



# Code of Business Conduct and Ethics



Our shared commitment to honesty,  
integrity, transparency and accountability

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# 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 as to how we should address an issue or how we can best exemplify IEHP's commitment to excellence.

Contained within the *IEHP Code of Business Conduct and Ethics (Code of Conduct)* is information to help guide us in making the most ethical decisions to preserve our workplace culture, preserve our culture of compliance, support our core values and 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 and other helpful tips and tools to ensure your success.

The information provided in this document applies to all of us – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates – and it 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, our providers and one another. It also helps us establish good working relationships with our federal and state regulators. The *Code of Conduct* supports this commitment by helping us understand how IEHP team members must comply with laws and regulations that govern health care to ensure IEHP maintains a reputation of excellence.

If you are unable to find the answer to your question or concern here, you are encouraged to raise the issue with your manager, the Compliance team, or a Human Resources representative to help determine the right thing to do.

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



**Jarrod McNaughton, MBA, FACHE**  
Chief Executive Officer

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# 1

## Introduction to the IEHP Code of Conduct

### 1.1 Our Commitment

IEHP is firmly committed to conducting its health plan operations in compliance with ethical standards, contractual obligations under federal and state programs, laws and regulations. This commitment extends to the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates who support IEHP's mission.

### 1.2 Mission

We heal and inspire the human spirit.

### 1.3 Vision

We will not rest until our communities enjoy optimal care and vibrant health.

### 1.4 Core Values

We do the right thing by:

- Placing our members at the center of our universe
- Unleashing our creativity and courage to improve health and well-being
- Bringing focus and accountability to our work
- Never wavering in our commitment to our members providers, partners and each other





## 2.1 IEHP's Rules of Conduct

IEHP expects everyone – the IEHP Governing Board Members, our Chief Officers, the IEHP Leadership team, team members, temporary staff and IEHP's business associates – to work together in an ethical and professional manner that promotes public trust and confidence in IEHP's integrity. Actions considered contrary to that expectation are listed in this document and may subject anyone mentioned above to disciplinary actions, up to and including contract or employment termination (as applicable).

## 2.2 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 to receive. This means every member encounter with a team member is an opportunity to demonstrate excellent customer service.

## 2.3 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.

## 2.4 Respect for Team Members

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.



## 2.5 Zero Tolerance for Retaliation and Intimidation

IEHP prohibits intimidation or retaliation of any kind against individuals who report in good faith inappropriate, suspicious activities, or issues of non-compliance, or participate in the investigation of such concerns.

Individuals who intimidate or retaliate with discriminatory behavior or harassment could be subject to disciplinary action, up to and including termination of employment. For information on IEHP's non-retaliation and non-intimidation practices, please see the Team Member Handbook, IEHP's policies and procedures or the Delegated Subcontractor Compliance Program Manual.

**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.



## 3.1 IEHP's Compliance Program

IEHP is committed to maintaining a working environment that fosters conducting business with integrity and permits the organization to meet the highest ethical standards in providing quality health care services to our members. This commitment extends to our business associates, including delegates, that support IEHP's mission.

### **Our Compliance Program is designed to:**

- Ensure we comply with applicable laws, rules and regulations.
- Reduce or eliminate Fraud, Waste and Abuse (FWA).
- Prevent, detect and correct non-compliance.
- Reinforce our commitment to a culture of compliance for which we strive.
- Establish and implement our shared commitment to honesty, integrity, transparency and accountability.

Compliance is everyone's responsibility. Individuals and entities who work for or on behalf of IEHP are required to follow all applicable regulations, laws, policies, including IEHP's *Code of Conduct*. IEHP team members who oversee contractors and vendors must also ensure that all applicable policies are adhered to.

All IEHP team members, delegates, contractors, and anyone who performs work on IEHP's behalf must:

- Familiarize themselves with policies and procedures that apply to their work.
- Complete required compliance training.
- Report violations of laws, regulations, policies, and compliance concerns.

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## 3.1 IEHP's Compliance Program cont'd

- Cooperate with investigations of potential violations of laws, regulations, policies, and compliance concerns.
- Conduct themselves ethically, professionally and lawfully.
- Protect IEHP's assets and reputation.

**For information on IEHP's Compliance Program and the following, please visit IEHP's intranet platform or its website at [www.iehp.org](http://www.iehp.org):**

- Reporting potential compliance concerns, Fraud, Waste, or Abuse and Privacy incidents
- IEHP's *Code of Business Conduct and Ethics*
- Non-Retaliation and Non-Intimidation policies
- IEHP's Fraud, Waste and Abuse (FWA) Program
- IEHP's Privacy Program
- Details about IEHP's Regulatory Agencies
- Links to helpful Compliance Program resources



## 3.2 Fraud, Waste and Abuse (FWA)

IEHP's Fraud, Waste and Abuse (FWA) Program protects members and the community, and preserves our resources to safeguard federal and state health care funds. IEHP investigates suspected fraud, waste and/or abuse on the part of members, providers, vendors, pharmacies, team members and any individual or entity doing business with IEHP.

Everyone has a responsibility to report suspected FWA under federal and state laws and in accordance with IEHP Policy. A powerful weapon against FWA is a knowledgeable and responsible team member who can recognize potential fraud and know how to report it.



## 3.2 Fraud, Waste and Abuse (FWA) cont'd

### Defining FWA

**Fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

**Waste** is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to health care benefit programs. Waste is generally not considered to be caused by criminally negligent actions but rather, the misuse of resources.

**Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the health care programs. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

### Anti-Fraud Laws

#### *Civil False Claims Act (FCA)*

The Federal False Claims Act and similar state laws make it a crime to submit false claims 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,” who generally have inside knowledge of potential non-compliant or fraudulent activities of false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil lawsuit 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, in compliance with IEHP policy, reported suspicions of fraudulent activity.



## 3.2 Fraud, Waste and Abuse (FWA) cont'd

### **Anti-Fraud Laws** (*cont'd*)

#### ***Health Care Fraud Statute***

The Health Care Fraud Statute states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both.”

#### ***Anti-Kickback Statute***

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal or State health care program.

#### ***Stark Statute (Physician Self-Referral Law)***

The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of their family) has:

- An ownership/investment interest or
- A compensation arrangement

See Section **4.1 Know How to Speak Up** for information on how to report any concerns of potential FWA.

**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.** All team members are required to report suspected fraud, waste, or abuse concerns. Your observation could be a potential fraud or abuse-related concern. Make a report 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 Know How to Speak Up** found in this document. Any information that you have available related to your report should be submitted to assist in the investigation.

**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 Compliance and/or Human Resources.

**Q.** While working on a member's case, I noticed that he visits multiple physicians that prescribe multiple narcotic prescriptions and has 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, the Compliance Hotline, or any of the reporting methods outlined in Section **4.1 Know How to Speak Up** found in this document.



### 3.3 Member Privacy

A member's 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. Member information that is protected by these regulations includes, but is not limited to their demographic, financial and clinical information. Please refer to IEHP's Compliance Program policies and procedures, and Compliance Training for examples of PHI.

The law defines a breach of member privacy as the acquisition, access, use, or disclosure of PHI 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 health care 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.
- Disclosing unauthorized information verbally (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 or business associate discovers a potential privacy incident or breach, they must report the issue immediately to the Privacy and Ethics Unit in the Compliance Department via the Compliance Mailbox, the Compliance Hotline, or any of the reporting methods outlined in ***Section 4.1 Know How to Speak Up***.

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.





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

**A.** No. Accessing information outside the scope of your job would be considered inappropriate according to IEHP's policies and HIPAA. You are advised 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 their record to make sure they are receiving services and doing well?

**A.** No. Concern over your neighbor's well-being does not give you the right to access or view their information. As IEHP team members, we are only allowed to access, use or disclose information when it is related to treatment, payment or health care operations for one of our members and it pertains to a business purpose.

**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 he is 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's policies and HIPAA. Just because we have the ability to access the information does not mean we have the right to do so.

### 3.4 Conflict of Interest (COI) and Gifts and Entertainment

Workplace business decisions must be made with objectivity and fairness. A Conflict of Interest (COI), or even the appearance of one, should be avoided. A COI 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 with whom we conduct business. 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 IEHP's conflict-of-interest policy, which prohibits:

- 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's financial interest or business involvement with an outside entity 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 COI between their personal interests and the interests of IEHP. An individualized assessment of whether an engagement might constitute a COI should be made on a case-by-case basis. Thus, team members must disclose to their supervisor and to Compliance via [compliance@iehp.org](mailto:compliance@iehp.org), any situation which may involve a COI.

Additional information on IEHP's policy on conflict of interest is provided in its Team Member Handbook.

### 3.4 Conflict of Interest (COI) and Gifts and Entertainment cont'd

- Q.** A member sent me a \$20 gift card for 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. You may not accept the gift card, even if you shared it with your department. The gift should be returned to the member. Please work with your supervisor or manager for appropriate handling.
- Q.** One of our vendors would like to send my entire team tickets to a baseball game to show appreciation for all of the business that IEHP does with them. Can we accept the tickets?
- A.** No. You may not accept the tickets. 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 supervisor or manager about how to handle the situation.



## 3.5 IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance, Fraud, Waste & Abuse, and Privacy Programs, as well as the *Code of Conduct*.

### **Compliance Training is mandatory!**

Compliance Training must be completed by all of the IEHP Governing Board Members, IEHP team members, temporary employees, interns and volunteers, contractors, providers, delegates, and subcontractors within 90 days of hire, assignment or appointment, and annually thereafter.

## 3.6 Interacting with Regulatory Agencies

The health care industry is heavily regulated by federal and state agencies responsible for ensuring health care organizations operate in compliance with contractual and regulatory obligations. IEHP is regulated by the Centers for Medicare & Medicaid Services (CMS), the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC).

IEHP, therefore, maintains open and frequent communications with these regulatory agencies. You may be contacted by a regulatory agency via inquiry, subpoena, or other legal document regarding IEHP's operations or member care. If you are contacted by a regulatory agency through the course of your work, contact your supervisor and the Compliance Officer right away.

All of the IEHP Governing Board Members, team members, delegates, and business associates are expected to respond to regulatory agencies in a truthful, accurate, complete and timely manner. Responses should be coordinated with leadership and Compliance. If through the course of your work, you identify or suspect that a response provided to a regulatory agency has been misrepresented – either by dishonesty, omission, or misunderstanding – you must correct it and contact your supervisor and the Compliance Officer right away.



### 3.7 Eligibility to Participate in Federal and State Health Care Programs

IEHP is committed to compliance with all federal and state regulations prohibiting employment or contracting with individuals or entities excluded, suspended, or otherwise ineligible to participate in government health care programs. To ensure compliance:

- IEHP screens all team members, Governing Board Members, contractors, and subcontracted delegates against government exclusion lists prior to hire or contract initiation and conducts monthly screenings thereafter.
- Any individual or entity found to be excluded will be promptly removed from participation in IEHP programs in accordance with applicable policies and laws.

If you are an IEHP team member and become excluded from participation in any federal or state health care program, you must immediately notify Human Resources and the Compliance Department.



### 3.8 Protecting IEHP's Assets and Information

The resources and information team members use and obtain during their employment at IEHP is to be used solely for the purpose of conducting IEHP business.

**Confidential information includes, but is not limited to:**

- IEHP's proprietary information about the company such as information about new services or benefits, programs, marketing strategies, business plan or technology
- Proprietary information about IEHP's contracted entities
- Private information about our providers including provider rates
- Personal and/or private information about our team members

### 3.8 Protecting IEHP's Assets and Information cont'd

**Confidential information may be in the form of:**

- Physical documents
- Electronic information including electronically saved files, emails and recordings
- Lists and computer printouts
- Studies and reports
- Drafts and charts
- Records and files
- Notes and memoranda

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.**



### 3.9 Safeguarding IEHP Systems

#### **The IEHP Rules of Conduct for Computer Systems and Mobile Devices**

IEHP expects team members and contractors utilizing IEHP computers, networks and mobile communication devices to use these systems in an ethical and professional manner.

Examples of actions which may subject a team member or contractor to disciplinary action, up to and including employment or contract termination include:

- Improper use of email systems
- Improper use of IEHP's internet access connections
- Unauthorized/improper access or usage of IEHP computer systems

### 3.9 Safeguarding IEHP Systems cont'd

Additional information on this IT policy is available to team members through the intranet platform.

#### Social Media

IEHP understands that various forms of communication occur through social media, including, but not limited to, Facebook, X, Instagram, Snapchat, 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). Team members who violate IEHP's Social Media Policy or demonstrate poor judgment in how 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 on the intranet platform.

**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 must use their remote access connection to conduct any IEHP business remotely.

**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 supervisor, manager or with Human Resources to handle appropriately.

## Facilities

All team members must play a role in making our facility a safe place, including:

- Ensuring building doors close completely after entering.
- Ensuring no one “piggybacks” behind you when entering an IEHP facility.
- Always swiping your badge when entering an IEHP facility and asking other team members to swipe their badge as well.

All individuals entering IEHP facilities must use IEHP-issued identification badges or check in at reception.

- All team members are responsible for providing their own badge access when entering IEHP facilities and are responsible for requesting a new company badge, if needed.
- All team members are responsible for checking out a temporary company badge when their badge is misplaced and for returning their temporary badge once a new, permanent badge has been issued.

Everyone should follow safe entry practices and report any suspicious activity to Security. Please visit IEHP's intranet platform for more information about IEHP's facilities and security policies and procedures.

**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 to gain access to private information or IEHP property. Do not allow anyone to enter through a locked door behind you without first verifying that they scan their badge to enter. If they do not have a badge or it does not scan properly, please escort them to the security desk to check out a temporary badge or sign in as a visitor.





# 4

## Know How to Find Help

### 4.1 Know How to Speak Up

IEHP's *Code of Conduct* provides guidance on the behavior expected of all IEHP Governing Board Members, team members, business associates and delegates. All individuals and entities who work for or on behalf of IEHP have a right and a responsibility to promptly report known and/or suspected violations of this Code.

They are encouraged to discuss the *Code of Conduct* with their manager, director, or chief officer; IEHP Compliance Officer; IEHP Compliance team; and/or the Human Resources Department. These resources are available to you in assessing the situation and reaching a decision to report a compliance or ethical concern.

Compliance concerns will be thoroughly reviewed and investigated, where warranted, 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 compliance concerns that are identified.



DOING WHAT'S RIGHT, TOGETHER.

**It's always right to report a wrong.  
REPORT IT!**

Below are the various methods by which any individual can report compliance concerns. Remember, reports can be made without fear of retaliation. You may report anonymously or reveal your identity – it is up to you. When reporting an issue, be prepared to provide as much detail as possible to allow proper investigation of the issue.

- **Call:** the **Compliance Hotline** toll free at **1-866-355-9038**, 24 hours/day, 365 days/year. If a Compliance team member is not available, a confidential voice mailbox will take your message and the team will pick it up on the next business day.
- **Email:** [compliance@iehp.org](mailto:compliance@iehp.org)
- **Mail:** IEHP Compliance Officer  
P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800
- **Visit** the IEHP Compliance Officer or the Compliance Team at IEHP.
- **Access the IEHP Intranet Platform** to report compliance issues.
- **Online:** Visit IEHP website at [www.iehp.org](http://www.iehp.org). From the Home Page > Compliance Program > Reporting Information

# 4

## Know How to Find Help cont'd

### 4.2 Team Member Resources

Team Members are encouraged to familiarize themselves with the following resources.

Resource	Location	Description
The Compliance Corner	Intranet	Contains information related to the Compliance, Fraud, Waste & Abuse, and Privacy Programs, report forms and the latest Compliance news
Compliance 360 (SAI360)	Intranet	Contains IEHP company policies and procedures
IEHP Team Member Handbook	Intranet	Provides basic information about the policies of IEHP for team members
Compliance Program and Reporting Information	<i><a href="http://www.iehp.org">www.iehp.org</a></i>	General information about IEHP's Compliance, Fraud, Waste and Abuse and Privacy Programs

# Thank You!

Our mission and reputation at IEHP are entrusted to all of the IEHP Governing Board Members, team members, business associates and delegated entities to foster, build and continuously improve upon. We can look to our *Code of Conduct* to help promote our values and 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.





*We heal and inspire the human spirit*

