

March 2025



## **Provider/Supplier Notification of Participation in a Shared Savings Program ACO**

I, the undersigned Provider, am an individual that bills for items and services furnished to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to Aitkin Community Hospital (d.b.a Riverwood Healthcare Center) ("the Participant"). I understand that the Participant has signed a Shared Savings Participation Agreement with a Wellvana Accountable Care Organization ("ACO") in the Medicare Shared Savings Program.

I hereby acknowledge that by billing under the Participant's TIN I am participating in the ACO as an ACO provider. I attest that I understand and will comply with:

- All the terms and conditions of the ACO's Participation Agreement and Data Use Agreement with CMS as well as the requirements of the Medicare Shared Savings Program under 42 CFR Part 425;
- Applicable laws including Federal criminal law; the False Claims Act (31 U.S.C. 3729 et seq.); the Anti-Kickback Statute (42 U.S.C. 1320a-7b(b)); the Civil Monetary Penalties Law (42 U.S.C. 1320a-7a); the Physician Self-Referral Law (42 U.S.C. 1395nn); and the Health Insurance Portability and Accountability Act, located at 45 C.F.R. parts 160, 162, and 164, Subpart C, as amended from time to time by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and the Final Omnibus Rule (collectively "HIPAA"); and
- All qualifications required in my employment, including, without limitation those qualifications pertaining to licensure, certification, continuing medical education, staff membership and privileges, and eligibility to participate in state and federally funded health care programs.

I may obtain a copy of the ACO Participation Agreement by contacting Dan Schletty, Ambulatory Services Director at Riverwood Healthcare Center, if I so desire.

This arrangement is effective as of March, 2025.