

## Ethics and Compliance in Our Workplace



# A GUIDE TO EMPLOYEE CONDUCT

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# Ethics and Compliance in our Workplace

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Health Alliance Medical Plans, Inc. and its subsidiaries and affiliates (“Health Alliance”) strives to maintain a reputation for excellence by establishing the highest ethical principles and professional standards and ensuring compliance with all federal and state laws and regulations, including the Centers for Medicare and Medicaid Services (CMS) standards and guidelines for Medicare Advantage plans and Qualified Health Plans (QHP), and mitigating enterprise risk. These principles and standards apply to our relationships with members, providers, employer groups, vendors, consultants, regulatory agencies, joint-venture partners, board members and to our coworkers. Our understanding of this commitment and our willingness to raise ethical concerns are essential to the well being of our customers and to the success of the organization.

*Ethics and Compliance in our Workplace: Guide to Employee Conduct (Guide)* was written to provide support to all employees (including contracted services), board members, directors, officers and business partners in carrying out workplace activities within appropriate ethical and legal boundaries. The Guide is supported by detailed organizational and departmental policies and procedures. You are responsible for being familiar with the organizational policies as well as the

departmental policies and procedures that affect your job. All policies, procedures and other Compliance Program documents are available on the Compliance Program SharePoint site and in the online Health Alliance Reference Library.

It must be recognized that this Guide can neither cover every situation in the daily conduct of our many varied activities, nor substitute for common sense, individual judgment or personal integrity. This guide is not an employment contract, although adherence to these standards is a condition of employment.



# Commitment to Compliance

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Health Alliance, from Board members to staff, are committed to an environment and corporate culture in which compliance with rules, regulations (state and federal) and the Centers for Medicare and Medicaid Services (CMS) guidance and sound business practices is encouraged and expected. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to this Guide.

We are committed to conduct business with the highest ethical standards and you must never sacrifice ethical and compliant behavior in the pursuit of business and financial objectives.

With this commitment in mind, if you encounter a situation or are considering a course of action that potentially may be in violation of the law or be unethical, you are encouraged to contact the Chief Compliance and Risk Officer or the Compliance Line for guidance. There will be no retribution for asking questions, raising concerns or reporting possible violations in good faith.

Health Alliance has established an incentive program to promote and support the understanding of and the adherence to the ethical principles and professional standards outlined in this Guide.

Health Alliance does not discriminate on the basis of race, ethnicity, national origin, religion, gender identity, sexual orientation, age and mental or physical disability.

## Mission and Values

The mission and values of Health Alliance should be pursued with fairness, honesty and integrity.

Our mission is to provide competitive insurance products that maximize value to shareholders, purchasers and members.

## ICARE

### Integrity

We think and act with honesty and in the best interest of our customers, coworkers and the organization.

### Collaboration

We work with the people we serve, each other and external partners to offer the highest quality health care and health coverage in the region. We are part of an interconnected system in which all players have vital roles.

### Accountability

We maintain the highest standards and follow through on assignments and promises.

### Respect

We treat our customers and coworkers with courtesy, compassion and kindness while maintaining their dignity and respecting their individual opinions and beliefs.

### Excellence

We seek excellence with a passion for going beyond expectations in all that we do. We commit to constantly improving our knowledge, skills and attitudes in the pursuit of care, service and quality.

# Enterprise Risk Management Policy Statement

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The Board of Directors is committed to Enterprise Risk Management (ERM) and understands it must be a long-term commitment and an integral part of the overall strategic business planning process. This commitment reflects the philosophy that, in each and every area of the organization, all risk must be monitored and managed in a structured, transparent process. Risk decisions and resulting actions must reasonably avoid, mitigate, eliminate, transfer and/or control risks, thereby containing the financial impact of risk to the organization, within the context of the risk appetite of the organization.

Effective ERM is vital to the financial security of the organization, the personal health and safety of employees and the trust of all internal and external stakeholders of Health Alliance. In financial terms, ERM is one way to strengthen the ability to achieve more of Health Alliance goals, operate more successful programs and perform everyday business responsibilities in a more efficient and proficient manner.

## **Authority, Responsibility and Risk Governance**

The Board of Directors has ultimate responsibility for establishing the ERM policy for Health Alliance, including reviewing and approving the risk decision reports made by the Enterprise Risk Management Committee (ERMC). The ERMC will manage the day-to-day risk decision-making for Health Alliance as outlined in the ERM Procedures document. The ERMC will be comprised of representatives from the following operational areas: finance, operations, legal, compliance and internal audit. The Chief Compliance and Risk Officer (CCRO) has responsibility for the day-to-day management/implementation of the ERM Policy. The CCRO will submit reports directly to the Board, via the Corporate Audit Committee, at least quarterly to review the decisions made by the ERMC and to give a transparent report of the ERM activities, including the results of any risk assessments performed across Health Alliance.

ERM is the responsibility of all employees. You have an obligation to discuss/report risks with your manager or you may report directly to the Chief Compliance and Risk Officer.

# Oversight

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While you are obligated to follow this Guide, we expect our leaders to set the example. They must ensure that all employees have sufficient information to comply with laws, regulations and policies, as well as the resources to resolve ethical dilemmas. Our leaders must help create a culture that promotes the highest standards of ethics and compliance within Health Alliance.

The Board of Directors made a commitment to compliance when they passed a resolution calling for the creation and implementation of a Compliance Program on August 24, 1998. The Board made another commitment in 2015 to implement and maintain an enterprise risk management program.

Overseeing the Health Alliance's Corporate Compliance and Risk Program is the responsibility of the Chief Compliance and Risk Officer. The Chief Compliance and Risk Officer reports compliance activity to the CEO, the internal Compliance Committee, the Corporate Compliance Committee and Audit Committee of the Board of Directors. The Corporate Compliance and Enterprise Risk Programs Manager reports to the Chief Compliance and Risk Officer and maintains documents and provides education related to the Corporate Compliance and Enterprise Risk Program.



# Compliance Awareness and Education

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Programs have been developed to educate all employees on the importance of compliance in their daily work responsibilities. New employees will receive general compliance and enterprise risk education and training on non-discrimination as part of the new employee orientation (no more than 30 days after hire date). Current employees will receive general compliance and enterprise risk education and training on non-discrimination on an annual basis. Specialized education is conducted as appropriate for employees.

The Guide to Employee Conduct document will be reviewed on an annual basis for necessary modifications.

## **General Education**

General education includes a review of the Employee Guide to Conduct, samples of ethical dilemmas and how to deal with them and how to report a potential non-compliance issue or enterprise risk.

After completing the initial compliance and enterprise risk education, employees are required to attest that they have read the Employee Guide to Conduct and are committed to the standards in the Guide. Annual education is mandatory for all employees. Participation is electronically tracked in the Learning Management System. Failure to participate in the initial and annual education will be grounds for disciplinary action.

## **Specialized Education**

Specialized education is provided to positions related to the MA-PD and/or QHP products. The education involves a review of written policies and procedures related to specific job functions and any legislative, regulatory or business decision changes that affect a specific job function.

Each department director sets department specific guidelines regarding the minimum number of specialized training hours required for each position. These are established in the department/position competencies and are maintained within each department.

Besides ongoing internal education, certain employees are encouraged to attend externally provided training seminars and workshops specific to their areas.

## **Informal and Ongoing Compliance Education**

In addition to the more formal general and specialized compliance education, compliance news is communicated throughout the organization via newsletters, posters, website, the Health Alliance Reference Library and e-mails.

*Refer to Compliance Training and Education policy and procedure for further details.*

# Communication and Reporting Misconduct or Violations

## Communication

A successful Corporate Compliance and Enterprise Risk Program is built on two-way communication – from the Compliance and Enterprise Risk Management Department to our customers (i.e. employees, providers, members) and from our customers to the Compliance and Enterprise Risk Management Department.

The Compliance and Enterprise Risk Management Department and the Government Relations Department provides information on statutory and regulatory updates. The Compliance and Enterprise Risk Management Department educates on the prevention and detection of compliance and ethical issues to our employees and customers through informational material and training programs. It is imperative that our employees and customers feel they can communicate with the Compliance and Enterprise Risk Management Department when they have questions about regulations, policies and procedures or suspect misconduct.

## Reporting Misconduct, Compliance Violations, Breaches of Confidentiality or Security Incidents

If you become aware of a possible violation of this Guide, the organization’s policies, federal or state laws, misconduct, a privacy or security incident or an enterprise risk, you must report such concern to your supervisor or follow your department’s chain of command or to the Chief Compliance and Risk Officer.

All potential discrimination complaints must be forwarded to the Chief Compliance and Risk Officer for investigation and resolution, if appropriate.

There may be circumstances that would make such a disclosure uncomfortable or inappropriate. Therefore, other avenues have been developed to report compliance concerns or suspected violations, including the ability to report anonymously. Refer to the key contact list on the last page of this Guide.

Carle Human Resources uses an exit interview questionnaire that gathers information from departing employees regarding potential misconduct and suspected violations of the organization’s policy and procedures as well as ethical and legal standards. Any pertinent information collected in the exit interview is shared, in a confidential manner, with the Chief Compliance and Risk Officer.

*Refer to the Reporting Suspected Misconduct and Compliance Violations Potential Fraud or Abuse and Privacy and Security Incidents policy and procedure for further details.*

## No Retaliation

Good Faith reporting (including but not limited to reporting of potential issues, investigating issues, conducting self-evaluations, audits and remedial actions and reporting to the appropriate officials) is an expected, accepted and protected behavior. Conduct intended to retaliate against an employee for making a good faith report, or to coerce an employee to make a false report, is itself a violation. If you feel you may be the subject of any retaliation, retribution, harassment penalty, coercion or attempt to influence, you must immediately contact the Chief Compliance and Risk Officer.

*Refer to the Reporting Suspected Misconduct and Compliance Violations Potential Fraud or Abuse and Privacy and Security Incidents policy and procedure for further details.*



# Compliance Risks, Auditing and Monitoring (Including Fraud, Waste and Abuse)

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Health Alliance is committed to the auditing and monitoring of our operations as well as for prevention, detection and correction of non-compliance and fraud, waste and abuse.

A risk assessment on our functions related to our MA-PD and QHP plans and enterprise risk are performed on an annual basis.

Monitoring activities which are reviews that are repeated regularly during the normal course of operations are performed on

our MA-PD functions and enterprise risk. Audits are formal reviews conducted by the Compliance Department on high-risk areas on an annual basis and specific reviews conducted by external entities, including regulatory agencies.

*Refer to the Risk Assessment, Risk Management and the Auditing and Monitoring policies and procedures and the Health Alliance Fraud, Waste and Abuse Program description for further details.*

# Investigations, Corrective Actions and Disciplinary Standards

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The Chief Compliance and Risk Officer or designee will investigate and document all reports of suspected misconduct, compliance violation, potential fraud, waste and abuse and privacy or security incidents as outlined in the Internal Compliance Investigations policy and procedure.

If an internal investigation uncovers misconduct or a compliance violation, a corrective action plan will be enacted. This plan will include making prompt restitution of any error, implementing changes to prevent a similar violation from recurring in the future, instituting whatever employee disciplinary action is necessary and notifying the appropriate governmental agency, when appropriate.

You are expected to abide by laws, regulations and guidelines stated in this document which pertain to Health Alliance, this Guide, to follow the organization's policies and

procedures and willingly participate in the Compliance Program efforts. Failure to do so will result in disciplinary action. The precise disciplinary action will depend on the nature, severity and frequency of the violation and may result in disciplinary actions. Health Alliance employees should refer to the Carle Disciplinary Policy and the Disciplinary Policy Addendum for Health Alliance employees.

Remediation/corrective action plans are developed for all audit findings and issues of non-compliance.

The Chief Compliance and Risk Officer will present a summary of violations and incidents to the Compliance Committee on a quarterly basis.

*Refer to the Internal Compliance Investigations and the Corrective Actions policies and procedures for further details.*

# Confidentiality of Information and Protecting Company Assets

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As an employee of Health Alliance, you may have access to confidential information including patient, member, financial or proprietary business information.

You are required to sign a confidentiality and security agreement on an annual basis, which outlines your obligations regarding confidential information. Failure to comply with the agreement may result in disciplinary action, which may include termination of employment.

## Intellectual Property

You must treat all Health Alliance intellectual property as confidential and proprietary information. Intellectual property includes, but is not limited to, the following categories: new products or marketing plans; business strategies and plans; detailed financial and pricing information; computer programs and customer lists. This list of categories is not exclusive but suggests the wide array of information that may be entitled to trade secret protection. Acknowledging the critical business value of our intellectual property, you must agree that you will not use this property to the competitive disadvantage of Health Alliance nor will you disclose any such intellectual property or information to any other party without proper authority or authorization to do so.

## Trademarks

The Health Alliance logo and any copyrighted material are among Health Alliance's most valuable assets. Consult the Health Alliance style manual or our Communications Department before using or sharing these assets.

## Member Information

All member identifiable health information transmitted or maintained by Health Alliance must be safeguarded to prevent inappropriate uses and disclosures. Health Alliance has developed privacy policies that state when it is appropriate to use and disclose member information and detailed guidelines to safeguard this information. You are responsible for being familiar with these policies.

## Protecting Company Assets

It is your responsibility to preserve Health Alliance assets. Assets include time, materials and supplies, equipment and information. As a general rule, personal use of Health Alliance assets without prior approval from your supervisor or not allowed via a policy and procedure is prohibited.

*For further details refer to the privacy policies on the Health Alliance Reference Library.*



# Accuracy of Records and Record Retention

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Health Alliance needs accurate and reliable information to make sound business decisions. You must not alter or destroy permanent Health Alliance documents or records. All records must be kept in approved systems and files in order to provide members and government agencies with accurate

information. All records are subject to the record retention policy and may be disposed of only in accordance with the policy.

*Refer to the Record Retention policy and procedure for further details.*

# Conflicts of Interest

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Business decisions and actions must be based on the best interest of Health Alliance and not personal interests or relationships. Conflicts of interest arise when a member of the Board of Directors or an employee is in a position to influence (either directly or indirectly) business decisions that could lead to gain for you, your relatives or others to the detriment of Health Alliance and our mission and integrity.

If you have decision-making authority you are required to complete a Conflict of Interest form, on an annual basis, disclosing all circumstances that may be a conflict. The Chief Compliance and Risk Officer will review all forms disclosing information regarding a potential conflict of interest and refer to the Senior Vice President of Corporate Affairs and General Counsel for review.

Some examples of conflicts of interest include:

- Ownership of a significant financial interest in any outside concerns that does business with, or is a competitor of Health Alliance.
- Obtaining any personal financial benefit or advantage from a transaction to which Health Alliance is a party.

- Provision of services for compensation to any outside concern that does business with, or is a competitor of Health Alliance.
- Acceptance of gifts of more than \$100, excessive entertainment or other substantial favors from any outside concern that does business with or is seeking to do business with Health Alliance or a competitor. This excludes “door prizes” and other giveaway items received at trade association meetings and conferences.
- Disclosure or use of confidential information for personal profit or advantage.

Please note that these are just examples and are not inclusive of all possible conflicts of interest.

*Refer to the Conflict of Interest policy and procedure for further details.*

# Business Courtesies

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## Gifts, Favors, Travel and Entertainment

Gifts, favors, travel and entertainment may create a conflict of interest with your obligations to Health Alliance and may constitute a violation of law.

Generally, you should not accept or give gifts of more than \$100, or accept or provide excessive entertainment or other substantial favors. This excludes “door prizes” and other giveaway items received at trade association meetings and conferences.

In addition, Medicare’s Marketing Guidelines allow nominal giveaways for prospective enrollees only if the value is \$15 or less.

Gifts of money or cash equivalents are never permissible. You should not give gifts, meals, favors, or travel and entertainment to vendors, suppliers, customers or others without the approval of your manager.

## Government Employees

Very strict guidelines prohibit giving any type of gratuity or anything of value to federal and some state employees. You may not provide or pay for meals, refreshments, travel or lodging expenses for government employees.

Both company policy and laws could be violated if anything of value is given to a government employee, even if there is no intent to influence an official action or decision. Therefore, you should not entertain a public official or otherwise engage in lobbying efforts without authorization from the Senior Vice President of Corporate Affairs and General Counsel.

# Media

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The reputation of Health Alliance comes, in part, from the relationship it maintains with the news media. For this reason, it is important that we present information to the news media in a clear, accurate, positive and professional manner.

The Communications Department must approve all information provided to the media. Contacts from the news media should be forwarded to the Communications Director.

Member information should never be disclosed to the news media without first obtaining an authorization from the member.



# Government Investigations and Interviews

Health Alliance must cooperate fully and promptly with any appropriately authorized government investigation. It is important, however, that during this process Health Alliance is able to protect the legal rights of the company and its employees. To do so, you must promptly notify the Chief Compliance and Risk Officer or a Compliance Committee member upon contact from a government official. The Chief Compliance and Risk Officer or Compliance Committee member will contact the Senior Vice President of Corporate Affairs and General Counsel.

You must not alter or destroy permanent documents or records of Health Alliance. You should be courteous and professional, however, you are under no obligation to speak to an agent(s).

*Refer to the Responding to Government Investigations policy and procedure for further details.*

## Fraud/Misrepresentation

Employees must never misrepresent facts or create misleading impressions. Misunderstandings can result in misplaced expectations and circumstances in which customers believe they have not been given accurate information.

### False Claims Act

Health Alliance prohibits any activity that is in violation of the False Claims Act. The False Claims Act imposes civil liability on any person or entity who submits a false or fraudulent claim for payment to the United States government. The False Claims Act also prohibits:

- making a false record or statement to get a false or fraudulent claim paid by the government;

- conspiring to have a false or fraudulent claim paid by the government;
- withholding property of the government with the intent to defraud the government or to willfully conceal it from the government;
- making or delivering a receipt for the government's property which is false or fraudulent;
- buying property belonging to the government from someone who is not authorized to sell the property; or,
- making a false statement to avoid or deceive an obligation to pay money or property to the government.



# Marketing Practices

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## **Marketing and Advertising Practices**

Health Alliance engages in the advertising, marketing and sale of various insurance and managed care products, both to employer groups and to individuals. Health Alliance employees and associates must accurately represent products, services, benefits and prices when engaging in marketing and sales efforts and should always do so with integrity. All marketing materials should be carefully reviewed by the Communications Department to assure that statements are factual and not misleading.

All eligible Medicare beneficiaries are allowed to enroll in our Medicare plans regardless of age, health status, or cost of health services needed, unless otherwise regulated (such as End Stage Renal Disease). Sales representatives and other associates must not discriminate on the basis of the health status of individuals when enrolling beneficiaries. This means that no prospective member may be asked questions concerning health status, and no medical screening of any kind may be performed. A Health Risk Assessment (HRA) can be done after enrollment to place the member in an appropriate disease or medical case management program.

Similarly, any efforts to encourage to disenrollment from our Medicare plans because of the individual's health status are strictly prohibited. The Centers for Medicare and Medicaid Services (CMS) has published guidelines for use by Medicare Advantage plans in marketing to beneficiaries. These guidelines should be strictly followed.

## **Sales Practices**

Each sales representative must maintain a producer's license in the appropriate state they are selling in and adhere to all applicable state laws and those selling to Medicare individuals must adhere to CMS regulations as guidelines for honest marketing practices.

## **Anti-Kickback Laws**

The federal anti-kickback laws that apply to Medicare prohibit persons or entities from knowingly offering, paying, soliciting or receiving remuneration of any kind to induce the referral of business under a federal program. In addition, most states have laws that prohibit kickbacks and rebates.

Health Alliance as a Medicare Advantage Organization and Part D Plan Sponsor is specifically prohibited from providing any kind of remuneration to entice beneficiaries to join our plans, although the government recognizes that providing very nominal items (defined as having a value of \$15 or less) in the course of marketing activities is acceptable.

# Workplace Conduct and Employment Practices

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## **Equal Opportunity and Affirmative Action**

Health Alliance is an equal opportunity employer and does not discriminate against any individual in any phase of employment on the basis of race, color, creed, class, sex, sexual orientation or preference, national origin, religion, age, marital status, military status, certain unfavorable discharges from military services, veteran status, citizenship, ancestry, physical or mental disability, personal appearance, matriculation, political affiliation, prior arrest or conviction record or any other legally protected status in accordance with applicable local, state and federal law.

Employee referrals are one of the sources Carle uses for recruitment. We also recruit through schools, classified advertisements, the Internet and other resources as deemed necessary. Employee referrals will be given equal consideration with applicants from all other recruiting sources.

## **Discrimination and Harassment**

Health Alliance and Carle are committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, we will not tolerate harassment of our employees by anyone, including any supervisor, manager, coworker, vendor or a member of Health Alliance.

Harassment includes unwelcome conduct, whether verbal, physical or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, physical handicap, medical

condition, disability, marital status, veteran status, citizenship status or other protected group status. Health Alliance and Carle do not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile or offensive working environment.

You are responsible for helping avoid harassment. If you feel that you have experienced or witnessed harassment, you are to notify the Vice President of Human Resources or designee immediately. No retaliation will be made against anyone for reporting harassment, assisting in making a harassment complaint or cooperating in a harassment investigation.

All complaints will be investigated thoroughly and promptly. To the fullest extent practicable, we will keep complaints and the terms of their resolution confidential.



## **General Health and Safety**

Health Alliance and Carle are committed to providing a safe and healthy work environment for all employees. You can support this commitment by observing all health and safety rules and laws that apply to your job and promptly report accidents, injuries or occupational hazards and unsafe practices or conditions to your manager.

## **Drug- and Alcohol-Free Workplace**

Health Alliance and Carle promote the health and well-being of all employees and members by providing a drug free workplace. For this reason, smoking and tobacco products are prohibited in all Health Alliance and Carle leased or owned facilities and grounds.

You will not unlawfully manufacture, distribute, dispense, possess or use any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance on or in the workplace or on any Health Alliance and Carle premises and is subject to disciplinary action up to and including termination of employment.

Alcohol consumption is prohibited at any time on Health Alliance and Carle property and is prohibited during work time. Anyone who consumes alcohol on Health Alliance and Carle property or who comes to work while under the influence of alcohol will be subject to disciplinary action up to and including termination.

The Employee Assistance Program is a free, confidential resource available for those individuals needing assistance with drug or alcohol related problems. You can contact this program by calling (217) 383-3202.

This Guide does not address all the Human Resources related policies, which you are obligated to follow. You are encouraged to read the Employee Handbook and the Carle policies and procedures, which are located on the Carle internal website, CLICK.

*Nothing in this Guide to Employee Conduct is intended to nor shall be construed as providing any additional employment or contract rights to employees or other persons.*

*While Health Alliance will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, Health Alliance reserves the right to modify, amend or alter this Guide without notice to any person or employee.*



# Key Contact List

Your Manager or Director	Your best contact for workplace issues.
Chief Compliance and Risk Officer 217-902-9154	Your contact for questions related to the law, to help interpret company compliance policies, to report a potential compliance violation, or concern or to report when a government agent arrives on the premises.
Privacy Officer 217-902-9152	Your contact for any privacy or confidentiality questions or to report a potential violation or confidentiality breach.
HIPAA Security Officer 217-902-5387 217-902-5180 (IT Support Center)	Your contact to report concerns regarding system security or security incidents.
Compliance Committee Members	Your contact for compliance-related issues or to report when a government agent arrives on the premises.
Compliance Line (this avenue may be anonymous) 217-902-9134 1-855-371-4640	Your contact for confidential reporting of suspected misconduct, compliance violations, confidentiality concerns, potential fraud and abuse, and privacy or security incidents.
Compliance Line email compliance@healthalliance.org	Your contact to report suspected misconduct, compliance violations, privacy and confidentiality concerns or potential fraud and abuse situations.
Human Resources 217-902-5300 217-902-5320	Your contact for employment or workplace issues or employment policy guidance and interpretation.
Carle Security 217-902-5911	Your contact to request emergency assistance or an after-dark escort to parking or to report any suspicious activities on or near Health Alliance premises.
Employee Information Line 1-877-426-7345 or 217-902-8411	Call this number if there is an incident that could potentially disrupt our operations. (e.g., winter storm, fire, tornado, bomb threat)