CONTRA COSTA HEALTH PLAN
CODE OF CONDUCT

I. Organizational Mission and Code of Conduct

A. Contra Costa Health Plan Mission Statement

Contra Costa Health Plan, a division of Contra Costa Health Services, cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities and diverse communities, as well as other health, education and human service agencies.
- We encourage creative, ethical and tenacious leadership to implement effective health policies and programs.

B. Purpose of the Code of Conduct

Contra Costa Health Services (CCHS) and Contra Costa Health Plan (CCHP) have developed this Code of Conduct (hereinafter the "Code") to provide guidance to personnel in carrying out their daily work activities in a way that is consistent with the CCHS and CCHP Compliance Programs. The Code provides standards that address areas identified as a high priority for Compliance oversight. These standards are intended to communicate policies that are comprehensive and easily understood. However, because these topics are complex, CCHP encourages all personnel who have questions or concerns to seek clarification and advice from their immediate supervisor, Senior Management or the Compliance Officer. While the Code of Conduct may also reference other personnel matters such as sexual harassment and discrimination, County policies exist which address those topics, and it is not the purpose of the Code to reiterate those policies.

The Compliance Program was developed to ensure that all CCHP personnel understand what commitment to ethical behavior is and are clear on how to meet its requirements. CCHP expects that all personnel conduct themselves in an ethical manner. This means that the ideals reflected in the Mission Statement and in this Code must be reflected not only in words, but also in our actions. Likewise, we expect that everyone will be guided by a sense of shared values for high ethical standards.

The CCHP Code of Conduct also encourages the implementation of effective

communication that ensures confidentiality between the Compliance Officer, members of the CCHP Compliance Committee, CCHP Personnel and CCHS Senior Staff and Administration. CCHP also ensures this communication and confidentiality to be available to subcontracted entities to allow them to report with the same anonymity available to CCHP Personnel.

C. Principles of the Code of Conduct

The following principles are the basis for the CCHP Code of Conduct. All CCHP personnel shall:

1. Treat all members with respect and dignity in an appropriate professional manner without regard to race, language, age, gender, religion, national origin or sexual preference.

2. Follow the Code of Conduct and conduct themselves in an ethical manner.

3. Report any concerns about possible compliance issues to the Compliance Officer or any member of the Compliance Committee. There shall be no retaliation against anyone who reports concerns that he/she believes create compliance issues for the organization. CCHP does not tolerate any acts of intimidation for good faith participation in the compliance program.

4. Communicate their questions or concerns to their immediate supervisor if they require clarification of a procedure, regulation or law related to their duties. Personnel will not be penalized for raising Compliance issues. CCHP expects that all personnel will be actively involved in correcting errors in a timely manner.

5. Obey all laws, rules, regulations, policies and procedures to the very best of their abilities and knowledge.

II. Commitment to Members, Payers and Regulators

CCHP provides a variety of health care services throughout Contra Costa County, and in some cases, beyond the boundaries of the County. These services are necessary to the health and well-being of Contra Costa County's residents and institutions, and generally may be provided only pursuant to Federal, State, and local laws and regulations. Any person suspecting a violation of this Code of Conduct should immediately report such to a supervisor, a member of Senior Management, the Compliance Officer, or the Compliance information hot line.

A. Patient/Client/Member Care and Rights

Patients, clients, and members have the right to be treated with dignity, respect and privacy. All CCHP personnel will treat all members with the dignity and respect they deserve regardless of their ability to pay. CCHP is proud of its record of quality care and

its consistent uniformity of care for all who enter its doors. To the extent possible, CCHP will involve patients/members and their families in the decisions made about the care being delivered to them. We recognize and honor the right of patients, clients and members to make choices about their own care, and will seek to provide information to patients, clients and members about the therapeutic risks involved. CCHP personnel will obtain the consent of the patient/client/member or their family member for the performance of all services and procedures. We will strive to provide care that is sensitive, compassionate, promptly delivered and cost effective.

Patients or members are informed of their right to make advance directives. These directives will be followed according to law and the organization's mission, philosophy, and capabilities.

Patients or members will be given the appropriate level of confidentiality, privacy, security and protective services. They will be given an opportunity to have their complaints resolved in a timely manner.

B. Confidentiality of Patient Information

CCHP collects information about the patient's medical condition, history, medication and family history of illnesses in order to provide the best care possible. We recognize the sensitive nature of the information we receive from patients and are committed to maintaining its confidentiality. Patient- specific information will not be released to others unless it either benefits the patient, is requested by the patient, or is required by law.

CCHP staff should never disclose confidential information that violates the rights of our patients/clients/members. No CCHP staff shall access any patient/member information that is not necessary to perform their job.

Patients/clients/members can rely on the fact that their privacy will be protected. We will not sell patient/member lists or specific patient/member information.

C. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

CCHS and CCHP have processes and procedures that address HIPAA. Hence, confidentiality, privacy, security of patient information, and the requirements of HIPAA are coordinated with the requirements of CCHS and CCHP's Compliance Program in order to prevent duplication and inconsistencies in policies and procedures. Where possible, the HIPAA Coordinator and the Compliance Officer collaborate and facilitate implementation of both programs.

D. Contract Physicians

Any business arrangement with a community provider must be structured to ensure compliance with legal requirements. Such arrangements shall be in writing and approved

by County Counsel and the Board of Supervisors.

CCHP does not pay for referrals. Patient referrals and admissions are based solely on the patient's clinical needs and CCHP's ability to provide the appropriate service. Violation of this policy may have grave consequences for the organization. If an individual violates this requirement, the individual involved will be subjected to disciplinary action, or if applicable, contract termination.

CCHP does not accept payments for referrals that we make. No person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Likewise, when making patient referrals to another health care provider, no consideration will be given to the value of referrals made to CCHP.

E. Agreement with Other Health Care Providers and Management/Marketing Companies

Agreements between CCHP and other health care providers in a position to take referrals from CCHP (i.e. other hospitals, nursing homes, home health agencies, ambulance services, clinical laboratories, pharmaceutical vendors, etc.), and agreements with companies providing significant management and/or marketing services must be in writing and in a form approved by County Counsel prior to initiation of the activity. Only those authorized may negotiate such agreements. The financial and other terms of these agreements will be commercially reasonable and based on the fair market value of the items or services actually provided, which are reasonably necessary, for legitimate business purposes, and appropriately documented. Again, compensation pursuant to these agreements shall be provided without regard to the volume or value of referrals made to or from CCHP.

F. Accrediting Bodies

CCHP will treat all members of an accrediting team such as URAC for Advice Nurse Unit and NCQA for the Health Plan, in a direct, open and honest manner. No efforts will be made to mislead accrediting bodies or their survey teams, directly or indirectly.

Accreditation is an important privilege bestowed upon CCHP's entities and as such, our standards will be adhered to with the best of our abilities.

G. Contracting and Bidding Process

CCHP is committed to managing contractor and vendor relationships in a fair and equitable manner consistent with all applicable laws. Selection of a vendor or contractor will be made based on objective criteria including quality, service, and adequate maintenance of services and supplies. For service providers, we will ensure that the agreement requires that they conduct themselves in compliance with all Federal and State laws and regulations and that they have an active compliance program or participate in

the compliance program at CCHS or CCHP. Where appropriate, they will be requested to provide documentation that supports the existence of their compliance program.

H. Marketing Practices

CCHP may use marketing and advertising to educate the public, provide information to the community, increase awareness of services and to conduct recruitment. We will present only truthful, informative and non-deceptive information in our marketing materials. No government payer will inappropriately bear the costs of such activities since marketing is not an allowable cost for government sponsored insurance programs. Wherever appropriate, CCHP will also follow state or federal guidelines on marketing, as appropriate for different product lines.

I. Antitrust

Antitrust laws are designed to create a competitive marketplace. We will not entertain discussions with competitors regarding setting our prices, carving up markets among competitors, or refusing to deal with a targeted vendor.

III. Compliance – Financial Matters

A. Waivers of Copayments and Deductibles

CCHP will not routinely waive insurance copayments or deductibles or provide other incentives to induce patients/members to receive services from CCHP, except where it is deemed reasonable to do so and the action is not in violation of the law.

B. Coding and Third-Party Billing

CCHP will exercise the utmost care in ensuring that bills submitted to government and private insurance payors are accurate and are in compliance with federal and state laws and regulations.

Care will be taken to verify that claims are submitted only for services actually provided and that services are billed as provided. All personnel are prohibited from intentionally presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. Oversight and monitoring systems will be developed to ensure accuracy in documentation of services. CCHP will also ensure that all current and new employees are trained regarding the false claims act.

Contractors engaged to perform services that impact CCHP's coding or billing process must have the necessary skills and procedures in place to ensure that claims submitted to the government and commercial insurance payors are accurate and complete. CCHP will require in the written agreement with the contractor that they have a compliance program in place and will comply with all federal and state laws and regulations.

C. Cost Reports

CCHP receives reimbursement from government sponsored insurance programs. As a result of participation in these programs, CCHP is required to report our costs of operations. CCHP will comply with Federal and State laws relating to all cost reports. These laws and regulations specify what costs are allowable and define the appropriate method to use when claiming reimbursement for the cost of services provided to program beneficiaries. Because of the complexity of the cost reporting process, all issues related to the CCHP completion or settlement filing of cost reports is coordinated by the CCHP Finance Department. CCHP personnel will deal with auditors in an open and honest manner.

D. Third Party Payers

CCHP will operate oversight systems in order to verify that claims are submitted only for services actually provided. Our emphasis will focus on the importance of complete and accurate documentation of services provided. Accordingly, we will maintain current and accurate medical records to the best of our abilities.

E. Response to Inquiries

CCHP will expeditiously respond to any billing inquiries. Requests for information will be coordinated by CCHP Business Services, and will be answered with complete, factual, and accurate information. Cooperation and courtesy to all government regulators will be the standard for our actions in dealing with regulators or government representatives.

CCHP staff shall never conceal, destroy or alter any documents, lie, or make misleading statements to a government representative.

IV. Business Information and Management Information Systems

A. Accuracy

Each employee at CCHP is responsible for the integrity and accuracy of the organization's documents and records, and for ensuring their compliance with regulatory and legal requirements.

B. Retention

Medical and business records will be retained in accordance with the law and CCHP's record retention policy.

C. Confidential Information

Confidential information about patients or the organization will be protected and not shared with those that are not authorized or required to have such information. Confidential information may include personnel data, patient and clinical information, pricing and cost data, financial data, strategic plans, vendor and contractor information, and any information defined as confidential under the HIPAA guidelines.

D. Electronic Media

All communication systems, electronic mail, intranet, internet access and voicemail are the property of CCHP. Limited reasonable personal use of the communications system is permitted; however, employees should assume that these communications are not private. Patient or confidential information should not be sent via email or the internet unless confidentiality can be assured.

E. Financial Reporting and Records

CCHP strive to ensure a high standard of accuracy and completeness of its financial records since they serve as the basis for managing our financial and budgetary obligations to our stakeholders. We will strive to ensure that all financial information reflects actual transactions and conforms to generally accepted accounting principles. CCHP maintains a system of internal financial controls to ensure appropriate processes in all transactions executed.

V. Workplace Conduct

A. Conflict of Interest and Business Courtesies

CCHP staff shall ensure that their outside activities and personal interests do not influence or appear to influence their ability to make objective decisions in their job. Other conflicts of interest may occur when the demands of outside activities detract from work performance, or if CCHP resources are used in meeting those outside activities. Each employee is responsible for avoiding conflicts of interest in the performance of their duties.

CCHP, in its operations and activities, shall not induce any person to make, solicit, or receive entertainment or gifts. Personnel may never accept cash or cash equivalents, such as gift certificates, nor may personnel solicit gifts.

B. Copyrights

CCHP staff shall ensure that they comply with the law when making copies of copyrighted materials.

C. Personal Use of CCHP Resources

Each CCHP employee is responsible for preserving the assets of the organization, which include time, materials, supplies and information. The organization's assets are to be

maintained for business related purposes. Personal use of CCHP assets is prohibited, as well as the use of resources for personal financial gain.

D. Prohibited Conduct

CCHP is part a fully integrated health services system including providers and payors. As such, personnel are informed about and instructed that they are prohibited from engaging and participating in any of the following:

A. Improper Claims

Presenting or causing to be presented to the federal or state government or any other healthcare payor:

1. A Claim for an Item or Service Not Provided as Claimed

A claim for a medical service or other item or service that such person knows or should know was not provided as claimed, including a pattern or practice of presenting or causing to be presented a claim for an item or service that is based on a code that such person knows or should know will result in a greater payment to CCHP than the code such person knows or should know is applicable to the item or service actually provided.

2. A False Claim

A claim for a medical service or other item or service that such person knows or should know is false or fraudulent.

3. Services by Unlicensed Physicians

A claim for a physician's service (or an item or service incident to a physician's service) when such person knows or should know that the individual who furnished (or supervised the furnishing of) the service:

a. was not a licensed physician;
b. was licensed as a physician, but such license had been obtained through a misrepresentation of material facts (including cheating on an examination required for licensing); or
c. represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board when the individual was not so certified.

4. Claims From an Excluded Provider

A claim for a medical service or other item or service furnished during a period in which such person knows or should know that the provider who furnished the services was excluded from the program under which the claim was made.

5. Claims for Services That Are Not Medically Necessary

A claim for a medical service or other item or service that the person knows or should know is not medically necessary, that is, items or services which are not warranted by the patient's current and documented medical condition.

B. False Statement in Determining Rights to Benefits

Making, using, or causing to be made or used any false record, statement, or representation of a material fact for use in determining rights to any benefit or payment under any healthcare program.

C. Conspiracy to Defraud

Conspiring to defraud the federal or state government or any other healthcare payer by getting a false claim allowed or paid.

D. Patient Dumping (EMTALA: Emergency Medical Treatment and Active Labor Act)

Refusing to treat, transferring, or discharging any individual who comes to receive emergency services, and on whose behalf a request is made for treatment or examination, without first providing for an appropriate medical screening examination to determine whether or not such individual has an emergency medical condition, *and,* if such individual has such a condition, stabilizing that condition or appropriately transferring such individual to another hospital in compliance with the requirements of the law.

E. Healthcare Fraud/False Statements Relating to Healthcare Matters

Executing or attempting to execute a scheme to defraud any healthcare benefit program or to obtain, by means of false, fictitious, or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any healthcare benefit program.

F. Prohibited Referrals

Presenting or causing to be presented a claim for reimbursement to any individual, third-party payer, or other entity for items or services that were furnished pursuant to a referral by a physician to an entity with which the physician has a financial relationship except as permitted by law.

G. Kickbacks

Knowingly and willfully:

1. soliciting or receiving any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind either:

a. in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program; or

b. in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal healthcare program; or

2. offering or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person either:

a. to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program; or

b. to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal healthcare program.

H. Failure to Report Known Violations to Compliance Office

All employees are expected to promptly report any instance of noncompliant conduct to the Compliance Officer.

VI. CCHS and CCHP Compliance Programs

The CCHS and CCHP Compliance Programs are intended to work together with both demonstrating the organizations' commitment to the highest ethical standards and compliance with all federal and state laws and regulations. This commitment is exhibited at all levels of the organizations.

For information about CCHP's Compliance Program you may contact the CCHP Compliance Office via e-mail at **compliance@cchealth.org** or by direct mail at the following address:

Compliance Office
Contra Costa Health Plan
595 Center Ave. Ste. 200
Martinez, CA 94533

To anonymously report potential compliance or privacy issues, you can also contact the Contra Costa Health Services 24-hour Compliance Hotline at **1-800-659-4611**.

Whenever possible, issues should be addressed with your immediate supervisor. When that is

not possible or the individual feels that another course of action is required, contacting a member of Senior Management or the Compliance Officer directly is also an option. The confidentiality of the identity of any individual who files a report will be maintained unless disclosure of their identity is mandated by law or County policy. CCHP's Compliance Officer is vested with day-top-day operations of the Health Plan Compliance Program. CCHP's Compliance Manager is full-time employee of the CCHP division and is always available to you for matters pertaining specifically to CCHP.

a. Personal Obligation to Report

CCHS and CCHP are committed to ethical and legal conduct in compliance with all relevant laws and regulations. To that end, every person is obligated to report and correct wrongdoing whenever it may occur in the organization. This commitment also extends to self-reporting any potential fraud or misconduct related to Medicare Part C and Part D Programs. The safeguard of the integrity of these programs requires open communication and the ability to self-report any potential fraud or misconduct to the proper entity within the CMS Division of Plan Oversight and Accountability within the Center of Program Integrity.

b. Internal Investigations of Reports

All potential compliance issues will be investigated promptly and confidentially to the extent possible. Either the CCHS Compliance Officer or CCHP Compliance Officer will coordinate all investigations and initiate corrective action. All CCHS and CCHP staff are expected to cooperate with investigations.

c. Corrective Action

Where an internal investigation substantiates a reported violation, corrective action is expected. Corrective action includes making prompt restitution of any overpayments, disclosure to the appropriate governmental agency, and instituting disciplinary action where needed.

d. Discipline

Violations of the Compliance Program policies shall be addressed pursuant to disciplinary procedures outlined in County policies and union contracts.

e. Internal Auditing and Monitoring

CCHP is committed to proactive monitoring of its compliance with federal and state laws and regulations. An internal monitoring system is in place that will be used to provide routine audits of specific areas that are deemed "high risk" by the Office of Inspector General or for areas of operational concern as identified by regulators such as DMHC, CMS, or DHCS.

CCHP's Compliance program works in conjunction with the overall Health Services Compliance Program. The CCHP Compliance Officer reports directly to the CEO of CCHP and the Contra Costa County Board of Supervisors (via the Joint Conference Committee "JCC"). The CCHP Compliance Office also maintains direct communication with the CCHS Compliance Office.

The Contra Costa County Board of Supervisors (hereinafter the "Board") is the designated governing body responsible for the supervision of the compliance efforts of CCHS and CCHP. The Board or appropriate subcommittees such as the CCHP Joint Conference Committee, CCHP's Compliance Committee, and key leadership will oversee CCHP's compliance efforts, consult with advisors it deems necessary, receive periodic reports from the Health Services Director or the CCHS or CCHP Compliance Officer, and take any actions it deems appropriate and necessary to ensure that CCHS and CCHP conduct their activities according to federal, state and local laws and regulations.

A copy of the minutes of all Board or subcommittee meetings reflecting reports on Compliance matters, as well as the decisions made by the Board or subcommittees may be reviewed upon request.

f. Acknowledgement Process

CCHP personnel will be required to sign an acknowledgement indicating that they have received the Code of Conduct and understand that it represents a mandatory policy of CCHP.

g. Role of Department Managers

All CCHP managers are responsible for ensuring their staff receive Compliance training. All new employees shall be exposed to the Compliance Program through the orientation process. For current employees, each department manager will schedule initial Compliance training with the Compliance Officer and document accordingly in the department personnel records. Subsequent review of the Compliance Program will occur during each employee's annual evaluation. Employees working in high-risk areas (as defined by the OIG) will receive specialized training as appropriate on an annual basis. These special training programs will include but not be limited to: (1) the content and procedures of the Compliance Program; (2) that cooperation with the Compliance Program is an expectation of management, (3) that CCHS will take appropriate disciplinary action, up to and including termination of employment, in a manner consistent with our policies and union contracts for violations of Federal and State laws and regulations. Accordingly, the Compliance Program will be a formal program of CCHS and as such, will require adherence by all employees.

h. Special Provision for Entities Meeting FWA Certification Through Enrollment into the Medicare Program or Accreditation as Durable Medical Equipment, Prosthetics, Orthotics and Supplies Providers.

CCHP recognizes an entity who enrolls into the Medicare program as a provider or who meets accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), as entities deemed to have met the training and educational requirements for fraud, waste and abuse.