Envision HEALTHCARE	Ethics & Compliance Department		
	Policy No.: 304	**Created:**	01/1999
		Reviewed:	05/2023
		Revised:	08/2019

CORRESPONDENCE WITH MEDICARE AND MEDICAID CARRIERS

SCOPE:

Applies to all Envision Medical Group ("EMG") teammates who may be involved in correspondence with Medicare and Medicaid carriers. For purposes of this policy, all references to "teammate" or "teammates" include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors.

PURPOSE:

Envision Healthcare and its subsidiaries and affiliates ("Envision" or "the Company") has adopted this Correspondence with Medicare and Medicaid Carriers policy to provide documented guidelines for EMG teammates to consult when corresponding with Medicare, Medicaid, Medicaid Carrier, Center for Medicare/Medicaid Services (CMS), Department of Health and Human Services ("DHHS"), Department of Justice ("DOJ"), and any other government agency.

POLICY/PROCEDURE:

Company colleagues must consult the guidelines listed below prior to corresponding with government payors.

Non-Routine Correspondence

The Chief Compliance Officer (the "CCO") or his or her designee must approve all non-routine correspondence with Medicare, Medicaid, TRICARE, and other government payor programs. Non-routine correspondence refers to letters discussing Company's position, question, or opinion on a particular government rule, regulation, policy, position, or interpretation. Due to the importance of these programs to Company, we want to maintain a consistent position when working with government agencies that administer, govern, and enforce these programs.

The documents/letters should be forwarded to the CCO prior to distribution. The CCO will consult with senior management and internal/external counsel prior to approving any documents. The documents will be reviewed within two (2) weeks of receipt or sooner to meet government deadlines for response. The CCO will maintain a record of all documents.

Routine Correspondence

Routine correspondence refers to routine calls or meetings, typically with Medicare and Medicaid carriers, addressing or clarifying the billing and coding procedure for a specific item. These calls are made by a representative of the billing entity during the normal course of conducting daily business. An example of this correspondence is "What is the HCPCS code utilized by the Texas Medicaid program when billing for rhythm strips?"

Each person that conducts routine correspondence, clarifying the billing and coding procedures with government payors and agencies, should maintain an annual log. This log should include the following:

- Date and time of the call/meeting.
- All persons participating in the call/meeting.
- Nature or question(s) of the call/meeting.
- Answer or response from the government representative.
- Result or next step by the billing entity.

The teammate's manager should maintain these annual logs for a period of seven (7) years. These logs are necessary to support billing and coding practices recommended by government agencies to our billing entities.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy, as necessary, in the normal course of its review of the Company's Ethics & Compliance Program.
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