



Alliance for Better Health Care, LLC

CODE OF CONDUCT

Introduction

Alliance for Better Health Care, LLC, d/b/a Alliance for Better Health (Alliance) is committed to conducting its activities in compliance with all federal, state and local laws and regulations and with the highest professional and ethical standards. This includes a commitment to promoting evidence-based medicine; effective patient engagement; and cost-effective, high quality, patient-centered care. All Alliance Members, Managers, employees, agents, contractors, members of Alliance committees, Participants, and suppliers (hereinafter referred to as "Covered Persons") play an integral role in helping achieve these goals.

This Code of Conduct has been adopted by the Alliance Governing Board of Managers in support of Alliance's Compliance Plan. The Code of Conduct describes standards by which all Covered Persons are expected to conduct themselves when working for or on behalf of Alliance. Covered Persons are required to adhere to both the spirit and letter of the Code of Conduct. In addition to the Code of Conduct, Covered Persons are expected to follow all policies and procedures affecting their activities in Alliance.

Covered Persons remain subject to the requirements of their own organization's compliance programs, in addition to the requirements of Alliance's Compliance Plan and this Code of Conduct.

Standards of Conduct

Honest and Lawful Conduct: Alliance and Covered Persons will abide by all applicable laws and regulations including requirements of Covered Persons in the Delivery System Reform Incentive Payment ("DSRIP") Program. All Covered Persons must maintain a high level of integrity and honesty in their conduct relating to the operations and performance of the Alliance and will be held accountable for behaviors and actions inconsistent with this Code of Conduct.

Quality of Care: It is the goal of Alliance that all who receive care from Alliance Participants as part of the DSRIP program shall be treated with respect and dignity, and provided high quality, compassionate care

that is both necessary and appropriate.

No Reduction in Medically Necessary Services: Alliance and Covered Persons are committed to improving health, enhancing quality of care, and lowering the costs of health care services. Alliance and Covered Persons will not deny, reduce or limit the provision of medically necessary services to any members of our DSRIP population.

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No Discrimination: Alliance prohibits any form of discrimination in the provision of services, marketing, or enrollment practices. Alliance and Covered Persons will not deny, limit, or condition services to members of our DSRIP population on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, or any other characteristic protected by law or any factor that is related to health status, such as nature and extent of medical condition, medical history, or genetic information. Alliance prohibits any practice that would reasonably be expected to have the effect of denying or discouraging the provision of medically necessary services to eligible individuals.

Quality Data, Certifications and Other Information Reporting: Under DSRIP, Alliance must periodically submit quality data, certifications and other information to the New York State Department of Health ("DOH"). All Covered Persons will cooperate in the gathering, recording, and submitting of such data and information in a timely, accurate and complete manner in accordance with all DSRIP and other regulatory requirements. All certifications and other reports submitted to government agencies will be made by an individual with authority to legally bind Alliance and will be filed timely, accurately and in accordance with applicable requirements.

Distribution and Use of DSRIP funding: All distributions of DSRIP funding or other incentive-based payments connected with DSRIP or any other performance-based plan will be made in accordance with methodologies approved by the Alliance Members. Distributions of DSRIP funds will be reasonably related to the purpose of the DSRIP program as determined by the Alliance Members. No distributions will be based on the value or volume of referrals between participating Alliance participants.

Eligibility to Participate in Federal and State Health Care Programs: Alliance and Covered Persons will not knowingly hire, employ, contract, or do business with any individual or entity excluded, debarred, or otherwise ineligible to participate in federal or state health care programs such as Medicare and Medicaid, or whose officers, directors or employees are excluded from participating in federal or state health care programs. Covered Persons are responsible for taking all necessary steps to ensure employees involved in providing goods or services to Alliance, directly or indirectly, remain eligible to participate in federal and state health care programs.

Accuracy and Integrity of Records: Alliance and Covered Persons shall maintain accurate and complete records relating to all business activities, claim submissions, arrangements or transactions relating to the operations of Alliance or the contractual arrangements between Alliance and Covered Persons in

accordance with the DSRIP program.

Privacy and Security of Patient Information: Federal and state laws require Alliance and Covered Persons to maintain the privacy and security of patient health information ("PHI") in all forms – paper, electronic records, films and images, and verbal discussions. All Covered Persons will keep PHI confidential, except when disclosure is authorized by the patient or permitted by law. Personnel:

- Will not access or use PHI except as necessary to perform their jobs;

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- Will access, use and disclose only the minimum amount of PHI necessary to perform their jobs;
- Will not discuss PHI with others who do not have a job-related need to know such information, including co-workers, family and friends;
- Will not leave PHI unattended, unsecured or otherwise available to the public;
- Will not store PHI on laptops, tablets, storage media or other portable devices unless authorized and approved for use by Alliance or their employer organization;
- Immediately notify their supervisor or their organization's Privacy Official if PHI has been lost, stolen or accessed inappropriately;

Cooperation with Alliance Compliance Program: All Covered Persons will cooperate with and support Alliance's Compliance Program through adherence to the standards described herein and participation in activities such as:

- Periodic internal audits, including allowing Alliance staff or agents to conduct audits of Covered Persons' medical records documentation, quality data collection, as applicable to the Covered Persons participation in DSRIP;
- Compliance and other training of Covered Persons as required by CMS and/or DOH regulations, including distribution of compliance communication and training materials such as this Code of Conduct;
- Implementation of procedures to ensure the accurate collection, submission or transmission of quality data required by participation in the DSRIP; and
- Responding to compliance audits, investigations, reviews and inquiries, and implementation of corrective actions, as needed.

Conflicts of Interest: A conflict of interest exists whenever an individual's outside personal or financial interests influence, or appears to influence, decisions made involving Alliance. Covered Persons are expected to exercise good judgment, maintain objective business relationships with external parties conducting business with Alliance, and avoid conflicts of interest. Alliance decisions are to be made fairly and objectively, without favor or preference based on personal considerations. Covered Persons may not use their positions or knowledge gained through their relationship with Alliance for personal advantage. Personnel may occasionally find their duties to Alliance in conflict, or may appear to be in conflict, with other relationships and responsibilities. Such matters should be disclosed to the individual's supervisor, a higher-level manager or Alliance's Compliance Officer to ensure appropriate actions are taken to manage any conflicts of interest.

Reporting Requirement: Alliance promotes an environment that encourages all Covered Persons to seek answers to questions and report issues and concerns. Covered Persons are expected to report, in good faith, any actual or suspected fraud, waste, and abuse, violations of law, regulation, professional standards or Alliance policies. Covered Persons may choose one or more of the following methods for reporting:

- Participant Organization Management: Covered Persons are encouraged, but not required, to report compliance matters directly to their direct supervisor, to other management of their organization, or to their own organization's compliance officer;

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- Alliance Compliance Official: Covered Persons may at any time report compliance matters directly to Alliance's Compliance Officer as follows:

Tom McCarroll, Compliance Officer
c/o Alliance, 403 Fulton St, Troy, NY 12180
(518) 701-2273 or tom.mccarroll@abhealth.us

- On-Line Portal: Alliance has established an on-line portal that is available to all Covered Persons to confidentially report any issues or concerns or to seek advice or clarification on compliance and other issues. You have the option to remain anonymous when reporting if you so choose. The Portal is available 24 hours a day, 365 days @ <https://goo.gl/forms/abxsDeiFVScLQBw1>.

No Retaliation: Alliance prohibits retaliation, in any form, against any individual reporting issues and concerns in good faith. Retaliation is subject to discipline up to, and including, termination of employment, or termination of participation in or business relationships with Alliance. Alliance will attempt to maintain, within limits of the law, the confidentiality and identity of individuals reporting issues and concerns.

Investigation of Alleged Fraud, Waste and Abuse: Alliance will promptly investigate any reports of alleged violations of law, regulations or policies related to Alliance activities. Covered Persons are expected to fully cooperate in such investigations and, where appropriate, in taking corrective actions in response to matters identified, as needed. The Federal False Claims Act and similar state laws make it a crime to present a false claim to the government for payment. These laws also protect "whistleblowers" (people who report noncompliance or fraud, or who assist in investigations) from retaliation. Alliance strictly prohibits retaliation or reprisal against individuals exercising their rights under the Federal False Claims Act or similar state laws.

Discipline: Each affected individual is required to promptly report any violations of this Code of Conduct to the Corporate Compliance Officer. All affected individuals are expected to assist in the resolution of any identified compliance issues. Any participation in, encouraging, directing, facilitating, or permitting non-compliant behavior, failure to report a concern or assist in an investigation may be deemed misconduct, a violation of this code, and subject to disciplinary actions. Discipline may include termination of the covered persons' relationship with Alliance.

Covered Persons Compliance Program Obligations: The New York State Social Services Law Section 363-

d mandated the establishment of compliance programs for many health care providers enrolled in the NYS Medicaid program. Covered Persons are also subject to the requirements of their own organization's compliance programs, in addition those of Alliance's Compliance Program, including any periodic reporting or certification requirements that may be applicable.

Attachment I – Code of Conduct Acknowledgement

I hereby certify that I have read and understand the Alliance Code of Conduct and will adhere to the principles and responsibilities in the performance of my duties as a Covered Person.

I understand that violations of this Code are a serious matter and may result in disciplinary action up to and including termination of employment or contractual agreement.

Signature: _____

Name: _____

Title: _____

Date: _____