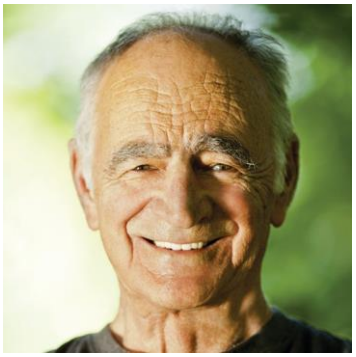
SENIOR WHOLE HEALTH



SENIOR WHOLE HEALTH®

Simple. Secure. Independent.

Compliance Guide
for
First Tier, Downstream, and Related Entities (FDR)

2019

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Section I: Introduction to the FDR Compliance Guide

Senior Whole Health relies on our contracted providers and other contractors to help us meet the needs of our membership, according to Medicare Advantage/Medicare Prescriptions Part D program requirements. These individuals and organizations are considered First Tier, Downstream, and Related Entities ("FDRs"). FDRs are individuals or entities to which Senior Whole Health has delegated administrative or health care service functions relating to the Senior Whole Health Medicare Advantage contract with CMS. They are a vital part of the Senior Whole Health Medicare Advantage program and have specific responsibilities under Medicare guidelines.

The purpose of this Compliance Guide is to assist FDRs in understanding and meeting their compliance obligations under the Senior Whole Health Compliance Program.

Section II: Senior Whole Health Medicare Compliance Program

As a Medicare Advantage Special Needs Plan contracted with the Centers for Medicare and Medicaid Services (CMS) as and with the state Medicaid agencies in which we do business, Senior Whole Health is committed to operating a health plan that meets the requirements of all applicable laws and regulations of the state and Medicare Advantage and Part D programs.

Magellan Inc. is the parent company of Senior Whole Health, LLC – our Massachusetts plan, Senior Whole Health of New York, Inc. and SWH Whole Health FIDA Plan in New York. Our commitment to operate a compliant health plan is embodied in our standards of conduct called the Senior Whole Health Code of Conduct. The "Code" is something each Senior Whole Health work force member commits to uphold in his/her job and its standards are reinforced with direct employees and Senior Whole Health contracted providers and vendors.

According to CMS rules, each Medicare Advantage Organization must implement a compliance program that is effective in preventing, detecting, and correcting Medicare Advantage and Part D program noncompliance as well as to identify, report and help prevent potential Fraud, Waste and Abuse. The compliance program is evaluated regularly based on CMS' elements of an effective compliance program.

The following elements of the Senior Whole Health Compliance Program relates to FDRs are:

1. Written Policies, Procedures and Standards of Conduct

The Code of Conduct describes the principles and values by which Senior Whole Health operates and is the foundation for compliance policies and procedures. Senior Whole Health makes its Code of Conduct available to FDRs in Section IV of this Compliance Guide and on the Compliance page of the Senior Whole Health website at http://www.seniorwholehealth.com.

2. Designation of Compliance Officer and Committee

The Senior Whole Health Compliance Committee oversees the Compliance Program by supporting and advising the Senior Whole Health Compliance Officer and the Compliance Team. The Committee meets regularly to discuss the status of the Compliance Program. Senior Whole Health senior management, including the Senior Whole Health CEO and Board of Directors, are to receive regular reports of compliance activities, risk areas, and strategies.

3. Effective Training and Education

Effective training and education ensures that everyone involved with providing health or administrative services to Medicare enrollees understands the rules and regulations that apply to their job and assignments. Effective training also prepares us to identify and report Medicare program noncompliance or potential Fraud, Waste, and Abuse (FWA). Medicare regulations require SWH work force members, including FDRs, to complete general Medicare and FWA training annually, which supports SWH's strong commitment to the highest standards of ethics and integrity.

4. Effective Lines of Communication

Senior Whole Health has several reporting methods for FDRs including a mechanism for anonymous reporting. Section V of this Compliance Guide outlines the reporting methods and Appendix A provides a Reporting Poster that can be displayed to FDR employees. Any concerns, suspected misconduct, potential noncompliance, or possible FWA may be reported to Senior Whole Health and Senior Whole Health will promptly investigate the report. Senior Whole Health policy prohibits retaliation or intimidation against anyone who reports suspected violations in good faith.

5. Disciplinary Standards

Senior Whole Health policies enforce standards when an investigation reveals noncompliant or unethical behavior. Disciplinary standards may include re-training, specialized training or disciplinary action up to and including termination of employment or termination of a contract for behavior that is serious or repeated.

6. Monitoring, Auditing, and Identification of Risk

As a federally funded health plan sponsor, Senior Whole Health monitors federal lists to identify providers and other individuals and entities that are excluded from participation in federal and state programs.

7. Response and Corrective Action

Compliance issues or suspected FWA may be discovered through the Compliance Hotline, a member complaint, during routine monitoring or auditing, or by regulatory authorities. If misconduct is discovered or suspected, a prompt investigation is initiated by Senior Whole Health. If the report is substantiated, an appropriate corrective action plan is developed and implemented. At times the corrective action could include disclosing the issue to applicable regulators and/or federal contractors.

Section III: FDR compliance requirements and how to meet them

Senior Whole Health is committed to operating a health plan that meets the requirements of all applicable laws and regulations of state and Medicare Advantage and Part D programs. As part of an effective compliance program, the Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage plans to ensure that any FDRs to which the provision of administrative or healthcare services are delegated are also in compliance with applicable laws and regulations.

The key compliance requirements for FDRs and recommendations for meeting those requirements are outlined below. Senior Whole Health provides an FDR Annual Compliance Attestation (see Appendix B, Attestation) for your organization to validate compliance with these requirements.

Standards of Conduct and Compliance Policies

The following is required:

In order to communicate the plan sponsor's compliance expectations for FDRs, plan sponsors should ensure that Standards of Conduct and policies and procedures are distributed to FDRs' employees. Plan sponsors may make their Standards of Conduct and policies and procedures available to their FDRs. Alternatively, the plan sponsor may ensure that the FDR has comparable policies and procedures and Standards of Conduct of their own. Distribution must occur within 90 days of hire, when there are updates to the policies, and annually thereafter.

(Medicare Managed Care Manual Ch. 21§50.1.3)

How to comply:

You can either distribute your organization's own Standards of Conduct and compliance policies and procedures to your employees or you may distribute this Senior Whole Health guide. Senior Whole Health makes its Code of Conduct available to FDRs in Section IV of this Compliance Guide and also on the Senior Whole Health website. Applicable Senior Whole Health Compliance Policies and Procedures are accessible via http://www.seniorwholehealth.com.

General Compliance and Fraud, Waste and Abuse (FWA) Training

The following is required:

General Compliance Education – Plan sponsors must ensure that general compliance information is communicated to their FDRs. The plan sponsor's compliance expectations can be communicated through distribution of the plan sponsor's Standards of Conduct and/or compliance policies and procedures to FDRs' employees.

(Medicare Managed Care Manual Ch. 21§50.3.1)

FWA Training – The plan sponsor's employees (including temporary workers and volunteers), governing body members, and FDR employees who have involvement in the administration or delivery of Parts C and D benefit must, at a minimum, receive general Medicare and FWA training within 90 days of initial hiring (or contracting in the case of FDRs), and annually thereafter. Plan sponsors must be able to demonstrate that their employees and FDRs have fulfilled these training requirements as applicable. Examples of proof of training may include copies of sign-in sheets, employee attestations, and electronic certifications, from the employees taking and completing the training.

(Medicare Managed Care Manual Ch. 21§50.3.2)

How to comply:

- Take the CMS Standardized General Compliance and FWA Trainings available on the Senior Whole Health website at http://www.seniorwholehealth.com/fraud-waste-abuse.html.
- Take the CMS Standardized General Compliance and FWA Training Module, available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html.
- If you are "deemed" (see definition in Section VII) for FWA training, you do not need to take the CMS Standardized FWA training. However, Senior Whole Health must still communicate general compliance information to its FDRs. Senior Whole Health provides General Compliance information to you and your employees through the following methods:
  - This FDR Compliance Guide
  - The Senior Whole Health website

- The Combined General Compliance and FWA Training available on the Senior Whole Health website

Reporting Mechanisms:

Plan sponsors must have a system in place to receive, record, respond to and track compliance questions or reports of suspected or detected noncompliance or potential FWA from employees, members of the governing body, enrollees, FDRs and their employees. Reporting systems must maintain confidentiality (to the greatest extent possible), allow anonymity if desired (e.g., through telephone hot-lines or mail drops), and emphasize the plan sponsor's / FDR's policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns and participation in the compliance program. FDRs that partner with multiple plan sponsors may train their employees on the FDR's reporting processes including emphasis that reports must be made to the appropriate plan sponsor.

The methods available for reporting compliance or FWA concerns and the no retaliation policy must be publicized throughout the sponsor's or FDR's facilities. Plan sponsors must make the reporting mechanisms user friendly; easy to access and navigate, and available 24 hours a day for employees, members of the governing body, and FDRs.

It is a best practice for plan sponsors to establish more than one type of reporting mechanism to account for the different ways in which people prefer to communicate or feel comfortable communicating.

(Medicare Managed Care Manual Ch. 21§50.4.2)

How to comply:

Distribute the Senior Whole Health FDR Reporting Poster to your employees or post it in your facility. The Senior Whole Health FDR Reporting Poster will provide the required notifications regarding the availability of an anonymous reporting method and the Senior Whole Health policy prohibiting retaliation or retribution against anyone who reports suspected violations in good faith. The Senior Whole Health FDR Reporting Poster is in Appendix A of this Compliance Guide and is also available on the Senior Whole Health Website at http://www.seniorwholehealth.com.

If you partner with multiple Medicare Advantage plan sponsors, train your employee's on your organization's reporting processes including an emphasis that reports must be made to the appropriate Medicare Advantage plan sponsor. Senior Whole Health provides criteria for when issues should be referred/reported to Senior Whole Health in Section V of this Compliance Guide.

Notify your employees that they are protected from retaliation for False Claims Act complaints, as well as any other applicable anti-retaliation protections your organization has.

OIG and GA Exclusions Screening

The following is required:

Plan sponsors must review the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in state or federal programs. Monthly screening is essential to

prevent inappropriate payment to providers, pharmacies, and other entities that have been added to exclusions lists since the last time the list was checked.

(Note: The General Services Administration (GSA) has incorporated the EPLS within the System for Award Management (SAM))

(Medicare Managed Care Manual Ch. 21§50.6.8)

Plan sponsors must provide evidence that sampled first-tier entities' employees were timely checked against the OIG/GSA exclusion lists.

(CMS Audit Protocols, Appendix B, Attachment III-A)

How to comply:

Review the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) prior to hiring or contracting and monthly thereafter. The LEIE is available at http://www.oig.hhs.gov/exclusions/index.asp.

Review the General Service Administration (GSA) System for Award Management (SAM) prior to hiring or contracting and monthly thereafter. The SAM is available at http://www.sam.gov.

Be prepared to produce evidence that your employees and any entities with whom you contract have been timely checked against the exclusion lists.

Downstream Entities

The following is required:

Plan sponsors are responsible for the lawful and compliant administration of the Medicare Parts C and D benefit under their contracts with CMS, regardless of whether the plan sponsor has delegated some of that responsibility to FDRs. The plan sponsor must develop a strategy to monitor and audit its first tier entities to ensure that they are in compliance with all applicable laws and regulations, and to ensure that the first tier entities are monitoring the compliance of the entities with which they contract (the plan sponsors' "downstream" entities).

Monitoring of first tier entities for compliance program requirements must include an evaluation to confirm that the first tier entities are applying appropriate compliance program requirements to downstream entities with which the first tier contracts.

(Medicare Managed Care Manual Ch. 21§50.6.6)

How to comply:

If your organization **subcontracts** with other entities (external vendors to your organization and downstream entities to Senior Whole Health) to perform any of the services contractually delegated to your organization to perform on behalf of Senior Whole Health that relate to the Senior Whole Health Medicare Advantage and/or Part D program(s), your organization must distribute materials and information to those downstream entities and monitor and audit the downstream entities' performance to ensure they also comply with all applicable CMS requirements and the requirements discussed in this Compliance Guide.

Offshore Subcontractors

The following is required:

Medicare Advantage Organizations that work with offshore contractors (first tier, downstream and related entities) to perform Medicare-related work that uses beneficiary protected health information (PHI) are required to provide CMS with specific offshore subcontractor information

and complete an attestation regarding protection of beneficiary PHI.

(CMS Memo dated August 28, 2018: Offshor Subcontractor Data Module in HPMS)

How to comply:

Notify SWH if your organization of any of your organization's subcontractors or delegates perform contractually delegated services offshore that require the sharing of member protected health information (PHI) as defined in §160.103 of the HIPAA Privacy Rule. Senior Whole Health will request the information necessary to complete the Offshore Subcontractor Data Module in HPMS (refer to Appendix C).

Verify that any contractual agreements with those entities include all required Medicare Part C and Part D language.

Conduct annual audits of offshore subcontractors and make audit results available upon request from CMS.

Record Retention and Record Availability

The following is required:

First tier and downstream entities must comply with Medicare laws, regulations and CMS instructions (422.504(i) (4)(v)), and agree to audits and inspection by CMS and/or its designees and to cooperate, assist and provider information as requested, and maintain records a minimum of 10 years.

(Medicare Managed Care Manual Ch. 11 §100.4)

Plan sponsors are accountable for maintaining records for aperiod of 10 years of the time, attendance, topic, certificates of completion (if applicable), and test scores of any tests administered to their employees, and must require FDRs to maintain records of the training of the FDR's employees.

(Medicare Managed Care Manual Ch. 21 §50.3.2)

CMS has th discretionary authority to perform audits under 42 CFR 44 422.504(e)(2) and 423.505 (e)(2), which specify the right to audit, evaluate, or inspect any books, contracts, medical records, patient care documentation, and other records of plan sponsors or FDRs that pertain to any aspect of services performed, reconciliation of beneficiary liabilities, and determination of amounts payable under the contract or as the Secretary of Health and Human Services may deem necessary to enforce the contract. Plan sponsors and FDRs must provide records to CMS or its designee. Plan sponsors should cooperate in allowing access as requested. Failure to do so may result in a referral of the plan sponsor and/or FDR to law enforcement and/or implementation of other corrective actions, including intermediate sanctioning in line with 42 CFR Subpart O.

(Medicare Managed Care manual Ch. 21 §50.6.11)

How to comply:

Maintain all records, reports and supporting documentation that relate to the functions your organization is performing or providing under the Senior Whole Health Medicare Advantage program for 10 years.

Maintain records of any Medicare general compliance and fraud, waste, and abuse training and education taken by your employees for 10 years. The records must demonstrate the date of the training, the topic, attendance and certificates of completion and/or test scores, if applicable.

Examples of proof of training may include copies of sign-in sheets, employee attestations and electronic certifications from the employees taking and completing the training.

Be prepared to make your records available to Senior Whole Health as part of a SWH audit or monitoring activity and to CMS or a CMS designee in the event of a program audit.

The recommendations provided in this Section for "How to Comply" are suggestions and should not replace analysis by your organization regarding your compliance obligations. Additionally, the above recommendations are not intended to encompass all of your compliance obligations as they relate to the functions(s) your organization may be performing under the Medicare Advantage program.

Section IV: Senior Whole Health Code of Conduct

Every day, patients, plan members and their families come to us in times of need, trusting that we will give them our very best medical care and service.

We are committed to honoring their trust by providing excellent clinical care and superior service with the highest standards of integrity.

Although we each have different roles and responsibilities, and we work in a complex and ever-changing healthcare and regulatory environment, we all abide by our standards because it is the right thing to do. We expect every work force member, including clinicians, Governing Body members, suppliers and contractors who are a part of our organization to understand and follow the rules and requirements that apply to their work.

This Code of Conduct booklet outlines our standards and expectations of ethics and integrity, and it can guide you as you care for our patients, customers, members, suppliers and each other.

Thank you for doing your part to ensure our services are performed with honesty and integrity, and it can guide you as you care for our patients, customers, members, suppliers and each other.

Thank you for doing your part to ensure our services are performed with honesty and integrity. If you notice anything you consider questionable, I urge you to report it immediately through the appropriate channels.

This Code of Conduct booklet provides a broad overview of key responsibilities of Senior Whole Health's workforce. For more in-depth information, please refer to specific Senior Whole Health policies. Each of us is responsible for reporting concerns and suspected misconduct that could violate this Code of Conduct, any applicable law or regulation, or Senior Whole Health policy.

To report concerns, you can speak to your immediate supervisor, call the fraud hotline at 1-800-341-4915. You can also call our anonymous Compliance Hotline at 1-866-260-2456 available 24 hours a day, 7 days a week.

General Overview

At Senior Whole Health, we are committed to creating and maintaining a culture that continually reinforces our high ethical standards. We believe honesty and integrity are essential to our Mission and Vision to *maximize the quality of life, health, security and independence of our members*. We embrace these standards of ethics and integrity because it is the right thing to do for members, their families, our community and each other.

The purpose of this Code of Conduct booklet is to provide clear guidelines and expectations about our standards.

Specific subjects are highlighted to illustrate what to watch for and to provide guidance on how these and other similar situations should be handled. Specific policies are identified that provide additional details about the standards. Please review these examples and refer to Senior Whole Health's policies, which are available on our website at www.seniorwholehealth.com.

Because our high standards are so important, employees, clinicians, suppliers and other business partners of Senior Whole Health must accept personal responsibility to act with the utmost integrity in all business activities and to adhere to the policies, regulations and laws that govern their work. Violations of the Code of Conduct or the underlying laws and regulations, may result in disciplinary action up to and including termination, suspension of privileges, termination of business relationships, civil or criminal liability and/or financial penalties.

General Ethics Standards

1. **We perform** our jobs, roles and assignments with the highest standards of honesty and integrity. We treat each other, members, business partners, suppliers and competitors fairly.
2. **We understand** and abide by the specific laws, policies and procedures that apply to our jobs, roles and assignments, and to us as individuals.
3. **We voice our concerns** about compliance and ethics issues. Specifically, we report observed and suspected violations of laws or policies, and we agree to report any requests to do things we believe may be violations. Furthermore, we coordinate any investigation of potential violations through appropriate channels.
4. **We recognize** that our daily work gives us each the opportunity to see problems in our local areas before they become apparent to other or to management. We are empowered and responsible to raise questions about potentially noncompliant or unethical practices.
5. **If we have questions about a situation, we ask for help.** We may talk to our supervisor or director, our Compliance Officer or Compliance Team, Human Resources, or call the 24-hour Compliance Hotline at 1-800-915-2108.

Specific Ethics Standards

SWH's responsibility for Privacy and Confidentiality

WE PROTECT PRIVACY AND CONFIDENTIALITY

While working or providing a service, we are committed to safeguarding the privacy of member information maintained by Senior Whole Health. This obligation applies even after we are no longer employed or associated with Senior Whole Health. Accessing protected health information of a family member or any member when the information is not needed for your job is a violation of our policy.

WE PROTECT IDENTIFIABLE MEMBER INFORMATION

We routinely collect personal information about our patients and members in order to provide care. We understand how sensitive this information is and maintain its confidentiality accordingly. Consistent with privacy laws, we only disclose member identifying information to care for or serve the patient, obtain payment for his or her care, or as allowed by law. In certain situations, Senior Whole Health may use health information for other limited purposes, such as for research or analysis. When this is the case, we will only do so as the law or the patient permits. Identifying information includes any information that could identify patients or members, not just their name or picture (e.g., date of treatment or their zip code, in combination with other information such as their diagnosis or procedure, may be enough to identify them).

We do not discuss a member's information with our friends or family, or through social media. We have a responsibility to respect member privacy in all settings.

Privacy regulations require that we notify the individual and the federal government of privacy breaches of patient information which may include inappropriate access to family members' and co-workers' records. This notification requires an explanation of the breach, so it is possible that if you inappropriately access a family member's or coworker's information, the individual may deduce from the explanation of the breach that you are the person who accessed their information inappropriately.

WE USE CARE WITH CONFIDENTIAL AND PROPRIETY INFORMATION THAT COULD IDENTIFY EITHER PATIENTS OR MEMBERS

We protect confidential and proprietary information by:

- Following Senior Whole Health's policies related to protecting such information;
- Properly disposing of information when it is no longer necessary to maintain it
- Taking appropriate safeguards when transmitting information
- Complying with agreements signed to protect the confidentiality of information. We are responsible for knowing what these agreements require and abiding by them.

Clinicians should only access patient information where an established care provider relationship exists, a new patient relationship is developed or a request for consultation or authorized quality review is made.

WE SAFEGUARD AND PROTECT THE CONFIDENTIALITY OF INFORMATION CONTAINED ON SENIOR WHOLE HEALTH'S COMPUTER AND NETWORK SYSTEMS

We only use and access Senior Whole Health's systems as necessary to perform our assigned functions.

Senior Whole Heath's Notice of Privacy Practices describes our responsibility to not disclose information about our patients and members without proper authorization. This applies even after our employment or association with Senior Whole Health ends.

Access to your own treatment information can be obtained through, or by requesting a copy of your records from the facility that provided the treatment. Using your job-related systems access to look at your own records is normally not art of your job assignments and is, therefore, not appropriate.

WE MAINTAIN COMPUTER AND NETWORK SECURITY

Senior Whole Health's computer systems are critical to help provide care to members. To protect these systems, we comply with Senior Whole Health's policies related to computer and network security.

Ways to protect confidential information:

- *Appropriately using passwords, access codes and screensavers*
- *Log off computer when finished or away from the computer*

WE SAFEGUARD PERSONNEL INFORMATION

We recognize that our personnel records contain sensitive information. Senior Whole Health will not disclose these records outside of the company, except upon an individual's own request, for a legitimate business reason, or as required by law.

Our Responsibility to Our Work Environment

WE PROVIDE A RESPECTFUL CARING ENVIRONMENT FOR MEMBERS AND FAMILIES

This means:

- We help members understand and exercise their rights. We keep members and, when permission is given, their families and others informed of options in directing their own care, treatment and services.
- We listen with sensitivity and consider the informed preferences of members.
- We protect our members' dignity, respect their cultural, psychological and spiritual values, and safeguard their personal information.

WE ASSIST INDIVIDUALS SEEING SERVICES WITH SPECIAL COMMUNICATION NEEDS

We are committed to ensuring that all individuals, including those who are Limited English Proficiency, have meaningful access and equal opportunity to our services and programs.

We are committed to making reasonable accommodations to ensure effective communication with individuals with disabilities. This also includes an obligation to provide effective communication to a patient's or member's companion who is an individual with a disability. Potential disabilities that may require communication accommodations include but are not limited to impaired hearing, sight and/or learning disabilities such as dyslexia.

Speaking with one of Senior Whole Health's Client Services staff in your native language should be the first choice when communication assistance is needed. If a SWH Client Services representative does not speak a member's native language, we will engage a language line for interpretation services so critical information is interpreted appropriately.

WE DOCUMENT AND REPORT EVENTS SO THAT WE CAN IMPROVE OUR PROCESSES AND REDUCE THE RISK OF HARM

When an unexpected even impacts, or may impact, the quality of patient care or the safety of our members, visitors, or ourselves, we report these incidents.

WE MAINTAIN OUR REQUIRED LICENSES AND PROFESSIONAL CREDENTIALS TO PERFORM OUR JOBS

We understand the scope of practice that our licenser or credentials permit us to perform and stay within those boundaries. When a job requires a license or specific credentials, we only allow individuals with current and valid licenses and credentials to perform those functions. Individuals who have been excluded from participating in federally funded or the state Medicaid health care programs are not permitted to practice or bill through Senior Whole Health.

WE ADDRESS INAPPROPRIATE AND DISRUPTIVE BEHAVIORS

We treat each other with honesty and respect. We have processes in place to address inappropriate or disruptive behaviors and performance issues through our policies and procedures.

We are expected to act professionally and refrain from making comments, gestures or acting in any manner that can be construed as harassing or disruptive. Retaliation against anyone reporting inappropriate behaviors in good faith is strictly prohibited.

WE ARE COMMITTED TO EQUAL OPPORTUNITY EMPLOYMENT

We make employment decisions without considering a person's age, disability, gender, gender identity, national origin, ethnicity, race or color, religion, sexual orientation, genetic information, or protected military or veteran status.

WE ARE COMMITTED TO FAIR PRACTICES

We understand that employment decisions without considering a person's age, disability, gender, gender identity, national origin, ethnicity, race or color, religion, sexual orientation, genetic information, or protected military or veteran status.

WE OBSERVE A DRUG-FREE WORKPLACE

To protect the safety and well-being of our work force and members, we commit ourselves to an alcohol- and drug-free work environment. When we report to work, we do so free from the influence of alcohol and illegal drugs.

Our Responsibility to Protect Senior Whole Health's Interests

WE PROTECT COMPANY ASSETS

We respect and use Senior Whole Health's resources for legitimate business reasons and encourage others to do the same. Senior Whole Health's resources include, but are not limited to, property, funds, information, records, intellectual property, business equipment, computer systems, telephones, and the corporate name.

Senior Whole Health's property includes the phone system, email and internet access. Access to Senior Whole Health's information systems is a privilege granted and is not a right of any employee.

Senior Whole Health work force members have a responsibility to immediately report any known or suspected noncompliance, such as misrepresentation of payroll time and attendance, inappropriate alteration of financial documents, misappropriation of funds, misuse of supplies or other services, or any misuse of Senior Whole Health resources. Accepting or seeking anything of material value from contractors or service providers should be reported.

WE ARE HONEST WITH SENIOR WHOLE HEALTH FUNDS

We are careful with Senior Whole Health funds to make sure they are used effectively. We:

- Abide by company policies and procedures for the secure handling of Senior Whole Health funds.
- Accurately prepare financial records.
- Make sure any funds we spend or approve reflect the appropriate use of Senior Whole Health resource.

WE DISCLOSE POSSIBLE CONFLICTS OF INTEREST

We avoid situations where our personal interests may conflict with those of Senior Whole Health. We avoid situations where our personal interests may conflict with those of Senior Whole Health. A conflict of interest arises if we have a personal, financial or other relationship or interest that could interfere or compete with the interests of Senior Whole Health, or if we are in a situation to use our position with the company for personal gain. We inform our managers when confronted with any situation that could be perceived as a conflict of interest, even if we do not think the situation would violate Senior Whole Health's guidelines.

Examples of potential conflict of interest include:

- *Outside employment: If we work in a job similar to the assignments we perform for Senior Whole Health, or that may conflict with our jobs or assignments, this may be a conflict of interest.*
- *Payment for services: If we receive payment for participating in forums that are related to our jobs or assignments that could constitute a conflict of interest.*

WE SUPPORT INTERNAL AND EXTERNAL AUDITS

Audits are routinely performed to assess areas for compliance. These audits are performed by internal and external auditors with experience in the area under review. If corrective action is needed, a written plan is developed and implemented to ensure compliance.

WE ENCOURAGE INDIVIDUALS TO TAKE AN ACTIVE INTERSET IN GOVERNMENT PROCESSES

If we choose to participate in a political process outside of our job responsibilities, we will do so as individuals and not as representatives of Senior Whole Health. It is our responsibility to report any lobbying activity to Senior Whole Health Human Resources so that it can be appropriately reported.

WE ARE RESPONSIBLE IN OUR LOBBYING EFFORTS

Lobbying government officials is a sensitive activity requiring strict controls. For this reason, Senior Whole Health Executive Management directs any lobbying efforts on Senior Whole Health's benefit. Work force members are not allowed to provide, receive, or solicit gifts from government or legislative officials or lobbyists.

WE REVIEW CONTRACTS AND SIGN THEM BASED ON SIGNING AUTHORITY

Contracts obligating Senior Whole Health can only be signed by employees who are authorized by policy to do so. The policy applies to all legally enforceable agreements that create an obligation for Senior Whole Health. These obligations may be written, online, verbal or in other forms.

Care should be given when accepting any obligation, including a click-through agreement online (such as accepting Terms and Conditions), as this acceptance can be considered a contract between Senior Whole Health and another party.

WE PROTECT OUR BENEFITS

We responsibly use company benefit plans for ourselves and other covered individuals and provide accurate information when doing so. We take steps to make sure ineligible individuals are not covered under our plans.

WE USE APPROPRIATE COMMUNICATION CHANNELS

We work with our Corporate Marketing Department to ensure accuracy as we prepare public presentations or media interviews, and we forward all media requests to them.

Our Responsibility to Fair and Ethical Business Practices

WE ACT AS A RESPONSIBLE ORGANIZATION

As an organization that cares for individuals with limited incomes and unlimited health disparities, we engage in activities that are socially appropriate, including responsible financial activities. This means we:

- Avoid compensation arrangements in excess of fair market value
- Submit accurate financial report to appropriate taxing authorities

- File all tax returns and information in a manner consistent with applicable laws

The federal False Claims Act makes it a crime for any person or organization to knowingly make or file a false claim for payment from the federal government. There are provisions that allow an individual who knows that a false claim was submitted for payment to file a lawsuit in federal court on behalf of the government.

WE FOLLOW ALL LAWS AND REGULATIONS

We are committed to knowing, understanding and abiding by all laws, regulations and Senior Whole Health policies that apply to our jobs or assignments. We are required to report all suspected violations through the proper internal channels for investigation. Senior Whole Health management will report violations of law to the appropriate authorities. We refrain from conduct that may violate any laws pertaining to fraud, waste, and abuse of government funds.

WE ENSURE ACCURACY OF RECORDS AND REPORTING

Senior Whole Health's credibility is judged in many ways, including the accuracy and completeness of our records. These include business records such as financial transactions and reports, personnel, insurance, and medical records. We depend on accurate and reliable information to make responsible business decisions. We ensure that our records are accurate and not misleading.

We comply with local, state, and federal laws relating to the accuracy and completeness of all records. We retain our records according to legal requirements and Senior Whole Health's record retention schedules. We are honest, objective, and accurate in our record keeping. If we make mistakes, we will follow standard protocol to correct them and will not hide them. Altering documentation of any type to hide or mislead the users of the information is not appropriate. Coding and billing records are created based on accurate documentation that supports each claim.

We create, approve, and archive records to document our work, including the services rendered to members, work performed by employees, contractors, and others and purchases made from suppliers. The accuracy of records involves both factual documentation and ethical evaluation or appraisal.

Senior Whole Health's contracts with government agencies require time-sensitive reporting. Our reporting obligations may begin the minute any Senior Whole Health employee knows of an error. Please call the Compliance hotline at 1-800-915-2108 as soon as a mistake in billing or breach of patient information is suspected.

WE COOPERATE WITH AND DOCUMENT GOVERNMENT INQUIRIES AND INVESTIGATIONS

Senior Whole Health is regulated by state and federal various aspects of healthcare or other business practices. If we receive a non-routine request for information from a government investigative agency, external auditor or enforcement agency either through correspondence or on site, we:

- Check with our managers.
- Call the compliance officer or hotline when an investigation or inquiry is underway.
- Preserve documentation related to a known or possible government investigation.

WE CAREFULLY REVIEW FINANCIAL RELATIONSHIPS WITH PHYSICIANS AND OTHER HEALTHCARE PRACTITIONERS FOR COMPLIANCE WITH THE ANTI-KICKBACK AND STARK LAWS

All financial arrangements and contracts with physicians and physician groups must be approved by the Chief Financial Officer. Senior Whole Health will not improperly induce or reward referrals of members or services as prohibited under these laws and regulations.

WE INTERACT WITH VENDORS AND PARTNERS HONESTLY

We value our partnerships with contracted vendors and work force members as they play a role in the success of Senior Whole Health. Work force members include anyone providing products or services to Senior Whole Health or our members in the administration of Medicare Parts C and D and state Medicaid services. Our selection of vendors and partners will be made on their ability to meet our business needs, rather than on personal relationships and friendships, or on any inducements or personal offers. We interact with our partners with honesty and integrity, which means we do not take kickbacks or bribes from them, nor do we offer such inducements to them. When working with partners, we do so free from conflicts of interest and are compliant with applicable laws and fair business practices.

We do not request additional items or services from our contracted vendors that are over and above their contracted service. For example, we do not ask for items such as pens, pencils, notepads, etc., nor do we ask for items such as gift certificates or supplies.

We understand that occasionally exchanging small gifts with others can help strengthen relationships and help create a positive overall work environment. Gifts of any kind from suppliers are discouraged and not solicited. We exercise professional judgment in each case, considering the circumstances at hand—this includes the context in which the gift was made, applicable laws, and Senior Whole Health's related policies.

WE RESPECT THE PROPRIETARY INFORMATION OF OTHERS

Just as we protect our own confidential information, we respect the proprietary and confidential information of others. This includes written materials, software and other intellectual property.

Any software used at Senior Whole Health must be licensed and approved—and used as outlined in the software owner's license agreements.

Our Responsibility to Report Concerns of Misconduct

WE REPORT SUSPICIOUS ACTIVITY, CONCERNS OF MISCONDUCT, AND DISRUPTIVE BEHAVIOR

Each of us is responsible to report concerns and suspected misconduct that could violate Senior Whole Health's Code of Conduct, state or federal laws or Senior Whole Health policy. We can report or raise concerns by doing any of the following:

- Report any suspected violations to your supervisor or director, Human Resources representative, Compliance Committee member, or Senior Whole Health's Compliance Officer.
- Call the 24-hour compliance hotline at 1-866-260-2456, available 24 hours a day, 7 days a week.

Any individual who reports a legitimate concern in good faith will be protected from retaliation. We take concerns seriously and appreciate individuals who report concerns or misconduct.

Remember: If you see something, say something! The key is to speak up and raise concerns so they can be resolved quickly, before potential harm occurs. SWH has a non-retaliation policy to support anyone who reports legitimate concerns.

Section V: Reporting Compliance Issues and Fraud, Waste & Abuse (FWA)

Reporting is key in the prevention, detection, and correction of program noncompliance and FWA. Senior Whole Health policy protects any individual or organization who reports a legitimate concern in good faith from retaliation and intimidation.

Failure to report a possible violation or suspected FWA that you know about could result in investigation of you and/or your organization, and potentially disciplinary action. To the extent possible, reports are kept confidential. Anonymous reporting is available through the Compliance Hotline.

Reports can be made to SWH by:

- Call the 24-hour compliance hotline at 1-866-260-2456
- Call the Main SUI Hotline at 1-800-755-0850
- Write to the SWH Compliance Officer at:

  Senior Whole Health
  Attn: Compliance Officer
  58 Charles Street
  Cambridge, MA 02141

A FDR Reporting Poster is available for your use. See Appendix A of this Compliance Guide. The FDR Reporting Poster can also be accessed electronically on the Senior Whole Health website at www.seniorwholehealth.com.

Your organization may have its own reporting process. It's important that concerns relating to Senior Whole Health are reported to Senior Whole Health either directly or through your organization's procedures for referring issues to Medicare Advantage plans plan sponsors.

Below are suggested criteria for referring reported issues to Senior Whole Health. The list is not intended to be all inclusive. Any concerns about program noncompliance or suspected FWA should always be reported.

- Generally, any complaints or allegations that reference Senior Whole Health.
- Complaints from a Senior Whole Health member about quality of care received from a SWH contracted provider or any entity involved with the Senior Whole Health.
- Complaints from Senior Whole Health members regarding access to care or services.
- Complainants wishing to appeal a Senior Whole Health coverage decision (medical or pharmacy) or file a grievance about Senior Whole Health.
- HIPAA violations that impact Senior Whole Health members.
- Allegations that the complainant has been contacted by "someone" from Senior Whole Health requesting personal or medical information.
- Instances where Medicare Advantage requirements (e.g., time-frames, appropriate enrollee notifications, marketing guidelines, etc.) are not being met.
- Instances of alleged FWA.
- Instances where you or your organization becomes aware that an individual or entity involved with Senior Whole Health has become excluded from participation in federal programs.

Section VI: CMS Medicare Advantage Program Audits

The Centers for Medicare & Medicaid Services (CMS), Medicare Parts C and D Oversight and Enforcement Group is responsible for conducting program audits for Medicare Advantage (MA) and Prescription Drug (Part D) plans to ensure compliance with CMS requirements. It's CMS' goal to audit every plan sponsor in the Part C and Part D programs within a reasonable time period." Therefore, it is essential that Medicare Advantage plans be audit ready at any time.

Part of audit readiness is working with our FDRs to ensure we coordinate efforts in advance of an audit so that in the event of an audit all parties are prepared to produce the necessary audit documentation within the CMS required time-frames. The CMS Audit Protocols include an element for FDR Oversight. As part of the FDR Oversight element, Senior Whole Health will be obligated to provide the following information related to FDRs at the "universe" level and at the "sample case" level.

Please be familiar with the audit provisions and be prepared to produce the necessary documentation should it be requested by Senior Whole Health or by CMS.

FDR Oversight —CMS audit "universe" information:

- A current list of the names and responsibilities of all first tier entities.
- Identification of all first tier entities that Senior Whole Health audited during the audit period and the dates and results of the audit.
- Identification of first tier entities that are deemed and not deemed for purposes of FWA training.
- Documentation of all general Medicare compliance education and training provided to FDRs during the audit period, including dates, attendance, topic and method of education.
- Evidence of FWA training and how it was delivered to FDRs:
    - Senior Whole Health's training.
    - CMS standardized training provided through the CMS Medicare Learning Network (MLN) at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net- work-MLN/MLNProducts/ProviderCompliance.html.

FDRs who have met the FWA certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.

42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C)

FDR Oversight — CMS audit "sample case" minimum documentation

First-tier entity records: For each identified first-tier entity (selected from the universe, as described above), a Medicare Advantage plan must provide the following documentation, including the date of receipt (e.g. signed certifications, attestations, training logs, etc.):

- Training, education and exclusion list checking
    - Evidence that general compliance training was provided timely to FDRs.
    - Evidence that sampled non-deemed first-tier entity employees received timely FWA training.
    - Evidence that FWA training or training materials were provided to the non-deemed first-tier entity for its employees' timely FWA training or otherwise ensured that the first-tier

entity completed the CMS FWA training module through the Medicare Learning Network (MLN) (required).
    - Evidence that the sampled first-tier entities are required to maintain records for ten years of the training of their employees, including the following details: time, attendance, topic, certificate of completion, if applicable and test scores, if any.
    - Evidence that sampled first-tier entity employees were timely checked against the OIG/GSA exclusion lists.
- Effective communication
    - Evidence that the MA plan's compliance/FWA reporting mechanism(s) are accessible to FDRs. Evidence that the MA plan's compliance/FWA reporting mechanism(s) have been publicized to FDRs.
    - Evidence that sampled FDRs' employees have been notified of the no-retaliation policy for reporting potential FWA.
    - Evidence that either the MA plan or the sampled first-tier entities have communicated to their employees the obligation to report compliance concerns and potential FWA.
- Disciplinary standards
    - Evidence that disciplinary standards have been publicized to FDRs, including the duty and expectation to report.
    - Evidence of monitoring of the sampled first-tier entity (please provide full report as available).
    - Evidence of auditing of the sampled first-tier entity (please provide full report as available).
    - Evidence that the sampled first-tier entities were audited to determine whether they are monitoring/auditing their downstream entities' compliance with Medicare regulations and requirements.
    - Issues identified from monitoring.
    - Issued identified from auditing.
    - If applicable, issue tracked through completion.
    - Corrective actions taken as a result of the monitoring and/or audit and date started and completed.
    - If applicable, report to senior management and/or the compliance committee.
    - If applicable, names and titles of person responsible for the corrective action.
    - If applicable, names and titles of individuals requesting the monitoring and /or audit.
    - Names and titles of individuals receiving the results.
    - If applicable, the risk analysis that demonstrated the need for the monitoring and/or audit.

Section VII: Definitions

The terms used in the Compliance Guide are consistent with the definitions of those terms in Medicare managed Care Manual Chapter 21, Section 20:

Abuse- includes actions that may, directly or indirectly, result in: unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards

of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Audit - is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures.

Deemed - FDRs who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare program or through accreditation as a supplier of DMEPOS are deemed to have met the FWA training and education requirements. No additional documentation beyond the documentation necessary for proper credentialing is required to establish that an employee or FDR or employee of an FDR is deemed. In the case of chains, such as chain pharmacies, each individual location must be enrolled into Medicare Part A or B to be deemed.

Downstream Entity - is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit below the level of the arrangement between an MAO or applicant or a Part D Plan, Plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.50.

Employee(s) - refers to those persons employed by the plan sponsor or a First Tier, Downstream or Related Entity (FDR) who provide health or administrative services for an enrollee.

Enrollee - means a Medicare beneficiary who is enrolled in a plan sponsor's Medicare Part C or Part D plan.

FDR - means First Tier, Downstream or Related Entity.

First Tier Entity - is any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan, plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Fraud - is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 U.S.C. § 1347.

FWA - means fraud, waste and abuse.

Medicare - is the health insurance program for the following:

- People 65 or older,
- People under 65 with certain disabilities, or
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Monitoring Activities - are regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

NBI MEDIC - means National Benefit Integrity Medicare Drug Integrity Contractor (MEDIC), an organization that CMS has contracted with to perform specific program integrity functions for Parts C and D under the Medicare Integrity Program. The NBI MEDIC's primary role is to identify potential FWA in Medicare Parts C and D.