the obligations of this CIA.

At minimum, the resolution shall include the following language:

"The Manager has made a reasonable inquiry into the operations of Post Acute Medical's Compliance Program including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Manager has concluded that, to the best of its knowledge, Post Acute Medical has implemented an effective Compliance Program to

meet Federal health care program requirements and the obligations of the CIA.”

If the Manager is unable to provide such a conclusion in the resolution, the Manager 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 Post Acute Medical.

Post Acute Medical shall report to OIG, in writing, any changes in the composition of the Manager, or any actions or changes that would affect the Manager’s ability to perform the duties necessary to meet the obligations in this CIA, within 15 days after such a change.

4. *Management Certifications.* In addition to the responsibilities set forth in this CIA for all Covered Persons, certain Post Acute Medical employees (Certifying Employees) are specifically expected to monitor and oversee activities within their areas of authority and shall annually certify that the applicable Post Acute Medical department is in compliance with applicable Federal health care program requirements and with the obligations of this CIA. These Certifying Employees shall include, at a minimum, the following: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Compliance Officer, Chief Medical Officer, Chief Clinical Officer, Chief Strategy Officer, and other senior leaders of divisions, business units, or departments with operations that relate to Federal health care programs. 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, obligations of the Corporate Integrity Agreement, and Post Acute Medical policies, and I have taken steps to promote such compliance. To the best of my knowledge, the [insert name of department] of Post Acute Medical is in compliance with all applicable Federal health care program requirements and the obligations 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, Post Acute Medical 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, Post Acute Medical 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 Post Acute Medical's compliance with Federal health care program requirements (Policies and Procedures). The Policies and Procedures also shall address:

- a. 42 U.S.C. § 1320a-7b(b) (Anti-Kickback Statute) and the Stark Law, and the regulations and other guidance documents related to these statutes, and business or financial arrangements or contracts that generate unlawful Federal health care program business in violation of the Anti-Kickback Statute or the Stark Law; and
- b. the requirements set forth in Section III.D (Compliance with the Anti-Kickback Statute and Stark Law).

The Policies and Procedures shall be made available to all Covered Persons. Throughout the term of this CIA, Post Acute Medical shall enforce its Policies and Procedures and shall make compliance with its Policies and Procedures an element of evaluating the performance of all employees.

At least annually (and more frequently, if appropriate), Post Acute Medical shall assess and update, as necessary, the Policies and Procedures. Any revised or new 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, Post Acute Medical shall develop a written plan (Training Plan) that outlines the steps Post Acute Medical will take to ensure that all Covered Persons receive at least annual training regarding Post Acute Medical'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; and that all Arrangements Covered Persons receive at least annual training regarding: (i) Arrangements that potentially implicate the Anti-Kickback Statute or the Stark Law, as well as the regulations and other guidance documents related to these statutes; (ii) Post Acute Medical's policies, procedures, and other requirements relating to Arrangements and Focus Arrangements, including but not limited to the Focus Arrangements Tracking System, the internal review and approval process, and the tracking of remuneration to and from sources of health care business or referrals required by Section III.D of the CIA; (iii) the personal obligation of each individual involved in the development, approval, management, or review of Post Acute Medical's Arrangements to know the applicable legal requirements and the Post Acute Medical's policies and procedures; (iv) the legal sanctions under the Anti-Kickback Statute and the Stark Law; and (v) examples of violations of the Anti-Kickback Statute and the Stark Law.

The Training Plan shall include information regarding the following: training topics, identification of Covered Persons and Arrangements Covered Persons required to attend each training session, length of the training sessions(s), schedule for training, and format of the training. Post Acute Medical shall furnish training to its Covered Persons and Arrangements Covered Persons pursuant to the Training Plan during each Reporting Period.

2. *Manager Training.* Within 90 days after the Effective Date, the Manager shall receive at least two hours of training. This training shall address the corporate governance responsibilities of managing members, and the responsibilities of managing members with respect to review and oversight of the Compliance Program. Specifically, the training shall address the unique responsibilities of health care managing 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 Manager and should include a discussion of the OIG's guidance on Board member responsibilities.

New managing members shall receive the Manager Training described above within 30 days after becoming a member or within 90 days after the Effective Date, whichever is later.

3. *Training Records.* Post Acute Medical shall make available to OIG, upon request, training materials and records verifying that Covered Persons, Arrangements Covered Persons, and managing members have timely received the training required under this section.

D. Compliance with the Anti-Kickback Statute and Stark Law

1. *Focus Arrangements Procedures.* Within 90 days after the Effective Date, Post Acute Medical shall create procedures reasonably designed to ensure that each existing and new or renewed Focus Arrangement does not violate the Anti-Kickback Statute and/or the Stark Law or the regulations and guidance related to these statutes (Focus Arrangements Procedures). These procedures shall include the following:

- a. creating and maintaining a centralized tracking system for all existing and new or renewed Focus Arrangements and the information specified in Sections III.D.1.b-f below for each existing and new or renewed Focus Arrangement (Focus Arrangements Tracking System);
- b. documenting the names and positions of the Arrangements Covered Person(s) involved in the negotiation, review, and approval of all Focus Arrangements;
- c. tracking all remuneration to and from all parties to Focus Arrangements to ensure that the parties are complying with the financial terms of the Focus Arrangements and that the Focus Arrangements are commercially reasonable;
- d. documenting all fair market value determination(s) for any Focus Arrangement, including the fair market value amount

or range and corresponding time period(s), the date(s) of completion of the fair market valuation(s), the individuals or entities that determined the fair market value amount or range, and the names and positions of the Covered Person(s) who received and/or were otherwise involved with the fair market value determination(s);

- e. tracking service and activity logs to ensure that parties to the Focus Arrangement are performing the services required under the applicable Focus Arrangement(s) (if applicable);
- f. monitoring the use of leased space, medical supplies, medical devices, equipment, or other patient care items to ensure that such use is consistent with the terms of the applicable Focus Arrangement(s) (if applicable);
- g. establishing and implementing a written review and approval process for Focus Arrangements, the purpose of which is to ensure that all new and existing or renewed Focus Arrangements do not violate the Anti-Kickback Statute and Stark Law and that includes at least the following: (i) a legal review of all Focus Arrangements by counsel with expertise in the Anti-Kickback Statute and Stark Law, (ii) a process for specifying and documenting the business need or business rationale for all Focus Arrangements, and (iii) a process for determining and documenting the fair market value of the remuneration specified in the Focus Arrangement;
- h. ensuring that all existing Focus Arrangements are subject to the review and approval process described in Section III.D.1.g above;
- i. requiring the Compliance Officer to review the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis and to provide a report on the results of such review to the Compliance Committee; and

- j. implementing effective responses when suspected violations of the Anti-Kickback Statute and Stark Law are discovered, including disclosing Reportable Events and quantifying and repaying Overpayments pursuant to Sections III.J and III.K when appropriate.

2. *New or Renewed Focus Arrangements.* No later than 90 days after the Effective Date, and prior to entering into new Focus Arrangements or renewing existing Focus Arrangements, in addition to complying with the Focus Arrangements Procedures set forth above, Post Acute Medical shall comply with the following requirements (Focus Arrangements Requirements):

- a. Ensure that all written Focus Arrangements are signed by Post Acute Medical and the other party(ies) to the Focus Arrangement prior to the payment or receipt of any remuneration pursuant to the Focus Arrangement;
- b. Ensure that all Focus Arrangements have been subject to the written review and approval process described in Section III.D.1.g prior to the payment or receipt of any remuneration pursuant to the Focus Arrangement, and that Post Acute Medical maintains appropriate documentation of the review and approval of such Focus Arrangement; and
- c. Include in any written agreement a certification by the parties to the Focus Arrangement that the parties shall not violate the Anti-Kickback Statute and the Stark Law with respect to the performance of the Arrangement.

3. *Records Retention and Access.* Post Acute Medical shall retain and make available to OIG, upon request, the Focus Arrangements Tracking System and all supporting documentation of the Focus Arrangements subject to this Section and, to the extent available, all non-privileged communications related to the Focus Arrangements and the actual performance of the duties under the Focus Arrangements.

E. Review Procedures

1. *General Description.*

- a. *Engagement of Independent Review Organization.* Within 90 days after the Effective Date, Post Acute Medical shall engage a law or consulting firm, or lawyer (hereinafter “Independent Review Organization” or “IRO”), to perform the reviews listed in this Section III.E. 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 Post Acute Medical shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and Post Acute Medical) related to the reviews.
- c. *Responsibilities and Liabilities.* Nothing in this Section III.E affects Post Acute Medical’s responsibilities or liabilities under any criminal, civil, or administrative laws or regulations applicable to any Federal health care program including, but not limited to, the Anti-Kickback Statute and/or the Stark Law.
- d. *Access to Records and Personnel.* Post Acute Medical shall ensure that the IRO has access to all records and personnel necessary to complete the reviews listed in this Section III.E and that all records furnished to the IRO are accurate and complete.

2. *Arrangements Review.* The IRO shall perform an Arrangements Review and prepare an Arrangements 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 Post Acute Medical a certification that the IRO (a) has not previously

represented or been employed or engaged by Post Acute Medical and (b) does not have a relationship to Post Acute Medical or its owners, officers, or members that would cause a reasonable person to question the IRO's objectivity.

F. Risk Assessment and Internal Review Process

Within 90 days after the Effective Date, Post Acute Medical shall develop and implement a centralized annual risk assessment and internal review process to identify and address risks associated with Arrangements (as defined in Section II.C.1 above) and Post Acute Medical'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. The risk assessment and internal review process shall require compliance, legal and department leaders, at least annually, 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. Post Acute Medical shall maintain the risk assessment and internal review process for the term of the CIA.

G. Disclosure Program

Within 90 days after the Effective Date, Post Acute Medical shall establish a Disclosure Program that includes a mechanism (e.g., a toll-free compliance telephone line) to enable individuals to disclose, to the Compliance Officer or some other person who is not in the disclosing individual's chain of command, any identified issues or questions associated with Post Acute Medical'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. Post Acute Medical 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 Post Acute Medical's Covered Persons shall be expected to report suspected violations of any Federal health care program requirements to the

Compliance Officer or other appropriate individual designated by Post Acute Medical. Upon receipt of a disclosure, the Compliance Officer (or designee) shall gather all relevant information from the disclosing individual. The Compliance Officer (or designee) shall make a preliminary, good faith inquiry into the allegations set forth in every disclosure to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted. For any disclosure that is sufficiently specific so that it reasonably: (1) permits a determination of the appropriateness of the alleged improper practice; and (2) provides an opportunity for taking corrective action, Post Acute Medical shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted.

The Compliance Officer (or designee) shall maintain a disclosure log and shall record each disclosure 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 status of the respective internal reviews, and any corrective action taken in response to the internal reviews.

H. 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.* Post Acute Medical shall ensure that all prospective and current Covered Persons are not Ineligible Persons, by implementing the following screening requirements.

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

Nothing in this Section III.H affects Post Acute Medical'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. Post Acute Medical understands that items or services furnished, ordered, or prescribed by excluded persons are not payable by Federal health care programs and that Post Acute Medical may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether Post Acute Medical meets the requirements of Section III.H.

3. *Removal Requirement.* If Post Acute Medical has actual notice that a Covered Person has become an Ineligible Person, Post Acute Medical shall remove such Covered Person from responsibility for, or involvement with, Post Acute Medical'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 Post Acute Medical 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, Post Acute Medical 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.

I. Notification of Government Investigation or Legal Proceeding

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

J. Overpayments

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

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

K. 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 a Covered Person who is an Ineligible Person as defined by Section III.H.1.a; or
- d. the filing of a bankruptcy petition by Post Acute Medical.

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

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

3. *Reportable Events under Section III.K.1.a.and III.K.1.b.* For Reportable Events under Section III.K.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 entities and individuals 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 Post Acute Medical to identify and quantify any Overpayments; and
- e. a description of Post Acute Medical'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, Post Acute Medical shall repay the Overpayment, in accordance with the requirements of 42 U.S.C. § 1320a-7k(d) and 42 C.F.R. § 401.301-305 (and any applicable CMS guidance) and provide OIG with a copy of the notification and repayment.

4. *Reportable Events under Section III.K.1.c.* For Reportable Events under Section III.K.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;
- c. a description of the Exclusion List screening that Post Acute Medical completed before and/or during the Ineligible Person's employment or contract and any flaw or breakdown in the Ineligible Persons screening process that led to the hiring or contracting with 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 an Ineligible Person.

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

6. *Reportable Events Involving the Stark Law.* Notwithstanding the reporting requirements outlined above, any Reportable Event that involves solely a probable violation of the Stark Law should be submitted by Post Acute Medical to the Centers for Medicare & Medicaid Services (CMS) through the self-referral disclosure protocol (SRDP), with a copy to the OIG. If Post Acute Medical identifies a probable violation of the Stark Law and repays the applicable Overpayment directly to the CMS contractor, then Post Acute Medical is not required by this Section III.K to submit the Reportable Event to CMS through the SRDP.

IV. SUCCESSOR LIABILITY

In the event that, after the Effective Date, Post Acute Medical 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. Post Acute Medical 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 proposed purchase, Post Acute Medical 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, Post Acute Medical 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.

V. IMPLEMENTATION AND ANNUAL REPORTS

A. Implementation Report

Within 120 days after the Effective Date, Post Acute Medical 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, address, phone number, and position description of the Compliance Officer required by Section III.A, and a summary of other noncompliance job responsibilities the Compliance Officer may have;
2. the names and positions of the members of the Compliance Committee required by Section III.A;
3. the names of the managing members who are responsible for satisfying the Manager's compliance obligations described in Section III.A.3;
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 for the purpose of completing the required Certification;
5. a list of all Policies and Procedures required by Section III.B;
6. the Training Plan required by Section III.C.1 and a description of the Manager's 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. a description of (a) the Focus Arrangements Tracking System required by Section III.D.1.a, (b) the internal review and approval process required by Section III.D.1.e; and (c) the tracking and monitoring procedures and other Focus Arrangements Procedures required by Section III.D.1;

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 that it does not have a prohibited relationship with Post Acute Medical as set forth in Section III.E.3;

9. a description of the risk assessment and internal review process required by Section III.F;

10. a description of the Disclosure Program required by Section III.G;

11. a description of the Ineligible Persons screening and removal process required by Section III.H;

12. a copy of Post Acute Medical's policies and procedures regarding the identification, quantification and repayment of Overpayments required by Section III.J;

13. a description of Post Acute Medical's corporate structure, including identification of any parent and sister companies, subsidiaries, and their respective lines of business;

14. a list of all of Post Acute Medical's locations (including locations and mailing addresses), the corresponding name under which each location is doing business, and each location's Medicare and state Medicaid program provider number(s) and/or supplier number(s); and

15. the certifications required by Section V.C.

B. Annual Reports

Post Acute Medical 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 Compliance Officer; a current list of the Compliance Committee members, a current list of the managing members who are responsible for satisfying the Manager's compliance obligations, and a current list of the Certifying Employees, along with the identification of any changes made during the Reporting Period to the Compliance Committee, Manager, and Certifying Employees;

2. a description of any changes to the written process for Certifying Employees to follow for the purpose of completing the Certification required by Section III.A.4, including the reasons for the changes;

3. the dates of each report made by the Compliance Officer to the Manager (written documentation of such reports shall be made available to OIG upon request);

4. the Manager resolution required by Section III.A.3 and a description of the documents and other materials reviewed by the Manager, as well as any additional steps taken, in its oversight of the compliance program and in support of making the resolution;

5. a list of any new or revised Policies and Procedures developed during the Reporting Period;

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

7. a description of (a) any changes to the Focus Arrangements Tracking System required by Section III.D.1.a; (b) any changes to the internal review and approval process required by Section III.D.1.e; and (c) any changes to the tracking and monitoring procedures and other Arrangements Procedures required by Section III.D.1;

8. a complete copy of all reports prepared pursuant to Section III.E and Post Acute Medical's response to the reports, along with corrective action plan(s) related to any issues raised by the reports;

9. a certification from the IRO that it does not have a prohibited relationship with Post Acute Medical, as described in Section III.E.4 above;
10. a description of any changes to the risk assessment and internal review process required by Section III.F, including the reasons for such changes;
11. a summary of the following components of the risk assessment and internal review process during the Reporting Period: work plans developed, internal audits performed, corrective action plans developed in response to internal audits, and steps taken to track the implementation of the corrective action plans. Copies of any work plans, internal audit reports, and corrective actions plans shall be made available to OIG upon request;
12. a summary of the disclosures in the disclosure log required by Section III.G that: (a) relate to Federal health care programs; or (b) involve allegations of conduct that may involve illegal remuneration or inappropriate referrals in violation of the Anti-Kickback Statute or Stark law (the complete disclosure log shall be made available to OIG upon request);
13. a description of any changes to the Ineligible Persons screening and removal process required by Section III.H, including the reasons for such changes;
14. a summary describing any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.I. 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;
15. a description of any changes to the Overpayment policies and procedures required by Section III.J, including the reasons for such changes;
16. a summary of Reportable Events (as defined in Section III.K) identified during the Reporting Period;
17. a description of all changes to the most recently provided list of Post Acute Medical's locations (including addresses) as required by Section V.A.14;

18. a description of any changes to Post Acute Medical's corporate structure, including any parent and sister companies, subsidiaries, and their respective lines of business; and

19. 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, Post Acute Medical shall include the certifications of Certifying Employees as required by Section III.A.4;

2. *Compliance Officer and Chief Executive Officer.* The Implementation Report and each Annual Report shall include a certification by the Compliance Officer and Chief Executive Officer that:

- a. to the best of his or her knowledge, except as otherwise described in the report, Post Acute Medical is in compliance with all of the requirements of this CIA;
- b. to the best of his or her knowledge, Post Acute Medical has implemented procedures reasonably designed to ensure that all Focus Arrangements do not violate the Anti-Kickback Statute and Stark Law, including the Focus Arrangements Procedures required in Section III.D of the CIA;
- c. to the best of his or her knowledge, Post Acute Medical has fulfilled the requirements for New and Renewed Focus Arrangements under Section III.D.2 of the CIA;
- d. 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

- e. 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, Post Acute Medical has complied with its obligations 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

Post Acute Medical 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. Post Acute Medical 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

Post Acute Medical:

Annmarie Gover
Compliance Officer
1828 Good Hope Road, Suite 102
Enola, PA 17025
Telephone: (717) 731-9660
Facsimile: (717) 731-9665

Unless otherwise specified, all notifications and reports required by this CIA shall be made by overnight mail, hand delivery, or other means, provided that there is proof that such notification was received. For purposes of this requirement, internal facsimile confirmation sheets do not constitute proof of receipt. Upon request by OIG, Post Acute Medical 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 Post Acute Medical's books, records, and other documents and supporting materials, and conduct on-site reviews of any of Post Acute Medical's locations for the purpose of verifying and evaluating: (a) Post Acute Medical's compliance with the terms of this CIA; and (b) Post Acute Medical's compliance with the requirements of the Federal health care programs. The documentation described above shall be made available by Post Acute Medical 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 Post Acute Medical's owners, employees, contractors, and members 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. Post Acute Medical shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. Post Acute Medical's owners, employees, contractors, and members

may elect to be interviewed with or without a representative of Post Acute Medical present.

VIII. DOCUMENT AND RECORD RETENTION

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

X. BREACH AND DEFAULT PROVISIONS

Post Acute Medical is expected to fully and timely comply with all of its CIA obligations.

A. Stipulated Penalties for Failure to Comply with Certain Obligations

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

1. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day Post Acute Medical fails to establish, implement or comply with any of the following obligations as described in Sections III:

a. a Compliance Officer;

- b. a Compliance Committee;
- c. the Manager's compliance obligations;
- d. the management certification obligations and the development and implementation of a written process for Certifying Employees, as required by Section III.A.4;
- e. written Policies and Procedures;
- f. the development of a written training plan and the training and education of Covered Persons, Arrangements Covered Persons, and Manager;
- g. the Focus Arrangements Procedures and/or Focus Arrangements Requirements;
- h. a risk assessment and internal review process;
- i. a Disclosure Program;
- j. Ineligible Persons screening and removal requirements;
- k. notification of Government investigations or legal proceedings;
- l. policies and procedures regarding the repayment of Overpayments; and
- m. reporting of Reportable Events.

2. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day Post Acute Medical fails to engage and use an IRO, as required by Section III.E, Appendix A, or Appendix B.

3. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day Post Acute Medical fails to submit a complete Implementation Report, Annual Report, or any certification to OIG in accordance with the requirements of Section V by the deadlines for submission.

4. A Stipulated Penalty of \$2,500 (which shall begin to accrue on the day after the date the obligation became due) for each day Post Acute Medical fails to submit any Arrangements Review Report in accordance with the requirements of Section III.E and Appendix B.

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

6. A Stipulated Penalty of \$50,000 for each false certification submitted by or on behalf of Post Acute Medical as part of its Implementation Report, any Annual Report, additional documentation to a report (as requested by the OIG), or otherwise required by this CIA.

7. A Stipulated Penalty of \$2,500 for each day Post Acute Medical fails to grant the IRO access to all records and personnel necessary to complete the reviews listed in Section III.D, and for each day Post Acute Medical fails to furnish to the IRO accurate and complete records, as required by Section III.E and Appendix A.

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

B. Timely Written Requests for Extensions

Post Acute Medical may, in advance of the due date, submit a timely written request for an extension of time to perform any act or file any notification or report required by this CIA. Notwithstanding any other provision in this Section, if OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after Post Acute Medical fails to meet the revised deadline set by OIG. Notwithstanding any other provision in this Section, if OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until three days after Post Acute Medical 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 days prior to the date by which any act is due to be performed or any notification or report is due to be filed.

C. Payment of Stipulated Penalties

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

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

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

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

D. Exclusion for Material Breach of this CIA

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

- a. a failure by Post Acute Medical to report a Reportable Event, take corrective action, or make the appropriate refunds, as required in Section III.K;
- b. repeated violations or a flagrant violation of any of the obligations under this CIA, including, but not limited to, the obligations addressed in Section X.A;
- c. a failure to respond to a Demand Letter concerning the payment of Stipulated Penalties in accordance with Section X.C; or
- d. a failure to engage and use an IRO in accordance with Section III.E, Appendix A, or Appendix B.

2. *Notice of Material Breach and Intent to Exclude.* The parties agree that a material breach of this CIA by Post Acute Medical constitutes an independent basis for Post Acute Medical’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 per material breach. Upon a determination by OIG that Post Acute Medical has materially breached this CIA and that exclusion is the appropriate remedy, OIG shall notify Post Acute Medical of: (a) Post Acute Medical’s material breach; and (b) OIG’s intent to exercise its contractual right to impose exclusion. (This notification shall be referred to as the “Notice of Material Breach and Intent to Exclude.”)

3. *Opportunity to Cure.* Post Acute Medical shall have 30 days from the date of receipt of the Notice of Material Breach and Intent to Exclude to demonstrate that:

- a. the alleged material breach has been cured; or
- b. the alleged material breach cannot be cured within the 30-day period, but that: (i) Post Acute Medical has begun to take action to cure the material breach; (ii) Post Acute Medical is pursuing such action with due diligence; and (iii) Post Acute Medical has provided to OIG a reasonable timetable for curing the material breach.

4. *Exclusion Letter.* If, at the conclusion of the 30-day period, Post Acute Medical fails to satisfy the requirements of Section X.D.3, OIG may exclude Post Acute Medical from participation in the Federal health care programs. OIG shall notify Post Acute Medical in writing of its determination to exclude Post Acute Medical. (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 Post Acute Medical’s receipt of the Exclusion Letter. The exclusion shall have national effect. Reinstatement to program participation is not automatic. At the end of the period of exclusion, Post Acute Medical may apply for reinstatement by submitting a written request for reinstatement in accordance with the provisions at 42 C.F.R. §§ 1001.3001-.3004.

E. Dispute Resolution

1. *Review Rights.* Upon OIG’s delivery to Post Acute Medical of its Demand Letter or of its Exclusion Letter, and as an agreed-upon contractual remedy for the resolution of disputes arising under this CIA, Post Acute Medical shall be afforded certain review rights comparable to the ones that are provided in 42 U.S.C. § 1320a-7(f) and 42 C.F.R. Part 1005 as if they applied to the Stipulated Penalties or exclusion sought pursuant to this CIA. Specifically, OIG’s determination to demand payment of Stipulated Penalties or to seek exclusion shall be subject to review by an HHS ALJ and, in the event of an appeal, the HHS Departmental Appeals Board (DAB), in a manner consistent with the provisions in 42 C.F.R. § 1005.2-1005.21. Notwithstanding the language in 42 C.F.R. § 1005.2(c), the request for a hearing involving Stipulated Penalties shall be made

within 10 days after receipt of the Demand Letter and the request for a hearing involving exclusion shall be made within 25 days after receipt of the Exclusion Letter. 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 Post Acute Medical was in full and timely compliance with the obligations of this CIA for which OIG demands payment; and (b) the period of noncompliance. Post Acute Medical shall have the burden of proving its full and timely compliance and the steps taken to cure the noncompliance, if any. OIG shall not have the right to appeal to the DAB an adverse ALJ decision related to Stipulated Penalties. If the ALJ agrees with OIG with regard to a finding of a breach of this CIA and orders Post Acute Medical to pay Stipulated Penalties, such Stipulated Penalties shall become due and payable 20 days after the ALJ issues such a decision unless Post Acute Medical requests review of the ALJ decision by the DAB. If the ALJ decision is properly appealed to the DAB and the DAB upholds the determination of OIG, the Stipulated Penalties shall become due and payable 20 days after the DAB issues its decision.

3. *Exclusion Review.* Notwithstanding any provision of Title 42 of the United States Code or 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 Post Acute Medical was in material breach of this CIA and, if so, whether:

- a. Post Acute Medical cured such breach within 30 days of its receipt of the Notice of Material Breach; or
- b. the alleged material breach could not have been cured within the 30 day period, but that, during the 30 day period following Post Acute Medical's receipt of the Notice of Material Breach: (i) Post Acute Medical had begun to take action to cure the material breach; (ii) Post Acute Medical pursued such action with due diligence; and (iii) Post Acute Medical provided to OIG a reasonable timetable for curing the material breach.

For purposes of the exclusion herein, exclusion shall take effect only after an ALJ decision favorable to OIG, or, if the ALJ rules for Post Acute Medical, only after a DAB decision in favor of OIG. Post Acute Medical's election of its contractual right to appeal to the DAB shall not abrogate OIG's authority to exclude Post Acute Medical upon the issuance of an ALJ's decision in favor of OIG. If the ALJ sustains the determination of OIG and determines that exclusion is authorized, such exclusion shall take effect 20 days after the ALJ issues such a decision, notwithstanding that Post Acute Medical may request review of the ALJ decision by the DAB. If the DAB finds in favor of OIG after an ALJ decision adverse to OIG, the exclusion shall take effect 20 days after the DAB decision. Post Acute Medical shall waive its right to any notice of such an exclusion if a decision upholding the exclusion is rendered by the ALJ or DAB. If the DAB finds in favor of Post Acute Medical, Post Acute Medical shall be reinstated effective on the date of the original 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. Consequently, 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.

XI. EFFECTIVE AND BINDING AGREEMENT

Post Acute Medical 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 Post Acute Medical's obligations under this CIA based on a certification by Post Acute Medical 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 Post Acute Medical is relieved of its CIA obligations, Post Acute Medical shall be required to notify OIG in writing at least 30 days in advance if Post Acute Medical 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) Post Acute Medical'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 Post Acute Medical 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 Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this CIA.

**ON BEHALF OF POST ACUTE MEDICAL, LLC; POST ACUTE MEDICAL AT
LULING, LLC; POST ACUTE MEDICAL AT SAN ANTONIO, LLC; POST
ACUTE MEDICAL AT VICTORIA, LLC; POST ACUTE MEDICAL OF NEW
BRAUNFELS, LLC; WARM SPRINGS SPECIALTY HOSPITAL OF SAN
ANTONIO, LLC; PAM II OF COVINGTON, LLC; WARM SPRINGS
REHABILITATION HOSPITAL OF VICTORIA, LLC; POST ACUTE MEDICAL
AT ALLEN, LLC; POST ACUTE MEDICAL AT HAMMOND, LLC; POST
ACUTE MEDICAL OUTPATIENT CLINICS, LLC; POST ACUTE MEDICAL
AT NANTICOKE, LLC; PAM SQUARED AT TEXARKANA, LLC; PAM
SQUARED AT CORPUS CHRISTI, LLC**

/Anthony F. Misitano/
ANTHONY F. MISITANO
Manager of Post Acute Medical
Principal, President, and CEO, Post Acute Medical, LLC

8/13/18
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

8/10/2018
DATE

/Ellen Slavin/
ELLEN E. SLAVIN
Senior Counsel
Office of Inspector General
U. S. Department of Health and Human Services

8/13/18
DATE