



A Public Entity

Inland Empire Health Plan

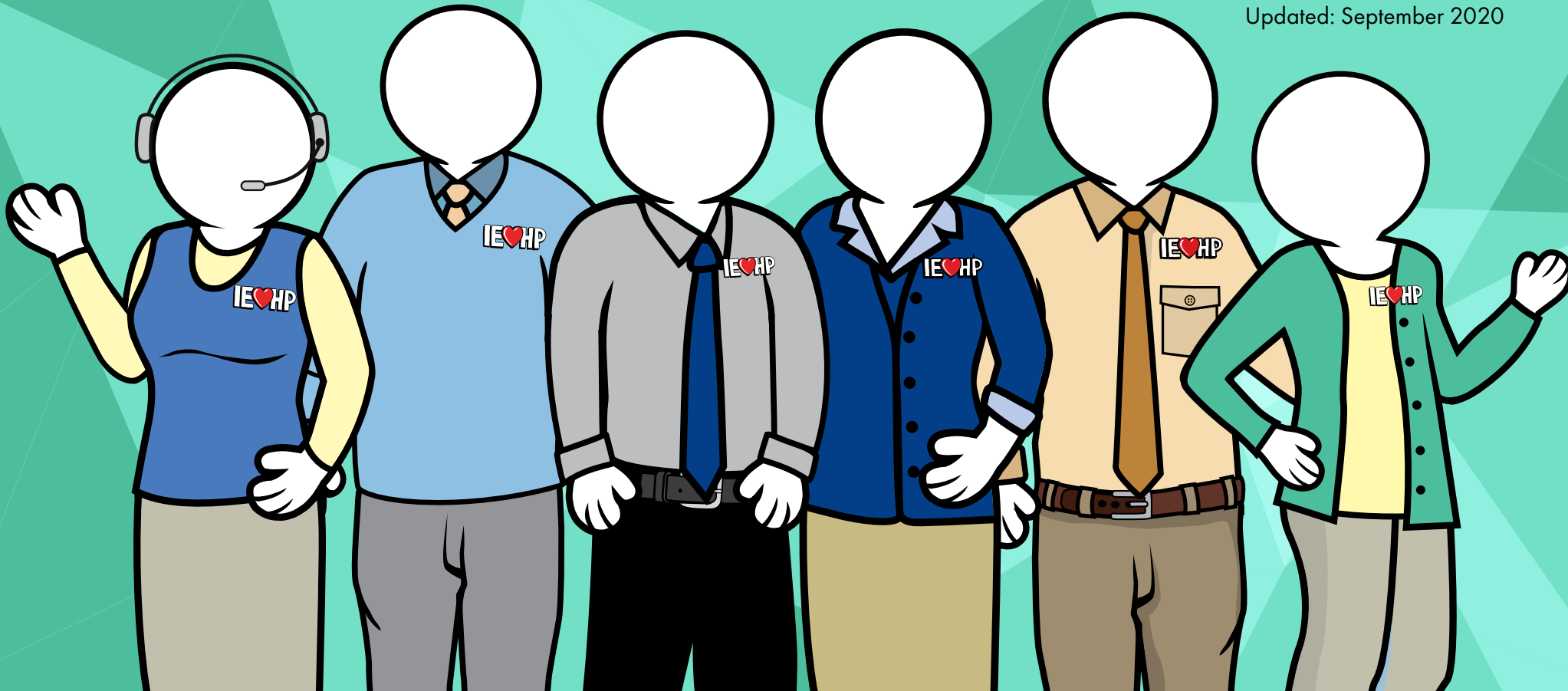
CODE OF BUSINESS CONDUCT AND ETHICS

COMPLIANCE



Doing what's right, together.

Updated: September 2020



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 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 you 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 in our *Team Member Handbook*, 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 and our Providers. 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, Human Resources Representative, or the Compliance Team 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



Janet Nix
Chief Organizational Development Officer

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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 applicable to Medi-Cal and IEHP DualChoice. 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.

1.5 Focus Areas



2

Making IEHP a Great Place to Work

2.1 IEHP's Team Culture

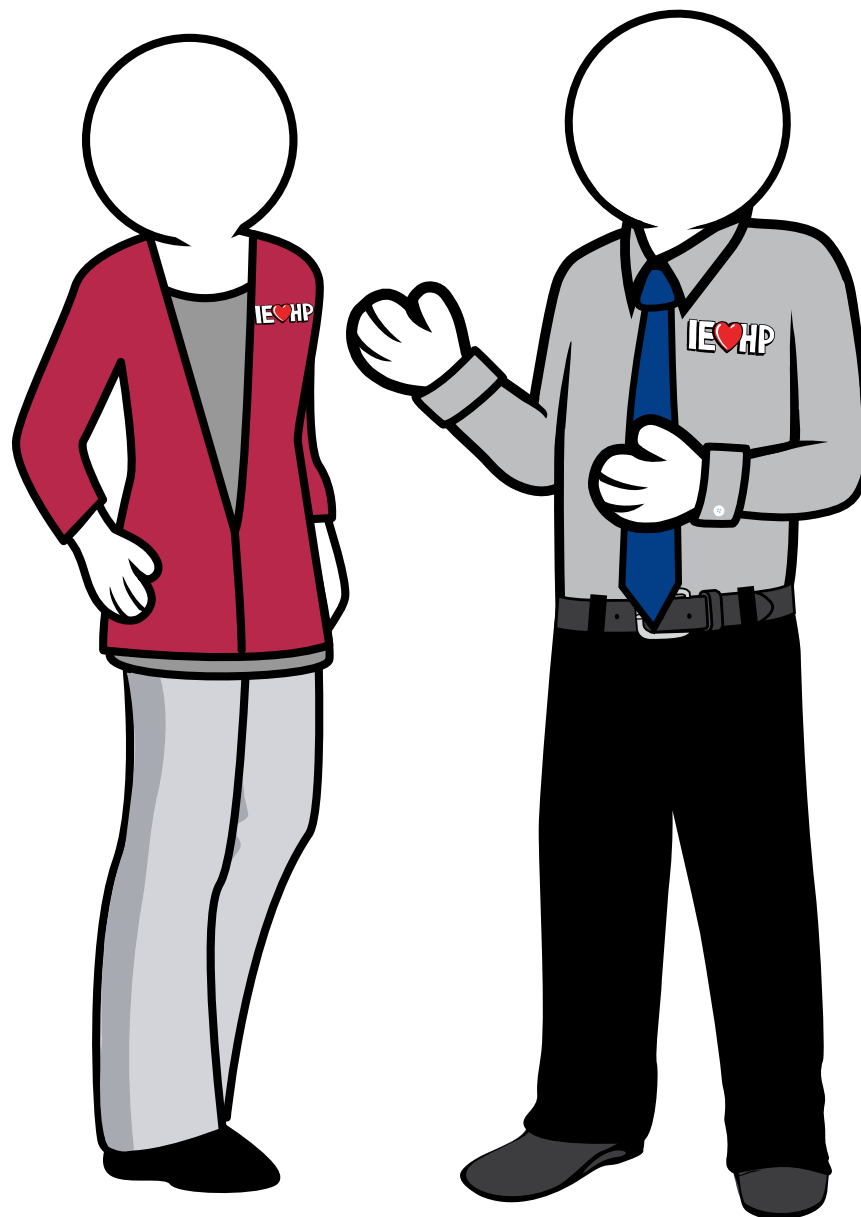
IEHP's Team Culture embodies our values, beliefs, and approach of interacting with people inside and outside our organization.

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 each other. However, for our Team Culture to be a success, we need all Team Members to sustain it.

Here are 10 key traits to sustain IEHP's Team Culture:

1. Focus on the needs of our Members and Providers
2. Create ideas that move IEHP forward
3. Aspire to make a difference every day
4. Strive to improve every day
5. Work with others in a cooperative and collaborative manner
6. Treat fellow Team Members with courtesy, respect, and professionalism
7. Mix hard work with fun – look forward to coming to work
8. Be a positive influence on everyone
9. Know that everyone's role is vital to our success
10. Take pride in IEHP and our accomplishments

Practice these every day. Aim for success because that's what makes us different. **Always remember that we are here to do the right thing for our Members, our Providers, and each other.**



2.2 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).

2.3 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.

2.4 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.

2.5 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.

You have joined a winning Team!



2.6 Exemplifying the IEHP Brand

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 about IEHP to Members, your fellow IEHP Team Members, and the community at large.

Here is a quick reference for communicating about IEHP:

- **Ask the IEHP Marketing Department** — All IEHP marketing and Member materials must be developed by the Marketing Department. Please do not write letters to Members or create your own marketing materials without proper management and regulatory approvals.
- **Get co-branded materials approved** — All co-branded (IEHP and other companies or vendors) 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 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 Director of Communications and Marketing.

Find our IEHP Team Member Marketing and Branding Fact Sheet located in the IEHP Brand Portal at iehp.workfrontdam.com/bp/#/.

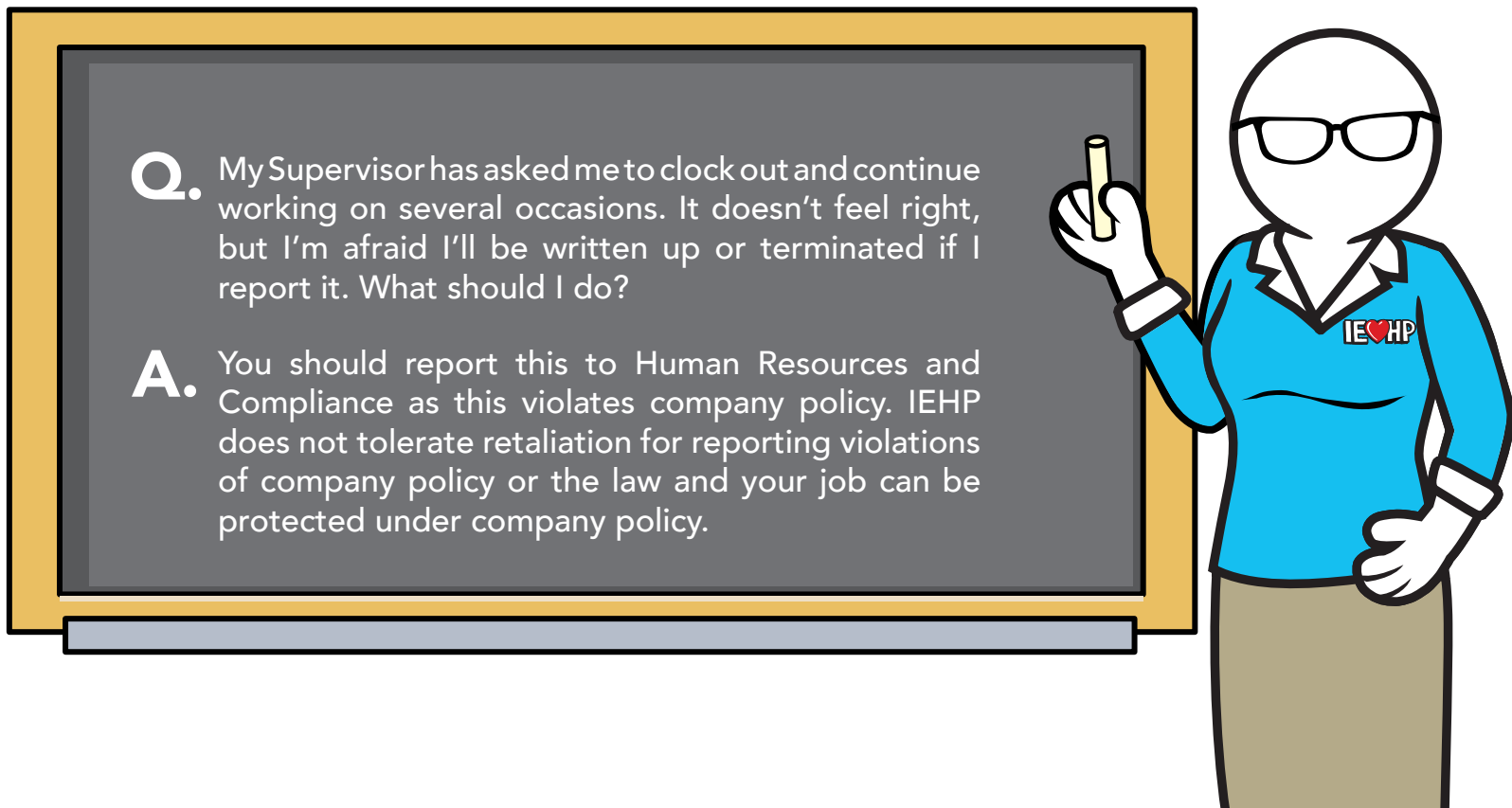


2.7 Zero Tolerance for Retaliation and Intimidation

All Team Members are encouraged to report potential compliance issues without fear of intimidation or retaliation, including (but not limited to):

- Reporting potential/suspected compliance issues (Privacy, FWA, or non-compliance)
- Conducting self-evaluations and/or
- Remedial actions

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 and non-intimidation practices are detailed in the Harassment and Illegal Discrimination Prevention (Policy Against Harassment) and the Corrective Action policies in the *Team Member Handbook* located on DocuShare via JIVE.



3

Preserving IEHP's Culture of Compliance

3.1

IEHP's Compliance Program

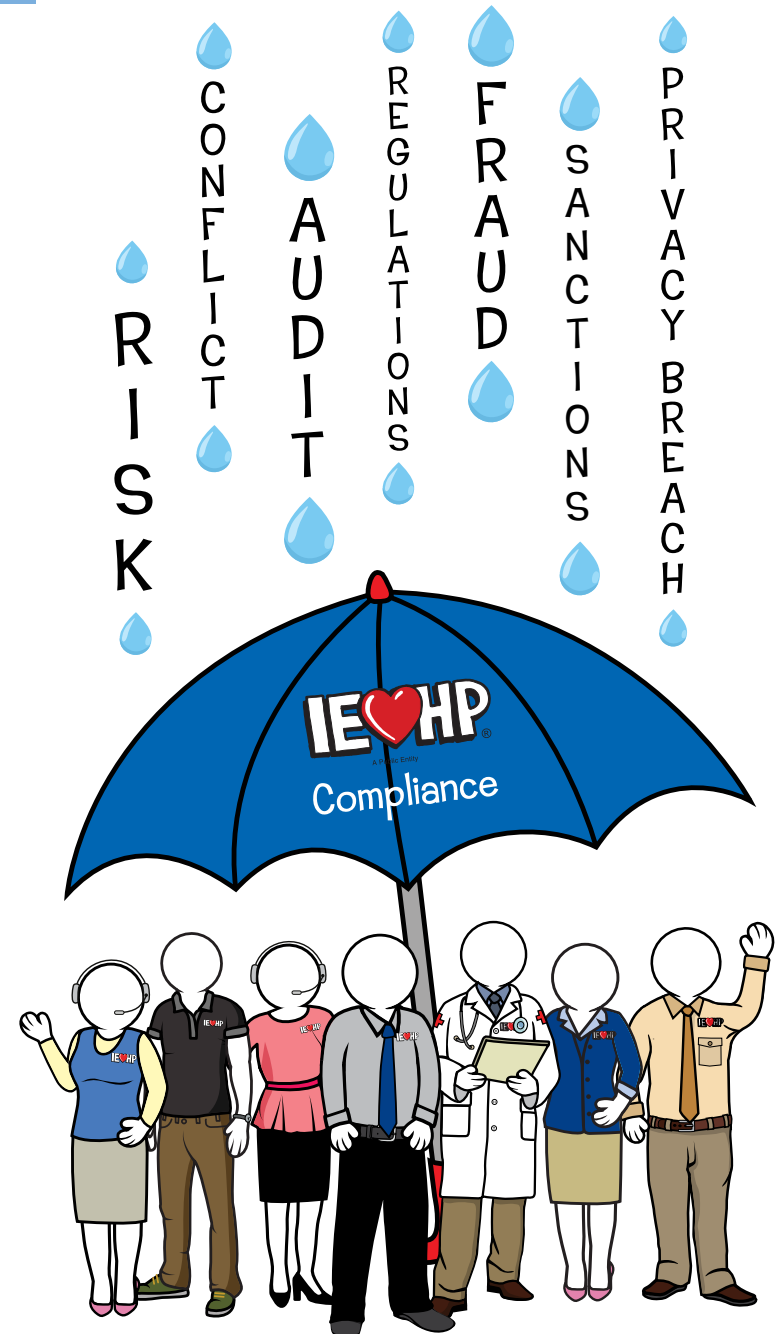
IEHP is committed to maintaining a working environment that fosters conducting business with integrity and that permits the organization to meet the highest ethical standards in providing quality health care services to our Members. This commitment extends to our Business Associates and Delegated Entities 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 culture of compliance for which we strive
- Establish and implement our shared commitment to honesty, integrity, transparency, and accountability

Additional information on IEHP's Compliance Program can be found on IEHP Intranet page (JIVE), Compliance Corner, and on IEHP's website: www.iehp.org, including:

- Reporting potential issues of non-compliance, 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 has established a Fraud, Waste, and Abuse 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 know how to report it. Every Team Member has a responsibility to report suspected FWA under federal and state laws, and in accordance with IEHP Policy.

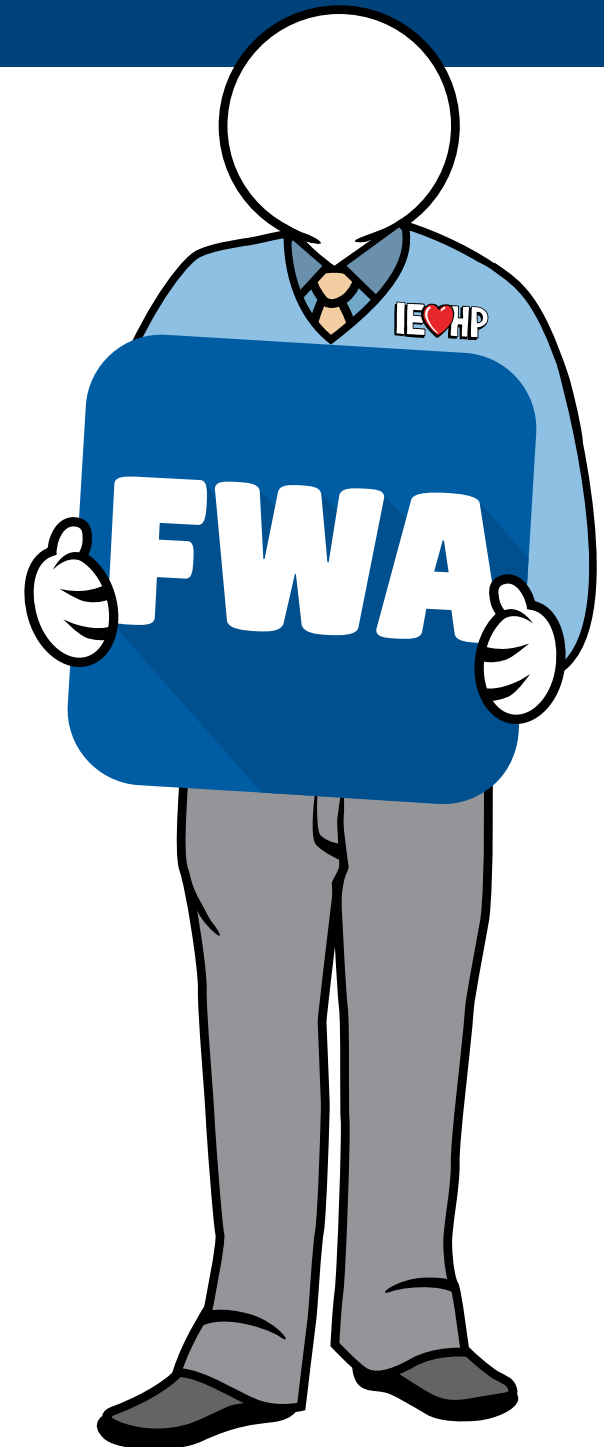
The Federal False Claims Act and similar state laws make it a crime to submit a false claim to the government for payment. False claims include, but are not limited to billing for treatment not rendered; upcoding to bill for higher reimbursement; and falsifying records to support billed amounts.

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 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 has suspected fraudulent activity and reported those suspicions in compliance with IEHP policy.

See Section 4.1 **Know How to Speak Up** 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 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 observation could be a potential fraud- or abuse-related concern. 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. Any information that you have available related to your report should be submitted 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 he had a lot of different prescribing physicians who are prescribing him 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, 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. The Member information that is protected by these regulations includes, but is not limited to:

Demographic Information

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

Financial Information

- Credit Card Numbers
- Bank Account Numbers
- Claims Information

Clinical Information

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

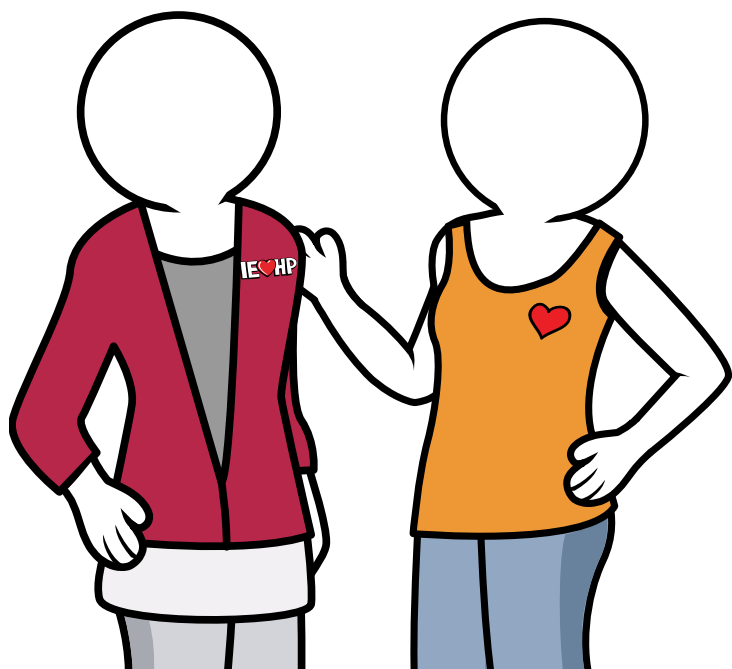
- Accessing information when it does not pertain to your job
- Sending information to the incorrect fax number
- Disclosing unauthorized information verbally (in person or over the phone)
- Sending mail to the wrong address
- Sending unsecured emails outside of the IEHP network or to the incorrect recipient

If a Team Member discovers a potential privacy incident or breach, he or she is required to report the issue immediately 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.

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 hours of discovery and to the Office for Civil Rights (OCR) under the Department of Health and Human Services (HHS) within the required time frames. A failure to report according to our regulated time frames 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 federal and state 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 she has 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's policies 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 well?

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 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.

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 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 COI 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 COI between their personal interests and the interests of IEHP. Team Members must disclose to their Supervisor any situation which may involve a COI.

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

While creating and maintaining strong relationships with our Members, business partners, and customers is vital to the success of IEHP, 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. Doing so allows others to raise at least the possibility that business decisions are not being made fairly or objectively.

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 gift card for a local restaurant as a way to thank me for the services I provided to him. 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 it 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 Supervisor or Manager about how to handle the situation.

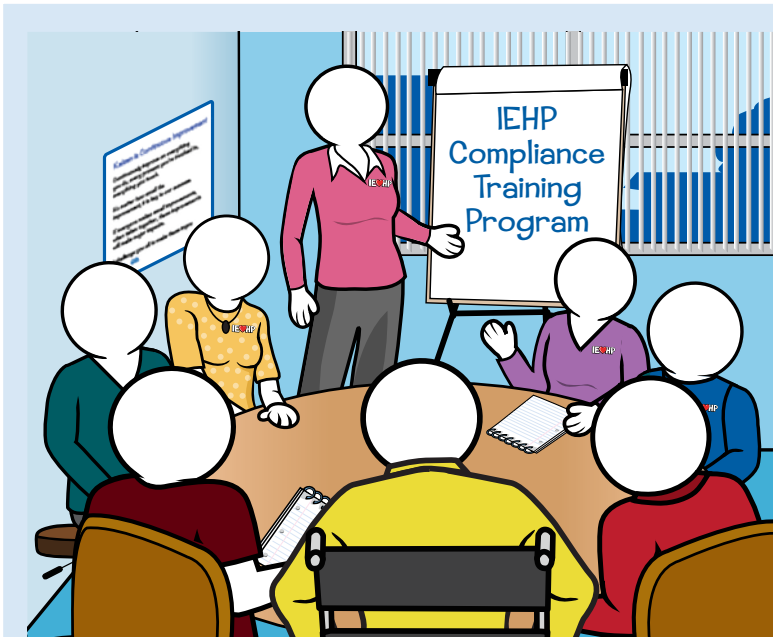
3.5

IEHP Compliance Training Program

The Compliance Training Program focuses on information related to IEHP's Compliance Policies and Procedures; *Code of Conduct*; elements of an effective compliance program; Fraud, Waste, and Abuse; and HIPAA programs.

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 within 90 days of hire, assignment or appointment.
- All of the IEHP Governing Board Members, IEHP Team Members, Temporary Employees, Interns, and Volunteers are also required to complete Compliance Training on an annual basis.
- IEHP requires **First Tier Entities** to provide Compliance Training to their employees and **Downstream Entities** within 90 days of hire, assignment or appointment, and annually thereafter.



First Tier Entity is any party that enters into a written arrangement with IEHP to provide administrative services or health care 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.

3.6 Federal and State Regulators

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).

The Centers for Medicare & Medicaid Services (CMS)

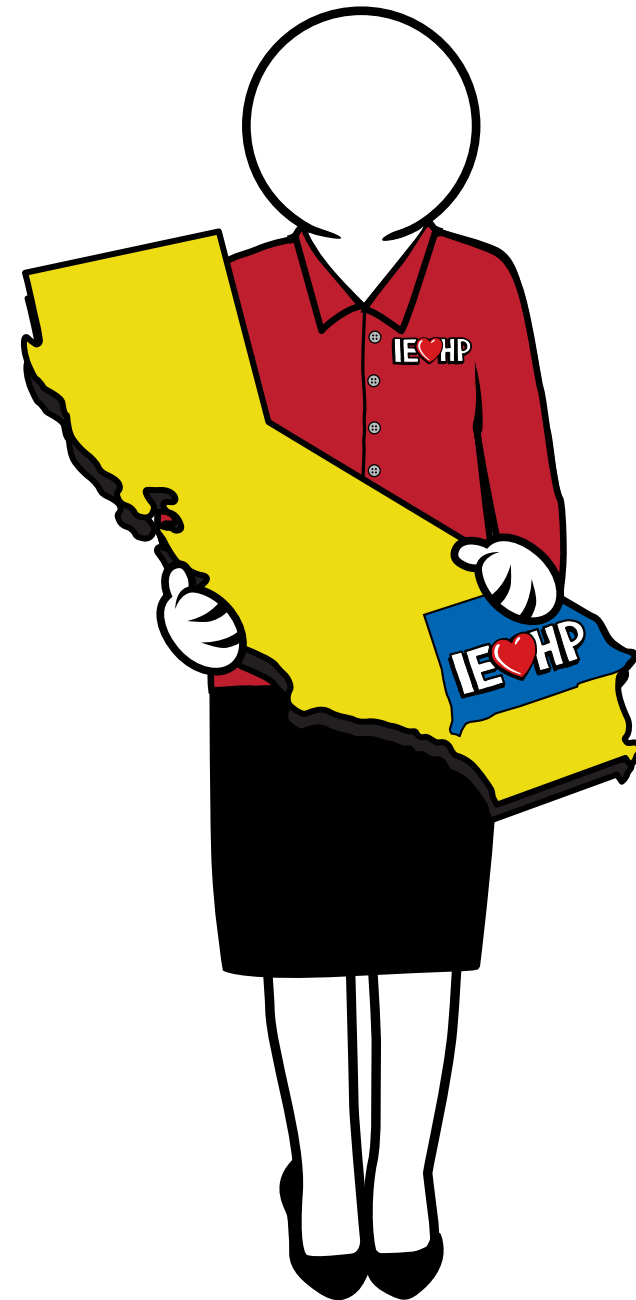
CMS is an agency within the U.S. Department of Health & Human Services responsible for administration of several key federal health care programs. CMS oversees Medicare (the federal health insurance program for seniors and persons with disabilities) and Medicaid (the federal needs-based program). IEHP maintains a contract with CMS to operate as a Medicare-Medicaid Plan (MMP).

The Department of Health Care Services (DHCS)

DHCS is one of thirteen departments within the California Health and Human Services Agency (CHHS) that provides a range of health care 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 federal and state funds to operate the Medi-Cal program. DHCS ensures that high-quality, efficient health care services are delivered to more than 13 million Californians (or one in three Californians). IEHP maintains contracts with DHCS to operate Medi-Cal managed care services.

The Department of Managed Health Care (DMHC)

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



3.7 Interacting with Regulatory Agencies

IEHP maintains open and frequent communications with regulatory agencies, such as CMS, DHCS, and DMHC. 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, Business Associates, and Delegated Entities are

expected to respond to regulatory agencies in a truthful, accurate, and complete manner. Responses should be coordinated with leadership, compliance, or legal, as appropriate. 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.

3.8 Eligibility to Participate in Federal and State Health Programs

As a part of compliance program oversight, IEHP performs Participation Status Reviews. This involves a review of several federal and state databases which list individuals and entities that have been excluded, suspended, or opted out from participation, contract, or subcontract with federal or state health care programs. Lists reviewed include, but are not limited to: the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE); the U.S. General Services Administration (GSA) System for Award Management (SAM); Medicare Opt Out Lists; the CMS Preclusion List (as applicable); and the DHCS Medi-Cal Suspended and Ineligible List. Exclusion screening is conducted upon appointment, hire or commencement of a contract, as applicable, and monthly thereafter. This ensures the Governing Board Members, Team Members and/or Delegated Entities are not excluded/suspended or do not become excluded/suspended from participating in federal and state health care programs.

If IEHP learns that any prospective or current, Board Member, Team Member or Delegated Entity 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 federal or state program, it is your obligation to notify IEHP Human Resources and the Compliance Department immediately.

3.9 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
- 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, 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). 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 or 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 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* located on DocuShare, via JIVE. 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 or Manager 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 Supervisor, Manager or with Human Resources to handle appropriately.

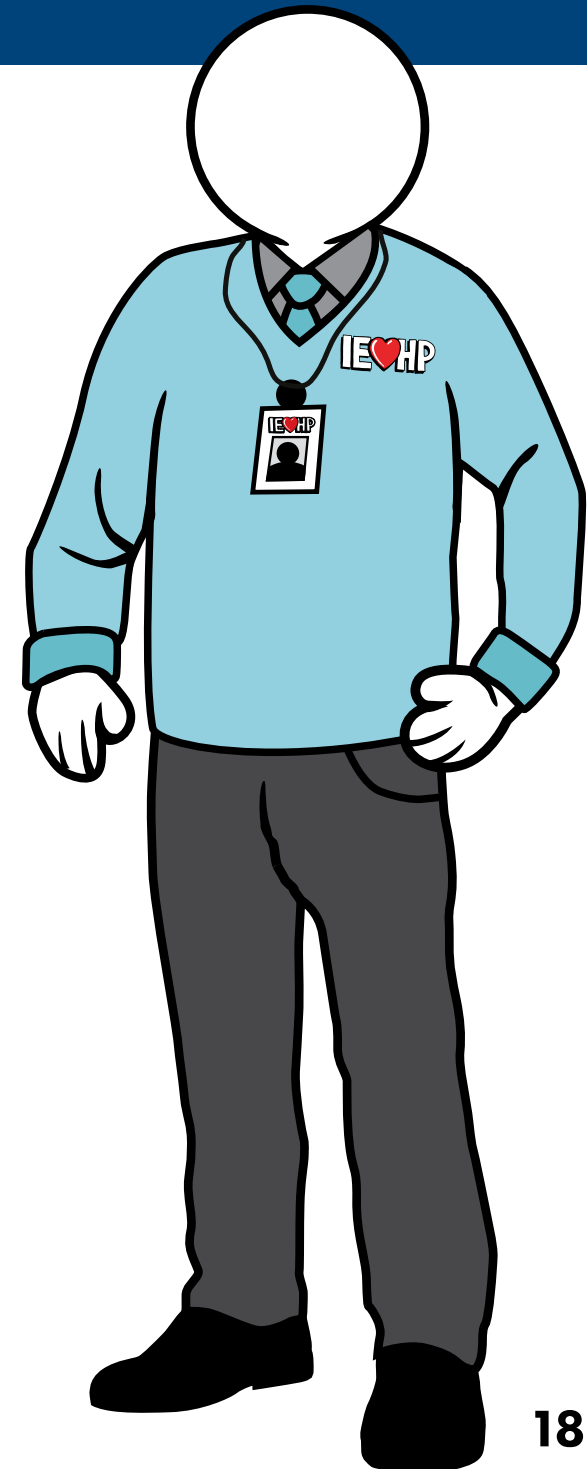
Facilities

- 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. All Team Members are also responsible for returning their temporary badge once a new, permanent badge has been issued.
- 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
 - Report any suspicious activity or individuals in the building, suites, or parking lots to:
Atrium.Security@Securitasinc.com
 - Offer guidance and/or question the attendance of an individual who appears lost

For information about IEHP’s policies and procedures, please visit the Facilities Page on JIVE.

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.



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 Delegated Entities. These individuals and entities are encouraged to discuss the *Code of Conduct* with their 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. All individuals and entities doing business with IEHP have a right and a responsibility to promptly report known and/or suspected violations of this Code.

Compliance concerns will be reviewed and investigated, where warranted, 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 federal and/or state criteria for additional investigation are referred to the appropriate federal and/or state entity.

The following are reporting methods any individual can use to report compliance concerns – remember, reports can be made without fear of retaliation, anonymously, or you may 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
- **Mail:** IEHP Compliance Officer
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800
- **Visit:** the IEHP Compliance Officer or the Compliance Special Investigations Unit at IEHP.
- **Access JIVE:** IEHP Team Members can also report compliance issues on JIVE, IEHP's intranet. Click on "Compliance Corner," then click on "Report a Compliance Issue." On this page you will find information and links on reporting potential compliance issues.
- **Go online:** visit IEHP's website at www.iehp.org search for links to "report forms."



4.2 Team Member Resources

The *Team Member Handbook* is 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 *Team Member Handbook* located on DocuShare, via JIVE.

Team Member resources include:

Resource	Location	Description
The Compliance Corner	JIVE	Contains information related to the Compliance Programs, report forms and the latest Compliance news
Compliance 360	JIVE	Contains IEHP company policies and policy attachments
IEHP <i>Team Member Handbook</i>	DocuShare, via JIVE	Provides basic information about the policies of IEHP for Team Members
Compliance Program Information and Reporting Information	www.iehp.org	General information about IEHP's Compliance, Fraud, Waste, and Abuse, and Privacy Programs

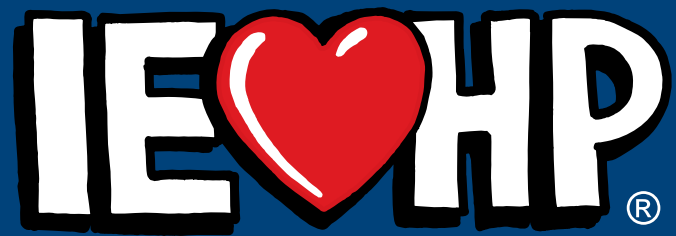
THANK YOU!

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.



NOTES:



A Public Entity

Inland Empire Health Plan