



INDEPENDENT HEALTH
Code of Conduct & Ethics





A note from

DR. MICHAEL W. CROPP, PRESIDENT AND CEO

Independent Health is committed to promoting a culture of compliance and ethics in everything it does, with the Board of Directors and executive team leading this commitment. At Independent Health, we know that our greatest asset to our members is our associates. This Code of Conduct and Ethics (the Code) is the foundation of our organization's principles and practices to ensure a culture of respect which promotes fair business practices, integrity at all levels of the company, and compliance with regulatory requirements and best practices. This document describes the principles we bring to life every day, embodied through the RedShirt® Treatment, as we live our mission, vision and values.

The Code demonstrates to workforce members (defined as associates, contingent workers, onsite vendors, and volunteers) how the ways you address everyday activities and unexpected situations align with our core values. Each topic has been aligned under one of our core values, so workforce members have a deep understanding of how following our Code enables us to live our mission, vision, and values every day at the highest level. We are committed to a culture of ethical conduct to ensure the best possible experience for our members, providers, business partners, and workforce members.

While this Code outlines expected practices and conduct, it is not an exhaustive list or exclusive script. Rather, it supports a consistent principle which is easy to remember: do the right thing. The Code addresses our compliance program and regulatory requirements, and will give you a practical, concise toolkit to help you understand how to do the right thing regardless of the complexity of a situation. If there are any questions after reading the Code, the Compliance Department is available to assist you. Contact information is located at the end of this booklet. Thank you for doing the right thing every day.



A note from

NICOLE BRITTON, CHIEF COMPLIANCE OFFICER

Why do we have a Code? The Code demonstrates our shared commitment to doing the right thing. At a minimum, ethical professionalism requires compliance with regulatory requirements and we expect all members of our workforce to uphold the highest standards of ethical behavior. Each workforce member is expected to be aware of and follow federal, state and local government laws, rules and regulations, and regulatory agency guidance (collectively “regulations”). This is no easy task in the ever-changing landscape of health care.

To keep the workforce up-to-date, Independent Health has implemented a rigorous training program, beginning with new hire compliance training for all new members of our workforce. Annually, every member of the workforce must complete general compliance awareness training, HIPAA training, fraud, waste and abuse training, and any other required departmental training. Workforce members assigned to Medicare Advantage and/or Medicare Part D products are required to complete specialized Medicare compliance training. Training refreshes and reinforces the activities we perform throughout the year and provides an annual touchstone to ensure unbiased, current knowledge across the organization.

Workforce actions are a reflection of Independent Health as a whole. To promote full understanding of what constitutes compliance, Independent Health develops corporate policies and procedures. All workforce members are required to comply with our policies and procedures. If any member of the workforce is uncertain or has questions about a corporate policy, procedure or business decision, the Compliance Department is here to provide support and clarification.

If there is an observation or belief that a member of the workforce is violating a corporate policy, law or regulation, this must be reported to the Compliance Department. Failure to report a potential violation of the Code, a corporate policy, law or regulation may itself be a violation of Independent Health’s Code. In this way we prevent, detect, and correct issues as they arise, and demonstrate to our stakeholders how we conduct our business in an ethical and compliant manner.

If you have any questions about anything in the Code, Independent Health’s policies, or the conduct of other members of the workforce, the Compliance Department is here to help you. We are available to help with any questions you may have, big or small, whether you are trying to understand how a new regulation affects your department or want to know if you can accept a gift offered by a vendor. We are available by phone, in person, and by e-mail, and have established an anonymous reporting Helpline (1-877-229-4916).

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Caring – We Support the Well-Being of Others

Our core value of Caring is truly about our culture. By upholding the highest standards of appropriate conduct and ethical behavior and by safeguarding our resources, we demonstrate how much we care for each other and for our external stakeholders, including our members, providers and community.

WHY WE HAVE A CODE OF CONDUCT AND ETHICS

Independent Health’s Code of Conduct and Ethics (the Code) sets forth the principles every Independent Health workforce member must adhere to and incorporate into their daily business activities. The term Independent Health as used in this document means Independent Health Association, its affiliates and subsidiaries. The term workforce member means Independent Health’s associate and contingent workers, as defined in the Associate Status Policy (A20150407023), including temporaries, consultants, officers, directors, vendors, volunteers, subcontractors, business partners, business associates, board members, trainees and any other individuals contracted to perform services on behalf of Independent Health, its subsidiaries or affiliates or whose work is under Independent Health’s direct control, whether or not they are paid.

CULTURE OF COMPLIANCE AND ETHICS

Independent Health is committed to upholding a culture of compliance and ethics throughout our organization. Every workforce member in every role in the company has a responsibility to do the right thing, every day. Our Code of Conduct and Ethics clarifies Independent Health’s mission, values and principles, linking them with standards of professional conduct. Responsibilities regarding the Code include:

- Avoiding possible or perceived conflicts of interest.
- Remaining compliant with regulatory requirements.
- Conducting ethical business practices, including data integrity and reporting.
- Remaining mindful of any suspected instances of Fraud, Waste or Abuse.
- Providing fair, high-quality service to our customers.
- Completing annual education and attestations.
- Reporting receipt of gifts/events from outside entities.

Though this Code is intended as a guide for different scenarios which may arise, it all comes down to doing the right thing to live our values and fulfill our mission.

Maintaining the highest standards of compliance and ethics demonstrates the value of caring through integrity, fair dealing and high-quality service.

Any questions or concerns related to potential Code issues should be reported to the Helpline (1-877-229-4916) or discussed with the Compliance Department at (716) 504-3233 or Ext. 3233.

PROTECTING INDEPENDENT HEALTH’S BUSINESS INFORMATION

All workforce members are responsible for safeguarding confidential and restricted business information at all times. We protect Independent Health and our members by ensuring:

- All information pertaining to the operations, activities and business affairs of Independent Health, our members and business partners must be kept confidential to the greatest extent possible.
- Information that workforce members are exposed to in daily work activities is the property of Independent Health, and the work product remains the property of Independent Health after termination of employment with the company. Such information should not be disclosed to or discussed with others, including family members.

Information and/or data classified as confidential or restricted should never be disclosed without prior approval.

Confidential and restricted business information should only be accessed through an approved Independent Health computing device. A computing device is any laptop, desktop, mobile device, server and/or network infrastructure owned or issued by Independent Health and on which Independent Health business is conducted.

Workforce members are strictly prohibited from sending confidential or restricted business information to their personal email accounts. Anyone found to be sending Independent Health business information to their personal email accounts will be subject to disciplinary action up to and including termination.

To ensure confidentiality of Independent Health business information, workforce members who are permitted to work from home must access Independent Health’s systems through a secure remote access in accordance with the Alternate Work Arrangements & Remote Work Requirements Policy (A20140325013) and Acceptable Use Policy (A20121015034).

PROTECTING MEMBERS AND BUSINESS PARTNERS

As part of our business, Independent Health receives personally identifiable and protected health information from our providers and members, as well as confidential business information from our business partners. Access to confidential and restricted information and systems is governed by a workforce member’s job-related duties. Prior to disclosing or receiving any confidential information to third parties, steps should be taken to ensure appropriate agreements are in place prior to receiving such information. If unsolicited confidential information is received, workforce members should contact either their supervisor or the Information Risk Office immediately.

Confidential business information obtained from outside sources must not be used or disclosed. Any confidential information that is in a workforce member’s possession from an outside source (i.e. prior employer or family member) must not be disclosed to—or used by—Independent Health. If a workforce member suspects or knows that another workforce member is utilizing confidential information obtained from an outside source, it must be reported immediately to the Information Risk Office.

Failure to adhere to Independent Health’s confidentiality requirements can lead to disciplinary action, up to and including termination.

KNOW THE TERMINOLOGY

HIPAA: Health Insurance Portability and Accountability Act. Law passed in 1996 to provide privacy standards to protect patients’ medical records and other health information.

PHI: Protected Health Information. Individually identifiable health information (including demographic information, medical history, test and laboratory results, insurance information, genetic information and other data) that is created, received, transmitted or maintained by Independent Health in any form. Relates to the past, present or future physical or mental health/condition of a member, the provision of health care to the member, or payment for such services and that identifies the member (or could reasonably be used to identify a member).

PII: Personally Identifiable Information. Any information about an individual maintained by Independent Health (including any information that could potentially be used, on its own or with other information, to distinguish or trace an individual's identity, such as name, Social Security number, date and place of birth, mother's maiden name or biometric records; and any other information that is linked or linkable to an individual such as medical, educational, financial and employment information).

Use and Disclosure of PHI and PII Policy (A20130923077)

COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY RULE AND SECURITY RULE

All Independent Health workforce members are required to abide by HIPAA privacy and security policies. Independent Health members and business partners expect that the company will safeguard and protect their confidential information. All workforce members and business partners are entrusted to take reasonable steps to ensure confidential information is not intentionally or inadvertently accessed by individuals that do not have a legitimate need to know. Reasonable steps to protect confidential information include, but are not limited to, securing workstations, physically securing confidential information, not sharing passwords, not discussing confidential information out in public and limiting access to information only to workforce members with a legitimate business need to know to perform their duties. Independent Health has implemented several policies to conform to the requirements of the privacy and security rule (collectively referred to as “HIPAA”) to ensure security of a member’s protected health information (PHI) and personally identifiable information (PII). For questions regarding Independent Health’s privacy and security policies, please contact the Information Risk Office (716) 250-7300 (Ext. 2800).

Workforce members have an obligation to be vigilant for instances when colleagues or business partners inappropriately disclose, access or misuse confidential or restricted business information, PII or PHI. Immediately report such violations to the Compliance Department or Information Risk Office. In some cases, a violation in this area may not be subject to progressive discipline and could result in immediate termination.

Trustworthy – We Instill Confidence Through)ur Character and Competence (Integrity)

Our value of Trustworthy is as much about the perception of what we are doing as it is about actual conduct. We must be vigilant in maintaining trust both internally and externally. If we are doing something that could raise questions about our judgment or decision-making, we could inadvertently be reducing trust in Independent Health as a whole.

CONFLICTS OF INTEREST

In order to maintain an open and trusting relationship with our members, business partners, suppliers and providers, we must ensure that our personal situations do not create an actual conflict of interest or even the appearance of a conflict of interest.

A conflict of interest is a situation where an individual’s personal interests or activities could influence one’s judgment or decisions, and therefore, one’s ability to act in the best interests of Independent Health. A conflict of interest may also arise from activities that appear to influence decisions or judgment.

A conflict of interest may arise where an individual or member of one’s family stand to receive a personal benefit, whether monetary or otherwise, as a result of Independent Health’s corporate action.

Independent Health workforce members and the Board of Directors must not engage in activities that conflict with or are incompatible with your responsibilities or the interests of Independent Health.

To avoid conflicts of interest, workforce members and the Board of Directors must disclose any financial, personal or material interests that they or family members have in either a competitor’s business or other noncompetitive company doing business (or seeking to do business) with Independent Health, its affiliates or subsidiaries. Pursuing personal business opportunities using company property, information or position is prohibited.

REPORTING REQUIRED

Independent Health requires workforce members to be aware of and to report potential, perceived or actual conflicts of interest that relate to their relationship and responsibilities to Independent Health. For further guidance, refer to the Conflict of Interest Reporting Policy (A991018002) or contact the Chief Compliance Officer. Questions or reports of potential, perceived or actual conflicts of interest should be reported to the Compliance Department using the Conflict of Interest Disclosure Form found on InsideIH.

HOW DO I KNOW IF I HAVE A CONFLICT OF INTEREST?

A conflict of interest arises when someone’s personal interest may be at odds with their duty to Independent Health. No one wants to have a conflict of interest or end up in a situation where they have to answer uncomfortable questions about a situation that involves financial, social, or professional risk, but these situations happen often. Sometimes there is clearly a conflict, and sometimes the right decision is less obvious. When faced with a situation where there may be a conflict of interest, or the appearance of a conflict of interest, ask yourself these questions:

- ☒ Will I personally benefit from this decision?
- ☒ Will a member of my family benefit from this decision?
- ☒ Who could be hurt by this decision?
- ☒ How would I feel if this decision was reported in the newspaper, on television or social media?
- ☒ If I was asked about this issue in a court of law, how would I feel?
- ☒ If I saw someone else making this same choice, how would I react?
- ☒ Does this create a risk for Independent Health?
- ☒ Could it appear that I have been improperly influenced in making this decision?
- ☒ Is this something that might disappoint members or damage the Independent Health brand?

GIFTS AND GRATUITIES

Business decisions should be free from even the appearance of influence. While we typically think about the potential for improper influence when we receive gifts, there can also be the appearance of improper influence when we give gifts or gratuities. It is important for business decisions to be based on the merit of the business factors involved and not based upon the offering or acceptance of gifts, donations or favors.

Independent Health prohibits workforce members, officers and directors from offering, accepting, giving or soliciting items of value in order to secure business or in return for giving business or if the intent is to influence. For more information on what is considered an item of value, refer to the Associate Gift Acceptance Policy and the Gift Giving, Contests, Raffles and Sweepstakes Policy.

Getting Gifts

Any workforce members, officers or directors receiving a gift from an external entity or individual related to their employment with Independent Health must complete and submit the Receipt of Gift Form to the Compliance Department.

Gifts of cash or cash equivalence (e.g. gift cards) may never be accepted. Individual gifts valued over \$250 (cumulative) value may not be accepted in any calendar year.

An individual may not always be able to keep a gift received from a vendor or other outside third party, depending on the circumstances surrounding its receipt. If you are unsure about the receipt or giving of a gift, please contact the Compliance Department at (716) 504-3233 or Ext. 3233 for guidance. Failure to report the receipt of a gift may result in disciplinary action.

Giving Gifts

Independent Health does not condone giving gifts if they could provide even the appearance of intending to improperly influence business decisions. Workforce members who elect to give gifts or conduct contests, sweepstakes or give-away activities are expected to adhere to Independent Health policies. Please see the highlighted policy for more details about appropriate gift giving practices.

USE OF COMPANY RESOURCES (FUNDS/TIME/PROPERTY)

Independent Health’s assets are solely for the benefit of Independent Health. Independent Health’s assets include, but are not limited to, equipment, corporate funds, office supplies, business strategies, financial data, member/insured and provider information, intellectual property and other proprietary and confidential information about our business.

While workforce members may use certain assets, such as the telephone, computer (i.e., email, Internet) or fax/copy machine, for limited and reasonable personal use, Independent Health’s systems and assets are intended to be used for business purposes that benefit the company. All workforce members must adhere to the acceptable use of information systems guidelines implemented by Independent Health in the Acceptable Use Policy.

RELATED POLICIES:

- Associate Gift Acceptance Policy (A000601056)
- Gift Giving, Contests, Raffles and Sweepstakes Policy (A090101316)
- Gift Reporting Form

RELATED POLICY:

- Acceptable Use Policy (A20121015034)

SAFEGUARDING INFORMATION

Understanding Data Classification

Workforce members are required to understand the difference between confidential, restricted, and public information and to label information accordingly. The classifications are explained in the Data Classification Policy or you may contact the Information Risk Office with specific questions.

FRAUD, WASTE AND ABUSE

Independent Health is committed to preventing, detecting, correcting, and reporting potentially illegal and fraudulent, abusive or wasteful practices. Independent Health has a comprehensive fraud and abuse program, led by its Special Investigations Unit (SIU). In furtherance of Independent Health’s culture of fraud awareness, our workforce members, business partners and providers undergo annual fraud, waste and abuse (FWA) education.

Independent Health has a policy on fraud laws (see policy section) which contains important information about federal and state fraud and abuse laws, and whistleblower (Qui Tam lawsuits) protection laws. Collectively, these laws and rules create a framework for federal and state governments to detect and prevent fraud and abuse in the health care system and to protect the individuals and entities who provide information to the government about such fraud and abuse. For any questions regarding false claims or federal and/or state fraud laws, please contact the Compliance Department or SIU.

REPORTING FRAUD (ANONYMOUS AND CONFIDENTIAL)

Workforce members and business partners who become aware of fraudulent activity have an obligation to report it appropriately. Independent Health has contracted with a third-party vendor (Report It) to facilitate our anonymous and confidential compliance, ethics, and FWA helpline, which allows workforce members to report issues of actual or suspected noncompliance and ethical concerns confidentially and anonymously. The confidential and anonymous helpline may be accessed 24/7/365 by calling 1-877-229-4916 or via web access at <http://reportit.net>.

In addition, Independent Health maintains an FWA hotline, which is managed by SIU, who takes steps to ensure confidentiality of reported issues. The SIU hotline number is 1(800) 665-1182. Associates can also direct dial any member of the SIU team, or our general reporting number 5229. All reports will be promptly investigated and logged by the SIU.

Members receive information on their member ID cards for reporting fraudulent or suspicious activity.

RELATED POLICY:

- Data Classification Policy (A111103167)

RELATED POLICIES:

- Corporate Fraud Prevention and Reporting Policy (A990901029)
- Fraud Laws and Deficit Reduction Act Notice Policy (M111103166)

Accountable – We Deliver What We Promise

Independent Health values Accountability from our workforce and we are also accountable to our external stakeholders. As a company that provides services through contracts with our federal and state governments we must maintain the highest standard of accountability to manage government resources as diligently as we protect Independent Health’s resources.

FEDERAL PROCUREMENT

As a provider of services under contract with Medicare (Parts C and/or D) and Medicaid Managed Care (MediSource, the Essential Plan and the Child Health Plus programs), Independent Health is committed to complying with all applicable regulations in the administration of government programs. For example, Independent Health is subject to federal and state false claims laws that prohibit submission of a false claim or making a false record or statement in order to gain reimbursement from and/or avoid an obligation to a government sponsored health care program.

GIFTS TO GOVERNMENT AND PUBLIC OFFICIALS

The Federal Procurement Integrity Act restricts certain business conduct by representatives of a company seeking to obtain a contract with the federal government, such as giving gifts to public officials or representatives of government agencies. Independent Health workforce members will follow this protocol in line with our principles of fair dealing and business integrity.

EXCLUDED PERSONS AND ENTITIES

Independent Health will not employ, contract with, or pay any individual or entity that has been excluded from government-funded programs.

The Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy establishes the procedures Independent Health follows to ensure compliance with these requirements along with other regulations. Independent Health’s business partners are required to follow regulations regarding excluded individuals and entities. For questions regarding whether or not an individual or entity appears on any of the sanction or exclusion lists, please contact the Compliance Department.

Workforce members aware of any current or prospective business partner or individual being included on any applicable exclusion list should contact the Compliance Department immediately.

RELATED POLICIES:

Corporate Fraud Prevention and Reporting Policy (A990901029)

Fraud Laws and Deficit Reduction Act Notice Policy (M111103166)

RELATED POLICIES:

Gift Giving, Contests, Raffles and Sweepstakes Policy (A090101316)

RELATED POLICIES:

Sanction, Exclusion, Preclusion and Medicare Opt Out Review Policy (A20130905076)

Background Check Policy (A20120404003)

Compliance Program Vendor Oversight Policy (A20140128003)

GOVERNMENT INVESTIGATIONS, EXAMINATIONS AND AUDITS

In the normal course of business operations, Independent Health is subject to audits and periodic examinations from the New York State Department of Health, Centers for Medicare and Medicaid Services, New York State Department of Financial Services and New York State Office of Medicaid Inspector General and other entities. Such occurrences are part of the business of insurance and require full cooperation.

A government official may request that Independent Health or its workforce members provide information prior to, during, or after a government investigation or examination. Independent Health or workforce members may be contacted directly by the government enforcement agency. If a government official contacts a workforce member directly, they should immediately notify their supervisor and the Legal Department.

DISCIPLINARY ACTION AND ENFORCEMENT FOR CONDUCT VIOLATIONS

Independent Health workforce members, officers, directors, or business partners who, after a thorough investigation, are found to have committed a violation are subject to sanctions. Workforce members who violate the law, whether intentionally or unintentionally, who fail to report a known violation, or who make a false report, may also be subject to disciplinary action. Sanctions are recommended and issued in accordance with the Corrective Action/Progressive Discipline policy (A040628200) with the goal to prevent recurrence of the conduct or behavior. Actions such as privacy violations, failure to disclose wrongdoing or other acts of serious misconduct may be grounds for immediate termination. In the event of a violation involving a contingent worker, the Company will work directly with the agency/vendor of the contingent worker. The sanction activity for business partners may include termination of the contract and cessation of business dealings.

The Corrective Action/Progressive Discipline Policy (A040628200) provides guidance on the corrective action process and the Compliance, Privacy and Security Event Scoring Policy (A20140303001) establishes a standard procedure for recommending disciplinary and enforcement actions for workforce members with compliance violations.

A quick guide to reporting incidents is available near the end of this document.

Passionate – We Love What We Do/
The Way We Work Together

We are Passionate about working together to be a leader and innovator in our industry. To succeed, we must support the infrastructure of the corporation through diligence, attention to detail and fairness.

FAIR DEALING WITH SUPPLIERS, COMPETITORS
AND THIRD PARTIES

All business dealings with customers, suppliers and third parties must be open, lawful, honest and fair. Our suppliers, contractors, business partners, and workforce members make significant contributions to Independent Health’s success. If Independent Health cannot legally act directly, we will not act indirectly through agents, consultants or other third parties.

We must take special care to avoid engaging in anti-competitive activities or unfair trade practices. Our success in the market comes from the quality of the products and services we offer. Workforce members must avoid any conduct involving market manipulation, concealment of information that Independent Health has a duty to disclose, misuse of confidential information, misrepresentation or any other unfair trade practices. In addition, workforce members are prohibited from soliciting or obtaining confidential information about a competitor in a manner that would be illegal or violate any anti-compete contractual clause.

For questions about whether an exchange of information or communication in a particular situation would be appropriate, please contact the Compliance or Legal Departments.

CONTRACTS WITH BUSINESS PARTNERS

Independent Health’s business partners are entrusted with Independent Health’s confidential business, financial and member information. The selection of Independent Health’s business partners is a multi-faceted process, which must be open, transparent and free from any appearance of impropriety. Business units are responsible for oversight of business partners and must avoid accepting any gifts, paid expenses or undue influence during the decision-making process from current or prospective business partners.

Independent Health business partners must abide by all applicable federal and state regulations such as HIPAA. Independent Health remains ultimately responsible for the actions by our business partners. To ensure appropriate due diligence and oversight of our business partner relationships, all contracting engagements should follow Independent Health’s vendor contracting requirements. See the highlighted related policies on the right for additional information on vendors and contracting.

RELATED POLICIES:

Vendor Selection
Policy (A20140611001)

Compliance Program
Vendor Oversight Policy
(A20140128003)

Offshore Contracting Policy
(A110418118)

RELATED POLICIES:

Associate Gift Acceptance
Policy (A000601056)

MAINTENANCE OF CORPORATE BOOKS AND RECORDS

Questions related to the retention period for a specified record should be reviewed against the Record Retention and Destruction Policy and Schedule (A010601031), each department’s record retention plan, or reviewed with the Compliance Department for assistance.

Independent Health relies on all workforce members to be complete, accurate and honest in recording, preparing and reporting information. An integral part of our daily work activities as workforce members requires documentation (recording of data). We must be truthful and accurate in reporting information to regulators. In addition, workforce members are required to report accurately: time worked; business expenses; individual, business partner and corporate production and performance data; and any other business-related activities requiring the reporting and/or recording of data.

Alteration, omission, concealment or falsification of any information in a company document or record is strictly prohibited. If a workforce member is instructed by any coworker or supervisor to alter, omit, conceal or falsify a corporate record or document, immediately contact the Legal Department, Compliance Department, or the anonymous and confidential Helpline (1-877-229-4916).

Any workforce member found to have altered, omitted, concealed or falsified any information in a company document or record will be subject to the full range of disciplinary actions, and in some cases, a violation in this area may not be subject to progressive discipline and could result in immediate termination.

All business records must be retained in accordance with the law, commercial and/or governmental contracts and our corporate record retention policy and schedule. A business record means any document, in any format, that is created to comply with government regulatory or statutory standards and reporting requirements, document daily business activities and preserve the legal rights of the business. Independent Health is required to retain business records in accordance with the statutory period (e.g., records relating to Medicare Advantage and/or Medicare Part D must be retained for 10 years). See the record retention policy and schedule for specific timeframes.

The destruction of records which are a part of any ongoing investigation, legal proceeding or litigation hold is not permitted even if the corporate record retention policy would normally have ordered those records destroyed. The record retention period may also increase because of government regulation, judicial or administrative consent order, and private or government contract, pending litigation or audit requirements.

For questions concerning record retention, workforce members should contact their supervisor, the Compliance Department, the Information Risk Office, Business Continuity Department, or the Legal Department (see contact guide near the end of this document).

Respectful – We Are Considerate and Value Individual Differences

The strength of a company is the strength of its teams. When we value each other as individuals and Respect our differences, we are able to collaborate in an environment of inclusion. Respect engenders trust, which establishes a safe, professional work environment where all contributions and perspectives are valued and protected from retaliation.

SAFE AND PROFESSIONAL WORK ENVIRONMENT

Independent Health is committed to maintaining a safe and professional workplace where all workforce members are treated with dignity and respect. All workforce members should be able to work in an environment free of all types of harassment and discrimination. Please review the Nondiscrimination and Anti-Harassment Policy (A900800211) for more detailed information on the different types of harassment, from bullying to sexual harassment. Workforce members who engage in any form of harassment or discriminatory behavior are subject to disciplinary action, which may include termination.

Independent Health is committed to complying with all laws, regulations, and policies related to nondiscrimination in all our personnel actions, including, but not limited to: recruitment, promotion, wages, evaluations, transfers, corrective actions, discipline, terminations and staff reductions. Independent Health’s responsibility includes providing our workforce members with the proper materials and training to help workforce members do their job correctly and safely. Reasonable accommodation will be made for individuals with disabilities to perform essential job functions. If a workforce member feels inadequately prepared to conduct their responsibilities in an ethical and lawful manner, needs more information about a particular law or standard, or has questions about an interaction that made the workforce member uncomfortable, the workforce member can talk to their supervisor or a member of their management team, their HR Business Partner or to the Compliance Department. The Helpline is also available for anonymous and confidential questions. Questions regarding our Human Resource policies should be directed to the HR Business Partner.

NON-RETALIATION AND NON-INTIMIDATION

Independent Health promotes an atmosphere of open and free dialogue without fear, intimidation or retaliation. Independent Health will not retaliate against anyone who exercises their rights under the law and reasonably believes and in good faith reports suspected wrong-doing or non-compliance or participates in/with an organizational investigation. Independent Health policy prohibits retaliatory or intimidating acts against workforce members or business partners who report known or suspected incidents of wrongdoing or noncompliance.

Independent Health’s Non-Retaliation and Non-Intimidation Whistleblower Protection Policy (A030414073) prohibits intimidating or retaliatory acts against workforce members who fulfill their obligation to report known or suspected incidents of wrongdoing or noncompliance and Independent Health monitors for compliance with this policy.

All concerns about possible retaliation, intimidation or harassment should be immediately reported to the Compliance Department, Legal Department or Human Resources.

ANONYMOUS AND CONFIDENTIAL HELPLINE

1-877-229-4916

There are many reasons why someone might hesitate to report a compliance problem to their supervisor. Despite our safeguards in place to prevent it, there may be concerns that someone will retaliate for reporting a problem or thinking that a supervisor will not take appropriate action to correct the problem. Maybe the problem involves an individual’s supervisor, or a feeling that it is just not worth getting involved. Whatever the reason, reservations should not prevent the reporting of a problem. If problems and issues go unreported, they might go unnoticed and continue, and the workforce member may be at risk of sanctions for failure to report as required by Independent Health policy.

To make reporting problems easy and discreet, Independent Health has established an independent third-party compliance and ethics Helpline. The Mechanisms for Reporting Noncompliance and Corrective Action Policy (A990801007) describes the process for reporting issues or concerns in a confidential and anonymous manner. This confidential and anonymous Helpline operates 24/7/365 and can be accessed via two methods: 1-877-229-4916 or <https://reportit.net>. Either method you choose to report, you will need to provide the following information for the issue to be directed back to Independent Health for investigation (this information cannot be used to identify you): username: IHA, password: redshirt. The Helpline may be used for compliance related questions as well as incident reporting. The Mechanisms for Reporting Noncompliance and Corrective Action Policy (A990801007) additionally outlines Independent Health’s responsibility to promptly respond to reported issues of potential or known non-compliance or fraud, waste or abuse issues and outlines the expectations and requirements for executing an effective corrective action plan when non-compliance is confirmed. All reports will be investigated to the fullest extent based on the information provided by the reporter. An independent committee has been established to review all reports of wrongdoing and to provide information to the Board of Directors on what issues are being reported as well as how concerns are resolved.

PRIVACY AND SECURITY REPORTS (716) 250-7300

Issues involving HIPAA privacy and security may be reported via the Helpline or directly to the Information Risk Office. The Information Risk Office is responsible for investigating privacy and security matters and keeping the Chief Compliance Officer apprised of such issues.

FRAUD AND ABUSE CONFIDENTIAL REPORTS 1-800-665-1182

SIU maintains a confidential phone number for reporting fraud and abuse. Reports of fraud, waste and/or abuse may also be made via the Helpline. Anyone may contact the SIU for concerns related to fraud, waste or abuse. SIU is responsible for investigating tips received via the phone number or via the open-door policy.

Collaborative – We Work Together to Create Solutions

Independent Health seeks to foster a Collaborative environment where problems can be identified and solved together. When we believe that there may be a violation of the Code, it must be reported to ensure it does not go unresolved. It is not easy to stand out of the group to ask hard questions or provide evidence of questionable conduct. However, these difficult discussions—and in some cases the corrective actions to address violations—strengthen our company.

REPORTING VIOLATIONS OF THE CODE OF CONDUCT

Reporting an incident of suspected or actual noncompliance is an important part of protecting Independent Health’s most valuable resources—our workforce. We strive to prevent, detect, and correct incidents through information received from workforce members who may see or hear something that makes them uncomfortable or concerned. A report does not indicate something wrong has definitively occurred. Rather, it is a structured process to provide appropriate investigation, clarity, and insight into concerns with behavior, processes or activities. If it doesn’t feel right to you, it may not feel right to someone else. Making a report enables Independent Health to determine a course of action for correction, education or revising expectations.

Concerns regarding Code violations must be reported. Failing to report a violation of the Code is itself a violation of the Code.

Independent Health workforce members and business partners may utilize various methods to report a violation or concern. Such methods include reporting violations to immediate supervisors or a member of the management team or the Human Resources Department, utilizing the anonymous and confidential compliance Helpline, or contacting the Compliance Department directly by email or telephone. No matter the method utilized, workforce members and business partners must provide sufficient information in order for the matter to be investigated. Sufficient information includes, but is not limited to:

- Detailed description of the violation or concern;
- Identity of the perpetrator and/or department, if known;
- Names of any others who might have information about the incident;
- Date, place and time of the incident;
- Any supporting documentation; and
- Advise if/of previous reports of the incident or concern to an individual’s supervisor and any action taken.

Independent Health maintains the confidentiality of information received or collected via the compliance Helpline or reported directly to the compliance officer. Issues or concerns not determined to be compliance-related are submitted to the appropriate department for review and investigation. Workforce members are protected from retaliation in accordance with Non-Retaliation and Non-Intimidation Whistleblower Protection Policy (A030414073) as referenced previously.

QUICK GUIDE FOR INCIDENT REPORTING

OVERVIEW OF REPORTING

When reporting an actual or suspected incident of noncompliance or a violation, at a minimum, the following information is necessary to conduct an investigation:

- A description of the incident
- Suspected party’s name (if available)
- Names of any others who might have information about the incident
- Department/area incident occurred
- Date and time of incident
- Any supporting documentation

For a suspected noncompliance, fraud, or a privacy/security violation, please immediately contact any of the departments listed below. Reports could also be made directly to any member of the Compliance Department and/or the workforce member’s supervisor or a member of their management team.

Compliance Department

Responsible for responding to and investigating issues of suspected or actual noncompliance with federal and state laws, rules and regulations, agency guidance, improper reporting to regulators, questionable sales techniques, conflict of interest, violations of Independent Health’s Code, corporate policies and procedures, other ethical violations or concerns, etc. For general compliance questions or guidance, contact Independent Health’s Chief Compliance Officer.

Special Investigations Unit (SIU) Department

Responsible for responding to and investigating issues regarding identity theft, fraud, waste and abuse of providers, members, workforce member, business partners, etc.

Information Risk Office

Responsible for addressing privacy issues and security breaches as they relate to Independent Health’s information and records to comply with the Health Insurance Portability and Accountability Act (HIPAA).

HOW TO ACCESS INDEPENDENT HEALTH’S COMPLIANCE RESOURCES

Helpline: 1-877-229-4916 or https://reportit.net; username: IHA, password: redshirt.
(third-party anonymous and confidential)
Compliance Department: (716) 504-3233 or Ext. 3233
Fraud and Abuse: 1-800-665-1182 (confidential)
Privacy and Security: (716) 250-7300 or Ext. 2800

INDIVIDUAL CONTACTS

Nicole Britton, Chief Compliance Officer: (716) 635-4874 or Ext. 4874
Peter Jabrucki, Chief Information Security Officer: (716) 250-7383 or Ext. 7383
Sheila Caulfield, Director, Corporate Recoveries & SIU: (716) 635-3783 or Ext. 3783

Most Frequent Compliance Questions

The Code cannot answer every question our workforce may have, which is why the Compliance Department is always available to provide you with the support you need to have your questions and concerns addressed in a timely manner. However, there are some questions which come up frequently. This is a quick guide of the most frequently asked compliance questions for you to review when you have a general question about a common scenario.

ACCEPTING GIFTS

Example Scenarios:

1. A department manager receives a gift basket from a vendor with assorted snacks and cookies as a thank you for a successful year. Should the manager report this gift?
2. An employee gets a gift certificate from a community partner as a thank you for hard work on a collaborative project. Is the employee allowed to keep the certificate?

Some Questions to Ask:

- What is the dollar value of the gift? (Gifts under \$35 do not need to be reported and workforce members cannot accept gifts of more than \$250, individual or cumulative, per year unless it is a gift basket being shared by the whole department.)
- Is the gift cash, or a cash-equivalent? (Gift certificates are a cash equivalent and should be reported. Workforce members cannot keep cash or cash equivalents; they may be returned or donated to the Foundation for fundraising events.)
- If someone questioned you about why you kept a gift, how comfortable would you be answering that you followed the Associate Gift Acceptance Policy?

VENDOR-SPONSORED EVENTS

Example Scenarios:

1. The account manager for a vendor you have worked with for years, and who just responded to a new RFP, invites you out for a day of golfing and dinner.
2. You are invited to a professional conference being co-sponsored by an industry leader who offers to pay your registration fee if you will pay travel expenses.

Some Questions to Ask:

- Is discussing business the main function of the golf outing, or is it more of a social/networking event?
- Is developing professional knowledge the purpose of the conference, or is it chiefly a sales pitch for new products?
- If someone questioned you about why you attended the event, how comfortable are you answering about how it primarily served Independent Health’s business needs?
- How would a reasonable outside observer view your participation? Is there even a perception of influence?

PROTECTING CONFIDENTIAL INFORMATION

Example Scenarios:

1. You have a bad day at work and post criticisms of Independent Health on LinkedIn and Facebook, including details about events that happened in the office.
2. You take a photo of your desk to post on social media and then realize you have documents with PHI and confidential business information in plain view in the photo.

Some Questions to Ask:

- Are you aware that Independent Health has a Social Media Policy (A20120413005) which prohibits these activities?
- If there wasn’t such a policy, how would you feel if someone revealed your information in such a way, or damaged your reputation publicly?

PERSONAL USE OF COMPANY RESOURCES

Example Scenarios:

1. You want to watch the big game streaming through your work computer for a few hours because you cannot take the day off from work.
2. You send your work home to your personal email address so you can work from your home computer at night without having to take your laptop home.
3. Emailing your personal email so you can print at home.

Some Questions to Ask:

- If someone questioned you about using company resources for your personal use, how comfortable would you be answering that your use was reasonable?
- Are you potentially committing a privacy or security violation by accessing something improperly?
- If someone accessed your personal email account and Independent Health materials were found in your email, how would you feel explaining that to your supervisor?

COMPETITOR INFORMATION

Example Scenarios:

1. You really want to support a tough sales pitch to win business from another insurer. Your mom currently works at the employer group, so you ask her for a copy of her contract so the Sales Department can match the benefits exactly in the sales pitch.
2. You are at an industry association presentation and you notice that someone from another insurer has left behind a document marked confidential, which contains competitively-sensitive information.

Some Questions to Ask:

- How would you feel if you were on the other side of the situation and someone was using your information to support our competition?
- Are you jeopardizing someone else’s position by using the information you were able to obtain?
- If there was a lawsuit and you were asked to testify about your behavior, how comfortable would you feel describing what actions you took in this situation?

Here are some general question to ask yourself in any scenario where you are not sure what doing the right thing means:

- Will I personally benefit from this decision?
- Will a member of my family benefit from this decision?
- Who could be hurt by this decision?
- How would I feel if this decision was reported in the newspaper, on television or social media?
- If I was asked about this issue in a court of law, how would I feel?
- If I saw someone else making this same choice, how would I react?
- Does this create a risk for Independent Health?
- Could it appear that I have been improperly influenced in making this decision?
- Is this something that might disappoint members or damage the Independent Health brand?

These frequently asked questions and questions to frequently ask yourself should help you to do the right thing. If you have questions that are not answered in this quick guide or in the Code, the Compliance Department is here to help at (716) 504-3233 or Ext. 3233 or **Compliance@independenthealth.com**. Our Helpline is an anonymous online resource available 24/7/365.



511 Farber Lakes Drive
Buffalo, NY 14221