

CareMax Health Partners, LLC Compliance and Privacy Program Description

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Purpose

CareMax Health Partners, LLC (CHP) is committed to maintaining an organizational and accountability structure which supports an effective Compliance Program (“Program”). CHP actively maintains an effective Program to prevent, detect, and correct instances of fraud, waste, and abuse (FWA) and noncompliance with applicable state and federal laws and regulations.

The activities comprising the Program help the CHP Accountable Care Organization (ACO) meet its mission and vision. The Program also fosters compliance with the appropriate laws, rules, and regulations that pertain to all forms of information, including Protected Health Information (PHI), Personally Identifiable Information (PII), or Sensitive Information (SI), that is used or disclosed by CHP.

This document describes CHP’s Compliance Program, including required internal processes, reporting, and accountability structure.

Scope

The Compliance Program applies to all CHP Partners, including team members, physicians, officers, managers, volunteers, interns, governing body members (Board of Directors), vendors/contractors, and employees of any contractor or related entity that is acting on behalf of the CHP ACO Realizing Equity, Access, and Community Health (REACH) Program.

Element 1: Written Policies, Procedures, and Standards of Conduct

CHP maintains and disseminates the *CHP Compliance Program Description*, the *CareMax Code of Business Conduct and Ethics (“Code of Conduct”)*, and CareMax compliance and privacy policies and procedures (P&Ps) to instruct and advise all CHP Partners on the ACO’s commitments, responsibilities, and expectations. Each new CHP Partner receives notice about the availability of the *CHP Compliance Program Description*, the *Code of Conduct*, and CareMax compliance and privacy P&Ps at the time of hire/appointment/engagement, annually thereafter, and when material changes are made to the content of a specific document.

The CareMax compliance and privacy P&Ps are enforced by the Compliance Team and Executive Leadership Team and adhered to by all team members, as appropriate. Additionally, each department is required to implement compliant, department-specific P&Ps that support the regulatory and contractual obligations that impact their operations. The Compliance Team will work directly with departments, as appropriate, to implement departmental P&Ps.

The Compliance Program and P&Ps are reviewed/revised at least annually and more frequently if needed. All compliance documentation is approved by the CareMax P&P Committee and the CHP Compliance Committee.

Element 2. Compliance Leadership and Oversight

CHP Board of Directors

The CHP Board of Directors (“Board”) is the sole and exclusive governing body authorized to make final decisions on behalf of CHP. The CHP Board members have a fiduciary duty to CHP and are responsible for oversight and periodic review of the Program. The Board members adhere to the CHP bylaws which outline the requirements for Board composition, such as the inclusion of a Beneficiary Representative, disclosures of potential conflicts of interest, responsibilities for board participation, conduct of meetings, record of votes, and meeting minutes. CHP bylaws, policies, and procedures are in place to ensure the interests of the

beneficiaries and providers are represented adequately.

CHP Compliance Committee

The CHP Compliance Committee is responsible for the planning, implementation, and periodic review of the Program; review of compliance and privacy documentation; evaluation of compliance and privacy risks; and for authorization of operational initiatives to support the Program.

The CHP Compliance Committee's responsibilities include:

- Meeting, at a minimum, on a quarterly and on ad hoc basis;
- Recommending and monitoring the development of internal systems and controls to carry out CHP standards, policies, and procedures while maintaining compliance with regulatory requirements;
- Reviewing and addressing monitoring and auditing reports in which CHP is at risk of noncompliance or FWA, and ensuring corrective action plans are implemented and monitored;
- Reviewing results of ongoing monitoring of operational areas to ensure compliance with ACO REACH and other regulatory requirements and remediation for instances of noncompliance;
- Reviewing reported issues of noncompliance and FWA, and their investigations; and
- Developing methods to effectively promote compliance throughout the organization.

The CHP Compliance Committee is comprised of key senior leadership from the primary CHP operational and clinical areas to ensure the Committee has visibility into operations across the ACO. Minutes from CHP Compliance Committee meetings are maintained for a minimum of ten (10) years.

CHP Compliance Officer

The CHP Compliance Officer serves as the Chairperson of the CHP Compliance Committee and does not serve as legal counsel to CHP. This position provides recommendations regarding compliance and privacy matters to the CHP Board of Directors at least annually. The CHP Compliance Officer may bring any compliance or privacy matter that may result in any form of criminal or civil penalty against CHP to the immediate attention of the following individuals:

1. CareMax CEO;
2. CareMax Chief Compliance & Privacy Officer; and/or
3. Chairperson of the CHP Board.

The CHP Compliance Officer reports up through the chain of command to the CareMax Chief Compliance & Privacy Officer (CCO) and is a member of CareMax Compliance Department. The CareMax CCO reports directly to the CareMax CEO and reports compliance and privacy program activity updates to the CareMax Board of Directors at least quarterly.

Element 3: Training and Education

Compliance and privacy awareness and educational materials are provided and made available to all CHP Partners as outlined in CareMax's *ACO Participant Compliance Training Policy*.

As part of its annual education plan, the CareMax Compliance Department provides general compliance program and FWA training to all team members as well as education on the *Code of Conduct* and HIPAA Privacy Rule during new employee orientation and annually thereafter. Content is reviewed and revised (as needed) at least annually to reflect changes in laws, regulations, and/or compliance requirements. In addition, specialized training is provided to designated CHP Partners, team members, and contractors as

needed.

CareMax retains all ACO Participant training records and expects ACO Participants to retain all training records for a period of ten (10) years from the final date of the ACO Participation Agreement period or from the data of completion of any related audit, evaluation, or inspection, whichever is later.

Element 4. Effective Lines of Communication

CareMax maintains a toll-free compliance hotline that is available 24 hours a day, 7 days a week (**1-800-672-3039**) for CHP team members or contractors, CHP Partners, and other individuals or entities performing functions or services related to CHP activities to anonymously report suspected problems related to CHP. Individuals may also report their concerns anonymously via the Internet using an alias at www.ReportAnIssue.com/CareMax. This information is publicized via CHP Partner educational materials and on www.CareMax.com.

The CareMax Compliance Department logs, investigates, and responds to all compliance hotline calls, as well as other applicable inquiries. Callers to the compliance hotline may remain anonymous if they wish to the extent feasible and permissible by law. There is a non-retaliation policy to protect reporters who, in good faith, report a concern or question about potential or actual noncompliance or FWA. A failure to report suspected unethical or unlawful conduct is harmful to the integrity of CHP and is a potential Program violation.

The CareMax Compliance Department also maintains an email address (compliance@CareMax.com) as additional means of communication with CHP Partners and team members.

Element 5. Risk Assessment, Auditing, and Monitoring

Risk identification, monitoring, and auditing are important aspects of the CHP Compliance Program. The CHP Board must ensure adequate resources are dedicated to auditing and monitoring efforts so risk areas may be appropriately addressed.

Comprehensive compliance risk assessments are conducted at least annually to identify and rank areas of potential risk to the organization. The Compliance Team uses risk assessment results to develop compliance work plans intended to address key risk areas.

Monitoring and auditing are performed through multiple channels (internal and external) and may include risk assessments; departmental and compliance monitoring of operational areas and facilities; focused audits; reviews of newly promulgated laws and regulations; and/or member and provider feedback. Internal audits of CHP and vendor processes may take the form of desk reviews; walkthroughs; or announced/un-announced on-site visits. CHP may also choose to engage independent third parties to audit specific processes and operations against applicable regulatory standards.

Monitoring and auditing results are reviewed by the CCO, senior leaders, and the CHP Compliance Committee. As necessary, the audited operational area may be required to implement a corrective action plan (CAP) to manage the remediation of the identified issues. Findings and the resulting CAPs may be reported to senior management and the CHP Compliance Committee.

OIG/GSA Exclusion Monitoring

CHP reviews team members, physicians, officers, managers, volunteers, interns, governing body members (Board of Directors), vendors/contractors, and employees of any contractor or related entity that is acting on behalf of CHP against the Department of Health and Human Services' (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) or the General Services Administration (GSA)'s exclusion

records in the System for Award Management (SAM) prior to their hire/engagement/appointment and monthly thereafter, to ensure that none of these persons or entities are excluded from participating in federal healthcare programs.

Monitoring and Auditing of Third Parties

CHP may contract with third parties to administer or support the services provided to patients. These third parties must abide by CHP's contractual agreements and regulatory requirements. Various departments and business areas are responsible for overseeing the ongoing compliance of vendors using desk reviews, on-site audits, monitoring of self-audit reports, etc. Appropriate corrective actions are implemented on a timely basis when remediation is required. Oversight activities and results are regularly reported to senior management and the CHP Compliance Committee.

Participating in Audits by External Auditors and Regulatory Agencies

CHP participates in audits performed by external auditors and regulatory agencies. CHP views regulatory reviews and audits as an opportunity to review its compliance status, including confirmed compliance or noncompliance. In cases where a review or audit outcome indicates that CHP has not met a regulatory requirement, CHP uses the audit findings to perform root cause analysis and develop corrective action plans to address identified areas of noncompliance, as appropriate.

Element 6. Enforcing Standards

Disciplinary Actions

An integral part of CHP's Compliance Program is the *Code of Conduct* which establishes the standards that all CHP Partners must follow. The *Code of Conduct*—along with compliance and privacy P&Ps and ongoing training and education—outlines the expectations of ethical behavior and compliance with applicable laws and regulations. Every CHP Partner must abide by the *Code of Conduct* and report situations where one believes noncompliant or unethical conduct may have occurred.

CHP publicizes its disciplinary standards for all CHP Partners—including the duty to report issues and concerns—through a variety of mechanisms which may include websites, presentations, meetings, email messages, and/or training sessions. CHP enforces disciplinary standards in a timely, consistent, and effective manner. Disciplinary actions are the result of noncompliant actions—they may be educational or remedial and non-punitive, they may be punitive sanctions, or they may involve both. Disciplinary action taken is appropriate to the egregiousness of the violation. Serious or severe performance or conduct problems may result in immediate written notice and/or termination of employment or contract.

Incentives

CareMax incentivizes individuals for their participation in the Compliance Program by recognizing a quarterly Compliance Champion and through other methods. The Compliance Champion is an individual who goes above and beyond their day-to-day responsibilities to support compliance efforts. A Compliance Champion may be identified proactively by the Compliance Team or through nominations. Some examples of Compliance Champion behaviors include:

- Demonstrating exemplary achievement of compliance goals or knowledge of compliance topics;
- Achievements that reduce compliance risk (e.g., developing a process that reduces compliance risk or enhances compliant outcomes); or
- Performance of compliance activities outside of the individual's job description (e.g., mentoring of team members in compliant performance or performing as a compliance representative

within their department or team).

Element 7. Responding to Detected Offenses and Developing Corrective Action Initiatives

Investigations of Potential Violations

Any CHP Partner or other individual aware of a potential or actual violation of the *Code of Conduct* has a duty to report it to their supervisor, the Compliance Department, CCO, through the compliance hotline, or using other available reporting mechanisms. Allegations of noncompliant conduct are treated independently and confidentially and are investigated immediately and thoroughly. Investigations may involve interviews, reviews of relevant documentation and data, email searches, and independent audits or forensics. Investigations are used to substantiate or invalidate a report and to determine whether, and what kind of, reporting is necessary, including reporting to external oversight bodies. As needed, external counsel, auditors, or health care experts may be engaged to aid with an investigation.

CHP enforces disciplinary standards that result from substantiated reports of noncompliance, misconduct, or FWA. All substantiated reports of noncompliance, misconduct, and FWA allegations are reviewed with the CHP Compliance Committee and executive leadership.

Regardless of the size or severity of the violation being investigated, a contemporaneous record of the investigation is maintained, so that a record of the investigation can be compiled. The record will include:

- documentation of the alleged violation;
- a description of the investigative process;
- copies of interview notes and key documents;
- a log of the witnesses interviewed and the documents reviewed;
- the results of the investigation; and
- any disciplinary action taken or corrective action implemented.

Investigation records are maintained for a period of ten (10) years.

Corrective Actions

Incidents of noncompliance may be identified through a variety of sources, such as, but not limited to, self-reporting; internal monitoring and audits; regulatory agency audits including but not limited to CMS and the OIG; hotline calls; external audits; or provider or patient complaints. Whenever CHP identifies an incident of noncompliance, misconduct, or FWA, the company takes prompt action to investigate the matter, determine root cause, and develop effective corrective action measures.

The CHP Compliance Program maintains a process for tracking, investigating, and responding to reports of potential and actual noncompliance and FWA issues. The CCO or their delegate will conduct a timely, reasonable inquiry upon evidence of misconduct. The CCO and the Compliance Team oversees the resulting corrective actions and follow-up activities.

Any time an incident of misconduct or noncompliance is discovered or a department's process or system results in noncompliance with regulatory requirements, the department may be required to submit a corrective action plan (CAP) to the Compliance Team or CCO. CAPs represent a commitment from the department to correct the identified issue in a timely manner and specific tasks to be completed, completion dates, and responsible parties. The CCO or their delegate is responsible for approving CAPs in

advance of implementation.

The CCO or their delegate systematically tracks and monitors CAP progress and requires business departments to provide interim updates on their CAPs. Once a CAP is complete, the Compliance Team validates the CAP by monitoring individual action items over a period of time to demonstrate sustained compliance. The CHP Compliance Committee is charged with reviewing ongoing activity to ensure CAPs are being worked timely.

Reporting

When appropriate, CHP will notify regulatory authorities of aberrant findings. Such reporting may include voluntary disclosure of misconduct or FWA identified by the company. The decision to disclose may be made in conjunction with the guidance of legal counsel.

As a general matter, if credible evidence of misconduct from any source is discovered and, after a reasonable inquiry, the CCO or legal counsel has reason to believe that the misconduct may violate criminal, civil, or administrative law, then CHP should promptly (not more than 60 days after the determination that credible evidence of a violation exists) notify the appropriate government authority of the misconduct.

Some violations may be so serious that they warrant immediate notification to governmental authorities, prior to, or simultaneous with, commencing an internal investigation. This includes conduct that:

- is a clear violation of criminal law;
- has a significant adverse effect on either patient safety or the quality of care provided to patients (in addition to any other legal obligations regarding quality of care or abuse or neglect); or
- indicates evidence of a systemic failure to comply with applicable laws or other standards of conduct, regardless of the financial impact on Federal health care programs.

Contacting Compliance or Making a Report

Team members may use any of the following means to make an inquiry to the Compliance Team or to make a report on suspected noncompliance or FWA without fear of retaliation:

- Reach out to your immediate supervisor
- Contact the CareMax Compliance Team at: Compliance@CareMax.com
- Contact the CareMax Chief Compliance Officer
- Call the confidential and anonymous compliance hotline at: 1-800-672-3039 or submit a written report at <https://reportanissue.com/caremax>

Definitions

This Policy may contain capitalized terms not defined herein. For complete definitions of such terms, please refer to the Medicare Managed Care Manual, Chapter 21, “Compliance Program Guidelines”, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf> (or any policies or regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) from time to time to update or replace Chapter 21).

Related Policies

- *CareMax Code of Business Conduct & Ethics*
- *CareMax Compliance Program*
- *CareMax Fraud, Waste, and Abuse Program*

References

- Office of the Inspector General’s (OIG’s) General Compliance Program Guidance, November 2023, at <https://oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf>
- Medicare Managed Care Manual, Chapter 21, “Compliance Program Guidelines”

Change Log

Version	Major/Minor Revision?	Date	Name	Comments
1.0	Major	April 26, 2023	Chief Compliance Officer	Initial release
2.0	Major		Chief Compliance Officer	General revisions throughout