

NORTH JERSEY HEALTH ALLIANCE LLC D/B/A MISSION HEALTH COORDINATED CARE (“MISSION HEALTH”)

DISCLOSURES FOR MEDICARE SHARED SAVINGS PROGRAM WAIVERS

The Mission Health Accountable Care Organization (the “ACO”) entered into a Medicare Shared Savings Program (“MSSP”) participation agreement with the Centers for Medicare and Medicaid Services (“CMS”), effective July 1, 2019 and expiring on December 31, 2024. In connection with the MSSP, CMS and the Office of Inspector General for the United States Department of Health and Human Services (“HHS-OIG”) jointly issued waivers of certain Federal “fraud and abuse” laws that apply to certain MSSP arrangements, so long as specific conditions are satisfied.

ACO Participation Waiver: Public Disclosures

One such waiver is the “ACO Participation Waiver.” The ACO Participation Waiver waives the application of the Federal Physician Self-Referral Law (commonly known as the “Stark Law”) and the Federal Anti-kickback statute with respect to any arrangement of an ACO, one or more of its ACO participants or its ACO providers/suppliers, or a combination thereof, if certain conditions are met.

At a meeting on December 21, 2022, the Mission Health ACO Board of Directors (the “Board”) made and duly authorized a bona fide determination that the Amended and Restated North Jersey Health Alliance LLC d/b/a Mission Health Coordinated Care Participation Agreements (the “Agreements”), effective January 1, 2023, that the ACO has entered into with the ACO Participants identified on this website [Our Physicians – Mission Health \(missionhealthcc.org\)](https://www.missionhealthcc.org) are reasonably related to the purposes of the MSSP. Under the Agreements, the Participants are required to render medically necessary covered services to Medicare beneficiaries enrolled in the ACO. In addition to fee-for-service reimbursement from the Medicare Program, Participants have the opportunity to receive additional compensation or bonuses based on: (i) completion of annual wellness visits that include personalized prevention care plans and qualifying evaluation and management services necessary to effectuate that plan of care; (ii) use of performance measure tracking software; (iii) participation in care collaboration calls, and (iv) shared savings distributions which will be offset by bonuses previously received pursuant to (i) – (iii) above.

The Board determined that these Agreements provide Participants with the opportunity to: (a) promote accountability for the quality, cost and overall care for a Medicare population as described in the MSSP by encouraging meeting requirements for reporting on quality and cost measures; (b) help to manage and coordinate care for Medicare fee-for-service beneficiaries through the ACO by evaluating health needs of the ACO's assigned population promoting patient engagement; and/or (c) encourage investment in infrastructure and re-designed care processes for high quality and efficient service delivery (including, but not limited to, reduction of costs to, or growth in expenditures of, the Medicare program, consistent with quality of care, physician medical judgment and patient freedom of choice) for patients, including Medicare beneficiaries.

Accordingly, the ACO believes that it meets the requirements of the ACO Participation Waiver, and therefore seeks to avail itself of the protection afforded by the waiver.