Innovation Care Partners

Public Disclosure of an Arrangement for which ACO Waiver Protection is Sought

Pursuant to Section 1899(f) of the Social Security Act (42 U.S.C. § 1395jjj) the Secretary of the Department of Health and Human Services (“**HHS**”) has made available certain waivers of federal fraud and abuse laws (“**Waivers**”) in connection with the operation of accountable care organizations (“**ACOs**”) that have entered into a participation agreement, as defined under 42 C.F.R. § 425.20, under the Medicare Shared Savings Program (“**MSSP**”) with the Centers for Medicare & Medicaid Services (“**CMS**”).

Scottsdale Healthcare Partners, LLC d/b/a Innovation Care Partners (“**IPC ACO**”) has entered into such a participation agreement with CMS and is in good standing thereunder, pursuant to which ICP ACO is participating in the MSSP.

The Board of Managers of IPC ACO has approved the following arrangements as detailed below under the Waivers and has made a *bona fide* determination that such arrangements are reasonably related to the purposes of the MSSP. Pursuant to the final rule addressing “Waivers in Connection With the Shared Savings Program,” ICP ACO identifies the arrangements for which waiver protection is sought as follows:

**Care Management Services Program**

Under the Care Management Services Program, ICP ACO will contract with one or more of its participating primary care practices (each a “**Practice**”) to provide, through ICP ACO’s qualified care coordinators, and at the direction of and under the supervision of the Practice, certain care management services for patients of the Practice.

To the extent that the Practice does not bill or submit a claim for care management services provided by ICP ACO’s care coordinators, the Practice will not owe any fee to ICP ACO for the Care Management Service provided by the care coordinators. The provision of non-billable care management services is provided by ICP ACO under and in furtherance of its clinical integration program.

The purposes of this program are to support ICP ACO’s goals in connection with ICP ACO’s “value-based” programs including to (a) improve and expand patient access to medically necessary and appropriate care by enhancing care coordination and transitions of care for primary, specialty and follow-up care in ambulatory, inpatient and other settings; and (b) implement integrated care coordination programs with physicians, care managers, and other providers and staff.

**In-Home Health Care Services Program**. Under the In-Home Health Care Services Program, ICP ACO will contract with Dispatch Health (“**Dispatch**”) and its affiliates to furnish in-home health care services (the “**Services**”) to designated individuals who are patients of ICP ACO’s Participants. The Services shall consist of certain integration services and professional services. The integration services will include certain technology integration, clinical service integration, and community engagement and outreach integration to facilitate improved patient care coordination between Dispatch and ICP ACO. The professional services will include in-home health care services in the following service lines: (1) Acute Care – Emergency room alternative involving “on-demand” visits utilizing professionals in vehicles to furnish professional services to patients requiring high-acuity care at the patient’s place of residence; (2) Bridge Care – Readmission avoidance program involving pre-scheduled visits utilizing professionals in vehicles to furnish professional services to patients 24 to 72 hours following discharge from a hospital or other institutional setting at the patient’s place of residence; and (3) Advanced Care – Hospital-level care provided to defined at-risk patient populations in their homes via community-based “admissions” to the advanced care in the home program.

Dispatch shall bill Medicare, Medicaid, other applicable third-party payers, or the patient for professional services furnished under this program as appropriate and as permitted by the terms of payer policies and/or agreements.

The purposes of this program are to support ICP ACO’s goals in connection with ICP ACO’s “value-based” programs including to (a) ensure that patients of ICP ACO’s Participants have access to appropriate post-acute care coordination, clinical integration, and other services following discharge; (b) provide medically appropriate care while reducing unnecessary emergency room utilization; (c) reduce readmissions on the basis of patient complaints that could be appropriately treated at home or in other settings; (d) improve and expand patient access to medically necessary and appropriate care by enhancing care coordination and transitions of care for primary, specialty and follow-up care in ambulatory, inpatient and other settings; (e) implement integrated care coordination programs with physicians, care managers, and other providers and staff; (g) promote redesigned care processes for high quality and efficient service delivery for patients; and (h) promote ICP ACO’s and Dispatch’s joint efforts to establish ICP ACO as a thought leader and innovator in the delivery of post-acute and in-home care.

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