



Care Compass Code of Conduct for Network Operations

This Network Code of Conduct has been designed to inform Care Compass Affected Individuals*, Participants*†, and the community we serve of our standards and provide guidance on ethical and compliance issues for the Care Compass Networks (Networks). Care Compass is committed to approaching all its activities, including compliance with laws and regulations, in an ethical manner. This commitment is reflected in the Network Code of Conduct which identifies principles to guide implementation of the Care Compass Corporate Compliance Programs, and the conduct of our Affected Individuals, Participants and staff as we work together to realize the vision of an integrated delivery system with the capacity to improve care coordination for individuals cared for by Participants within our Networks and across the continuum of care.

This Network Code of Conduct and the Corporate Compliance Programs do not replace the code of conduct and compliance programs at the health care and health related social needs providers who are our Participants. Instead, the Network Code of Conduct and Corporate Compliance Programs are designed to supplement the code of conduct and compliance programs of our Participants, providing guidance and standards that apply to the operations, activities, and projects of the Networks. Participants and their staff should continue to rely upon their own code of conduct and compliance programs to set and implement high standards for ethical conduct and legal compliance in their organizations.

Leadership Goals and Values

Our mission is to improve the health and wellbeing of the community members in the Care Compass service area by supporting the development of enduring partnerships of clinical and community service providers and empowering those partnerships to flourish in a value-based payment environment.

We value:

- Excellence and Innovation: we are committed to innovation in developing approaches to coordinate and improve care delivery;

* Affected Individuals mean all persons who are affected by Care Compass Entities' risk areas including Care Compass Entities' employees, officers, Directors, managers, contractors, agents, subcontractors, independent contractors, governing bodies, or third-parties, who or that, in acting on behalf of the Care Compass Entities: (i) delivers, furnishes, directs, orders, authorizes, or otherwise provides health or social care items and services under State, Federal, or Care Compass programs; and (ii) contributes to the Care Compass Entities' entitlement to payment under Federal health or social care programs, or from other payor sources

† As used throughout this Network Code of Conduct, Participants mean health care and social care providers participating in a Network and that have signed an agreement related to a funded program with the Care Compass Entities.

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- Person-Centered Care: we aim to enhance the capacity of our Participants and the health care delivery system in our region to provide care that is delivered at the right time and the right setting to best meet patients' and clients' needs;
- Patient/Client Engagement and Activation: we are committed to educate and counsel Medicaid beneficiaries and uninsured individuals to enhance their ability to navigate the health care delivery system and access the health care and social needs they require, effectively and efficiently;
- Collaboration: we will sustain collaboration among our Participants to overcome fragmentation in the health care delivery system and share solutions and ideas;
- Workforce Engagement: we are committed to workforce training and outreach to facilitate the transition for our workforce as the health care delivery system is transformed; and
- Respect and Diversity: we value and respect the differences among the patients, clients, and families cared for by our Participants, the communities we serve, and our workforce members.

Purpose and Scope of Network Code of Conduct

The Networks are comprised of health care and social care providers committed to working together to implement and sustain an effective integrated delivery system across the continuum of care.

Care Compass has implemented and maintains a compliance program related to compliance issues arising from Care Compass and Network operations and performance. We have designed this Network Code of Conduct and the Corporate Compliance Programs to set a high standard of integrity and to prevent, detect, and address compliance matters relating to Network operations, projects, programs, and performance throughout the Networks. The Network Code of Conduct and Corporate Compliance Programs do not replace or diminish the obligation of each Participant within Care Compass to maintain and enforce a code of conduct and compliance program in relation to its own governing body, staff, and operations, consistent with the requirements of federal and state laws and regulations.

Affected Individuals and Care Compass Participants are responsible for honoring the Network Code of Conduct, which is designed to assist Affected Individuals, Care Compass, and its Participants on a day-to-day basis to carry out Network projects, programs, and operations in a manner consistent with strong ethical standards and prevailing legal and regulatory obligations. The principles outlined in this Network Code of Conduct govern the conduct of Affected Individuals and Participants in relation to Network operations, projects, programs, and performance. As used throughout this Network Code of Conduct, references to "Participant" includes governing body members, staff, and contractors of Participants.

Responsibilities of Care Compass and Participants

Responsibilities of Care Compass:

We at Care Compass (including Directors, Senior Management, Department/Program Heads) are responsible for:

- Leading by example by complying with the Network Code of Conduct at all times;
- Overseeing compliance with the Network Code of Conduct and implementation of the Corporate Compliance Programs;
- Creating and maintaining an environment in our Networks that encourages collaboration, co-operation, and professionalism;
- Reporting compliance concerns and violations to the Director of Compliance or other appropriate individual within Care Compass;
- Promoting open communication and compliance reporting without fear of retaliation;
- Extending whistleblower protections for individuals who report a compliance problem or concern in good faith;
- Investigating reports of violations of the Network Code of Conduct and compliance violations, and devise appropriate corrective action in conjunction with Affected Individuals and Participants, as needed;
- Conducting regular audits and data review to detect compliance violations and concerns; and
- Enforcing compliance with the Network Code of Conduct and the Corporate Compliance Programs with appropriate discipline of Care Compass staff and sanctions for Affected Individuals and Participants when violations occur.

Responsibilities of Affected Individuals and Participants (including Governing Body Members, Senior Management, Department/Program Heads):

- Understand and apply the principles and terms of the Network Code of Conduct in your organization's participation in all Network activities, projects, and programs;
- Behave in a way that is consistent with the Network Code of Conduct and participate in good faith in the Corporate Compliance Programs;
- Provide information and training to your governing body members and staff about the Network Code of Conduct and Corporate Compliance Programs;
- Inform your governing body members, staff, and patients or clients you serve about how they can report compliance violations and complaints about Network operations, performance, projects, and programs to Care Compass;
- Report violations of the Network Code of Conduct and Corporate Compliance Programs to Care Compass;
- Extend whistleblower protections to individuals who report a compliance concern or problem in good faith;
- Promote open communication and reporting by your staff without fear of retaliation;
- Maintain and enforce your own code of conduct and compliance program to promote compliance with applicable laws and regulations in the operation of your programs and facilities; and
- Enforce compliance with this Network Code of Conduct and the Corporate Compliance Programs with appropriate discipline of your staff when violations occur.

Commitment to Medicaid Beneficiaries and the Uninsured

We seek to improve the delivery of health care and community-based services in the Care Compass region by increasing the capacity to coordinate care, manage population health, and use health care, social care, and community-based resources efficiently. We embrace the value of treating every patient and client with dignity and respect through the delivery of health and social care services by our Participants. We are committed to working with Participants and assisting patients and clients to access health care, health related social care, and community-based services that are appropriate for their needs and patient-centered. The Networks provide education, activation counseling, and prevention programs to Medicaid beneficiaries and the uninsured to improve access to care and the health of our communities.

Commitment to Our Participants

The success of Care Compass depends on the continued contribution, engagement, and expertise of our Participants. We are committed to sustaining a high level of participation by Participants in our activities and decision-making through transparency in our governance and representation on the Care Compass Boards of Directors and Governance Committees. The Care Compass Boards of Directors and staff will treat Affected Individuals, Participants, their staff, and representatives in a professional and collegial manner.

Confidentiality of Medical Information

We collect information about patients and clients served by our Participants in our region in order to improve care coordination and manage population health. We are committed to maintaining the confidentiality and security of the information we collect, in accordance with all applicable federal and state privacy laws. To ensure that Care Compass and its Affected Individuals and Participants maintain the privacy of patients' medical information, Participants are required to:

- Provide patients with a notice of privacy practices that includes information about Care Compass, at such time that data exchange practices require such notice;
- Comply with all applicable federal and state laws and Care Compass policies and procedures to protect the privacy and security of medical information; and
- Report violations of confidentiality breaches promptly to the Director of Compliance.

Any Care Compass Affected Individual or Participant that engages in the unauthorized use or disclosure of medical information in violation of the privacy rights of individuals cared for in the Networks will be subject to sanction, which may include removal from the Networks, in accordance with Care Compass policies and procedures for sanctioning poor performing providers. Affected Individuals and Participants shall take appropriate corrective action, up to and including termination, in relation to any of their staff or contractors that engage in such conduct, and shall immediately report to Care Compass any conduct that compromises or poses a risk to the privacy or security of confidential medical information provided by any Affected Individuals, Participants, or by Care Compass. Care Compass shall take appropriate disciplinary action in relation to any

Affected Individual or Participant for any conduct that compromises the confidentiality of medical information of patients cared for in the Networks.

Confidentiality of Business Information

In addition to patient and client information, other information disseminated by Care Compass for operational purposes is confidential. No Affected Individual or Participant shall, without the written consent of Care Compass, disclose any confidential information obtained during the course of participating in Care Compass operations, projects, and programs. This includes, but is not limited to: Care Compass processes, care protocols, techniques, computer software, copyrights, research data, marketing and sales information, personnel data, beneficiary medical records, beneficiary lists, financial data and records, and any business or strategic plans which have been designated as confidential or have not been published or disclosed to the general public.

Physician Relationships

Any business arrangements with a physician or a physician group must be structured to ensure compliance with legal requirements. Such arrangements between Care Compass and physicians and other health care professionals must be in writing and may be subject to prior review and approval under Care Compass' policies and procedures.

Anti-Kickback and Patient Referral Laws

Federal and state laws prohibit any form of kickback, bribe, or rebate (cash or in-kind) to induce the purchase, recommendation to purchase, reduction or limitation of services, or referral of any kind of health care goods and services or items paid for by the Medicare and the Medicaid programs. We do not offer or receive inducements or create situations in which Care Compass appears to be offering or receiving an improper inducement to any individual or organization.

We do not pay for provider referrals to the Networks. Our Affected Individuals and Participants are expected to have policies and procedures to assure that they accept referrals and admissions based solely on patients' clinical, social care, and care coordination needs and their ability to render needed services. No Affected Individual, Participant, or any other individual acting on behalf of Care Compass is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients into the Networks.

Screening for Exclusion

Care Compass will not hire or contract with any individual or entity who is excluded, suspended, debarred, or otherwise ineligible to participate in the federal and state health care programs (Medicare, Medicaid), or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in federal and any state health care programs after a period of exclusion, suspension, debarment, or ineligibility. We expect Affected Individuals and Participants to maintain and enforce policies and procedures to assure that they do not contract with or hire excluded individuals or organizations.

Financial Records and Management of Funds

Care Compass is committed to full compliance with all federal and state regulations and requirements relating to management, disbursement, and expenditure of funds. Care Compass staff, Affected Individuals, and Participants are prohibited from knowingly presenting or causing to be presented to any organization or individual, including but not limited to Care Compass, Affected Individuals, Participants, and New York State Department of Health (DOH), documents or records regarding Care Compass' financial transactions, operations, or performance that are false, fictitious, or fraudulent.

Care Compass operates internal and external audit systems to assure that funds are expended (i) in accordance with all federal and state regulations and requirements, DOH approvals, and Care Compass policies and agreements with its Affected Individuals and Participants; and (ii) only for services actually rendered or capital and other costs of program implementation actually expended. We provide appropriate training to Care Compass staff involved in the financial documentation and oversight of Care Compass business affairs. Care Compass staff, Affected Individuals, and Participants are required to report promptly to Care Compass if errors occur, and to address any such errors in a timely and appropriate manner. Care Compass staff, Affected Individuals, and Participants are expected to comply with all relevant Medicaid laws and regulations.

Antitrust

Care Compass is committed to complying with federal and state antitrust laws, which are designed to preserve and foster fair and honest competition within the free enterprise system. In order to foster compliance with antitrust laws, Care Compass provides training to its Affected Individuals about antitrust compliance. We also prohibit anti-competitive conduct, including the improper exchange of competitively sensitive information, collusion to limit competition, and actions to discourage our Participants from contracting with other payors outside the context of Care Compass arrangements with such payors. We operate a non-exclusive, voluntary network.

The Corporate Compliance Program

Program Structure

The Corporate Compliance Programs reflect our commitment to the highest standards of integrity, ethics, and compliance. The Director of Compliance has responsibility for implementing the Corporate Compliance Programs. The Director of Compliance reports directly to the Executive Director and provides periodic reports to the Compliance Committees of the Boards of Directors and to the Boards of Directors.

Obligation to Report

All Affected Individuals and Participants have a responsibility and are required to report promptly to Care Compass, in the manner described below, any activity by any governing body member, staff member, contractor, or any participant in Network projects, programs, and operations that appears to violate applicable laws, rules, regulations, or this Network Code of Conduct. Reporting enables Care Compass to investigate the potential problem

promptly and address it in a timely and appropriate manner. Failure to make an appropriate, timely report may result in disciplinary action.

What to Report

Affected Individuals and Participants and their governing body members, staff, and contractors shall report concerns about any legal or ethical conduct by their staff, contractors, or participants in Network projects, programs, or activities that violate this Network Code of Conduct or applicable laws or regulations, or that pose a risk to the safety of Medicaid beneficiaries or the uninsured cared for in the Networks. Reasonable belief that a violation is possible is sufficient to initiate a report. To help you determine whether an issue should be reported to Care Compass, consider the following questions:

- Does the concern relate to or arise in a Network project, program, or activity? Is Care Compass responsible for overseeing the activity giving rise to a concern?
- Does the matter comply with this Network Code of Conduct and applicable Care Compass policies and procedures?
- Is the action legal? Is it ethical?
- Could the activity/behavior result in harm or risk to the safety of a Medicaid beneficiary or uninsured individual as a result of a Care Compass project, program, or activity that Care Compass is responsible for overseeing?

How to Report

Reports of suspected or actual violations can be made in person, by e-mail, by telephone, or to the online Compliance Hotline. If a potential violation relates to the code of conduct or compliance policies of a Participant, or a risk of patient or client safety arising from the conduct of staff or contractors of a Participant, staff of the Participant should report the concern to their supervisor or as otherwise required by the policies and procedures of the Participant. If this avenue for reporting would not be effective or is not feasible for any reason, reports may also be made directly to the Director of Compliance by email, arotella@carecompassnetwork.org, by telephone at 607-240-2590, or through the online Compliance Hotline.

The online Compliance Hotline enables Affected Individuals and Participants and their governing body members, staff, and contractors to report problems and concerns or obtain clarification about compliance issues anonymously or confidentially. Compliance Hotline submissions are not traced. The Compliance Hotline is not a substitute for established grievance policies or chain of command communications. The link to the online Compliance Hotline is <https://bit.ly/CareCompass-Compliance>. The Director of Compliance will investigate all Compliance Hotline submissions.

Reporting Concerns – Non-Retaliation/Non-Intimidation

Retaliation and/or intimidation against any Affected Individual or Participant and their staff members, or contractors who seek advice, raise a concern, or report an ethical or compliance issue in good faith, will not be tolerated. Affected Individuals or Participants who deliberately make a false accusation with the purpose of harming or retaliating against another person, Affected Individual, or Participant will be subject to disciplinary action.

Internal Investigations

Care Compass is committed to investigating all reported concerns promptly and confidentially to the extent possible. The Director of Compliance will initiate an investigation to identify all relevant facts and is responsible for assuring that prompt and appropriate corrective action(s) is taken, in consultation with the Compliance Committees. Affected Individuals and Participants shall cooperate with investigation efforts.

Corrective Action

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agency, instituting appropriate disciplinary action and implementing systemic changes to prevent a similar violation from recurring in the future. Corrective action plans will be shared with all appropriate Affected Individuals, Participants, and Care Compass staff. Affected Individuals and Participants shall cooperate fully in remediating any compliance problem that arises in the context of a Network project, program, or activity.

Reporting by the Population Served By Care Compass

Care Compass encourages compliance reporting by the Medicaid beneficiaries and uninsured individuals served by our Participants and Networks. All Participants are required to provide information about the online Care Compass Compliance Hotline in their offices or facilities, and to assist patients or clients who seek to report: (i) a compliance violation related to Care Compass projects, programs, or activities or (ii) a concern about the quality of care arising from a Care Compass protocol, program, or project activities.

Medicaid beneficiaries and uninsured individuals can report compliance or quality concerns related to Care Compass projects, programs, and activities to the Director of Compliance by telephone at 607-240-2590, or by written communication, including email at arotella@carecompassnetwork.org, or the online Compliance Hotline at <https://bit.ly/CareCompass-Compliance>.