

**CORPORATE INTEGRITY AGREEMENT**  
**BETWEEN THE**  
**OFFICE OF INSPECTOR GENERAL**  
**OF THE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**AND**  
**THE SCOOTER STORE, INC.**  
**AND**  
**DOUGLAS T. HARRISON**

**I. PREAMBLE**

The SCOOTER Store, Inc., together with its current and former parent corporations, direct and indirect subsidiaries, brother and sister corporations, divisions, and affiliates, and the successors and assigns of any of them (collectively, "The SCOOTER Store"), and Douglas T. Harrison, an individual (Harrison) 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). This Agreement applies to The SCOOTER Store and Harrison, and any entity that Harrison owns or in which Harrison has a control interest, as defined in 42 U.S.C. § 1320a-3(a)(3), and Harrison's and any such entity's Covered Persons as defined in Section II.C (hereinafter collectively referred to as "TSS"). Contemporaneously with this CIA, The SCOOTER Store is entering into a Settlement Agreement with the United States.

Before the Effective Date of this CIA, TSS established a corporate compliance program that applies to all TSS subsidiaries and facilities. TSS's compliance program includes written policies and procedures, an education and training component, mechanisms for the ongoing monitoring and auditing of TSS's operations to assess compliance, mechanisms for employees and agents to report incidents of noncompliance in an anonymous way, disciplinary actions for individuals violating compliance policies and procedures, and oversight of the compliance program by the TSS Compliance Officer and Compliance Committee. TSS shall continue the operation of its compliance measures in accordance with the terms set forth below for the term of this CIA. TSS may modify its voluntary compliance measures as appropriate, but, at a minimum, TSS shall ensure that during the term of this CIA, it shall comply with the integrity obligations enumerated in this CIA.

## **II. TERM AND SCOPE OF THE CIA**

A. The period of the compliance obligations assumed by TSS under this CIA shall be 5 years from the effective date of this CIA, unless otherwise specified. The effective date shall be the date on which the final signatory of this CIA executes this CIA (Effective Date). 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, IX, X, and XI shall expire no later than 120 days after OIG's receipt of: (1) TSS's final annual report; or (2) any additional materials submitted by TSS pursuant to OIG's request, whichever is later.

C. The scope of this CIA shall be governed by the following definitions:

1. "Covered Persons" includes:

- a. all owners, officers, directors, and employees of TSS; and
- b. all contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of TSS.

Notwithstanding the above, this term does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours per year, except that any such individuals shall become "Covered Persons" at the point when they work more than 160 hours during the calendar year.

2. "Relevant Covered Persons" includes all Covered Persons who personally engage in billing, coding, marketing, or sales of power wheelchairs, power scooters, and accessories (collectively, "mobility assistive equipment") for which reimbursement may be made by Federal health care programs.

## **III. CORPORATE INTEGRITY OBLIGATIONS**

TSS shall establish and maintain a Compliance Program that includes the following elements:

A. Compliance Officer and Committee.

1. Compliance Officer. TSS shall continue to have an individual serve as its Compliance Officer and shall maintain a Compliance Officer for the term of the CIA. The Compliance Officer shall be responsible for 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. The Compliance Officer shall be a member of senior management of TSS, shall make periodic (at least quarterly) reports regarding compliance matters directly to the Board of Directors of TSS, and shall be authorized to report on such matters to the Board of Directors at any time. The Compliance Officer shall not be or be subordinate to the General Counsel or Chief Financial Officer. The Compliance Officer shall be responsible for monitoring the day-to-day compliance activities engaged in by TSS as well as for any reporting obligations created under this CIA.

TSS shall report to OIG, in writing, any changes in the identity or position description 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 15 days after such a change.

2. Compliance Committee. To the extent TSS has not already done so, within 120 days after the Effective Date, TSS 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 the organization's risk areas and shall oversee monitoring of internal and external audits and investigations).

TSS 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.

B. Written Standards.

1. Code of Conduct. Within 120 days after the Effective Date, TSS shall develop, implement, and distribute a written Code of Conduct to all Covered Persons. TSS shall make the promotion of, and adherence to, the Code of Conduct an element in evaluating the performance of all employees. The Code of Conduct shall, at a minimum, set forth:

- a. TSS's commitment to full compliance with all Federal health care program requirements, including its commitment to prepare and submit accurate claims consistent with such requirements;
- b. TSS's requirement that all of its Covered Persons shall be expected to comply with all Federal health care program requirements and with TSS's own Policies and Procedures as implemented pursuant to Section III.B (including the requirements of this CIA);
- c. the requirement that all of TSS's Covered Persons shall be expected to report to the Compliance Officer, or other appropriate individual designated by TSS, suspected violations of any Federal health care program requirements or of TSS's own Policies and Procedures;
- d. the possible consequences to both TSS and Covered Persons of failure to comply with Federal health care program requirements and with TSS's own Policies and Procedures and the failure to report such noncompliance; and
- e. the right of all individuals to use the Disclosure Program described in Section III.E, and TSS's commitment to nonretaliation and to maintain, as appropriate, confidentiality and anonymity with respect to such disclosures.

Within 120 days after the Effective Date, each Covered Person shall certify, in writing, that he or she has received, read, understood, and shall abide by TSS's Code of Conduct. New Covered Persons shall receive the Code of Conduct and shall complete the

required certification within 30 days after becoming a Covered Person or within 120 days after the Effective Date, whichever is later.

TSS shall periodically review the Code of Conduct to determine if revisions are appropriate and shall make any necessary revisions based on such review. Any revised Code of Conduct shall be distributed within 30 days after any revisions are finalized. Each Covered Person shall certify, in writing, that he or she has received, read, understood, and shall abide by the revised Code of Conduct within 30 days after the distribution of the revised Code of Conduct.

2. Policies and Procedures. Within 120 days after the Effective Date, TSS shall implement written Policies and Procedures regarding the operation of TSS's compliance program and its compliance with Federal health care program requirements. At a minimum, the Policies and Procedures shall address:

- a. the subjects relating to the Code of Conduct identified in Section III.B.1;
- b. Federal health care program rules governing payment for mobility assistive equipment, including new and used mobility assistive equipment;
- c. the means through which TSS ensures that it has obtained the necessary supporting documentation prior to dispensing mobility assistive equipment;
- d. communications with prescribing physicians by TSS's staff and documentation of such communications;
- e. communications with Federal health care program beneficiaries by TSS's staff and documentation of such communications, and Federal health care program rules governing marketing and sales of mobility assistive equipment; and
- f. requirements for compliance with all policies, procedures and prohibitions as outlined in the applicable Centers for Medicare and Medicaid Services Rules and Regulations, including but not limited

to Medicare Coverage Database for mobility assistive equipment, applicable Supplier Manuals, and state Medicaid resources.

Within 120 days after the Effective Date, the relevant portions of the Policies and Procedures shall be made available to all individuals whose job functions relate to those Policies and Procedures. Appropriate and knowledgeable staff shall be available to explain the Policies and Procedures.

At least annually (and more frequently, if appropriate), TSS shall assess and update, as necessary, the Policies and Procedures. Within 30 days after the effective date of any revisions, the relevant portions of any such revised Policies and Procedures shall be made available to all individuals whose job functions relate to those Policies and Procedures.

### C. Training and Education.

1. General Training. Within 120 days after the Effective Date, TSS shall provide at least two hours of General Training to each Covered Person. This training, at a minimum, shall explain TSS's:

- a. CIA requirements; and
- b. TSS's Compliance Program (including the Code of Conduct and the Policies and Procedures as they pertain to general compliance issues).

New Covered Persons shall receive the General Training described above within 30 days after becoming a Covered Person or within 120 days after the Effective Date, whichever is later. After receiving the initial General Training described above, each Covered Person shall receive at least one hour of General Training in each subsequent Reporting Period.

2. Specific Training. Within 120 days after the Effective Date, each Relevant Covered Person shall receive at least two hours of Specific Training in addition to the General Training required above. This Specific Training shall include a discussion of:

- a. the Federal health care program requirements regarding the accurate coding and submission of claims for mobility assistive equipment;
- b. requirements governing documentation as set forth in the Federal health care programs' mobility assistive equipment coverage and payment rules;
- c. the personal obligation of each individual involved in the claims submission process to ensure that such claims are accurate;
- d. applicable reimbursement statutes, regulations, and program requirements and directives;
- e. the legal sanctions for violations of the Federal health care program requirements; and
- f. examples of proper and improper claims submission practices for mobility assistive equipment.

New Relevant Covered Persons shall receive this training within 30 days after the beginning of their employment or becoming Relevant Covered Persons, or within 120 days after the Effective Date, whichever is later. A TSS employee who has completed the Specific Training shall review a new Relevant Covered Person's work, to the extent that the work relates to the delivery of patient care items or services and/or the preparation or submission of claims for reimbursement from any Federal health care program, until such time as the new Relevant Covered Person completes his or her Specific Training.

After receiving the initial Specific Training described in this Section, each Relevant Covered Person shall receive at least two hours of Specific Training in each subsequent Reporting Period.

3. Certification. Each individual who is required to attend training shall certify, in writing, or in electronic form, if applicable, that he or she has received the required training. The certification shall specify the type of training received and the date received. The Compliance Officer (or designee) shall retain the certifications, along with all course materials. These shall be made available to OIG, upon request.

4. Qualifications of Trainer. Persons providing the training shall be knowledgeable about the subject area.

5. Update of Training. TSS shall review the training annually, and, where appropriate, update the training to reflect changes in Federal health care program requirements, any issues discovered during internal audits or the IRO Reviews, and any other relevant information.

6. Computer-based Training. TSS may provide the training required under this CIA through video, DVD, appropriate computer-based, or other comparable non in-person training approaches. If TSS chooses to provide such training, it shall make available at reasonable times appropriately qualified and knowledgeable staff or trainers to answer questions or provide additional information to the individuals receiving such training.

D. Review Procedures.

1. Types of Reviews. The following reviews shall be performed by an entity (or entities) such as an accounting, auditing, or consulting firm (hereinafter "Independent Review Organization" or "IRO"), to be engaged by TSS during the term of the CIA: (a) Standard Claims Review; and (b) TSS Denied Claims Beneficiaries Review (together, the "IRO Reviews"). The work plans for the IRO Reviews are attached to the CIA in Appendices A and B and are hereby incorporated by reference into the CIA. Each IRO Review shall be performed annually and shall cover each of the Reporting Periods.

2. Engagement of IRO. Within 120 days after the Effective Date, TSS shall engage an IRO to perform the IRO Reviews. TSS shall notify OIG of the identity of the IRO in the Implementation Report required under Section V.A. of the CIA. Within 30 days after OIG receives written notice of the identity of the selected IRO, OIG will notify TSS if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, TSS may continue to engage the IRO. If TSS engages a new IRO during the term of the CIA, this IRO shall also meet the requirements of this Appendix. If a new IRO is engaged, TSS shall submit the information identified in Section V.A.8 to OIG within 30 days of engagement of the IRO. Within 30 days after OIG receives written notice of the identity of the selected IRO, OIG will notify TSS if the IRO is unacceptable. Absent notification from OIG that the IRO is unacceptable, TSS may continue to engage the IRO.



3. IRO Qualifications. Each IRO engaged by TSS shall have expertise in the substantive matters of the IRO Reviews and in the general requirements of the Federal health care program(s) from which TSS seeks reimbursement. The IRO shall:

- a. assign individuals to conduct the IRO Reviews who have expertise in the substantive matters of the IRO Reviews, and in the general requirements of the Federal health care program(s) from which TSS seeks reimbursement;
- b. assign individuals to design and select the IRO Reviews samples who are knowledgeable about the appropriate statistical sampling techniques;
- c. assign individuals to conduct the coding review portions who have a nationally recognized coding certification (e.g., CCA, CCS, CCS-P, CPC, RRA, etc.) and who have maintained this certification (e.g., completed applicable continuing education requirements); and
- d. have sufficient staff and resources to conduct the reviews required by the CIA on a timely basis.

4. IRO Responsibilities. The IRO shall:

- a. perform each IRO Review in accordance with the specific requirements of the CIA;
- b. follow all applicable Medicare rules and reimbursement guidelines in making assessments in the IRO Reviews;
- c. if in doubt of the application of a particular Medicare policy or regulation, request clarification from the appropriate authority;
- d. respond to all OIG inquires in a prompt, objective, and factual manner; and
- e. prepare timely, clear, well-written reports that include all the information required by the CIA (hereinafter, "IRO Review Reports").

5. IRO Independence/Objectivity. Each IRO must perform the IRO Reviews in a professionally independent and objective fashion, as appropriate to the nature of the engagement, taking into account any other business relationships or engagements that may exist between the IRO and TSS. TSS and each IRO shall assess whether the IRO can perform the IRO Reviews in a professionally independent and objective fashion, as appropriate to the nature of the engagement, taking into account any other business relationships or other engagements that may exist. Each IRO shall include in its report(s) to TSS a certification or sworn affidavit that it has evaluated its professional independence and objectivity, as appropriate to the nature of the engagement, with regard to the IRO Reviews and that it has concluded that it is, in fact, independent and objective.

6. IRO Removal/Termination. If TSS terminates any IRO during the course of the engagement, TSS must submit a notice explaining its reasons to OIG no later than 30 days after termination. TSS must engage a new IRO in accordance with Section III.D of the CIA.

In the event OIG has reason to believe that the IRO does not possess the qualifications described in Section III.D.3 of the CIA, is not independent and objective as set forth in Section III.D.5 of the CIA, or has failed to carry out its responsibilities as described in Section III.D.4 of the CIA, OIG may, at its sole discretion, require TSS to terminate the IRO and engage a new IRO in accordance with Section III.D.2 of the CIA.

Prior to requiring TSS to engage a new IRO, OIG shall notify TSS of its intent to do so and provide a written explanation of why OIG believes such a step is necessary. To resolve any concerns raised by OIG, TSS may request a meeting with OIG to discuss any aspect of the IRO's qualifications, independence or performance of its responsibilities and to present additional information regarding these matters. TSS shall provide any additional information as may be requested by OIG under this Paragraph in an expedited manner. OIG will attempt in good faith to resolve any differences regarding the IRO with TSS prior to requiring TSS to terminate the IRO. However, the final determination as to whether or not to require TSS to engage a new IRO shall be made at the sole discretion of OIG.

7. Validation Review. In the event OIG has reason to believe that: (a) TSS's IRO Reviews fail to conform to the requirements of this Agreement; or (b) the IRO's findings or the IRO Review results are inaccurate, OIG may, at its sole discretion,

conduct its own review to determine whether the IRO Reviews complied with the requirements of the Agreement and/or the findings or IRO Review results are inaccurate (Validation Review). TSS shall pay for the reasonable cost of any such review performed by OIG or any of its designated agents. Any Validation Review of Reports submitted as part of TSS's final Annual Report must be initiated no later than one year after TSS's final submission (as described in Section II) is received by OIG.

Prior to initiating a Validation Review, OIG shall notify TSS of its intent to do so and provide a written explanation of why OIG believes such a review is necessary. To resolve any concerns raised by OIG, TSS may request a meeting with OIG to: (a) discuss the results of any IRO Review submissions or findings; (b) present any additional information to clarify the results of the IRO Review or to correct the inaccuracy of the IRO Review; and/or (c) propose alternatives to the proposed Validation Review. TSS agrees to provide any additional information as may be requested by OIG under this Section in an expedited manner. OIG will attempt in good faith to resolve any IRO Review issues with TSS prior to conducting a Validation Review. However, the final determination as to whether or not to proceed with a Validation Review shall be made at the sole discretion of OIG.

8. Retention of Records. The IRO and TSS shall retain and make available to OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and TSS) related to the IRO Reviews.

E. Disclosure Program.

TSS shall maintain 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 TSS'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. TSS 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. 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, TSS 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, which shall include a record and 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. The disclosure log shall be made available to OIG upon request.

F. Ineligible Persons.

1. Definitions. For purposes of this CIA:

- a. an “Ineligible Person” shall include an individual or entity who:
  - i. is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs; or
  - ii. has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
- b. “Exclusion Lists” include:
  - i. the HHS/OIG List of Excluded Individuals/Entities (available through the Internet at <http://www.oig.hhs.gov>); and
  - ii. the General Services Administration’s List of Parties Excluded from Federal Programs (available through the Internet at <http://www.epls.gov>).

c. "Screened Persons" include prospective and current owners, officers, directors, employees, contractors, and agents of TSS.

2. Screening Requirements. TSS shall ensure that all Screened Persons are not Ineligible Persons, by implementing the following screening requirements.

a. TSS shall screen all Screened Persons against the Exclusion Lists prior to engaging their services and, as part of the hiring or contracting process, shall require such Screened Persons to disclose whether they are Ineligible Persons.

b. TSS shall screen all Screened Persons against the Exclusion Lists within 120 days after the Effective Date and on an annual basis thereafter.

c. TSS shall implement a policy requiring all Screened Persons to disclose immediately any debarment, exclusion, suspension, or other event that makes that person an Ineligible Person.

Nothing in this Section affects the responsibility of (or liability for) TSS to refrain from billing Federal health care programs for items or services furnished, ordered, or prescribed by an Ineligible Person. TSS understands that items or services furnished by excluded persons are not payable by Federal health care programs and that TSS may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether TSS meets the requirements of Section III.F.

3. Removal Requirement. If TSS has actual notice that a Screened Person has become an Ineligible Person, TSS shall remove such Screened Person from responsibility for, or involvement with, TSS's business operations related to the Federal health care programs and shall remove such Screened Person from any position for which the Screened Person's compensation or the items or services furnished, ordered, or prescribed by the Screened Person are paid in whole or part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time as the Screened Person is reinstated into participation in the Federal health care programs.

4. Pending Charges and Proposed Exclusions. If TSS has actual notice that a Screened Person is charged with a criminal offense that falls within the ambit of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the Screened Person's employment or contract term, TSS shall take all appropriate actions to ensure that the responsibilities of that Screened 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.

G. Notification of Government Investigation or Legal Proceedings.

Within 30 days after discovery, TSS shall notify OIG, in writing, of any ongoing investigation or legal proceeding known to TSS conducted or brought by a governmental entity or its agents involving an allegation that TSS 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. TSS 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 proceedings, if any.

H. Reporting.

1. Overpayments.

a. Definition of Overpayments. For purposes of this CIA, an "Overpayment" shall mean the amount of money TSS has received in excess of the amount due and payable under any Federal health care program requirements.

b. Reporting of Overpayments. If, at any time, TSS identifies or learns of any Overpayment, TSS shall notify the payor (e.g., Medicare fiscal intermediary, carrier, DMERC, or DME MAC) within 30 days after identification of the Overpayment and take remedial steps within 60 days after identification (or such additional time as may be agreed to by the payor) to correct the problem, including preventing the underlying problem and the Overpayment from recurring. Also, within 30 days after identification of the Overpayment, TSS shall repay the Overpayment to the appropriate payor to the extent such Overpayment has been quantified. If not yet

quantified, within 30 days after identification, TSS shall notify the payor of its efforts to quantify the Overpayment amount along with a schedule of when such work is expected to be completed.

Notification and repayment to the payor shall be done in accordance with the payor's policies, and, for Medicare contractors, shall include the information contained on the Overpayment Refund Form, provided as Appendix C to this CIA. Notwithstanding the above, notification and repayment of any Overpayment amount that routinely is reconciled or adjusted pursuant to policies and procedures established by the payor should be handled in accordance with such policies and procedures.

## 2. Reportable Events.

a. Definition of Reportable Event. For purposes of this CIA, a "Reportable Event" means anything that involves:

- i. a substantial Overpayment;
- ii. 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; or
- iii. the filing of a bankruptcy petition by TSS.

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

b. Reporting of Reportable Events. If TSS determines (after a reasonable opportunity to conduct an appropriate review or investigation of the allegations) through any means that there is a Reportable Event, TSS shall notify OIG, in writing, within 30 days after making the determination that the Reportable Event exists. The report to OIG shall include the following information:

- i. If the Reportable Event results in an Overpayment, the report to OIG shall be made at the same time as the

notification to the payor required in Section III.H.1, and shall include all of the information on the Overpayment Refund Form, as well as:

(A) the payor's name, address, and contact person to whom the Overpayment was sent; and

(B) the date of the check and identification number (or electronic transaction number) by which the Overpayment was repaid/refunded;

ii. a complete description of the Reportable Event, including the relevant facts, persons involved, and legal and Federal health care program authorities implicated;

iii. a description of TSS's actions taken to correct the Reportable Event; and

iv. any further steps TSS plans to take to address the Reportable Event and prevent it from recurring.

v. If the Reportable Event involves the filing of a bankruptcy petition, the report to the OIG shall include documentation of the filing and a description of any Federal health care program authorities implicated.

#### **IV. NEW BUSINESS UNITS OR LOCATIONS**

In the event that, after the Effective Date, TSS changes locations or sells, closes, purchases, or establishes a new business unit or location related to the furnishing of items or services that may be reimbursed by Federal health care programs, TSS shall notify OIG of this fact as soon as possible, but no later than within 30 days after the date of change of location, sale, closure, purchase, or establishment. This notification shall include the address of the new business unit or location, phone number, fax number, Medicare Provider number, provider identification number and/or supplier number, and the corresponding contractor's name and address that has issued each Medicare number. Each new business unit or location shall be subject to all the requirements of this CIA.



**V. IMPLEMENTATION AND ANNUAL REPORTS**

A. Implementation Report. Within 150 days after the Effective Date, TSS 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. a copy of TSS's Code of Conduct required by Section III.B.1;

4. a copy of all Policies and Procedures required by Section III.B.2;

5. the number of individuals required to complete the Code of Conduct certification required by Section III.B.1, the percentage of individuals who have completed such certification, and an explanation of any exceptions (the documentation supporting this information shall be available to OIG, upon request);

6. the following information regarding each type of training required by Section III.C:

a. a description of such training, including a summary of the topics covered, the length of sessions and a schedule of training sessions;

b. the number of individuals required to be trained, percentage of individuals actually trained, and an explanation of any exceptions.

A copy of all training materials and the documentation supporting this information shall be available to OIG, upon request.

7. a description of the Disclosure Program required by Section III.E;

8. the following information regarding the IRO(s): (a) identity, address, and phone number; (b) a copy of the engagement letter; (c) a summary and description of any and all current and prior engagements and agreements between TSS and the IRO; and (d) the proposed start and completion dates of each IRO Review;

9. a certification from the IRO regarding its professional independence and objectivity with respect to TSS;

10. a description of the process by which TSS fulfills the requirements of Section III.F regarding Ineligible Persons;

11. the name, title, and responsibilities of any person who is determined to be an Ineligible Person under Section III.F; the actions taken in response to the screening and removal obligations set forth in Section III.F; and the actions taken to identify, quantify, and repay any overpayments to Federal health care programs relating to items or services furnished, ordered or prescribed by an Ineligible Person;

12. a list of all of TSS's locations (including locations and mailing addresses); the corresponding name under which each location is doing business; the corresponding phone numbers and fax numbers; each location's Medicare Provider number(s), provider identification number(s), and/or supplier number(s); and the name and address of each Medicare contractor to which TSS currently submits claims;

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

14. the certifications required by Section V.C.

B. Annual Reports. TSS shall submit to OIG annually a report with respect to the status of, and findings regarding, TSS's compliance activities for each of the five Reporting Periods (Annual Report).

Each Annual Report shall include, at a minimum:

1. any change in the identity, position description, or other noncompliance job responsibilities of the Compliance Officer and any change in the membership of the Compliance Committee described in Section III.A;

2. a summary of any significant changes or amendments to the Policies and Procedures required by Section III.B and the reasons for such changes (e.g., change in contractor policy) and copies of any compliance-related Policies and Procedures;

3. the number of individuals required to complete the Code of Conduct certification required by Section III.B.1, the percentage of individuals who have completed such certification, and an explanation of any exceptions (the documentation supporting this information shall be available to OIG, upon request);

4. the following information regarding each type of training required by Section III.C:

a. a description of such training, including a summary of the topics covered, the length of sessions and a schedule of training sessions;

b. the number of individuals required to be trained, percentage of individuals actually trained, and an explanation of any exceptions.

A copy of all training materials and the documentation supporting this information shall be available to OIG, upon request.

5. a complete copy of all reports prepared pursuant to Section III.D, along with a copy of the IRO's engagement letter;

6. TSS's response and corrective action plan(s) related to any issues raised by the reports prepared pursuant to Section III.D;

7. a summary and description of any and all current and prior engagements and agreements between TSS and the IRO, if different from what was submitted as part of the Implementation Report;

8. a certification from the IRO regarding its professional independence and objectivity with respect to TSS;

9. a summary of Reportable Events (as defined in Section III.H) identified during the Reporting Period and the status of any corrective and preventative action relating to all such Reportable Events;

10. a report of the aggregate Overpayments that have been returned to the Federal health care programs during the Reporting Period. Overpayment amounts shall be broken down into the following categories: Medicare, Medicaid (report each applicable state separately, if applicable), and other Federal health care programs. Overpayment amounts that are routinely reconciled or adjusted pursuant to policies and procedures established by the payor do not need to be included in this aggregate Overpayment report;

11. a summary of the disclosures in the disclosure log required by Section III.E that: (a) relate to Federal health care programs; or (b) allege abuse or neglect of patients;

12. any changes to the process by which TSS fulfills the requirements of Section III.F regarding Ineligible Persons;

13. the name, title, and responsibilities of any person who is determined to be an Ineligible Person under Section III.F; the actions taken by TSS in response to the screening and removal obligations set forth in Section III.F; and the actions taken to identify, quantify, and repay any overpayments to Federal health care programs relating to items or services furnished, ordered or prescribed by an Ineligible Person;

14. a summary describing any ongoing investigation or legal proceeding required to have been reported pursuant to Section III.G. 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 all changes to the most recently provided list of TSS's locations (including addresses) as required by Section V.A.11; the corresponding name under which each location is doing business; the corresponding phone numbers and fax numbers; each location's Medicare Provider number(s), provider identification number(s), and/or supplier number(s); and the name and address of each Medicare contractor to which TSS currently submits claims; and

16. 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. The Implementation Report and Annual Reports shall include certifications by Harrison and the Compliance Officer that:

1. to the best of their knowledge, except as otherwise described in the applicable report, TSS is in compliance with all of the requirements of this CIA;

2. they have reviewed the Report and have made reasonable inquiry regarding its content and believe that the information in the Report is accurate and truthful; and

3. TSS has complied with its obligations under the Settlement Agreement:

a. to relinquish unconditionally and forever TSS Denied Claims, with the term TSS Denied Claims defined as any claim submitted to Medicare for reimbursement (of any kind or nature, whether or not related to the Covered Conduct), that was for a date of service on or before September 30, 2006, except for (i) such claims that any federal court, HHS Departmental Appeals Board (DAB), the Centers for Medicare and Medicaid Services (CMS), the Office of Medicare Hearings and Appeals (OMHA), any Administrative Law Judge, any Durable Medical Equipment Regional Carrier (DMERC), any Qualified Independent Contractor (QIC), or any Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has determined on or before the Effective Date of this Agreement shall be paid and (ii) such claims that have been submitted but have not yet received an initial determination by a DMERC or DME MAC or their agents;

b. as to these TSS Denied Claims, not to seek reimbursement of any kind from any state or Federal health care program or from any beneficiary or any beneficiary's parents, sponsors, legally responsible individuals, or other third party payors;

c. in the event TSS receives reimbursement for any TSS Denied Claims, to unconditionally refund such reimbursement to the appropriate Medicare DMERC (or DME MAC) within 30 days of receipt;

d. to notify the Department of Justice, the Office of General Counsel to HHS, and OIG of any payments for or pertaining to TSS Denied Claims received after the Effective Date of this Agreement, and of any notice or action by the DME MACs, DMERCs, QICs, OMHA, and/or the DAB concerning any review or consideration of any TSS Denied Claims;

e. to relinquish and waive the right to submit to Medicare any claim for reimbursement for a date of service on or before September 30, 2006 that has not been submitted for payment prior to the Effective Date of this Agreement;

f. not to reclaim or pick up from any beneficiary, or any other person acting on behalf of the beneficiary, any power wheelchairs, scooters and/or accessories that are the subject of the TSS Denied Claims, unless requested to do so by the beneficiary;

g. not to charge to or otherwise seek payment from federal or state payors for unallowable costs (as defined in the Settlement Agreement); and

h. to identify and adjust any past charges or claims for unallowable costs (if applicable).

D. Designation of Information. TSS 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. TSS 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

TSS:

Tim Zipp  
Senior Vice President, Corporate Compliance  
The SCOOTER Store, Inc.  
1650 Independence Drive  
New Braunfels, TX 78132  
Telephone: 830-627-4401  
Facsimile: 830-629-5932

Unless otherwise specified, all notifications and reports required by this CIA may be made by certified mail, 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.

**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 examine or request copies of TSS's books, records, and other documents and supporting materials and/or conduct on-site reviews of any of TSS's locations for the purpose of verifying and evaluating: (a) TSS's compliance with the terms of this CIA; and (b) TSS's compliance with the requirements of the Federal health care programs in which it participates. The documentation described above shall be made available by TSS to OIG or its duly authorized representative(s) at all reasonable times for inspection, audit, or reproduction. Furthermore, for purposes of this provision, OIG or its duly authorized representative(s) may interview any of TSS's employees, contractors, or agents 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. TSS shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request. TSS's employees may elect to be interviewed with or without a representative of TSS present.

#### **VIII. DOCUMENT AND RECORD RETENTION**

TSS shall maintain for inspection all documents and records relating to reimbursement from the Federal health care programs, or 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 TSS prior to any release by OIG of information submitted by TSS pursuant to its obligations under this CIA and identified upon submission by TSS as trade secrets, or information that is commercial or financial and privileged or confidential, under the FOIA rules. With respect to such releases, TSS shall have the rights set forth at 45 C.F.R. § 5.65(d).

#### **X. BREACH AND DEFAULT PROVISIONS**

TSS 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, TSS 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 TSS fails to establish and implement any of the following obligations as described in Section III:

- a. a Compliance Officer;
- b. a Compliance Committee;



- c. a written Code of Conduct;
- d. written Policies and Procedures;
- e. the training of Covered Persons;
- f. a Disclosure Program;
- g. Ineligible Persons screening and removal requirements; and
- h. notification of Government investigations or legal proceedings.

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 TSS fails to engage an IRO as required in Section III.D.

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 TSS fails to submit the Implementation Report or the Annual Reports 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 TSS fails to submit the annual Standard Claims Review Report and TSS Denied Claims Beneficiaries Review Report in accordance with the requirements of Section III.D and Appendices A and B.

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

6. A Stipulated Penalty of \$5,000 for each false certification submitted by or on behalf of TSS as part of its Implementation Report, Annual Report, additional documentation to a report (as requested by the OIG), or otherwise required by this CIA.

7. A Stipulated Penalty of \$1,000 for each day TSS fails to comply fully and adequately with any obligation of this CIA. OIG shall provide notice to TSS, stating the specific grounds for its determination that TSS has failed to comply fully and adequately with the CIA obligation(s) at issue and steps TSS shall take to comply with the

CIA. (This Stipulated Penalty shall begin to accrue 10 days after TSS 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 1-6 of this Section.

B. Timely Written Requests for Extensions. TSS 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 TSS 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 business days after TSS 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 business 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 TSS 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 TSS of: (a) TSS's failure to comply; and (b) OIG's exercise of its contractual right to demand payment of the Stipulated Penalties (this notification is referred to as the "Demand Letter").

2. Response to Demand Letter. Within 10 days after the receipt of the Demand Letter, TSS 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 TSS elects to request an ALJ hearing, the Stipulated Penalties shall continue to accrue until TSS 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 certified or cashier's check, payable to: "Secretary of the Department of Health and Human Services," and submitted to OIG at the address set forth in Section VI.

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 TSS 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 TSS to report a Reportable Event, take corrective action, and make the appropriate refunds, as required in Section III.H;
- b. a repeated or flagrant violation 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.D.

2. Notice of Material Breach and Intent to Exclude. The parties agree that a material breach of this CIA by TSS constitutes an independent basis for TSS's exclusion from participation in the Federal health care programs. Upon a determination by OIG that TSS has materially breached this CIA and that exclusion is the appropriate remedy, OIG shall notify TSS of: (a) TSS's material breach; and (b) OIG's intent to exercise its contractual right to impose exclusion (this notification is hereinafter referred to as the "Notice of Material Breach and Intent to Exclude").

3. Opportunity to Cure. TSS shall have 30 days from the date of receipt of the Notice of Material Breach and Intent to Exclude to demonstrate to OIG's satisfaction that:

- a. TSS is in compliance with the obligations of the CIA cited by OIG as being the basis for the material breach;
- b. the alleged material breach has been cured; or
- c. the alleged material breach cannot be cured within the 30-day period, but that: (i) TSS has begun to take action to cure the material breach; (ii) TSS is pursuing such action with due diligence; and (iii) TSS has provided to OIG a reasonable timetable for curing the material breach.

4. Exclusion Letter. If, at the conclusion of the 30-day period, TSS fails to satisfy the requirements of Section X.D.3, OIG may exclude TSS from participation in the Federal health care programs. OIG shall notify TSS in writing of its determination to exclude TSS (this letter shall be referred to hereinafter 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 TSS's receipt of the Exclusion Letter. The exclusion shall have national effect and shall also apply to all other Federal procurement and nonprocurement programs. Reinstatement to program participation is not automatic. After the end of the period of exclusion, TSS 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 TSS 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, TSS 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.

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 TSS was in full and timely compliance with the obligations of this CIA for which OIG demands payment; and (b) the period of noncompliance. TSS 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 TSS to pay Stipulated Penalties, such Stipulated Penalties shall become due and payable 20 days after the ALJ issues such a decision unless TSS 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:

- a. whether TSS was in material breach of this CIA;
- b. whether such breach was continuing on the date of the Exclusion Letter; and
- c. whether the alleged material breach could not have been cured within the 30-day period, but that: (i) TSS had begun to take action to cure the material breach within that period; (ii) TSS has pursued and is pursuing such action with due diligence; and (iii) TSS provided to OIG within that period a reasonable timetable for curing the material breach and TSS has followed the timetable.

For purposes of the exclusion herein, exclusion shall take effect only after an ALJ decision favorable to OIG, or, if the ALJ rules for TSS, only after a DAB decision in favor of OIG. TSS's election of its contractual right to appeal to the DAB shall not abrogate OIG's authority to exclude TSS 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 TSS 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. TSS 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 TSS, TSS 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.

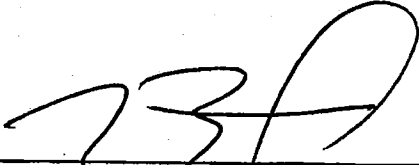
#### **XI. EFFECTIVE AND BINDING AGREEMENT**

Consistent with the provisions in the Settlement Agreement pursuant to which this CIA is entered, TSS and OIG agree as follows:

- A. This CIA shall be binding on the successors, assigns, and transferees of TSS;
- B. This CIA shall become final and binding on the date the final signature is obtained on the CIA;
- C. Any modifications to this CIA shall be made with the prior written consent of the parties to this CIA;
- D. OIG may agree to a suspension of TSS's obligations under the CIA in the event of TSS's cessation of participation in Federal health care programs. If TSS withdraws from participation in Federal health care programs and is relieved of its CIA obligations by OIG, TSS shall notify OIG at least 30 days in advance of TSS's intent to reapply as a participating provider or supplier with any Federal health care program. Upon receipt of such notification, OIG shall evaluate whether the CIA should be reactivated or modified.
- E. The undersigned TSS signatories represent and warrant that they are authorized to execute this CIA. The undersigned OIG signatory represents that he is signing this CIA in his official capacity and that he is 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. Facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this CIA.

**ON BEHALF OF THE SCOOTER STORE, INC.**



MICHAEL B. CLARK  
Senior Vice President/General Counsel  
The SCOOTER Store, Inc.

5/10/07  
DATE



LAURA LAEMMLE-WEIDENFELD  
PATTON BOGGS LLP  
Counsel for The SCOOTER Store, Inc.

5/10/07  
DATE

**ON BEHALF OF DOUGLAS T. HARRISON**

\_\_\_\_\_  
DOUGLAS T. HARRISON, Individually

\_\_\_\_\_  
DATE



**ON BEHALF OF THE SCOOTER STORE, INC.**

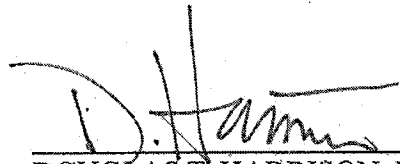
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MICHAEL B. CLARK  
Senior Vice President/General Counsel  
The SCOOTER Store, Inc.

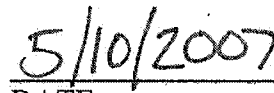
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LAURA LAEMMLE-WEIDENFELD  
PATTON BOGGS LLP  
Counsel for The SCOOTER Store, Inc.

\_\_\_\_\_  
DATE

**ON BEHALF OF DOUGLAS T. HARRISON**

  
\_\_\_\_\_  
DOUGLAS T. HARRISON, Individually

  
\_\_\_\_\_  
DATE

**ON BEHALF OF THE OFFICE OF INSPECTOR GENERAL  
OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**



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GREGORY E. DEMSKE  
Assistant Inspector General for Legal Affairs  
Office of Inspector General  
U. S. Department of Health and Human Services

5/11/07

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DATE

## APPENDIX A STANDARD CLAIMS REVIEW

The IRO shall perform a review of claims for which TSS has received reimbursement from a Federal health care program to identify any Overpayments. The Standard Claims Review shall be performed as follows:

1. Discovery Sample. The IRO shall randomly select and review a sample of 250 Paid Claims submitted by or on behalf of TSS (Discovery Sample).

a. Materials to be Reviewed. In order to determine whether each claim was correctly coded, submitted, and reimbursed, the Paid Claims shall be reviewed based on (i) the supporting documentation available at TSS's office or under TSS's control, e.g., physician orders, medical records, customer service records, claims data, home assessments and other delivery and distribution records, and manufacturer serial numbers and inventory documentation; (ii) appropriate contacts by the IRO with ordering physicians and TSS customers and/or caregivers of TSS customers; and (iii) applicable billing and coding regulations and guidance.

b. Scope of Review. The IRO shall review and analyze data on all Paid Claims in the Discovery Sample to determine if each Paid Claim met the Medicare or other Federal health care program coverage criteria and documentation requirements for the appropriate power mobility device and any options and accessories, and met the current Medicare or other Federal health care program power mobility device codes and fee schedule amounts. Among the issues to be reviewed are: (i) whether power mobility devices were provided to beneficiaries as indicated on the claim, correctly coded, submitted, billed to Federal health care programs appropriately, and reimbursed (including but not limited to whether used items were provided when new items were billed), (ii) whether TSS has maintained in its records documentation of the face-to-face examination, a written prescription, and additional supporting documentation as described in 42 C.F.R. § 410.38(c), (iii) whether the physician's order was received by TSS within 45 days after completion of the physician's face-to-face examination, and date stamped by TSS when it was received, (iv) whether TSS prepared a written document (detailed product description) in accordance with current power mobility device documentation requirements, (v) whether the physician signed the order and the detailed product description, (vi) whether TSS date stamped the order and the detailed product description when it was received from the physician, and (vii) whether TSS received the order and detailed product description before the item was dispensed and delivered to the beneficiary.

2. Discovery Sample Error Rates. The Discovery Sample Error Rate shall be the percentage of net Overpayments identified in the Discovery Sample. The net Overpayments shall be calculated by subtracting all underpayments identified in the

Discovery Sample from all gross Overpayments identified in the Discovery Sample. (Note: Any potential cost settlements or other supplemental payments should not be included in the net Overpayment calculation. Rather, only underpayments identified as part of the Discovery Sample shall be included as part of the net Overpayment calculation.) The Discovery Sample Error Rate is calculated by dividing the net Overpayment identified in the sample by the total dollar amount associated with the Items in that sample.

If the Discovery Sample Error Rate is less than 5%, no additional sampling is required, nor is the Systems Review required. (Note: The guidelines listed above do not imply that this is an acceptable error rate. Accordingly, TSS should, as appropriate, further analyze any errors identified in the Discovery Sample. TSS recognizes that OIG or other HHS component, in its discretion and as authorized by statute, regulation, or other appropriate authority may also analyze or review Paid Claims included, or errors identified, in the Discovery Sample or any other segment of the universe.)

If the Discovery Sample Error Rate is 5% or greater, the IRO shall perform a Full Sample and a Systems Review, as described below.

### 3. Full Sample and Systems Review.

a. Full Sample. If necessary, as determined by the procedures set forth in Sections 1 and 2 of this Appendix, the IRO shall select an additional sample of Paid Claims using commonly accepted sampling methods. The Full Sample shall be designed to: (1) estimate the actual Overpayment in the population with a 90% confidence level and with a maximum relative precision of 25% of the point estimate; and (2) conform with the Centers for Medicare and Medicaid Services' statistical sampling for overpayment estimation guidelines. In order to determine whether each claim was correctly coded, submitted, and reimbursed, the Paid Claims shall be reviewed based on the information described in Section 1 of this Appendix, above.

For purposes of calculating the size of the Full Sample, the Discovery Sample may serve as a probe sample, if statistically appropriate. Additionally, TSS may use the Items sampled as part of the Discovery Sample, and the corresponding findings for those 250 Items, as part of its Full Sample, if: (1) statistically appropriate and (2) TSS selects the Full Sample Items using the seed numbers generated by the Discovery Sample. OIG, in its sole discretion, may refer the findings of the Full Sample (and any related workpapers) received from TSS to the appropriate Federal health care program payor, including the Medicare contractor (e.g., carrier, fiscal intermediary, DME MAC, or DMERC), for appropriate follow-up by that payor.

b. Systems Review. If the Discovery Sample Error Rate is 5% or greater, TSS's IRO shall also conduct a Systems Review. Specifically, for each claim in the Discovery

Sample and Full Sample that resulted in an Overpayment, the IRO shall perform a “walk through” of the system(s) and process(es), that generated the claim to identify any problems or weaknesses that may have resulted in the identified Overpayments. The IRO shall provide its observations and recommendations on suggested improvements to the system(s) and the process(es) that generated the claim.

4. Definitions. For the purposes of each of the IRO Reviews, the following definitions shall be used:

- a. Overpayment: The amount of money TSS has received in excess of the amount due and payable under any Federal health care program requirements.
- b. Item: Any discrete unit that can be sampled (e.g., code, line item, beneficiary, patient encounter, etc.).
- c. Paid Claim: A code or line item submitted by TSS and for which TSS has received reimbursement from a Federal health care program.
- d. Population. For the first Reporting Period, the population for the Standard Claims Review shall be defined as all Items for which a code or line item has been submitted by or on behalf of TSS and for which TSS has received reimbursement from a Federal health care program (i.e., a Paid Claim) during the 12-month period covered by the first Standard Claims Review.

For the remaining Reporting Periods, the Population shall be defined as all Items for which TSS has received reimbursement from a Federal health care program (i.e., a Paid Claim) during the 12-month period covered by the Standard Claims Review.

To be included in the Population, an Item must have resulted in at least one Paid Claim.

5. Standard Claims Review Report. The IRO shall prepare a report based upon the Standard Claims Review performed (Standard Claims Review Report). The following information shall be included in the Standard Claims Review Report for each Standard Claims Review (including for the Discovery Sample and Full Sample (if applicable)).

a. IRO Review Methodology.

- i. Sampling Unit. A description of the Item as that term is utilized for each IRO Review.

ii. Population. A description of the population subject to each IRO Review.

iii. Objective. A clear statement of the objective intended to be achieved by each IRO Review.

iv. Sampling Frame. A description of the sampling frame, which is the totality of Items from which the sample has been selected and an explanation of the methodology used to identify the sampling frame. In most circumstances, the sampling frame will be identical to the population.

v. Source of Data. A description of the specific documentation relied upon by the IRO when performing each IRO Review (e.g., medical records, physician orders, customer service records, claims data, home assessments and delivery and distribution records, manufacturer serial numbers and inventory documentation, local medical review policies (including title and policy number), CMS program memoranda (including title and issuance number), Medicare carrier, intermediary, DMERC, or DME MAC manual or bulletins (including issue and date), other policies, regulations, or directives).

vi. Review Protocol. A narrative description of how each IRO Review was conducted and what was evaluated.

b. Statistical Sampling Documentation.

i. The number of Items appraised in each sample.

ii. A copy of the printout of the random numbers generated by the "Random Numbers" function of the statistical sampling software used by the IRO.

iii. A copy of the statistical software printout(s) estimating how many Items are to be included in the Full Sample, if applicable.

iv. A description or identification of the statistical sampling software package used to select the sample and determine the Full Sample size, if applicable.

c. Standard Claims Review Findings.

i. Narrative Results.

1. A description of TSS's billing and coding system(s), including the identification, by position description, of the personnel involved in coding and billing.
2. A narrative explanation of the IRO's findings and supporting rationale (including reasons for errors, patterns noted, etc.) regarding each IRO Review, including the results of the Discovery Sample, and the results of the Full Sample (if any).

ii. Quantitative Results.

1. Total number and percentage of instances in which the IRO determined that the Paid Claims submitted by TSS (Claims Submitted) differed from what should have been the correct claims (Correct Claims), regardless of the effect on the payment.
2. Total number and percentage of instances in which the Claim Submitted differed from the Correct Claim and in which such difference resulted in an Overpayment to TSS.
3. Total dollar amount of all Overpayments in each sample.
4. Total dollar amount of paid Items included in each sample and the net Overpayment associated with each sample.
5. Error Rate in the sample.
6. The number of Paid Claims where power mobility devices were not provided to beneficiaries as indicated on the claim.
7. A spreadsheet of each set of Standard Claims Review results that includes the following information for each Paid Claim appraised: Beneficiary health insurance claim number, date of service, procedure code submitted, procedure code reimbursed, allowed amount reimbursed by payor, correct procedure code (as determined by the IRO), correct allowed amount (as determined by the IRO), dollar

difference between allowed amount reimbursed by payor and the correct allowed amount. (See Attachment 1 to this Appendix.)

d. Systems Review. Observations, findings, and recommendations on possible improvements to the system(s) and process(es) that generated the Overpayment(s).

e. Credentials. The names and credentials of the individuals who: (1) designed the statistical sampling procedures and the review methodology utilized for the Standard Claims Review; and (2) performed the Standard Claims Review.

6. Other Requirements.

a. Repayment of Identified Overpayments. In accordance with Section III.H.1 of this CIA, TSS shall repay within 30 days any Overpayment(s) identified in the Standard Claims Review (both in the Discovery Sample and the Full Sample, if applicable), regardless of the Discovery Sample Error Rate, to the appropriate payor and in accordance with payor refund policies. TSS shall make available to OIG all documentation that reflects the refund of the Overpayment(s) to the payor.

b. Paid Claims without Supporting Documentation. For the purpose of appraising Items included in the Standard Claims Review, any Paid Claim for which TSS cannot produce documentation sufficient to support the Paid Claim shall be considered an error and the total reimbursement received by TSS for such Paid Claim shall be deemed an Overpayment. Replacement sampling for Paid Claims with missing documentation is not permitted.

c. Replacement Sampling. Considering the populations shall consist only of Paid Claims, and that Items with missing documentation cannot be replaced, there is no need to utilize alternate or replacement sampling units.

d. Use of First Samples Drawn. For the purposes of all samples discussed in this Appendix, the Paid Claims associated with the Items selected in each first sample (or first sample for each strata, if applicable) shall be used (i.e., it is not permissible to generate more than one list of random samples and then select one for use).



**IRO Review Results**

Bene HIC #	Date of Service	Code Submitted	Code Reimbursed	Allowed Amount Reimbursed	Correct Code (IRO determined)	Correct Allowed Amt Reimbursed (IRO determined)	Dollar Difference between Amt Reimbursed and Correct Allowed Amt

## APPENDIX B TSS DENIED CLAIMS BENEFICIARIES REVIEW

Paragraph 2 of the Settlement Agreement between TSS and the United States entered into contemporaneously with this CIA requires that TSS relinquish certain claims (TSS Denied Claims). If after the Effective Date of the CIA and during the term of the CIA, TSS submits a claim for items provided to a beneficiary for whom a TSS Denied Claim was filed (TSS Denied Claims Beneficiaries), the IRO shall randomly review a sample of such Paid Claims. The TSS Denied Claims Beneficiaries Review shall be performed annually for each Reporting Period, unless during the Reporting Period TSS has not submitted any claims for items provided to TSS Denied Claims Beneficiaries. The TSS Denied Claims Beneficiaries Review shall be performed as follows:

1. Population. The population for the TSS Denied Claims Beneficiaries Review shall be all Items resulting in Paid Claims during the Reporting Period for the TSS Denied Claims Beneficiaries (Beneficiaries Paid Claims). The TSS Denied Claims Beneficiaries are listed on Attachment 1 to this Appendix.
2. Sample. The IRO shall randomly select and review 50 Beneficiaries Paid Claims, or all the Beneficiaries Paid Claims, whichever is smaller, in each Reporting Period. In order to determine whether each claim was correctly coded, submitted, and reimbursed, each Beneficiaries Paid Claim in the sample shall be reviewed based on the information described in Section 1 of Appendix A to this CIA.
3. TSS Denied Claims Error Rate. The error rate for the TSS Denied Claims Beneficiaries Review (TSS Denied Claims Error Rate) shall be the percentage of net Overpayments identified in the TSS Denied Claims Beneficiaries Review sample. The net Overpayments shall be calculated by subtracting all underpayments identified in the sample from all gross Overpayments identified in the sample. (Note: Any potential cost settlements or other supplemental payments should not be included in the net Overpayment calculation. Rather, only underpayments identified as part of the Discovery Sample shall be included as part of the net Overpayment calculation.) The TSS Denied Claims Error Rate is calculated by dividing the net Overpayment identified in the sample by the total dollar amount associated with the Items in the sample.
4. Definitions and Methodologies. All applicable definitions for this TSS Denied Claims Beneficiaries Review are listed in Appendix A to this CIA. All IRO review methodologies and requirements, including the preparation of a TSS Denied Claims Beneficiaries Review Report and repayment of identified Overpayments, shall be performed in a manner that is consistent with Appendix A to this CIA, except that references to a Full Sample and Systems Review shall not be applicable to the TSS Denied Claims Beneficiaries Review.

**TSS Denied Claims Beneficiaries**

**[Redacted]**

**APPENDIX C  
OVERPAYMENT REFUND**

**TO BE COMPLETED BY MEDICARE CONTRACTOR**

Date: \_\_\_\_\_  
 Contractor Deposit Control # \_\_\_\_\_ Date of Deposit: \_\_\_\_\_  
 Contractor Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 Contractor Fax: \_\_\_\_\_

**TO BE COMPLETED BY PROVIDER/PHYSICIAN/SUPPLIER**

*Please complete and forward to Medicare Contractor. This form, or a similar document containing the following information, should accompany every voluntary refund so that receipt of check is properly recorded and applied.*

PROVIDER/PHYSICIAN/SUPPLIER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PROVIDER/PHYSICIAN/SUPPLIER # \_\_\_\_\_ CHECK NUMBER# \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_  
 AMOUNT OF CHECK \$ \_\_\_\_\_ CHECK DATE \_\_\_\_\_

**REFUND INFORMATION**

**For each Claim, provide the following:**

Patient Name \_\_\_\_\_ HIC # \_\_\_\_\_  
 Medicare Claim Number \_\_\_\_\_ Claim Amount Refunded \$ \_\_\_\_\_  
 Reason Code for Claim Adjustment: \_\_\_\_\_ (Select reason code from list below. Use one reason per claim)

*(Please list all claim numbers involved. Attach separate sheet, if necessary)*

*Note: If Specific Patient/HIC/Claim #/Claim Amount data not available for all claims due to Statistical Sampling, please indicate methodology and formula used to determine amount and reason for overpayment: \_\_\_\_\_*

**For Institutional Facilities Only:**

Cost Report Year(s) \_\_\_\_\_  
 (If multiple cost report years are involved, provide a breakdown by amount and corresponding cost report year.)

**For OIG Reporting Requirements:**

Do you have a Corporate Integrity Agreement with OIG? Yes No

**Reason Codes:**

<u>Billing/Clerical Error</u>	<u>MSP/Other Payer Involvement</u>	<u>Miscellaneous</u>
01 - Corrected Date of Service	08 - MSP Group Health Plan Insurance	13 - Insufficient Documentation
02 - Duplicate	09 - MSP No Fault Insurance	14 - Patient Enrolled in an HMO
03 - Corrected CPT Code	10 - MSP Liability Insurance	15 - Services Not Rendered
04 - Not Our Patient(s)	11 - MSP, Workers Comp.(Including Black Lung	16 - Medical Necessity
05 - Modifier Added/Removed	12 - Veterans Administration	17 - Other (Please Specify)
06 - Billed in Error		
07 - Corrected CPT Code		