INLAND EMPIRE HEALTH PLAN
CODE OF BUSINESS CONDUCT AND ETHICS

Compliance

Risk Management
Standards of Conduct
Auditing and Monitoring
Fraud, Waste and Abuse

IE♥HP
A Public Entity
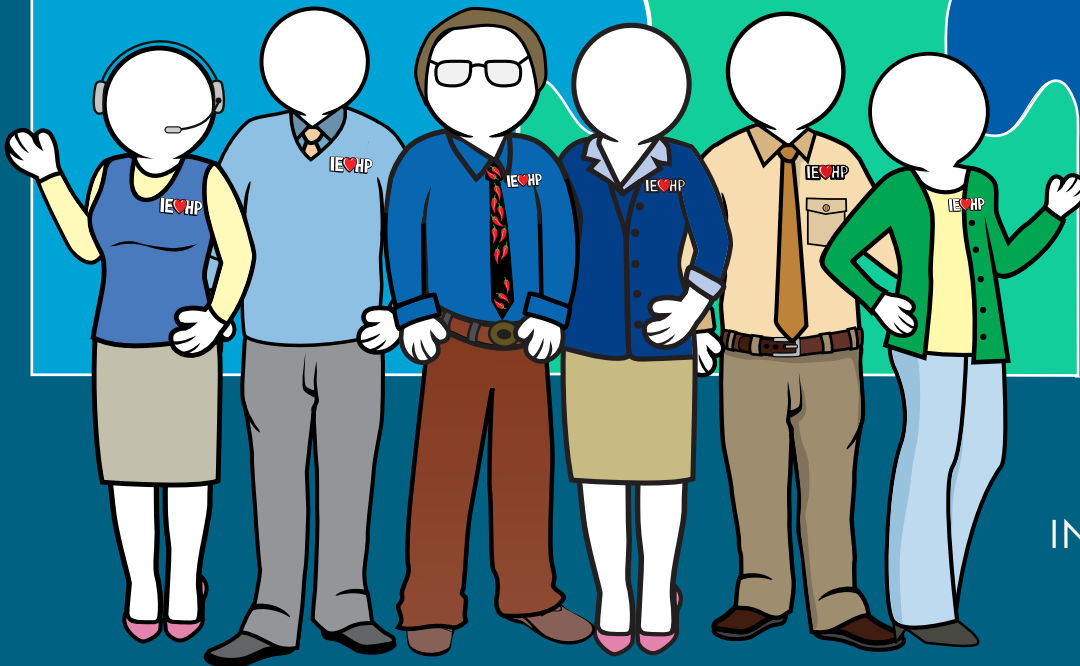
OUR SHARED COMMITMENT TO HONESTY,
INTEGRITY, TRANSPARENCY AND ACCOUNTABILITY

A message about the IEHP Code of Business Conduct and Ethics

Every day we are confronted with decisions to make and tasks to accomplish as IEHP Team Members. Our choices and the product of our work can directly impact our Members, Providers, and business associates. At times, we might find ourselves challenged on how to address an issue or how we can best exemplify the IEHP commitment to excellence.

Contained within the IEHP *Code of Business Conduct and Ethics* (*Code of Conduct*) is information to help guide you in making the most ethical decisions to preserve our workplace culture, to preserve our culture of compliance, to support our core values, and to make IEHP the best place to work in the Inland Empire. Also provided in this *Code of Conduct* are Team Member resources, including how to report Compliance issues, how to access the complete library of policies in our *Team Member Handbook*, as well as other helpful tips and tools to ensure your success.

The information provided in this document applies to all of us – Chief Officers, the IEHP Leadership Team, Team Members, Temporary Staff, Contractors, IEHP Governing Board – and should be reviewed and referenced often. Much like a compass, the *Code of Conduct* sets the direction for IEHP and guides everyone to do the right thing.

Our shared commitment to honesty, integrity, transparency, and accountability helps develop the trust of our Members and the Providers who care for them. It also helps us to establish good working relationships with our Federal and State regulators. The *Code of Conduct* supports this commitment by helping us to understand how IEHP Team Members must comply with laws and regulations that govern healthcare to ensure IEHP maintains its reputation of excellence.

If you're unable to find the answer to your question or concern here, we encourage you to raise the issue with your Manager, Human Resources Representative, or the Compliance Team to determine what is the right thing to do.

Thank you for helping us be leaders in the delivery of healthcare.

Bradley P. Gilbert, MD, MPP
Chief Executive Officer

Janet Nix
Chief Organizational Development Officer

Rohan C. Reid
Executive Officer

Pamela Jackson
Director of Compliance

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1 Introduction to the IEHP Code of Conduct

1.1 IEHP Commitment

IEHP is firmly committed to complying with its legal and contractual obligations under all State and Federal programs, laws, regulations, directives, and transmittals applicable to Medi-Cal, IEHP DualChoice, and other lines of business in which IEHP may choose to participate. As a result, any entity doing business with IEHP, along with our Team Members, is expected to understand and comply with these obligations.

1.3 Mission Statement

To organize and improve the delivery of quality, accessible and wellness based healthcare services for our community.

1.2 IEHP Core Values

Health & Quality Before Costs

Stewardship of Public Funds

Think and Work LEAN

Partner with Providers

Team Culture

Core Values

1.4 5 Strategic Priorities

5 HEALTH PLAN

IEHP's 5 Strategic Priorities

QUALITY OF CARE & SERVICES | ACCESS TO CARE | PRACTICE TRANSFORMATION | HUMAN DEVELOPMENT | TECHNOLOGY & DATA ANALYTICS
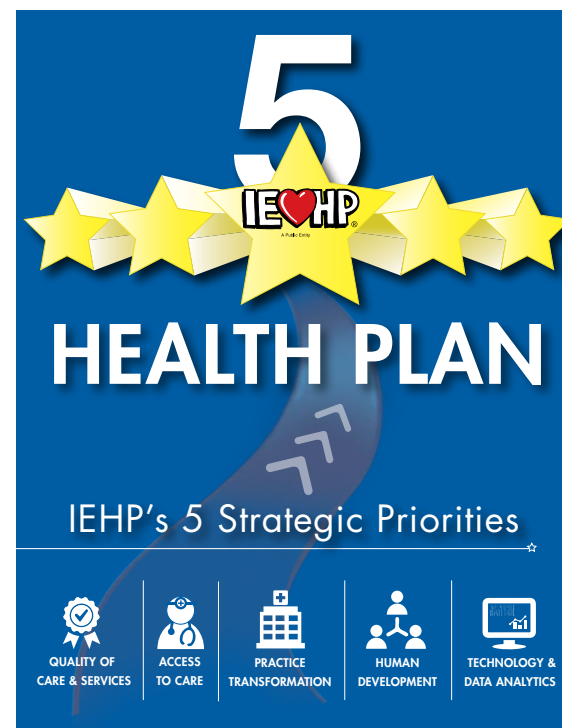
1.5 IEHP Team Culture

The IEHP Team Culture embodies our values, beliefs, and approach to interacting with people inside and outside our organization.

Our Team Culture sees the Team Member as a valued person. It supports the idea that everyone on the team counts and everyone can make a difference. It drives us to do the right thing for our Members, our Providers, and our fellow Team Members. But for our Team Culture to be a success, we need all Team Members to sustain it.

Here are 10 key traits to sustain the IEHP Team Culture:

- Focus on the needs of our Members and Providers
- Create ideas that move IEHP forward
- Aspire to make a difference every day
- Strive to improve every day
- Always work with others in a cooperative and collaborative manner
- Treat fellow Team Members with courtesy, respect, and in a professional way
- Mix hard work with fun – look forward to coming to work
- Be a positive influence on everyone
- Everyone's role is vital to our success
- Take pride in IEHP and our accomplishments

Practice these every day. Aim for success because that's what makes us different. **Never forget that we are here to do the right thing for our Members, our Providers and each other**.
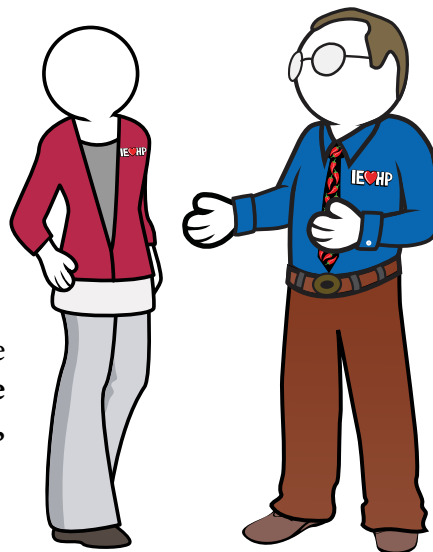
1.6 IEHP Rules of Conduct

IEHP expects Team Members and our business partners to work together in an ethical and professional manner that promotes public trust and confidence in the integrity of IEHP. Actions considered contrary to that expectation, which may subject Team Members or business partners to disciplinary actions up to and including contract or employment termination (as applicable), are listed in this document.

1.7 Respect for our Members

IEHP Members deserve to be treated with respect and to experience the kind of customer service that each one of us expects from each other. Every Member encounter with a Team Member is an opportunity to demonstrate excellent customer service.

1.8 Respect for our Providers

IEHP is dedicated to giving our Providers a level of service that exceeds their expectations. Every Team Member who interacts with a Provider should do so with professionalism.

IEHP sees you, the Team Member, as a valued person. Every one of your fellow Team Members deserves to be treated with the same level of respect and professionalism that you would expect in return. Everyone counts, and everyone can make a difference.

You have joined a winning Team!
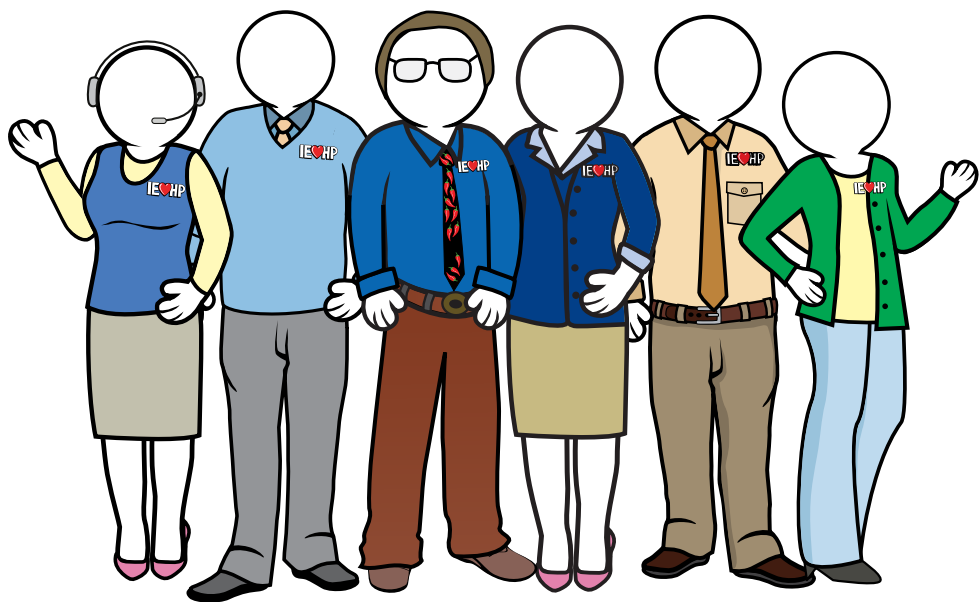
IEHP Branding, Communications, and Marketing

The IEHP brand is one of our organization's most valuable assets. Developing and protecting the brand is an important part of every Team Member's job. This means adhering to established IEHP Branding, Communications and Marketing standards when communicating with Members, fellow IEHP Team Members, and the community at large about IEHP.

Here is a quick reference for communicating about IEHP:

- **Ask IEHP Marketing Department** — All IEHP marketing materials must be developed by the Marketing Team. Please do not write letters to Members or create your own marketing flyers without proper management and regulatory approvals.

- **Get co-branded materials approved** — All co-branded (IEHP and other company or vendor) and other marketing materials created by other companies or vendors must be approved by the Marketing Department prior to distribution. Send materials and requests to the Marketing & Communications Manager.

- **Refer all media requests** — It doesn't happen often, but if you are approached or contacted by the media to discuss IEHP, please refer them to the Sr. Director of Marketing and Product Management or the Chief Marketing Officer.

You can find our IEHP *Team Member Marketing and Branding Fact Sheet* **located in Marketing's IEHP Art Library on the Share Drive.**

2.1 State and Federal Regulators

The Centers for Medicare and Medicaid Services (CMS)

CMS is an agency within the US Department of Health & Human Services responsible for administration of several key federal healthcare programs. In addition to Medicare (the federal health insurance program for seniors and persons with disabilities) and Medicaid (the federal needs-based program), CMS oversees the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act (HIPAA) and the Clinical Laboratory Improvement Amendments (CLIA), among other services. IEHP maintains a contract with CMS to operate Medicare Health Plan Services.

The Department of Health Care Services (DHCS)

DHCS is one of thirteen (13) departments within the California Health and Human Services Agency (CHHS) that provides a range of healthcare services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services to Californians. DHCS administers publicly financed health insurance and safety net programs and works to effectively use State and Federal funds to operate the Medi-Cal program. DHCS ensures that high-quality, efficient healthcare services are delivered to more than 13 million Californians (or one in three Californians). IEHP maintains five (5) contracts with DHCS to operate Medi-Cal managed care services.

The Department of Managed Health Care (DMHC)

DMHC regulates healthcare service plans that deliver health, dental, vision, and behavioral healthcare benefits. DMHC protects the rights of approximately 20 million enrollees, educates consumers about their rights and responsibilities, ensures financial stability of the managed healthcare system, and assists Californians in navigating the changing healthcare landscape. DMHC reviews all aspects of the plan's operations to ensure compliance with California law. IEHP maintains two (2) Knox-Keene Licenses with DMHC to operate in California.

2.2 Responding to Inquiries/Audits

IEHP maintains open and frequent communications with regulatory agencies, such as CMS and DHCS. For Medi-Cal issues, the Compliance Manager for State Programs is the primary point of contact for all communications. For Medicare, the primary contact is the Regulatory Compliance Manager. If you are contacted by a regulatory agency, forward the request to your Director, the Director of Compliance, and the appropriate Compliance Manager via email.

Please review IEHP Compliance Policies and Procedures, *Communication with Regulatory Agencies - State Programs* and *Communication with Regulatory Agencies - Medicare* for additional guidance regarding regulatory inquiries.

2.3 IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance Policies and Procedures, *Code of Conduct*, elements of an effective compliance program, and the Fraud, Waste and Abuse and HIPAA programs. **Compliance Trainings are mandatory for all Team Members:**

- Compliance Training must be provided to all Team Members, Governing Board Members, Temporary Staff, and Contractors within 90 days of hire, assignment, or appointment

- Team Members, Governing Board Members, Temporary Staff, and Contractors are also required to undergo Compliance Training on an annual basis

- IEHP requires **First Tier entities** to provide compliance training to their employees and **Downstream entities**
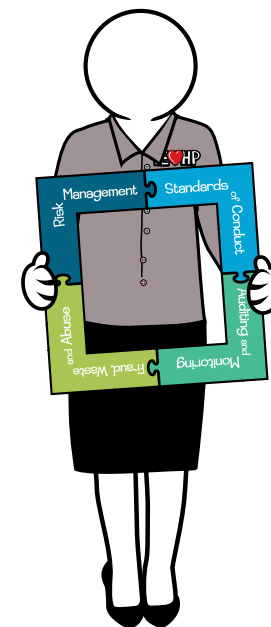
First Tier Entity is any party that enters into a written arrangement with IEHP to provide administrative services or healthcare services to an IEHP Member.

Downstream Entity is any party that enters into a written arrangement with persons or entities below the level of the arrangement between IEHP and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

All Team Members are responsible for ensuring they receive, understand, and attest to the new hire and annual Compliance Training.

The Special Investigations Unit (SIU) is an internal investigations unit within the Compliance Department responsible for conducting investigations related to potential Fraud, Waste, and Abuse (FWA), privacy issues, allegations related to discrimination, and other instances of non-compliance. The SIU has many roles, including:

- Reducing or eliminating benefit costs due to FWA
- Preventing, detecting, and correcting FWA
- Furthering the Compliance Program's commitment to protect Member privacy

The SIU refers all FWA or privacy breaches to the appropriate State and/or Federal agencies and assists law enforcement by providing information needed to develop successful investigations. This unit reviews each reported issue and, where warranted, conducts a timely and well-documented reasonable inquiry into any compliance incident or allegation. Resolution of an issue may include a responsible party developing a corrective action plan which ensures that the issue has been corrected and is unlikely to reoccur.

The SIU is responsible for the IEHP Compliance Hotline as well as other lines of communication for taking in allegations of non-compliance and other compliance-related concerns.

The IEHP Auditing and Monitoring program is managed by the Auditing & Monitoring ("A&M") Unit. A&M is an internal unit within the IEHP Compliance Department responsible for identifying and mitigating compliance risks. Activities associated with monitoring and auditing are identified through a combination of activities: risk assessments, Delegation Oversight, Compliance Committee discussions and decisions, and internal and external reporting. If Fraud, Waste, or Abuse issues are identified during an audit or monitoring activity, the matter will be further investigated and resolved in a timely manner by the Special Investigations Unit (SIU). Through monitoring, auditing, and identification of risks, IEHP can prevent, detect, and correct non-compliance with internal policies and procedures and with applicable Federal and/or State requirements.
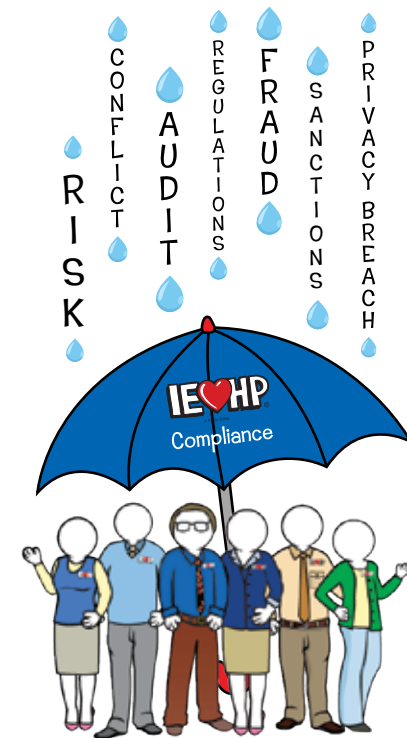
Member personal and protected health information (PHI) is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and State confidentiality laws. The Member information that is protected by these regulations include, but is not limited to:

Demographic Information

- Name
- Address
- Social Security Number
- Date of Birth
- Driver's License
- IEHP Member ID Number
- Medi-Cal ID Number
- Health Plan Name

Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information

Clinical Information

- Diagnosis
- Condition
- Medications
- Lab Results
- Psychotherapy Notes
- Authorizations
- Mental Health Data
- Clinical Notes

The law defines a breach of Member privacy as the acquisition, access, use, or disclosure of PHI that is not permitted under HIPAA. This generally means that a breach occurs when PHI is accessed, used, or disclosed to an individual or entity that does not have a business reason to know that information. The law does allow information to be accessed, used, or disclosed when it is **related to treatment, payment, or healthcare operations (TPO)** directly related to the work that we do here at IEHP on behalf of our Members. Examples of breaches include, but are not limited to:

- Accessing information when it does not pertain to your job
- Sending information to the incorrect fax number
- Unauthorized verbal disclosures (in person or over the phone)
- Sending mail to the wrong address
- Sending unsecured emails outside of the IEHP network or to the incorrect recipient

If a Team Member discovers a potential privacy incident or breach, he or she is required to immediately report the issue to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in Section 4.1 Reporting Compliance Issues found in this document.

When a breach of PHI is discovered, IEHP must report it to the DHCS Privacy Office, DHCS Contract Manager, and DHCS Information Security Officer within twenty-four (24) hours of discovery and to the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS) within the required timeframes. A failure to report according to our regulated timeframes may result in monetary penalties and/or sanctions against IEHP. **If a Team Member identifies a potential breach, he or she should notify the Special Investigations Unit in the Compliance Department immediately so that the issue can be investigated and the incident reported, if necessary, to the appropriate regulatory agencies.**

Unauthorized access, use, or disclosure of confidential information may make a Team Member subject to a civil action and may subject IEHP to penalties under prevailing State and Federal laws and regulations, including HIPAA and the HITECH Act. Failure to comply with IEHP confidentiality, privacy, and security policies may result in disciplinary action, up to and including termination of employment or contract termination.

For additional information, refer to IEHP's *HIPAA Authorization to Disclose PHI* available in the *Team Member Handbook* located on DocuShare and to IEHP Compliance Policy and Procedure, *HIPAA Program Description*, available on Compliance 360.

Q. My family member is an IEHP Member, and they have asked me to check on the status of an authorization. Can I access and view the information as an IEHP Team Member?

A. Accessing information outside the scope of your job would be considered inappropriate according to IEHP policy and HIPAA. You are encouraged to direct your family member to call Member Services, just like any other IEHP Member.

Q. I heard that my neighbor, who is an IEHP Member, has been sick recently. Can I look at his record to make sure he's receiving services and is doing okay?

A. No, concern over your neighbor's well-being does not give you the right to access or view his information. As IEHP Team Members, we are only allowed to access, use, or disclose information when it is related to treatment, payment, or healthcare operations for one of our Members.

Q. My brother, who is an IEHP Member, asked me to check on the status of a referral. Since he has given me permission, can I view his account?

A. No, even though your brother has given you permission, he should be directed to call Member Services to ensure that he receives the correct guidance on the status of his referral and ensure it is appropriately documented in our systems.

Q. I need to look up my friend's address. I know they're an IEHP Member, and it would be easier to obtain his information from his account rather than calling him. Am I allowed to do so?

A. No, if you access your friend's account without a business purpose, you are violating your friend's right to privacy, IEHP policy, and HIPAA. Just because we have the ability to access the information does not mean we have the right to do so.

IEHP has an established policy to protect confidential information relating to IEHP operations, Team Members, Members, and Providers. Information Team Members obtain in the course of their work and employment at IEHP is to be used solely for the purpose of conducting IEHP business.

Confidential information includes, but is not limited to:

- IEHP proprietary information about the company
- Proprietary information about IEHP's contracted entities
- Private information about our Providers
- Personal and/or private information about our Team Members

Confidential information may be in the form of:

- Documents and tapes
- Electronic information
- Lists and computer print-outs
- Studies and reports
- Drafts and charts
- Records and files

Such confidential information should never be disclosed to individuals outside of IEHP during employment or at anytime thereafter except as required by a Team Member's immediate supervisor or as required by law. This would include telling an individual something confidential or saying something confidential where it can be overheard by those without a business need to know. **It also includes viewing confidential information that is unrelated to your job.**

The IEHP Rules of Conduct for Computer Systems and Mobile Devices

IEHP expects Team Members and business entities utilizing IEHP computer systems, networks, and mobile communication devices to use these systems in an ethical and professional manner.

The following are examples of actions which may subject a Team Member or business entity to disciplinary action, up to and including termination of employment or contract termination. This is not a complete list, and activities that are not covered in this list will be handled on a case-by-case basis:

■ **Improper use of email systems including:**

- Sending threatening, hateful, and offensive email messages
- Excessive usage of business email accounts for personal use
- Sending IEHP data to personal email accounts

■ **Improper use of IEHP's internet access connections including:**

- Online gambling
- Excessive access to websites that are not work related or that don't provide information beneficial to IEHP, its Members and/or Providers
- Unsecure transmission of ePHI, PII and other sensitive information
- Hosting unauthorized web-based services
- Activities related to copyright infringement
- Unauthorized usage of Cloud-based or Online Hosted Services
- The use of internet-based email services, including, but not limited to, Hotmail, Gmail and Yahoo mail to transmit or receive PHI or other sensitive company information

■ **Unauthorized/improper access or usage of IEHP computer systems including:**

- Removal of IEHP data in any form
- Disabling and/or bypassing computer security applications and security controls
- Software installation
- Removal of IEHP computer systems and/or components
- Modification of IEHP computer systems
- Access, removal and/or sharing of IEHP encryption technologies
- Attempts to access computer systems, networks and/or unauthorized data
- Sharing individually assigned network or application login credentials
- Not reporting computer system anomalies, errors, malfunctions, and/or security incidents
- Not reporting lost or stolen IEHP computer resources
- Intentional distribution of inappropriate materials in electronic form

Social Media

IEHP understands that various forms of communication occur through social media, including, but not limited to, Facebook, Twitter, Instagram, LinkedIn, Blogs, and YouTube, and may occur in the form of social networking, blogging, and video/image sharing.

IEHP Team Members are prohibited from using IEHP computer and network resources to access social media sites that do not serve IEHP business needs or purposes. Accessing personal social media accounts should be done on personal time using a personally owned device.

Team Members may not post or transmit any material or information that includes confidential or proprietary information, information specific to internal operations, or information that would compromise the confidentiality of protected health information (PHI). Unacceptable use of social media may include (this is not a complete list):

- Posting of statements, pictures, or cartoons that could constitute any form of unlawful harassment, including sexual harassment, bullying, or abusive conduct of any kind
- Posting of pictures taken in IEHP work areas where confidential information or PHI may be visible
- Unauthorized representation of posting on behalf of IEHP
- Inappropriately "tagging" IEHP, its Team Members, or other business affiliates
- Posting of statements that are slanderous or detrimental to IEHP, fellow Team Members, or other business affiliates
- Posting of confidential or proprietary information of IEHP, vendors, or other business affiliates

Team Members who violate IEHP's Social Media policy or demonstrate poor judgment in the manner in which they use social media will be subject to disciplinary action, up to and including, termination.

Additional information on IEHP's Social Media policy is available in the *Team Member Handbook* located on DocuShare. Team Members may also be notified through email of any change (revisions and/or additions) to the Social Media Policy.

Q. I need to do some work from home and was thinking about emailing a copy of a report that is generated by IEHP to my personal email account. If it doesn't contain PHI, can I send the report to myself?

A. No, transmitting IEHP proprietary information to a personal email account is not permissible. Team Members are encouraged to use their remote access connection to conduct any IEHP business remotely. If you don't have remote access, ask your supervisor if remote access is an option for you.

Q. I've noticed that one of my co-workers spends more than just her break time utilizing the internet for personal use on her desktop computer. Is that a violation of the *Code of Conduct*?

A. Excessive activity on websites that are not work related or that do not provide information that is beneficial to IEHP, its Members, or Providers could be considered a violation of the *Code of Conduct*. Please share the issue with your manager or Human Resources to handle appropriately.

Facilities

- All Team Members are responsible for providing their own badge access when entering IEHP facilities.
- All Team Members are responsible for checking out a temporary company badge when their badge is misplaced.
- All Team Members must play a role in making our facility a safe place:
    - Ensure building doors successfully close completely after entering
    - Ensure no outside entity "piggy backs" on IEHP Team Members
    - All Team Members are encouraged to report any suspicious activity or individuals in the building, suites, or parking lots to **atriumsecurity@iehp.org**
    - Should an individual appear lost, offer guidance and/or question his or her attendance
- Team Members must ensure all guests/vendors/visitors are properly:
    - Checked in at either the North or West reception areas
    - Escorted to proper location
    - Escorted back to reception for check out
    - Signed out with the North or West reception areas
- All Team Members are encouraged to help when first-response personnel (police, fire, paramedics) are needed by **calling 911 and/or sending an Emergency 911 Email to security to atriumsecurity@iehp.org** Please remember:
    - When calling 911, be prepared to provide the location of the situation and any information you can
    - When drafting an Emergency 911 email, write "Emergency 911" in the subject line. Complete the *Emergency Assistance* form (located on JIVE under "Facilities Operations") within the body of the email, and send it to **atriumsecurity@iehp.org**
    - All documents are provided on the IEHP intranet

Q. I think it would be rude to question someone without a badge who is trying to enter the facility. Why are Team Members responsible for this?

A. As IEHP Team Members, we are all responsible for safeguarding IEHP assets, information, and our facilities from abuse and inappropriate access. If someone is attempting to enter our building without proper authorization (i.e., an IEHP-issued badge or checking in with reception) we run the risk of allowing an unauthorized individual having access to private information or IEHP property. Please ensure that any individuals coming through a locked door behind you have a badge on. Do not allow anyone to enter through a locked door behind you without first verifying that he or she is wearing a badge.

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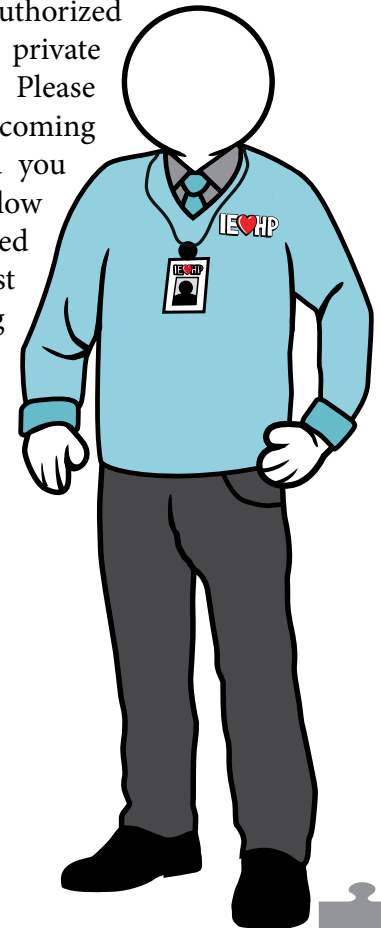
IEHP has established a Fraud Prevention Program that investigates allegations of fraud, waste and/or abuse on the part of Members, Providers, vendors, pharmacies, health plans, Team Members, and any entity doing business with IEHP. A powerful weapon against FWA is a knowledgeable and responsible Team Member who can recognize potential fraud and knows the reporting procedures. Every Team Member has a responsibility to report suspected FWA under State and Federal laws, as well as under IEHP Policy.

The Federal False Claims Act and similar state laws make it a crime to submit a false claim to the government for payment. False claims include, but are not limited to billing for treatment not rendered; upcoding to bill for higher reimbursement; and falsifying records to support billed amounts.

These same laws protect individuals known as "whistleblowers." These individuals generally have inside knowledge of potential non-compliant or fraudulent activities such as false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil suit against the company on behalf of the U.S. Government and, if the suit is successful, they may be awarded a percentage of the funds recovered.

There is a provision in the Federal False Claims Act that protects a whistleblower from retaliation by an employer. Actions such as suspension, threats, harassment, or discrimination could be considered retaliatory. IEHP will not tolerate retaliation against any person who has suspected fraudulent activity and reported those suspicions in compliance with IEHP policy.

See Section **4.1 Reporting Compliance Issues** for information on how to report any concerns of potential FWA. See Compliance Policy and Procedure, *Fraud, Waste and Abuse Program* available on Compliance 360 for more information on the IEHP FWA prevention program.

Q. I've been working recently with billing information from a Provider's office. I've noticed the office has been billing for services that seem unusual or that don't make sense according to the Member's diagnosis. What should I do?

A. Your concern could be a potential fraud or abuse related concern. You are required to make a report to the Special Investigations Unit in the Compliance Dapartment via the Compliance Mailbox using the *Fraud Report* form located on the Compliance Corner. Any information that you have available related to your report should also be submitted with your report to assist in the investigation. All Team Members are required to report suspected fraud, waste, or abuse concerns.

Q. If my supervisor directs me to do something that I think will result in non-compliance with a regulation or IEHP policy, should I do it?

A. No, you should not. Laws, regulations, contract requirements, and IEHP policies must be observed. If anyone, even your Supervisor or Manager, asks or directs you to ignore or break them, speak to your Supervisor or Manager about it. If you are uncomfortable speaking with your Supervisor or Manager about it, contact Human Resources and/or Compliance.

Q. While working on a Member's case, I noticed that they had a lot of different prescribing physicians who are prescribing the Member narcotic prescriptions and had many visits to the Emergency Room. Is this something I should report?

A. Yes, doctor shopping and overutilization could be considered a form of abuse of the Member's benefits. You are required to make a report to the Special Investigations Unit in the Compliance Department via the Compliance Mailbox using the *Fraud Report* form located on the Compliance Corner.
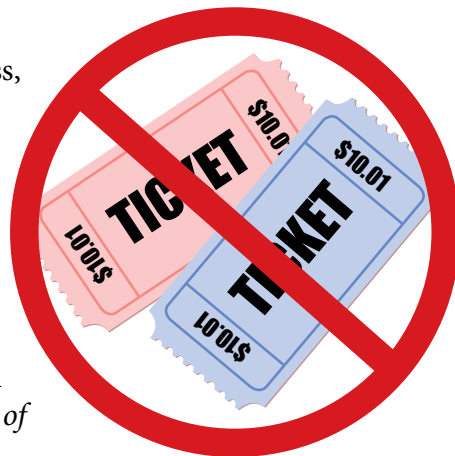
A conflict of interest typically presents itself in the form of a personal or financial gain for an individual or entity that could possibly corrupt the motivation of that individual or entity. At IEHP, our actions and choices should be guided by our desire to serve our Members, our organization, and the entities that we conduct business with. Any COI may distort or cloud our judgment when making decisions on behalf of IEHP. Team Members at all levels in the organization are required to comply with the conflict of interest policy. Examples of conflict of interest include, but are not limited to:

- Accepting concurrent employment with, acting for, or rendering services to any business or endeavor, with or without compensation, which competes with or conducts business with IEHP
- Selling products directly or indirectly in competition with IEHP
- Financial interest or business involvement with an outside concern which conducts business with or is a competitor of IEHP
- Representing IEHP in any transaction in which a personal interest exists
- Accepting gifts, like free tickets or any substantial favors, from an outside company that does business with or is seeking to do business with IEHP

Team Members should avoid any business, activity, or situation, which may possibly constitute a conflict of interest between their personal interests and the interests of IEHP. Team Members must disclose to their Supervisor any situation which may involve a conflict of interest.

Additional information is provided in IEHP Human Resources Policy, *Conflict of Interest*.

A Team Member may not accept gifts, entertainment, or any other personal favor or preferential treatment to or from anyone with whom IEHP has, or is likely to have, any business dealings.

Team Members must disclose to their Supervisor any activity or situation related to offering or receiving gifts related to their employment with IEHP.

Q. A Member sent me a twenty-dollar ($20) gift card to a local restaurant as a way to thank me for the services I provided to them. I know I can't accept the gift, but could I buy food to share with my department as a way to spread the gift around?

A. No, unfortunately you cannot accept the gift card, even if you shared with your department. The gift should be returned to the Member. Please work with your Manager for appropriate handling.

Q. One of our vendors would like to send my entire team tickets to a baseball game. They told me that they appreciate all of the business that IEHP does with them and want to express their gratitude. Can we accept the tickets?

A. No, you may not accept the tickets. IEHP must always remain free of potential conflicts of interest. By taking the tickets, you might create the perception that IEHP conducts business with this particular vendor because of the gifts or "perks" that they provide to our organization. Talk to your Manager or Director about how to handle the situation.

2.12 Sanction and Exclusion Screenings

2.13 The Compliance Corner

As a part of the Compliance Program oversight, IEHP performs Participation Status Reviews. This involves several State and Federal databases (including, but not limited to: Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), Medicare Opt Out Lists, and DHCS Medi-Cal's Suspended and Ineligible list) upon appointment, hire, or commencement of a contract, as applicable, and monthly thereafter. This ensures Board Members, Team Members, and/or First Tier, Downstream and Related Entities (FDRs) are not excluded or do not become excluded from participating in Federal and State healthcare programs.

If IEHP learns that any prospective or current Board Member, Team Member, or FDR has been proposed for exclusion or excluded, IEHP will promptly remove the individual or entity from IEHP's Programs consistent with applicable policies and/or contract terms. Payment may not be made for items or services furnished or prescribed by an excluded person or entity. Payments made by IEHP to excluded persons or entities after the effective date of their suspension, exclusion, debarment, or felony conviction, and/or for items or services furnished at the medical direction or on the prescription of a physician who is suspended, excluded, or otherwise ineligible to participate are subject to repayment/recoupment. The Compliance Department will review potential organizational obligations related to the reporting of identified excluded or suspended individuals or entities and/or refund obligations and consult with legal counsel, as necessary and appropriate, to resolve such matters.

As an IEHP Team Member, if you are ever excluded from participating in any State or Federal program, it is your obligation to notify IEHP Human Resources and the Compliance Department immediately.

IEHP is committed to maintaining a working environment that fosters conducting business with integrity and that permits the organization to meet the highest ethical standards in providing quality healthcare services to our Members. Through the Compliance Corner which is located on the IEHP intranet, IEHP Compliance aims to provide Team Members with compliance and regulatory information.

On the Compliance Corner, Team Members have access to:

- Compliance Training materials
- Compliance Department structure
- Report Forms
- Compliance Committee information
- Links to helpful Compliance resources

The Compliance Corner also includes blogs that provide Team Members with up-to-date information released from our regulatory agencies. These blogs include HPMS Memos, DHCS Policy Letters and Compliance News.

Team Members may also report Compliance issues through the Compliance Corner or learn about the IEHP HIPAA and Fraud, Waste, or Abuse Programs.

3.1   Corrective Action and Disciplinary Measures

It is important that all Team Members perform to the best of their abilities at all times. There may be occasions where Team Members perform at an unsatisfactory level, violate a policy, or commit an act that is inappropriate. IEHP maintains a progressive corrective action process to ensure a fair method of disciplining Team Members.

The information provided in this comprehensive *Code of Conduct* as well as related policies in the *Team Member Handbook*, provide guidance about the Compliance Culture at IEHP, including the role that each Team Member plays in building and preserving that culture.

All Team Members have a responsibility to promptly report known and/or perceived violations, including privacy breaches, fraud, waste, and abuse (FWA) and other violations of IEHP policy. The timeline for reporting is very strict, therefore it is the responsibility of every Team Member to report a potential privacy breach or suspected instance of FWA to the Compliance Department immediately upon perceiving that one has occurred.

Any and all compliance concerns will be investigated quickly, thoroughly, and as confidentially as the law allows. Team Members are required to participate in and/or cooperate with all investigations as needed. If the findings of the investigation verify that a violation occurred, any disciplinary action taken will be enforced in a timely manner. Based on the nature of the investigative findings, disciplinary action will be taken, up to and including termination of employment.

Intentional non-compliance with IEHP's *Code of Conduct* or policies and procedures, including privacy breaches, instances of FWA, falsification or material omission on the Employment Application or other records, and/or conviction of a misdemeanor and/or felony are subject to immediate termination.

Additional information on IEHP's Corrective Action policy is available in the *Team Member Handbook* located on DocuShare.

Q. My co-worker inappropriately accessed his family member's IEHP record. I don't think it's my responsibility to report it to anyone. Could I be subject to disciplinary action if I don't report it?

A. Yes, as an IEHP Team Member you have a responsibility to report IEHP policy violations. Please report incidents such as these to the Compliance Department or Human Resources.

3.2 Non-Retaliation and Non-Intimidation

All Team Members are encouraged to participate in the Compliance Program without fear of intimidation or retaliation, including (but not limited to):

- Reporting potential Compliance issues
- Conducting self-evaluations
- Remedial actions and/or
- Reporting non-compliance or suspected non-compliance to appropriate officials

IEHP has a zero tolerance retaliation policy and will discipline individuals who retaliate with discriminatory behavior or harassment, up to and including termination of employment.

Additional information on IEHP's Non-Retaliation & Non-Intimidation practices are detailed in the Harassment & Illegal Discrimination Prevention (Policy Against Harassment) and the Corrective Action policies in the *Team Member Handbook* located on DocuShare.

Q. My Supervisor has asked me to clock out and continue working on several occasions. It doesn't feel right, but I'm afraid I'll be written up or terminated if I report it. What should I do?

A. You should report this to Human Resources as this violates company policy. IEHP does not tolerate retaliation for reporting violations of company policy or the law and your job can be protected under company policy.

4.1 ⚮ Reporting Compliance Issues

All Team Members and entities doing business with IEHP have a right and a responsibility to promptly report known and/or perceived violations of this Code. You are encouraged to discuss the problem with your Manager, Director, or Chief Officer; with the Human Resources Department; with the Compliance Team or the IEHP Compliance Officer. These resources are available to you in assessing the situation and reaching a decision to report a compliance concern.

Any and all compliance concerns will be investigated thoroughly and as confidentially as the law allows. IEHP will conduct a fair, impartial and objective investigation into your concerns and will take appropriate action to correct any violations or issues of non-compliance that are identified. IEHP maintains a system to receive, record, respond to, and track compliance questions or reports from any source. Investigative findings that meet State and/or Federal criteria for additional investigation are referred to the appropriate State and/or Federal entity.

The following are reporting methods any individual can use to report concerns – remember, reports can be made anonymously and without fear of retaliation when reports are made in good faith:

- Access JIVE and click on **"Compliance Corner."** Then click on **"Report a Compliance Issue."** On this page you will find forms to report FWA concerns, potential privacy breaches, and other non-compliance issues. Complete the relevant form and submit to Compliance.

- The **Compliance Hotline** is toll-free at **(866) 355-9038** and is available 365 days/year, 24 hours/day. If a Compliance Team Member is not present, a confidential answering machine will take your message and the Team will pick it up on the next business day. You may report your concerns anonymously, although we appreciate the opportunity to ask questions if necessary.

- **IEHP Compliance Mailbox**: IEHP Compliance Officer
  P.O. Box 1800
  Rancho Cucamonga, CA 91729-1800
- **Email: compliance@iehp.org**
- **Fax: (909) 477-8536**
- **In person:** Visit the Special Investigations Unit Compliance Team, the Compliance Team or the IEHP Compliance Officer: 2nd Floor of the Atrium near the Chief Officers.

It's Always Right, to report a Wrong

Report It!

The Human Resources Policy & Procedure Manual and *Team Member Handbook* are intended to provide you with some basic information about the policies and procedures of IEHP and about the benefits provided to you as a Team Member.

You are encouraged to read the entire manual to familiarize yourself with our policies and procedures. Should you need to reference these policies, refer to the *Human Resources Policy & Procedure Manual* and *Team Member Handbook* located on DocuShare.

Additional information on Policy Updates to the *Human Resources Policy & Procedure Manual* or *Team Member Handbook* is available in the *Team Member Handbook* located on DocuShare.

Team Member resources include:

Resource	Location	Description
The Compliance Corner	JIVE	Contains information related to the Compliance Department, report forms and the latest Compliance news
Compliance 360	JIVE	Contains Compliance Department policies and policy attachments
DocuShare	JIVE	*The Human Resources Policy & Procedure Manual and the Team Member Handbook are located here*

THANK YOU!

Our mission and reputation at IEHP is entrusted to all Team Members to foster, build, and to continuously improve upon. We can look to our *Code of Conduct* to help promote our values and to guide us in always doing the right thing.

Thank you for carefully reading the IEHP *Code of Business Conduct and Ethics*, referencing it often and committing to following it in your daily work here at IEHP.