

[NAME OF PROVIDER]

Code of Conduct

Letter from CEO

[Enter letter from head of Provider that identifies strong support for ethical and compliant practices in order to establish appropriate "Tone at the Top."]

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THE [NAME OF PROVIDER] MISSION

[enter Mission statement]

Introduction

[enter general statement about Provider]

The [NAME OF PROVIDER] Code of Conduct

The framework for conducting business at [NAME OF PROVIDER] is contained in this Code of Conduct. It is our commitment to professional integrity, legal compliance and ethical conduct. The Code of Conduct acts as an umbrella under which all of [NAME OF PROVIDER]'s other standards of conduct (such as those outlined in the Employee Handbook) or other policies and procedures operate.

This Code gives us foundational values and standards and is built on the premise that we all know right from wrong. This means making our decisions and choosing our actions based on what we know to be right, according to all applicable laws and regulations, and according to the policies and procedures we all agree to follow as associates of [NAME OF PROVIDER].

The Code is not intended to contain all of the rules, policies and procedures we are each expected to follow. It also does not outline every possible situation in which a right course of action can be explained. The Code does however provide concrete guidance in specific areas and instructive principles to consider in performing one's work responsibilities.

It should go without saying that we expect the highest standards of ethical conduct from every employee, Board Member, contractor, volunteer and other person affiliated with [NAME OF PROVIDER]. Dishonesty in words or actions, or an intent to defraud anyone of money, property or honest services, will not be tolerated.

- You are expected to represent [NAME OF PROVIDER] honestly and accurately.
- You are expected to act with integrity.
- You are expected to treat others with respect—whether a member, customer, co-worker, regulator, vendor, supplier or competitor.

BOX:

Definition: the Code

Throughout this document, references to the Code of Conduct, or just “the Code,” encompass [NAME OF PROVIDER]'s [NAME OF PROVIDER] commitment to a culture of integrity, and incorporate all applicable federal and state laws, statutes, regulations and sub-regulatory guidance, contractual commitments, and [NAME OF PROVIDER] policies and procedures.

Putting “the Code” into Action

Employees, officers, Board Members, contractors, volunteers and other [NAME OF PROVIDER] representatives are expected to conduct their [NAME OF PROVIDER] responsibilities in compliance with this Code of Conduct. It is one of the ways we demonstrate—individually and as a company—that we are

complying with the applicable federal and state standards, statutes, regulations, sub-regulatory guidance and contractual commitments.

If you become aware of a potential violation of this Code, the law or the plan's policies—it is your duty to report it in a timely manner. If you are ever in doubt about the Code or potential violations of the Code, ask your supervisor for help. Complying with this Code, which includes the plan's Employee Handbook and Compliance Program, is everyone's responsibility and enables us to deliver on our mission.

Your Protections

If you report a potential violation of this Code, your reporting will be kept confidential as permitted by law and to the extent possible consistent with our obligation to investigate and resolve your report. If you report through [Compliance Hotline], you can choose to remain anonymous. (See pages XX for more on reporting anonymously.)

[NAME OF PROVIDER] maintains a strict policy of non-intimidation and non-retaliation for good faith actions, including, but not limited to, reporting potential compliance issues, conducting self-evaluations, auditing and remediating findings, and disclosing risk issues for further investigation. Please know that if you report a possible or actual compliance issue in good faith, we will protect you. [NAME OF PROVIDER] employee who engages in intimidation and retaliation will be subject to disciplinary action up to and including termination of employment with [NAME OF PROVIDER]. Refer to the Employee Handbook for additional information.

BOX:

[Compliance Hotline]

[Compliance Hotline] is an independent system dedicated to protecting and supporting integrity and ethical conduct in the workplace. You can use the [Compliance Hotline] or website at any time to report issues related to non-compliance and unethical or illegal activities. You may use the [Compliance Hotline] to anonymously report an issue. And we do ask that you follow up regularly on reported issues. This allows us to get additional information from you and keep you updated as we investigate potential compliance issues.

[Compliance Hotline]: [Insert phone number] **[Hotline Website]:** If you directly access the [Compliance Hotline] website, enter "[NAME OF PROVIDER]" in the organization name field, click on the "Submit" button, and then follow the simple, step-by-step instructions to either submit a report or to check on the status of a previously filed issue.

Principles of Conduct

[NAME OF PROVIDER] is committed to providing the highest level of service to all our customers. It starts with a commitment on all of our parts to do our jobs right and to perform them ethically. Beyond that, there are certain circumstances that arise with some frequency, so we have addressed them here. For more information, please refer to the specific sections of the plan's Employee Handbook.

Code of Conduct vs. Employee Handbook

When you review your Employee Handbook, some of what you read here will be familiar. Here's the main difference between the two documents: The Code of Conduct reflects our values and directs the manner in which we carry out our business. The Employee Handbook is much more specific—it defines the rules for our actions and activities. For example, in the Code we talk about respect for our coworkers and business colleagues. In the Handbook we detail our policies against discrimination and harassment.

Conflict of Interest

A conflict of interest is when employment or a relationship outside of [NAME OF PROVIDER] (or other activities) creates any actual, potential, or apparent conflict in your ability to do your job, and in particular your ability to make an objective decision that is in [NAME OF PROVIDER]'s best interest. Simply put, any such activities and relationships are not allowed without disclosing the potential conflict and obtaining consent or a waiver beforehand from [NAME OF PROVIDER].

Examples of potential conflicts of interest include, but are not limited to:

- Maintaining full-time employment outside the company.
- Acting as a consultant, advisor, employee or independent contractor of/with a [NAME OF PROVIDER] competitor, customer or vendor.
- Owning any significant interest (other than as a shareholder of a publicly traded company) in any business or organization that does or seeks to do business with [NAME OF PROVIDER].
- Using any company assets or resources for personal gain or advantage.
- Business dealings with relatives or close friends.
- Employment or supervision of relatives or friends. ([NAME OF PROVIDER] does not prohibit this, but you must stick to the policy as stated in the Employee Handbook.)
- Investments and financial interests in business partners.

Employees must disclose any potential conflict of interest to the Vice President, Human Resources before becoming engaged in outside activities or relationships that could violate the plan's conflict of interest policy.

Please refer to [NAME OF PROVIDER]'s Employee Handbook for more information on the plan's conflict of interest policy.

BOX:

Is this a conflict of interest?

Q. One of my vendors told me her company is hiring entry level employees and my daughter, a recent college graduate, is looking for a job. What is considered appropriate in this case?

A. You can ask your vendor who your daughter should contact. She can then reference how she found out about the job. But that's the extent of it. You and your daughter have no right to expect, and the vendor cannot offer or extend preferential treatment.

Gifts/Hospitality/Entertainment

Our business transactions with vendors, suppliers, contractors and other third parties must be free from influence and even the appearance of influence. In general you cannot accept gifts and business courtesies unless specific conditions are met. Most important is that there are no strings attached. [NAME OF PROVIDER] has a Gift and Business Courtesy policy that you can use to determine if a gift is appropriate—and how to request an exception if you think it's warranted.

Inducements

At [NAME OF PROVIDER], you are not to use any financial or other type of reward that could be seen as trying to induce:

- Potential beneficiaries to join [NAME OF PROVIDER].
- Employees and other licensed professionals to deny or limit care.
- Beneficiaries to commit fraud, waste or abuse.

The use of incentives, bribes or kickbacks to induce such behavior is strictly prohibited by [NAME OF PROVIDER].

BOX:

How much is too much when it comes to gifts?

Q. A vendor who does a lot of work for our department just offered my supervisor tickets to the Super Bowl. Can we accept?

A. Probably not. This type of gift has a very high value. Even if it's purely a "thank you" gesture with no strings attached, it could be misconstrued. Talk to your supervisor about it, or [NAME OF PROVIDER]'s Compliance Officer, if you would be more comfortable.

Hospitality or Illegal Activity?

Q. Some regulators will be on site next month and will be putting in full days at our offices. Can we provide lunch for them?

A. There are very strict guidelines regarding gifts and hospitality offered to government employees and public officials. Please check with the Compliance Officer to make sure what we see as a friendly gesture will not break any laws.

Political Activity and Lobbying

[NAME OF PROVIDER] employees are free to participate in and contribute to political organizations or campaigns. You must, however, do so as an individual. You may not hold yourself out as a representative of [NAME OF PROVIDER] in any of these types of activities, nor may you get reimbursed by [NAME OF PROVIDER] for anything related to these activities.

Since [NAME OF PROVIDER] is a tax-exempt, non-profit organization, we must follow guidelines of that section of the Internal Revenue Code. Part of that section states that “No substantial part of the activities of the corporation shall be carrying on of propaganda or otherwise attempting to influence legislation (lobbying)...and the corporation shall not participate in, or intervene in, any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.” We expect you to refrain from taking part in any activity that would jeopardize the tax-exempt status of [NAME OF PROVIDER].

[NAME OF PROVIDER] has many contacts and dealings with governmental bodies and officials. Our efforts are focused in our areas of expertise and consist largely of making recommendations concerning legislation or regulations being considered. In addition, we may analyze and take public positions on issues related to the operation of [NAME OF PROVIDER]. These efforts are coordinated through our Public & Government Affairs department and are within the scope of Internal Revenue Service rules. If you have any questions about lobbying and political activity please contact the Public & Government Affairs department.

BOX:

Is this a business dinner or a political event?

Q. I bought tickets to a fundraising dinner for a local politician. I took a colleague and we did discuss business. May I expense it?

A. No. Reimbursing you for funds given to a specific candidate would be the same as contributing to his/her political campaign, which [NAME OF PROVIDER] is not allowed to do.

Confidentiality

We work in an industry that contains highly sensitive information—the confidentiality of which is also highly regulated. Every [NAME OF PROVIDER] employee must be aware of what confidential and proprietary information is, and maintain the security of both company and member information according to the rules, regulations, and sub-regulatory guidance provided by the government (as well as other legal and ethical standards). To review our full policy, see the section on Confidentiality in the Employee Handbook.

Confidential means that it is not appropriate for general public knowledge; it may cause harm to an individual or organization if that information becomes public knowledge.

Proprietary means that it is related to or involves [NAME OF PROVIDER]. Other companies and individuals would also have proprietary information specific to them.

[NAME OF PROVIDER]’s confidential and proprietary information is nonpublic information that is created, recorded, or used in support of [NAME OF PROVIDER] business. It involves much of our daily work processes and outputs—including [NAME OF PROVIDER]’s plans and strategies.

Our members’ confidential information is called “Protected Health Information,” or “PHI.”

BOX:

Sharing [NAME OF PROVIDER]'s Medicare Advantage Benefits for the Upcoming Year Prior to October 1

Q. I have been told that [NAME OF PROVIDER]'s Medicare benefit offerings and plan service areas for the upcoming year are confidential and may not be shared prior to October 1. Why is this and what changes as of October 1?

A. The first reason is CMS prohibits Medicare Advantage and Part D plans from disclosing prior to October 1 of each year their benefit offerings and service areas for the upcoming year. Once October 1 arrives, Medicare plans are allowed to begin marketing their benefits for the upcoming benefit year. At that point, the plan's benefit offerings and service areas for the upcoming year are no longer confidential. The second reason is we want to prevent the plan's proprietary benefit offerings and service areas for the upcoming year from being obtained by our competitors prior to October 1. Disclosing this proprietary plan information for the upcoming year prior to October 1 would provide competing Medicare plans an unfair advantage. As of October 1, the plan's benefits and service areas information for the upcoming year is no longer proprietary and it becomes part of the plan's Annual Election Period (AEP) marketing activities.

[NAME OF PROVIDER] Company Information

In general, you should discuss proprietary information with co-workers on a "need-to-know" basis. Your HIPAA (Health Insurance Portability and Accountability Act of 1996) training included information on these two important concepts:

- **Role-Based Access** means you have access to certain information depending on the tasks you perform at [NAME OF PROVIDER]. That same access may not be granted to your co-worker.
- **Minimum Necessary Requirement** means that you use or disclose only the information necessary to satisfy a particular purpose or carry out a function.

For requests for information from persons outside [NAME OF PROVIDER], follow your job-specific procedures for requesting and granting confidential information.

A good guideline to use is that if it is on [Provider's website], then it's public and you can direct any interested parties to that information. If you have questions on anything else, talk to your supervisor.

You should never discuss any confidential company information such as member PHI in a public setting, at social events, or in the course of routine business conversations. Again, refer to the policy on Confidentiality in your Employee Handbook for further guidance.

All employees have a duty to immediately report breaches of confidentiality and breaches of PHI.

- **Breaches of PHI:** Report any suspected breaches of PHI or PI to [NAME OF PROVIDER]'s Privacy Office or to the Compliance department.
- **Other Breaches of Confidentiality:** Report any suspected breaches to the Human Resources, Legal, and/or Compliance department.

BOX:

Conversation or confidential information?

Q. At a family event, a relative was asking me very specific questions about [NAME OF PROVIDER] open enrollment and membership and what we learned at our latest Employee Straight Talk forum. What's okay to share?

A. Membership numbers are public information. We include those on every press release. Whether those numbers are relative to our goals, however, is not public information. Straight Talk information is for employees, but you are always welcome to ask questions at these events, so ask if it's okay to share something specific you may have learned.

Protected Health Information and Personal Information

Protected Health Information (PHI) and Personal Information (PI) are highly sensitive information of our members and we have an obligation to protect it. Protected Health Information is information that identifies a member and relates to his/her past, present, or future health or condition, provision of care, or payment for care.

Examples of member information includes member name, social security number, [NAME OF PROVIDER] ID number, telephone/fax number, addresses (including email) and dates, such as birth date.

PI is a combination of an individual's name with personal information such as social security number, driver's license number, [NAME OF PROVIDER] ID number, credit card number, or passwords.

There are some [NAME OF PROVIDER] employees who never or rarely come across PHI/PI. For others, their jobs may revolve around processing PHI/PI. Regardless, we are all responsible for protecting our members' health and personal information. You must always abide by your job-specific procedures for handling and protecting PHI/PI.

BOX:

In general, follow these PHI/PI guidelines

Written PHI/PI

- Keep it out of view of others and properly store it in locked drawers when not in use
- Use shredding bins to dispose of paper documents containing PHI/PI
- Do not take PHI/PI out of [NAME OF PROVIDER] without prior supervisor approval
- Retrieve documents containing PHI/PI immediately from printers or fax machines
- Remove abandoned documents with PHI/PI that you find in common areas and give them to your supervisor or the Privacy Office

Verbal PHI/PI

- Avoid discussing PHI/PI in public areas (e.g., hallways, elevators, break rooms, etc.)
- Be mindful of those around you when discussing sensitive information over the phone

Electronic PHI/PI

- Lock your workstation when stepping away using Ctrl+Alt+Del or the Microsoft icon key + “L” key
- Encrypt and double-check email attachments and recipients when PHI/PI is sent externally
- Do not click on unfamiliar links or open attachments from someone you do not know
- Save PHI only on network drives

Report any suspected breaches of PHI or PI to [NAME OF PROVIDER]’s Privacy Office or to the Compliance department.

Many employees have access to other member (and, for that matter, employee and vendor) information that, while not considered PHI/PI, must also be kept confidential. Refer to the Employee Handbook section on Confidentiality for more detail.

BOX:

What do I do about repeated requests?

Q. My co-worker keeps asking me for more information than I think she needs to do her job. Do I just keep saying no?

A. Try to find out why she thinks she needs the information in question. If she needs it to do her job, then it is appropriate. If not, then you need to remind her of [NAME OF PROVIDER]’s PHI policy. If you can’t come to agreement between the two of you, talk to your supervisor.

[NAME OF PROVIDER] Assets

It’s easy to remember: If [NAME OF PROVIDER] supplied it to you it is [NAME OF PROVIDER]’s property and considered a [NAME OF PROVIDER] asset. Be aware, too, that assets include more than just equipment and supplies. [NAME OF PROVIDER] records, financial data, research results, business strategies, etc., are also assets to be protected. The Employee Handbook includes more information on [NAME OF PROVIDER] property and rights to inventions.

Physical Property

While it is [NAME OF PROVIDER]’s responsibility to maintain equipment, it is your responsibility to take care of it and report any problems or issues.

For the most part, [NAME OF PROVIDER] property must remain on-site unless approval has been given to remove it—or it is part of your job function. It should go without saying that taking or using supplies, materials or equipment for personal use is dishonest and not allowed.

BOX:

What if it’s for a good cause?

Q. I volunteered to make flyers for the local animal shelter. May I use my department's machine to make photocopies? What if I bring my own paper?

A. No, sorry. Unless it's for an organization or event [NAME OF PROVIDER] is supporting, you may not and should not use plan assets to promote it.

Electronic Communications Systems and Social Media

In the Employee Handbook you will see a robust policy on the use of electronic communications systems and social media. Please read it thoroughly. This is an area that is growing and changing quickly so we simply cannot anticipate all challenges. But again, you can help ensure appropriate use by using [NAME OF PROVIDER]'s electronic communications systems for business purposes only. For social media, make sure that your participation on external social media sites is done on your time and that you limit the references made to [NAME OF PROVIDER] and the work you do here.

BOX:

Can I post good news?

Q. I'm a case manager and I love to post updates of some of my favorite members on my Facebook® page. Is this okay?

A. No, it's not. Remember, once you send information electronically, you have no control over where it will end up. Your posts could inadvertently include PHI or company information about the services we provide.

Intellectual Property

Intellectual property ranges from the [NAME OF PROVIDER] logo to trade secrets to any programs you may have helped to develop. Like physical assets, intellectual property belongs to [NAME OF PROVIDER] and must be used only as designated. When you leave and are no longer affiliated with [NAME OF PROVIDER], all [NAME OF PROVIDER] property, resources and confidential information must remain with [NAME OF PROVIDER].

Finally, [NAME OF PROVIDER] also respects the confidential and proprietary rights and intellectual property of other companies and individuals. We abide by all applicable laws regarding copyright, trademarks, privacy and financial disclosures. We follow fair business practices, which mean we do not use improper channels to glean information about competitors, nor do we spread false information about them.

Dealing with an "Excluded Person or Entity"

An excluded person or entity is one that is not allowed to participate in Medicare, state Medicaid or any federal health care programs for any reason. Most commonly, these are individuals that have been found guilty of fraudulent billing or misrepresentation of credentials. [NAME OF PROVIDER] cannot, directly or

indirectly, employ or contract with any excluded person or entity. [NAME OF PROVIDER] must ensure that no persons or entities contracted or affiliated with [NAME OF PROVIDER] are “excluded.” If a person or entity contracted with [NAME OF PROVIDER] becomes excluded, [NAME OF PROVIDER] must immediately stop such person or entity from directly or indirectly providing any services for reimbursement to [NAME OF PROVIDER] members. To read about our policy on this issue, please refer to [NAME OF PROVIDER]’s policy regarding Office of the Inspector General (OIG) Excluded Individuals/Entities, General Services Administration (GSA) Excluded Parties and Medicare Opt-Out Provider Exclusion Review.

The [NAME OF PROVIDER] Compliance Program

[NAME OF PROVIDER] contracts with federal, state, and local government agencies to administer covered services for beneficiaries. We administer these services to beneficiaries in accordance with [NAME OF PROVIDER]’s contractual and regulatory requirements as set forth by governing federal, state, and local agencies. The [NAME OF PROVIDER] Compliance Program helps ensure that [NAME OF PROVIDER] has systems and processes in place to be compliant with the laws, regulations, regulatory guidance and contract provisions that we are required to follow. Everyone has a role to play in making our Compliance Program effective.

BOX:

REMINDERS ABOUT COMPLIANCE BEST PRACTICES

- We are all responsible for compliant performance.
- We are committed to reporting potential compliance issues.
- If you don’t understand what is required in your work, please speak-up and ask for guidance.
- If you suspect potential non-compliant performance, please report it.
- Reported issues of potential non-compliance will be fully investigated and treated confidentially.
- Anyone who reports an issue of potential non-compliance will be protected from retaliation and intimidation.

Your Responsibilities and Obligations

The first step is to understand that you are responsible for and obligated to help prevent, detect and correct instances of potential non-compliance. To make sure we are able to recognize and properly handle potential non-compliance issues, [NAME OF PROVIDER] is committed to:

- All-employee compliance training.
- Job-specific training and education.
- Implementing our policies and procedures.
- Enforcing our standards through disciplinary actions.
- Routine auditing and monitoring.
- Communicating on general and specific compliance topics.
- Reporting compliance activities to the compliance committee, the Compliance Policy Committee, and the [NAME OF PROVIDER] Group Audit and Compliance Committee.
- Proactively monitoring performance in meeting regulatory standards, and self-disclosing non-compliance to federal and state regulators.

Potential Compliance Issues

Potential compliance issues exist when a business process or behavior does not follow or is inconsistent with the plan's Code of Conduct, laws, regulations, sub-regulatory guidance, and/or policies and procedures.

Fraud, Waste, and Abuse (FWA)

Fraud, waste, and abuse are special types of potential compliance issues. FWA is a big problem in the Medicare and Medicaid Programs and we are obligated to report any FWA issues we see in our day-to-day jobs. FWA can be committed by various entities, including but not limited to providers, brokers, health plans, pharmacies, pharmacy benefit management companies, our members, and even our fellow employees.

In addition, it is illegal to knowingly present, or cause to be presented, a false or fraudulent claim or statement to the government (False Claims Act). False claims, fraud, dishonesty, or criminal conduct of any sort, on the part of any employee, officer, director, or anyone doing business with [NAME OF PROVIDER] will not be tolerated. For more information about the plan's FWA policy, refer to the Employee Handbook.

BOX:

Do we report on our members?

Q. I think a member let someone else use her [NAME OF PROVIDER] ID card. Should I call her to double check?

A. No. This could be member fraud. So report it, along with the details that made you suspicious in the first place.

Here is the definition of FWA:

Fraud. An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Examples: Double-billing, forging or altering prescriptions and billing for more expensive procedures than were actually provided.

Waste. To use health care benefits or spend health care dollars in a careless or needless manner.

Examples: Duplicative, inappropriate or unnecessary tests and procedures; preventable hospital readmissions; and medical errors.

Abuse. Practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare, Medicaid or [NAME OF PROVIDER] programs.

Examples: Reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

[NAME OF PROVIDER]'s Fraud, Waste, and Abuse (FWA) Program

As part of the overall Compliance Program, [NAME OF PROVIDER] conducts various anti-fraud activities that are administered by its Special Investigations Unit (SIU). The purpose of the plan's FWA Program is to increase awareness about and improve the prevention, detection, investigation, and prosecution (as applicable) of confirmed fraud, waste, and abuse. Every employee is trained on FWA when newly hired and must take a refresher course every year as part of the compliance-required trainings. Our vigilance in this area can help protect [NAME OF PROVIDER] and our beneficiaries, and help maintain the overall quality and affordability of health care services.

BOX:

A provider mistake or member abuse?

Q. I was processing a member claim and noticed the first name is different—the member is male but there's a woman's name on the claim. The doctor's office probably made a mistake, right?

A. Don't assume it's a mistake—report it. The member may be trying to get reimbursed for care someone else received.

Delivering quality care or abusing the system?

Q. I've noticed one physician orders extensive lab work regardless of the members' diagnosis. Is he just being extra thorough or is this an issue?

A. You need to report this so we can find out. Ordering and getting reimbursed for unnecessary tests is provider abuse.

How to Report a Potential Compliance Issue, including FWA

All employees, officers, Board Members and other persons affiliated with [NAME OF PROVIDER] have a duty to immediately report potential compliance issues, which includes suspected FWA and violations of this Code. There are multiple ways to report a suspected violation:

- Your supervisor. Supervisors have an affirmative obligation to, in turn, report the suspected violation to Human Resources and/or Compliance.
- Human Resources staff.
- The Compliance Officer or your department's assigned compliance personnel
- You may directly contact [Compliance Hotline] by phone at [enter phone number] or online at [enter website address] (allows you to anonymously report an issue).

BOX:

What if I see a potential FWA incident outside of [NAME OF PROVIDER]?

Q. I was at a meeting with a broker and I learned that he misrepresented [NAME OF PROVIDER] to a member. What do I do?

A. Bring this to your manager's attention immediately. If it was an honest mistake, that's one thing. If it's a pattern of fraudulent behavior, that's something very serious.

COMPLIANCE FAQs

How do I know if something is a potential compliance issue?

A potential compliance issue exists when a business process or behavior does not follow or is inconsistent with this Code, laws, regulations, sub-regulatory guidance, and/or policies and procedures. One of the purposes of our compliance-related training classes and annual refresher courses is to help you identify these situations.

For example, if [NAME OF PROVIDER] is required to notify all members of the changes in their benefits by October 1 of each year but it looks as if we won't get the information mailed until October 15—that's a potential compliance issue.

What if I don't understand a rule or regulation?

Not understanding does not excuse you from complying. If you don't fully understand a rule, regulation, policy or procedure: Speak up! There are several ways to get clarification:

1. Ask your supervisor. It's his or her job to explain it clearly.
2. Ask your department's assigned Compliance Specialist.
3. Submit your question to [Provider's dedicated email account] and Compliance staff will respond.
4. Ask the Compliance Officer.

What do I do if I suspect a potential compliance issue?

We embrace the concept of shared compliance at [NAME OF PROVIDER]. That means we are all responsible for it, regardless of job title or responsibilities. If you suspect a compliance issue, you are obligated to report it as soon as possible. You do not have to find out many details, but you do need to have the basic facts: Who, what, when, and where. **How do I report a compliance issue?**

Report the issue to your supervisor—unless of course it is your supervisor who is involved. If that's the case, then use one of these options:

1. Human Resources staff.
2. Your department's assigned Compliance Specialist.
3. Submit directly to [Compliance Hotline] by calling [enter phone number] or going online at [enter website address] allows anonymous reporting).
4. [NAME OF PROVIDER]'s Compliance Officer.

What happens if I don't report something that turns out to be a compliance issue?

You are obligated to report. If you have been through [NAME OF PROVIDER] compliance training—and you are required to go through it both as a newly hired employee and annually thereafter—you will be able to identify potential compliance issues. If you do not report a situation that you reasonably should have identified as a potential compliance issue, you will be subject to disciplinary action. That's why we make it as easy as possible for you to report potential compliance issues. As noted here, you have several ways to report and can even do so anonymously.

What happens after I report a potential compliance issue?

To most of your co-workers and other employees it may seem like nothing is happening. But every reported issue will be investigated. Documents are reviewed, the people involved are interviewed, and you may be asked for additional, clarifying information. The results of the investigation may be presented to [NAME OF PROVIDER]'s compliance committee, the CEO, and/or the [NAME OF PROVIDER] audit committee. [NAME OF PROVIDER] may also use the information to self-report a compliance issue to CMS. The actions taken as a result of the investigation will depend on the severity of the issue. It could be something as simple as implementing a new policy or procedure. Or it could include disciplinary action up to and including immediate termination of those involved.

Will I be treated differently if I report a potential compliance issue?

No. There should be no difference in your workplace duties, responsibilities or relationships. In fact, [NAME OF PROVIDER] has a policy against retaliation and intimidation. [NAME OF PROVIDER] will not tolerate anyone retaliating against you or trying to intimidate you when you have reported something in good faith. (On the flip side, however, knowingly making a false report is a very serious issue—one that will be addressed through disciplinary action up to and including termination—so "in good faith" is the key here.) If you feel you are being retaliated against or intimidated, contact Human Resources or the plan's Compliance Officer.

May I just submit an anonymous report and be done with it?

Almost. The best way to report anonymously is through [Compliance Hotline]. This allows us to ask you for more information while still maintaining your anonymity. You are expected to check-in regularly to see if there are any questions you need to answer. You will be asked to log on or call in using the report code and password set up when you made the initial report.

Why do I have to take compliance training every year?

Ensuring compliant performance and ethical conduct, which includes meeting our regulatory and contractual obligations, are requirements for us at [NAME OF PROVIDER]. Annual compliance training is a CMS standard that we require all [NAME OF PROVIDER] employees and plan representatives to complete. If you don't timely complete the required trainings set forth in the plan's compliance training policy, you will be subject to disciplinary action. Because regulations and requirements change, we work to keep the plan's training courses up-to-date and relevant. The better trained you are, the better you will be able to spot potential compliance issues, and know what to do once you see them.

BOX:

What obligations do I have as a manager?

Q. One of my employees just came to me with something he thinks is a potential compliance issue. I'm not sure it is. What do I do?

A. Talk to your supervisor to get clarification. Or, if you prefer, you or the employee who brought it to your attention can report it through various means including contacting the Compliance Officer; informing your department's Compliance liaison; or filing this issue directly via [Compliance Hotline]. The employee did the right thing by reporting it to you so it is your responsibility and affirmative obligation to report the suspected violation to Human Resources and/or Compliance.

[Approved by the [NAME OF PROVIDER] [enter approval date]