



CENTERS PLAN
FOR HEALTHY LIVING



Code of Conduct and Compliance Program

Revised February 2021

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Statement from the Chief Executive Officer

To the CPHL Community:

Our mission and goal are the foundation of Centers Plan for Healthy Living (CPHL).

CPHL was built around a very simple mission statement, “to best serve the long-term chronic care needs of frail, eligible individuals by improving health status and quality of life in the least restrictive environment.” Our goal is to maintain our members in their community by optimizing their health outcomes through coordinating community-based health and social services. We accomplish this goal while also conducting ourselves in an ethical and legal manner.

The Code of Conduct provides guidance to ensure that CPHL promotes an environment of honest and responsible behavior. It contains information that will assist you in responding to issues related to the appropriate conduct in the workplace.

CPHL embraces these guidelines, never crosses the line and expects all of us to do the same. CPHL’s Code of Conduct is a document that all of us need to be familiar with; it establishes guidelines in defining our professional and personal behavior among colleagues, vendors, providers and members.

As an employee and provider of CPHL, you must review, understand and adhere to the guidelines set forth in the Code of Conduct. If you have any questions or concerns related to the Code of Conduct, you may contact our Compliance Officer. If you are aware of a violation of the Code of Conduct, you must report it immediately to the Compliance Department (see page 16 for contact information).

As a key member of the CPHL family, we ask that you continue to support the principles of the Code of Conduct and Compliance Program to ensure our continued success.

Sincerely,
Mark Bloom
Chief Executive Officer

Purpose

The Centers Plan for Healthy Living's (CPHL) Board of Directors, management staff and employees are fully committed to conducting business in compliance with governing laws, regulations and acceptable standards of business conduct indicated in CPHL's policies. CPHL's Code of Conduct and Compliance Program reflect our commitment to quality service, integrity, and accountability.

The Code of Conduct outlines the organization's principles and provides the structure, policy framework and systems to promote compliance and support an ethical business culture. The Code of Conduct applies to all Centers Plan for Healthy Living's employees (including interns/volunteers), Board Members, providers and contracted vendors. It also applies to first tier, downstream, and related entities (FDRs) associated with CPHL's programs.

Leadership Responsibilities

CPHL's leadership team and supervisors have additional responsibilities under the Code of Conduct to:

- Lead by example—show what it means to act with integrity;
- Ensure that those they supervise have adequate knowledge, training and resources to follow the standards listed in the Code of Conduct;
- Monitor the compliance of the people they supervise;
- Enforce the standards of the Code of Conduct and all related company policies;
- Support employees who in good faith raise questions or concerns about compliance and integrity issues. This means retaliation of any kind is not permitted; and
- Report potential instances of non-compliance to the Compliance Officer.

Mission Statement

At Centers Plan for Healthy Living (CPHL), our mission is to work collaboratively with members, their families, health care decision makers, caregivers and providers to break down barriers to accessing comprehensive health care. Our focus is on coordinating care for Medicare and/or Medicaid eligible populations, working with our members to address their long- and short-term health care needs and improving their overall health and quality of life.

Core Values

Integrity

- CPHL will consistently strive to adhere to high moral principles, professional standards and a sense of honesty.

Accountability

- CPHL will be responsible for the commitments it makes and deliver excellent services.

Quality Service

- CPHL will consistently strive to meet and exceed the expectations of our members, providers and regulatory partners.

Code of Conduct

Centers Plan for Healthy Living (CPHL) is committed to quality health care and is dedicated to the health and well-being of our members through partnership with members, providers and the community. To serve our members, CPHL is committed to providing high quality services in an ethical and fiscally responsible manner.

The Board of Directors, management, employees and where appropriate, agents, contractors and providers including first-tier, downstream, and related entities (FDRs) involved with the CPHL business, are expected to act in an ethical and compliant manner. They must also conduct the business and affairs of CPHL consistent with the principles outlined in this Code of Conduct. Employees, management and board members are encouraged to report violations of law and policy to CPHL's Compliance Officer or senior management, New York State Department of Health (NYSDOH), Centers for Medicare and Medicaid Services (CMS), its responsible designee and/or to law enforcement.

CPHL encourages and expects that members, employees, providers and related entities of CPHL report suspected violations of the standards presented in this Code of Conduct, related compliance policies, and applicable laws, statutes, rules and regulations.

CPHL established this Code of Conduct to describe appropriate conduct and business practices. The Code of Conduct, Compliance Program and related compliance activities are fundamental to establishing an organizational culture that promotes prevention, detection and correction of situations that do not conform to CPHL's policies and procedures, Federal and State laws or ethical business practices. CPHL is committed to complying with all applicable statutory, regulatory and other CPHL program requirements in order to prevent, detect and correct fraud, waste and abuse.

All employees are responsible to ensure that their behavior and activities are consistent with the Code of Conduct. CPHL employees will be subject to discipline for violating the principles outlined in this Code of Conduct, Compliance Program and policies and procedures. Failure to comply may result in disciplinary action, including oral or written warnings or reprimands, suspensions or termination of their employment with CPHL.

Employees play an essential part in compliance by reporting any known or suspected violations of the Code of Conduct, fraud, waste and abuse, misuse of funds and/or falsification of internal records to our Compliance Officer without fear of retaliation or job loss. You can report violations at 1-855-699-5046 or online at www.centersplan.ethicspoint.com.

Standard No. 1: Compliance with Laws, Regulation and Contract

CPHL is committed to conducting all its activities in compliance with applicable laws, regulations and contractual obligations. CPHL requires that all employees, providers and representatives comply fully with all applicable laws, regulations and other contractual obligations. If there is any doubt as to whether an activity is legal or proper, the individual must contact CPHL's Compliance Officer.

Standard No. 2: Professional Ethics

CPHL is committed to the highest standards of business ethics and integrity. CPHL will fairly and accurately represent itself in all business relationships and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services. CPHL's Compliance Program and related policies and procedures help ensure that the business activities reflect these high standards.

Standard No. 3: Fraud, Waste and Abuse

CPHL has a Special Investigations Unit (SIU) that is a subdivision of the Compliance Department. SIU investigates and reports any potentially fraudulent activity. Fraudulent activity is deliberate deceptive behavior in order to secure unlawful or unfair gain. CPHL expects its employees, vendors and related entities to refrain from conduct that may violate the fraud and abuse policies and related laws.

Any employees, providers or representatives that have questions related to a billing practice or the legitimacy of a certain transaction should contact the Compliance Department. The Compliance Officer will review all concerns and handle them appropriately.

Standard No. 4: Confidentiality

Employees, providers and representatives of CPHL will protect all confidential information received in a manner consistent with applicable legal and ethical standards. CPHL will comply with applicable Federal and State laws protecting the privacy and security of members' health information (i.e., HIPAA) and will act responsibly by maintaining the confidentiality of member information. CPHL will provide a privacy notice (Attachment I) to members that explains CPHL's policies and procedures for the use and protection of member protected health information (PHI).

CPHL employees are expected to respect the proprietary and confidential information of others. Such information can include written materials, software and other "intellectual property." All CPHL employees are responsible to ensure they do not improperly copy documents or computer programs for their own use, in violation of applicable copyright laws or licensing agreements. All employees must comply with CPHL's Information Security Policy.

Standard No. 5: Conflicts of Interest

Employees, providers and representatives of CPHL are expected to conduct their activities in a way that avoids actual or perceived conflict of interest. A conflict of interest arises when an individual's own interests influence or appear to influence their decisions regarding CPHL. If a conflict of interest exists, it must be fully disclosed and appropriate action taken consistent with the organization's policies.

An employee's personal, social, or other activities or relationships have the potential to interfere with the employee's loyalty to CPHL or objectivity in doing business and may be a potential for conflict. The employee's obligation to conduct company business in an honest and ethical manner includes the appropriate handling of actual and apparent conflicts of interest. This sometimes requires that conflicts be avoided altogether, and it always requires full

disclosure of any actual or apparent conflicts of interest. It is the responsibility of employees to ensure that they remain free of conflicts of interests in the performance of their role at CPHL.

All employees must take the company's best interest into account when making a decision that affects the company. These decisions may not be made based on personal or outside influences. An employee must never use their position to personally profit or to assist others in profiting at the expense of the organization. Upon new hire and annually thereafter, all CPHL employees must advise the compliance department of any potential conflict of interests outside of the work environment by completing an attestation. However, conflicts of interest can be reported at any time.

Standard No. 6: Protection of Company Assets

CPHL must preserve and protect its assets by promoting the efficient and effective use of its resources. CPHL must use its assets to further its legitimate business activities. Corporate assets to be protected include property, equipment, computers, company records, furniture, supplies, software, and information and telecommunications systems.

Corporate assets also include intellectual property such as member lists, pricing strategies, business plans and other proprietary information of CPHL. Directors, employees and their representatives must report to a supervisor or the Compliance Department any situation that could lead to loss, misuse or theft of company assets.

Standard No. 7: Sanctioned Individuals

CPHL will not knowingly employ any individual, or contract with any person or entity, who has been convicted of a criminal offense related to health care or who is listed by a Federal or State agency as debarred, excluded or is otherwise ineligible for participation in a government-funded health care program. Upon hire and monthly thereafter, the Chief Compliance Officer/their designee will ensure CPHL routinely checks the Office of Inspector General (OIG) List of Excluded Individuals/Entities, System for Award Management (EPLS/SAM), and the New York State OMIG exclusion list in order to ensure that potential and existing employees, providers, contractors and consultants have not been excluded from participating in federal programs. Employees and contracts will be terminated if an individual or company with which CPHL does business has been excluded.

Standard No. 8: Business Inducements

CPHL must conduct all business transactions free from solicitation or receipt of bribes, kickbacks, gifts, favors or improper incentives. Management, employees and representatives of CPHL may not offer, give, solicit or receive anything of value to induce a referral of business. Unsolicited, non-monetary, infrequent business courtesies or gifts are acceptable only if the activities comply with applicable law and (i) have a legitimate business purpose, or (ii) are consistent with CPHL's policy.

Business transactions with vendors, contractors and other third parties must be done without offers or solicitation of gifts, favors or other improper inducements in exchange for influence or assistance in a transaction.

Employees shall not utilize confidential business information obtained from competitors, including customer lists, price lists, contracts or other information in a manner likely to provide an unfair competitive advantage to CPHL.

Standard No. 9: Gifts and Gratuities

CPHL contracts with suppliers, vendors, contractors and consultants, and all are vital to the company's success. It is important that all business relationships with third parties are maintained in a fair and honest manner. Business gifts and entertainment can build good will, but they may also make it harder to be objective about the person providing

them and create conflicts of interest.

Gifts, which include entertainment and gratuities, may be anything of value, such as discounts, cash, loans, favorable terms on any product or service, services, prizes, transportation, use of vehicles or vacation facilities, home improvements, tickets to events and gift certificates.

Unsolicited, non-monetary, infrequent business courtesies or gifts are acceptable only if the activities comply with applicable law, have a legitimate business purpose, and are consistent with CPHL's policies. Receiving or giving gifts of cash or cash equivalents is never allowed.

Standard No. 10: Fair Business Dealings

CPHL is committed to achieving its success by fair and ethical means. CPHL prohibits any unethical, non-competitive or illegal business practices. In addition, CPHL will deal fairly with its members, providers and other business associates. CPHL will not take unfair advantage of anyone through manipulation or concealment of information, abuse of confidential information, misrepresentation of facts or any other unfair business practice.

CPHL selects contractors, suppliers and vendors based on quality, price, delivery, technical and service excellence. Selections are not made based on personal or self-serving relationships but rather based on the needs of the organization. CPHL will employ those with high ethical standards in business practices.

Standard No. 11: Accurate Records

Every employee is responsible for ensuring that all financial reports, accounting records, research reports, expense accounts, timesheets and other documents are accurate and clearly represent the relevant facts or the true nature of a transaction. Employees should never make false or misleading entries in reports or other records. Business records will be kept in an accurate, true and complete manner. In order to secure the accuracy and reliability of financial records and reports, CPHL has internal control standards and procedures. Accurate business records are important for legal, financial and other reporting obligations of CPHL. Fraudulent accounting or documentation is a violation of CPHL's policies and applicable laws.

Standard No. 12: Equal Opportunity

CPHL is culturally diverse and believes that the fair and equitable treatment of employees, members, providers, business partners, and our community at large is critical to fulfilling its vision and goals. CPHL will treat everyone with dignity and respect regardless of race, color, creed, religion, sex, national origin, disability, marital status, age, sexual orientation and/or public assistance status. CPHL will conduct its employment practices free from discrimination.

Standard No. 13: Harassment and Workplace Violence

CPHL employees have the right to work in an environment free of harassment. CPHL will not tolerate any form of harassment. Harassment can be verbal/written, physical or visual behavior that creates an offensive, hostile or intimidating environment.

Prohibited conduct includes, but is not limited to: offensive racial, ethnic, religious, age-related, or sexual jokes or insults; distributing or displaying offensive pictures or cartoons; and using voicemail, e-mail or other electronic devices to transmit derogatory or discriminatory information.

Sexual harassment is strictly prohibited. Prohibited conduct includes, but is not limited to, unwelcome or inappropriate sexual advances or requests for sexual favors in conjunction with employment decisions. CPHL has a

zero tolerance for any form of verbal or physical conduct of a sexual nature that creates a hostile or offensive work environment.

Workplace violence is also prohibited. Workplace violence includes, but is not limited to: robbery, stalking, terrorism, hate crimes or violence directed to any employee of CPHL.

Employees who observe or experience any type of harassment or workplace violence should immediately report the incident to their supervisor, leadership team, Human Resources department, or the Chief Compliance Officer. CPHL maintains a zero tolerance for any type of harassment or workplace violence.

Compliance Plan

The Code of Conduct is more than a description of our standards, it is the foundation of Centers Plan for Healthy Living's (CPHL's) Compliance Program.

CPHL's Chief Compliance Officer is charged with implementing and supporting the effectiveness of CPHL's Compliance Program. The Compliance Officer is responsible for developing, operating and monitoring CPHL's Compliance Program to detect, prevent and correct fraud, waste and abuse. To this end, the Compliance Officer will:

- Develop an annual CPHL compliance workplan, in cooperation with the Compliance Committee, that will provide for the ongoing development and implementation of the CPHL Compliance Program;
- Provide for effective lines of communication, education and training programs as required by CPHL's Compliance Program;
- Investigate allegations of non-compliance with CPHL Program requirements, and work with the appropriate individuals to ensure that necessary corrective and/or disciplinary action is taken; and
- Implement corrective actions and modify systems and/or policies and procedures to ensure non-compliance with CPHL Program requirements does not reoccur.

As established in the Employee Training Policy, all employees will receive education on CPHL's Compliance Plan and Code of Conduct, applicable laws, regulations and policies. The training is mandatory for all new hires and required annually thereafter.

CPHL's Compliance Plan was developed to meet all requirements mandated by the Centers for Medicare and Medicaid Services (CMS), Office of the Inspector General (OIG), New York State Insurance Department, New York State Department of Health (NYSDOH), and the Office of the Medicaid Inspector General (OMIG). The Compliance Plan serves to prevent, detect and correct issues of non-compliance and identified areas of fraud, waste and abuse.

Policies and Procedures

The Compliance Program is supported by policies and procedures that include training and education policies, reporting investigation of misconduct, disciplinary action for non-compliance, non-retaliation for employees who report misconduct, operation of the compliance hotline and auditing and monitoring activities

CPHL's policies and procedures demonstrate the company's commitment to comply with applicable statutory, regulatory and other requirements, sub-regulatory guidance and contractual commitments.

Training and Education

All CPHL employees will receive general compliance and fraud, waste and abuse (FWA) training upon initial hiring and annually thereafter. This is a mandatory training and is a condition of employment with CPHL.

CPHL requires that its first tier, downstream, and related entities (FDRs) attest annually to complying with the Centers for Medicare & Medicaid Services (CMS), Office of the Medicaid Inspector General (OMIG), and New York State Department of Health (NYSDOH) requirements. Requirements include, but are not limited to: institution of

a compliance program and/or code of conduct; policies and procedures; and FWA and compliance training to those who may be in a position to commit acts of significant non-compliance or health care FWA.

CPHL's Corporate Compliance training and education program will include:

- Training and education for employees;
- Training and education for the Board of Directors; and
- Training and education for providers and members through newsletters and other ad hoc communications.

Effective Lines of Communication

CPHL has developed effective lines of communication between the Chief Compliance Officer and the organization's employees, contractors, agents, directors and members to support the reporting of potential misconduct. These lines of communication are confidential, easily accessible, and include in-person, telephone, email, hotline and online reporting.

Any CPHL employee, member, contractor, agent or provider who has concerns or questions about unethical practices, improper employee conduct, fraud or other illegal activities must report these concerns. CPHL has made available several avenues for reporting in order to encourage people to report. Reports by employees may be made to a supervisor, Human Resources, the Chief Compliance Officer or through the Compliance Hotline. Reports made to a supervisor or to any staff from external sources must be immediately referred to the Chief Compliance Officer. If an individual is uncertain whether specified conduct is problematic or prohibited, they can contact their supervisor, the Chief Compliance Officer, or Compliance Department for clarification. CPHL has an "open door" policy with respect to receiving reports of suspected violations of the Compliance Program and with respect to answering questions concerning adherence to the law and to the Compliance Program.

Member and provider complaints regarding fraud and abuse should be referred to the Compliance Department. How we treat each complaint is determined by the nature of the complaint. Members can call, write or e-mail the Member Services Department with concerns about their benefits and to report suspected misconduct.

Non-Retaliation

Under no circumstances will retaliatory actions be taken against any employee or other person making a good faith report of suspected misconduct to their supervisor, Human Resources, the Compliance Officer, or the compliance hotline. Employees are protected from retaliation by Federal law. However, under no circumstance will protection or immunity from disciplinary action or prosecution due to misconduct be granted solely because the employee or individual reported the misconduct. CPHL will rigorously enforce this no retaliation policy. Employees and subcontractors are protected from retaliation under 31 U.S.C. § 3730(h) for False Claims Act complaints, as well as any other applicable anti-retaliation protections.

Fraud, Waste and Abuse

The goals of CPHL's Fraud Prevention and Identification policy include: identifying both internal and external risk areas and vulnerabilities; preventing contracts with, or employment of, excluded persons/entities; contractually requiring compliance with applicable laws and NYSDOH/CMS contract terms; and, using data analysis, monitoring and auditing procedures to detect, prevent and correct fraud, waste and abuse.

Key program elements in CPHL's fraud, waste and abuse (FWA) detection program will include:

- Reviewing proposed contracts to ensure full disclosure of conflicts of interest, prices, and fraud prevention capabilities, such as the use of rules-based technology and analytical tools to detect and prevent FWA;
- Verifying that providers and vendors have not been excluded from Federal or State programs;
- Requiring credentials verification for physicians and other providers;
- Reviewing eligibility and enrollment records to screen out ineligible members;
- Reviewing claims history to identify outliers and the use of protocols to ensure that the member gets appropriate services for their care needs;
- Reviewing claims history to identify any irregular billing practice/procedure or overpayments;
- Reviewing appeals and grievances as an early warning system for potential FWA;
- Monitoring vulnerable internal departments and auditing them periodically to identify vulnerabilities and instances of FWA;
- Training providers, contracted vendors and CPHL staff on compliance and best practices to prevent, detect and report FWA;
- Training managers on how to monitor their staff effectively to identify and prevent FWA.

In the event that suspected FWA is identified, CPHL will promptly investigate the allegations and report the findings to the appropriate authorities.

Auditing and Monitoring

CPHL will regularly conduct internal audits and monitor its operations in order to identify and correct any potential occurrences of noncompliance or barriers to compliance. The Compliance Officer will also monitor the operation of the Compliance Program in order to determine compliance with laws, regulations, contractual requirements and other obligations.

CPHL will assess current enforcement trends, guidance from regulatory authorities and potential compliance issues when assigning audit priorities.

Audit reports and/or findings will be prepared, and the results of an audit will be provided to the appropriate members of senior management and to the Compliance Committee to ensure that management is aware of the results and can take necessary steps to correct any concerns to prevent reoccurrence of the activity.

In addition, the Chief Compliance Officer will monitor areas where there is potential for fraud, waste and abuse. If

necessary, the Chief Compliance Officer may also consider and recommend monitoring systems produced by outside vendors for possible incorporation into the auditing and monitoring activities. The Chief Compliance Officer and/or the department head will keep records of all internal audits.

Investigation

Potential instances of misconduct and FWA may come to the attention of CPHL's Compliance Officer, or other members of senior management, through a number of sources including but not limited to employees, beneficiaries, providers or audits. CPHL will respond promptly to all reports of misconduct and potential FWA. CPHL will initiate a reasonable inquiry as soon as possible, but no later than two weeks from the date the potential misconduct is reported.

When necessary, the Chief Compliance Officer and the Compliance Department will work with the appropriate staff or individuals to coordinate an investigation. CPHL employees will be expected to cooperate fully with all investigations. At the end of the investigation, where appropriate, the Chief Compliance Officer and the Compliance Department will prepare a report of findings and oversee the implementation of a corrective action plan.

Corrective Action Plan

Corrective action plans (CAPs) will be tailored to the particular misconduct and will provide structure with timeframes so as not to allow continued misconduct. Corrective action may also include the appropriate sanctioning of the responsible individual or parties. The Compliance Officer will promptly recommend or develop new or amended internal policies and procedures to prevent future violations. The appropriate department director or manager will be responsible for implementing any recommended policies or procedures. The Compliance Officer may determine that the subject of the violation is appropriate for follow-up auditing or monitoring in order to assure that corrective action is effective.

When developing corrective actions for misconduct committed by CPHL's first-tier, downstream, or related entities (FDRs) the elements of the corrective action will be detailed in a written agreement with the entity that includes ramifications should the subcontractor fail to satisfactorily implement the corrective action. Corrective action plans will continue to be monitored after the implementation to ensure that they are effective.

Self-Reporting

CPHL will self-report potential fraud discovered at both the plan and the FDR levels. If, after conducting a reasonable inquiry, the Chief Compliance Officer determines that potential fraud or misconduct related to CPHL has occurred, the conduct will be referred to the appropriate governmental agency.

When CPHL cannot determine whether or not the conduct has risen to the level of potential fraud due to limited resources, we will refer the activity to the appropriate government agency for investigation.

As required, CPHL will report misconduct to the appropriate government agencies such as the New York State Department of Health, Office of Inspector General (through the OIG's Provider Self-Disclosure Protocol) or the Department of Justice.

The Compliance Officer, together with the appropriate member(s) of senior management, will determine whether voluntary disclosure to the appropriate government agency or contracting party is warranted. In addition, Centers

Plan for Healthy Living will promptly report incidents of fraud by providers and members of which it becomes aware to the appropriate government authorities.

Disciplinary Action

Failure to comply with this Compliance Program and/or applicable laws or regulations may result in disciplinary action up to, and including, termination of employment. Any person involved in verified misconduct will be subject to the disciplinary procedures as outlined in the CPHL disciplinary action policies and procedures. Enforcement and discipline may include discipline of individuals who fail to report known noncompliant conduct in addition to discipline of those persons involved in the noncompliant conduct. The consequences of noncompliance will be consistently applied and enforced. Disciplinary actions may include:

- Retraining;
- Warnings (verbal and/or written);
- Suspension; and
- Termination.

Contact Us:

Should you have any questions about the Code of Conduct, or need further guidance, contact CPHL's Chief Compliance Officer:

Lois Faust
75 Vanderbilt Avenue
Staten Island, NY 10304
(718) 215-7000 ext. 3104

Additionally, CPHL has provided four additional ways to report violations of the Code of Conduct and/or noncompliance, you can:

1. Send an **EMAIL** to: compliance@centersplan.com

2. Send a **LETTER** to:

Centers Plan for Healthy Living
Attn: Compliance Department
75 Vanderbilt Avenue
Staten Island, NY 10304

Use **CPHL's Hotline** to anonymously report violations of our internal and external policies and standards. The information you provide will be documented confidentially by EthicsPoint, a third-party hotline provider. EthicsPoint will send the anonymous report to the Compliance Department. To report through EthicsPoint, you can:

3. **CALL:** 1-855-699-5046

4. **REPORT ONLINE** by going to: www.centersplan.ethicspoint.com

HIPAA Notice of Privacy Practices **Effective Date: September 23, 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact our Privacy Officer at 1-844-CPHL-CARES (274-5227). TTY users call 711.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, a government entity or a third party for the treatment and services you received.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our members/participants receive quality care and to operate and manage our office. We also may share information with other entities that assist with our health care operation activities.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a

research project may involve comparing the health of members/participants who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts

have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is:

- (1) in response to a court order, subpoena, warrant, summons or similar process;
- (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person;
- (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement;
- (4) about a death we believe may be the result of criminal conduct;
- (5) about criminal conduct on our premises; or
- (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT-OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- (1) Uses and disclosures of Protected Health Information for marketing purposes; and
- (2) Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to:

**The Privacy Officer
Centers Plan for Healthy Living
75 Vanderbilt Avenue
Staten Island, NY 10304**

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that the Health Information that we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to:

**Centers Plan for Healthy Living
75 Vanderbilt Avenue
Staten Island, NY 10304**

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in

writing, to:

**The Privacy Officer
Centers Plan for Healthy Living
75 Vanderbilt Avenue
Staten Island, NY 10304**

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to:

**The Privacy Officer
Centers Plan for Healthy Living
75 Vanderbilt Avenue
Staten Island, NY 10304**

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to:

**The Privacy Officer
Centers Plan for Healthy Living
75 Vanderbilt Avenue
Staten Island, NY 10304**

Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.centersplan.com. To obtain a paper copy of this notice, please contact Member Services at 1-877-940-9330, TTY 711 or e-mail us at MemberServices@centersplan.com. Member Services is here to answer your questions. Our hours of operations are from 8:00am to 8:00pm, seven days a week.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact please contact CPHL's Grievance and Appeals Department at 1-877-940-9330, TTY/TDD 711 or via e-mail at GandA@centersplan.com. Member Services is here to answer your questions. Our hours of operations are from 8:00am to 8:00pm, seven days a week.

All complaints must be made in writing. **You will not be penalized for filing a complaint.**

Acknowledgement

Centers Plan for Healthy Living requires a signed acknowledgement confirming your receipt and understanding of the Code of Conduct and the Compliance Plan.¹

Centers Plan for Healthy Living Code of Conduct and Compliance Plan Acknowledgement Form

- I. I acknowledge the receipt of Centers Plan for Healthy Living's Code of Conduct and Compliance Plan.
- II. I understand that all employees, vendors, providers and related entities (including first-tier, downstream, and related entities/FDRs) of CPHL are expected to abide by the CPHL Code of Conduct.
- III. I understand that there will be no retaliation for raising a compliance issue in good faith.

First and Last Name (printed)

Please check as appropriate:

Employee/Staff Provider Contracted Vendor

Company and Department

Signature

Date

¹ **Please note:** Centers Plan for Healthy Living employees who receive this document electronically through DayForce or eLeap can meet the onboarding and annual attestation requirements by completing the electronic attestation in those systems. Employees, FDRs, consultants, etc. who do not have access to an electronic attestation method, must complete and sign the hardcopy attestation and submit it by email to compliance@centersplan.com.