



FDR Compliance Manual



CODY® FDR Compliance Manual

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Introduction

The U.S. Centers for Medicare and Medicaid Services (CMS) requires that each Medicare Advantage (MA) Organization and Part D Sponsor, hereinafter referred to as health plan sponsors, implement an effective compliance program that meets, at a minimum, the following seven elements:

1. Written Policies, Procedures and Standards of Conduct;
2. Compliance Officer, Compliance Committee and High Level Oversight;
3. Effective Training and Education;
4. Effective Lines of Communication;
5. Well Publicized Disciplinary Standards;
6. Effective Systems for Routine Monitoring and Identification of Compliance Risks; and
7. Procedures and System for Prompt Response to Compliance Issues.

These requirements are detailed in CMS' Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual (MMCM), Chapter 21, *Compliance Program Guidelines*.

These requirements apply to any first tier, downstream and related entity (FDR) that A health plan sponsor contracts with to delegate administrative or health care service functions related to the health plan's Medicare Parts C and D contracts. FDRs are defined by CMS as follows:

- First-Tier Entity: Any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or healthcare services to a Medicare-eligible individual under the Medicare Advantage Program or Part D program.
- Downstream Entity: Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D 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.
- Related Entity: Any entity that is related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and:
 - Performs some of the Medicare Advantage Organization or Part D plan sponsor's management functions under contract or delegation; or
 - Furnishes services to Medicare enrollees under an oral or written arrangement; or
 - Leases real property or sells materials to the Medicare Advantage Organization or Part D plan sponsor at a cost of more than \$2,500 during a contract period.

Cody Consulting Group, Inc. (CODY®) is a first-tier entity that supplies administrative and/or operational services to our clients who are health plan sponsors. As such, CODY® is required by federal regulations to



ensure that CODY® and our FDR/contractor partners are compliant with applicable state and federal regulations. Medicare regulations and CODY's client contracts require that we hold our FDRs/contractors accountable to the same Medicare compliance requirements directed to us.

In addition to CMS guidance on compliance programs, this manual also includes specific information on CODY's Compliance Program. This manual is intended to provide CODY's FDRs with the resources needed to meet CMS compliance program requirements. CODY's FDRs may use all of these materials, some of these materials, or their own organization's comparable documents to meet these requirements. CODY® requires that any documents that are used by an FDR must align with CODY's Compliance Program and meet CMS requirements.

Included in this manual are the materials listed below.

- CODY's Code of Business Conduct and Ethics which states the overarching principles and values by which CODY® operates and defines the underlying framework for CODY's compliance policies and procedures.
- CODY's Compliance Program policies and procedures, which are a detailed and specific description of the operation of CODY's Compliance Program.
- Compliance Program training presentation, entitled *Overview of CODY's Compliance Program*, which provides general training on compliance programs and how CODY® meets those requirements.
- CODY's Privacy and Security Training which provides an overview of the privacy and security rules and their application to CODY's workforce and partners.

CODY® is required to ensure that FDRs have implemented effective Compliance and FWA Programs within their organizations. Likewise, FDRs must monitor and audit their downstream entities' compliance with Medicare Part C and D regulations and requirements. Additionally, CMS may audit FDRs' records to ensure that the Compliance and FWA Programs have been effectively implemented within their organizations. FDRs are required to provide CODY® and any client or regulatory auditor documentation that demonstrates their compliance with these standards, such as sign-in sheets, attestations and/or electronic certifications of completion.

If any FDR employees have questions about this information or if any FDR would like support in meeting these requirements, please contact CODY's Compliance Officer:

Julie Hughes, Chief Compliance and Consultancy Officer
Cell: 540-226-1893
Email: jhughes@codyconsulting.com

CODY® highly recommends that your Compliance Department or applicable Compliance area of your organization review this Manual, its contents, and referenced documents as FDRs must comply with applicable laws and regulations, including Medicare Compliance Program requirements. This Manual provides a summary of these requirements.



Standards of Conduct and Compliance Policies

(42 CFR §§ 422.503(b)(4)(vi)(A) and 423.504(b)(4)(vi)(A); MMCM, Chapter 21, Section 50.1)

FDRs must provide Standards of Conduct to their employees and contracted parties. You may provide either the CODY® Code of Business Conduct and Ethics (COC) and Cody's Compliance policies (collectively Compliance Program Policies) or you may provide your own comparable Standards of Conduct and policies. There may be instances in which Cody's clients require that CODY® and Cody's contractors must comply with the client's code of conduct. CODY® will notify you if this requirement applies to you.

CMS regulations state that you must distribute the Standards of Conduct and compliance policies:

- Within 90 days of hire or the effective date of contracting;
- When there are updates to the Standards of Conduct or compliance policies; and
- Annually thereafter.

You must retain evidence of your distribution of the Standards of Conduct and compliance policies for a period of ten years.

General Compliance and Fraud, Waste and Abuse Training

(42 CFR §§ 422.503(b)(4)(vi)(C) and 423.504(b)(4)(vi)(C); MMCM, Chapter 21, Section 50.3.2)

CMS requires health plan sponsors to provide general compliance and FWA training to employees, senior administrators, governing body members, and FDRs. CMS no longer requires that plan sponsors and FDRs take the CMS-developed training. However, CMS continues to allow health plan sponsors to require FDRs to provide compliance and FWA training to the FDRs' employees, senior administrators, governing body members, and contractors.

CODY® believes that general compliance training and FWA training are crucial to the success of CODY®, our clients, and our business partners. Therefore, CODY® provides general compliance and FWA training to our employees, senior administrators, and governing body members.

CODY® also requires its business partner subcontractors to provide similar general compliance and FWA training to its employees and senior administrators who perform work related to your contract with CODY®.

CMS provides FWA training on its Medicare Learning Network (MLN) website. CODY® encourages you to complete this training online. We have also provided our FDRs/Contractors with CODY® specific compliance training. We encourage our FDRs/Contractors to adopt and/or modify the materials to fit your organizational needs.

FDRs/Contractors must submit (upon request by CODY® or CODY's clients), proof of completion of the general compliance and FWA training that meets CMS requirements, an attestation that the FDR/contractor organization has completed the training, or other such documentation that supports compliance with these requirements.

The training must occur within 90 days of initial hiring or contracting and annually thereafter.



Exclusion List Screening Requirements

(42 CFR §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6) and 1001.1901; MMCM, Chapter 21, Section 50.6.8)

Federal regulations prohibit Medicare, Medicaid, and other federal healthcare programs from paying for items or services provided by a person or entity excluded from participation in these federal programs.

FDRs must perform searches of the Office of the Inspector General (OIG) and General Services Administration (GSA) exclusion lists to confirm that employees and downstream entities performing services for CODY® are not excluded from participating in federally funded health care programs.

CODY's clients require that we conduct these searches and that we require our contractors to do the same. CODY® will perform exclusion searches of our contractors' business names before final contracting and monthly thereafter. CODY® requires our contractors to conduct exclusion checks of their employees and any downstream contractors for the term of the contract.

Use the websites below to perform the required exclusion screenings:

- OIG: <https://exclusions.oig.hhs.gov/>
- GSA: <https://sam.gov/SAM/pages/public/searchRecords/>

Exclusion screenings must be conducted as follows:

- Prior to hire and/or contract; and
- Monthly thereafter.

CODY® contractors must maintain evidence that exclusion checks have been completed. You must retain copies of the individual checks and it is an industry best practice to keep a log of the checks. If one of your employees or sub-contractors is on an exclusion list:

- Immediately remove the employee/contractor from work directly or indirectly related to CODY®; and
- Notify the CODY® Compliance Program upon discovery.

Conflict of Interest

(42 CFR §§ 422.503(b)(4)(vi)(F) and 423.504(b)(4)(vi)(F))

CODY® expects its employees and contractors to transact business according to the highest ethical standards of conduct. CODY® FDRs/contractors should avoid any activity, investment, interest, or association that interferes or appears to interfere with the independent exercise of judgment in carrying out assigned job responsibilities or with the business interests of CODY®.

CODY® FDRs are required to disclose any conflicts of interest to CODY® and should have their own policy regarding conflict-of-interest attestations/disclosures related to their employees and contractors.



Reporting FWA and Compliance Concerns to CODY®

(42 CFR §§ 422.503(b)(4)(vi)(D) and 423.504(b)(4)(vi)(D); MMCM, Chapter 21, Section 50.4.2)

Suspected or detected compliance issues or potential FWA issues that affect a contract with CODY® must be reported to the CODY® Compliance Program. All employees and FDRs/contractors must contact CODY® to report compliance concerns.

CODY's contractors must adopt and enforce a reporting policy that includes:

- A zero-tolerance policy that provides assurances of non-retaliation or non-intimidation against anyone who reports, in good faith, suspected or detected compliance issues; and
- The ability for employees/contractors to report issues and concerns in an anonymous manner.

Questions or concerns should be directed to the CODY® Compliance Program via the following reporting avenues:

- Contact the CODY® Hotline at (855) 900-CODY (2639) ext. 208. You may request confidentiality and anonymity. CODY® will honor this request to the greatest extent possible.
- CODY® Compliance Reporting Email Address: Compliancereporting@codyconsulting.com
- Contact CODY® Chief Compliance and Consultancy Officer:

Julie Hughes
Cell: 540-226-1893
Email: jhughes@codyconsulting.com

- To report anonymously, send a letter to:

Julie Hughes
1513 Keeneland Rd
Fredericksburg, VA 22401

Contractors may also refer to the CODY® Code of Business Conduct and Ethics, which contains these reporting avenues.

FDR Record Retention and Attestation Requirements

(42 CFR §§ 422.504(d) and 423.505(d))

Your organization must maintain evidence of compliance with these Medicare Compliance Program requirements by retaining documentation addressed in this guide and by contract with CODY® for a period of ten years. Pursuant to the Medicare requirements, CODY® and Cody's contractors must maintain books, records, documents, and other evidence of accounting procedures and practices for 10 years from the end date of a contract or the completion date of an audit, whichever is later.

Also, each year, an authorized representative from your organization must attest to your compliance with the requirements described in this guide. The authorized representative may be your Compliance Officer, Practice Manager or Administrator, Executive Officer, or similar related position.

In addition to completing an attestation, CODY® or Cody's clients, may request that you provide **evidence of your compliance with these Medicare Compliance Program requirements** for monitoring and auditing



purposes.

Monitoring, Auditing and Required Reporting

(42 CFR §§ 422.503(b)(40)(vi)(F) and 423.504(b)(4)(vi)(F); MMCM, Chapter 21, Section 50.6)

CMS requires that plan sponsors develop a strategy to monitor and audit their first tier and downstream entities. The CMS regulations and CODY's client contracts may require that CODY® monitor and audit our contractors as well. CODY's clients will routinely monitor and periodically audit CODY® which may also include review of CODY's FDRs/contractors.

CODY's FDRs/contractors must comply with these Medicare compliance guidelines. Should a CODY® client request monitoring and auditing reports, documentation, or audit data from CODY® regarding an FDR/contractor, the CODY® Compliance Department will notify the FDR/contractor to discuss the client's request.

CODY's clients may also expect routine reporting from CODY® and our FDRs/contractors. Such reporting will be discussed with the FDR/contractor in a timely fashion to comply with client expectations.

Prompt Response to Detected Offenses

(42 CFR §§ 422.503(b)(40)(vi)(G) and 423.504(b)(4)(vi)(G); MMCM, Chapter 21, Section 50.7)

CMS requires that health plan sponsors establish and implement procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified, correcting such problems promptly and thoroughly to reduce the potential for recurrence and ensure ongoing compliance with CMS requirements. When a compliance issue is identified, FDR/contractors are expected to actively participate in the correction or remediation of the issue, including root cause analysis, impact analysis, corrective actions, and validation activities.

Federal and State Compliance Obligations

Based upon the services your organization performs for CODY®, you may be subject to other federal and state laws, rules, and regulations not described in this guide. If you have questions about Medicare compliance requirements for the services you perform, please contact CODY's Chief Compliance and Consultancy Officer, Julie Hughes.

Compliance Resources

- CODY® Code of Conduct: www.codyconsulting.com (click About Us section)
- FDR Compliance Manual: www.codyconsulting.com (click About Us section)
- OIG Exclusion List: <https://exclusions.oig.hhs.gov>
- GSA Exclusion List: <https://sam.gov/content/home>
- CMS MLN FWA Training, *Combating Medicare Parts C and D Fraud, Waste & Abuse*: <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- CMS MMCM, Chapter 21: <https://www.cms.gov/Regulations-and-Guidance/>



Guidance/Manuals/Downloads/mc86c21.pdf

- CFR: <https://www.ecfr.gov/>



Attachment 1

CODY® Code of Business Conduct and Ethics



CODE OF BUSINESS CONDUCT AND ETHICS

CODY CONSULTING

CODE OF BUSINESS CONDUCT AND ETHICS

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INTRODUCTION

Message from the CEO

Dear Colleagues:

The reputation of Cody Consulting Group, Inc. (“Cody Consulting” or the “Company”) is the result of the drive, dedication, and hard work of its employees and contractors. Together, we are responsible for earning and maintaining our client’s trust and respect by delivering quality services, software, and solutions.

We are a values-based company, dedicated to conducting business in a manner that is socially responsible, and in compliance with the letter and spirit of the many rules and regulations that govern our business and the clients we serve.

For these reasons, Cody Consulting has developed a Code of Business Conduct and Ethics (“the Code”) to guide employees and contractors in understanding our regulatory and contractual obligations. CODY® employees and contractors are charged with the responsibility to act with integrity in all aspects of our professional endeavors.

The Code serves as a guide that provides us with the fundamental principles and key policies that govern the conduct of our business. The Code applies to all CODY® employees and contractors.

The CODY® management team is fully committed to the principles set forth in the Code. Our continued success requires all of us to maintain this commitment and to respect the rules, regulations and standards governing our business and the clients we serve.

Thank you for the work you do every day and for your commitment to the principles of the Code.

With Respect,

Deb Mabari

CEO

Purpose of the Code

The CODY® Code of Business Conduct and Ethics is designed to help all employees and contractors understand and comply with our regulatory and contractual obligations. The Code has been approved by the senior management team. The Code applies to everyone who works or contracts with the Company. The Code is an important piece of the CODY® Compliance Program.

Commitment to Compliance

The Code is the cornerstone of our commitment to conduct business with a high level of business ethics, personal integrity, and compliance. It is imperative that each of us hold a personal commitment to compliance with the numerous rules, regulations, and laws that affect our business and the clients we serve. The Code provides guidance in making appropriate decisions when faced with ethical issues or policy-based decisions. It is the responsibility for all CODY® personnel to understand and comply with applicable regulations in any business situation.

INDIVIDUAL RESPONSIBILITIES UNDER THE COMPLIANCE PROGRAM

Employee Responsibilities

The strength of our organization resides in the efforts and talents of our personnel who create our success and reputation. CODY® team members are responsible for performing their duties in good faith, and with honesty, fairness, and integrity.

It is the responsibility of all CODY® team members to understand and abide by the principles contained in this Code, to ask questions when faced with any ethical issue or when faced with any uncertain situation. It is the responsibility of CODY® team members to rely on this Code and the CODY® Employee Handbook as guidance for how we conduct our business.

Leadership Obligations

CODY's senior management is committed to promoting, supporting, and enforcing the Compliance Program. Senior management will lead by example ensuring that compliance is an integral part of leadership responsibility. Management will encourage open communication with all CODY® team members and support individuals who report compliance concerns.

Acknowledgement

All CODY® employees, including leadership and contractors, are expected to comply with the policies set forth in this Code. The Code is provided to new hires upon hire and provided to existing employees annually, and as revisions are released. After careful study of the Code, each employee will acknowledge that he/she has received a copy of the Code and will abide by the principles and guidance contained within the Code.

Compliance Training

It is important that each employee, including senior management, uphold the standards and policies within the Code. To this end, all CODY® employees will complete required training in a timely manner.

The CODY® Compliance Program provides the following compliance training:

- (1) CODY® Compliance Program Training.**
- (2) Fraud, Waste and Abuse Training.**
- (3) CODY® Privacy and Security Training. This training addresses HIPAA, HITECH, and Company information security.**

Duty to Report

It is everyone's responsibility to report actual or suspected crime, fraud, or any misconduct in violation of the law, regulations or this Code by any employee or contractor acting on behalf of the Company. If you are contacted by any law enforcement or governmental agency about actual or suspected illegal conduct of any type, you must report this immediately to the Chief Compliance and Consultancy Officer.

Employees and contractors may report compliance concerns without fear of retaliation by the Company for any report made in good faith.

See section 'Seeking Guidance and Reporting' for instructions on how to report compliance matters to the Compliance Department.

WORKPLACE CONDUCT

Respect for Our Employees

The manner in which we treat people and our work environment affects the way we do our jobs. All employees want a workplace where they are respected and appreciated. All CODY® employees must contribute to the creation of a workplace that fosters respect, honesty, integrity, and trust.

It is CODY's policy to:

- Respect the privacy and dignity of all team members by protecting confidential employee information, including protected health information.
- Recruit, hire, train, and promote qualified persons in all job classifications without regard to race, color, religion, sex, sexual orientation, national origin, veteran's status, age or disability, or any other legally protected basis.
- Provide a work environment free of discrimination and harassment on the basis of race, color, religion, sex, sexual orientation, national origin, veteran status, age or disability, genetic information, or any other legally protected basis.
- Provide courteous treatment to our team members and our clients in all working relationships and environments.

Alcohol and Drug Use

CODY® strives to maintain a work environment free from the effects of alcohol and drugs. Use of alcohol, legal or illegal drugs that may impair or interfere with the ability to conduct work, drive a Company vehicle including rentals, or use Company property is prohibited. Possession and/or trafficking of illegal or controlled substances or being under the influence of illegal or controlled substances is prohibited.

Health and Safety

Every CODY® employee and contractor is responsible for their individual safety as well as the safety of others in the workplace. Employees must be safety conscious at all times. The safety of personnel and ensuring appropriate working conditions is a top priority of all management.

THE COMPANY

Conflicts of Interest

The Company expects its employees and contractors to transact business according to the highest ethical standards of conduct. It is each employee's obligation to act in the best interests of the Company and not allow any personal activity to conflict with or interfere with his/her service to the Company. You are expected to avoid any activity, investment, interest, or association that interferes or appears to interfere with the independent exercise of judgment in carrying out assigned job responsibilities or with the interests of the Company.

Corporate Opportunity

CODY® employees and contractors owe a duty to the Company to advance its legitimate business interests when the opportunity to do so arises. You may not take for yourself opportunities that are discovered through the use of corporate property, information, or position, or use corporate property, information, or position for personal gain. You may not compete with the Company.

Gifts and Gratuities

CODY® employees, contractors, and management cannot accept gifts, payments, fees for services, discounts, valuable privileges, or other favors or gratuities that might improperly influence them in their work duties.

Computer and Information Systems

Each CODY® employee and contractor is responsible for the appropriate use of any CODY®-issued phone, computer, or any other mobile communications device.

Employees and contractors should not expect a right to privacy in connection with the use of CODY® equipment or with the transmission, receipt, or storage of messages or information associated with the e-mail system, Internet, Intranet, or any other Company-provided or approved system or service.

No employee or contractor should access, or attempt to obtain access, to another person's password or electronic communications.

Employees and contractors are prohibited from downloading or installing any software on Company computers without prior permission from management.

Intellectual Property

Company trade secrets and confidential or proprietary information are not to be uploaded or downloaded without prior authorization from management. Company confidential information should never be transmitted or forwarded to outside individuals or companies not authorized to receive that information.

Insider Trading

In the course of your work with CODY® clients, you may become privy to confidential, material non-public information about the client. Employees and contractors may not pass material, non-public information to anyone who may trade securities based on that information or give other recommendations to buy or sell client securities.

Contracting Practices

CODY® employees may not undertake any performance, payment, or other obligation unless authorized by management.

Record Retention

CODY® is committed to compliance with all applicable laws and regulations relating to the preservation of records. The Company will identify, maintain, safeguard, and dispose of records in CODY's possession in the normal course of business and to an established records retention schedule. If you learn of a subpoena or pending, imminent, or contemplated litigation or government investigation, you should immediately contact the Compliance Department. You should retain and preserve all records provided in response to any subpoena or provided in the course of any litigation.

Responding to Press Inquiries

CODY® employees and contractors should not speak with the press, the public, groups or organizations as a Company representative unless specifically authorized by senior management. All inquiries from the media or public for statements regarding Cody Consulting should be referred to senior management.

REGULATIONS AFFECTING OUR WORK

Fraud and Abuse

Fraud, abuse, dishonesty, or criminal conduct involving CODY® business operations is prohibited and will not be tolerated.

Fraud is a broad concept that refers generally to any intentional act committed to secure an unfair or unlawful gain.

Abuse refers to an activity that is not consistent with generally accepted business, medical or fiscal standard practices.

Bribes, Kickbacks, and Illegal Inducements

CODY® complies with applicable federal and state anti-kickback laws and regulations. These laws make it a crime to offer or receive payments or other benefits that could be perceived as an inducement to conduct business, or for referrals of Medicaid, Medicare, or federal health care program beneficiaries.

You may not accept or offer money, gifts, loans, rewards, favors or anything of value that could constitute, or be perceived as constituting, a bribe or improper business inducement.

Fair Competition

CODY® depends upon its reputation for quality, service, and integrity. CODY® employees and contractors should endeavor to deal fairly with the Company's clients and competitors.

CODY® prohibits actions taking unfair advantage of others through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair dealings.

Ineligible Individuals

As a business associate to state and federal health care program contractors, CODY® may

not employ or contract with individuals or companies that are barred from taking part in such programs.

To meet this obligation, the Company must screen all employees and contractors against federal exclusion lists before hiring or entering into contracts. CODY® must re-screen employees and contractors on a monthly basis.

Safeguarding Client Information

All CODY® employees and contractors are required to comply with the rules of the Health Insurance Portability and Accountability Act (HIPAA). Our clients may possess member health information and other proprietary, confidential information about persons or companies with which we conduct business. All such information must be handled properly in order to protect such information from inappropriate access, use, and disclosure.

AUDITS AND INVESTIGATIONS

Compliance with Audits and Investigations

All CODY® employees and contractors have a duty to cooperate with any audits, inquiries or investigations conducted by the Compliance Department, the IT Security Department, Human Resources, the Finance Department, any government entity, or our clients.

Compliance with an audit or investigation means:

- Notifying the Compliance Department regarding all audit or investigation inquiries from any source, including government agencies and clients.
- Notifying the Compliance Department regarding notifications of fraud or abuse you might receive.
- Participation in audits or investigations as requested, such as interviews or requests for documentation.
- Providing accurate, complete, and timely responses for information as requested.
- Retaining all documents requested as part of an investigation or audit.

SEEKING GUIDANCE

Seeking Guidance and Reporting

The CODY® Compliance Department is committed to an 'open door' policy so that employees and contractors may report concerns of probable or actual violations of laws, rules, regulations and/or Company policies.

CODY® employees and contractors are obligated to report compliance concerns and potential or identified compliance violations to the Compliance Department regarding any issue or practice which a person believes in good faith may constitute a violation of laws, rules regulations and/or Company policies.

To seek advice and guidance or report compliance issues either directly or anonymously, please use one of the following avenues:

- (1) Call the CODY® Compliance Hotline at **1-855-990-CODY (2639) ext. 208**. When a reporter chooses this avenue, the reporter's phone number is visible to Compliance.
- (2) Send an email to the Compliance email box at compliance@codyconsulting.com. When a reporter chooses this avenue, the reporter's email address is visible to Compliance.
- (3) Send a letter to: Julie Hughes, Chief Compliance and Consultancy Officer, 1513 Keeneland Rd, Fredericksburg VA 22401. When a reporter chooses this avenue, the reporter may remain anonymous.
- (4) Call the Chief Compliance and Consultancy Officer directly at 540-226-1893. When a reporter chooses this avenue, the reporter's phone number is visible to the Chief Compliance and Consultancy Officer.

Note that should a reporter want the Chief Compliance and Consultancy Officer to contact the reporter, he/she should leave a return number, email address, or postal address.

All reports will be thoroughly reviewed and investigated.

Non Retaliation

It is the Company policy that employees and contractors may report any compliance concern or any actual or suspected violations of the law, rules, or regulations that govern our business without fear of retaliation.

No form of retaliation or intimidation will be tolerated against an employee or contractor who makes a good-faith report of suspected or identified compliance violations or who participates in any investigation of a violation.



CODE OF BUSINESS CONDUCT AND ETHICS ACKNOWLEDGMENT

CODY CONSULTING GROUP

I hereby acknowledge that I have received and read the Cody Consulting Code of Business Conduct and Ethics. I will abide by and comply with the standards and principles presented in the Code.

I will seek guidance regarding any compliance concern, actual, or suspected violation of any law, rule or regulation or Company policy.

I will attend and complete all required CODY® training.

Signature:

Date:



Attachment II

CODY[®] Compliance Program Policies and Procedures



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Compliance Disciplinary Standards Policy
POLICY NUMBER:	COR CMP 002
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule	9/2/2015	T. Teschendorf	New Policy, Compliance Committee Approved
v.2	4/1/2020	T. Edwards	Changed policy to reflect that all policies are now entered in the P&P module. Formatted for entering into CODY® P&P module. All edits/approvals going forward to be made in the module. Module will auto-assign version number.
v.3	2/6/2023	J. Hughes	Annual review and update for template changes
v. 4	2/8/2024	J. Hughes	Minor edits for consistency.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 C.F.R. §§ 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E)
CMS, Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, Section 50.5 – Element V: Well-Publicized Disciplinary Standards
CODY® Compliance Program Charter; CODY® Code of Business Conduct and Ethics

RELATED POLICIES

POLICY #	POLICY TITLE
IT HIPAA.003	Sanction Policy
COR CMP 003	Corporate Investigations Policy
COR CMP 004	Reporting Compliance Issues to the Compliance Program
COR CMP 009	Code of Business Conduct and Ethics
COR CMP 010	Compliance Program Corrective Actions
COR CMP 011	Compliance Program Charter

ATTACHMENTS

DOCUMENT TITLE
Compliance Reporting Form

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), strives to ensure that all employees are aware of disciplinary measures that may be taken upon the following:

- Non-compliance with the Company's policies and procedures;
- Non-compliance with the Company's Code of Business Conduct and Ethics;
- Non-compliance with federal and/or state rules, laws, and regulations.

CODY® has a regulatory and ethical duty to provide mechanisms for persons to report compliance and operational issues and concerns to the Company. CODY® must ensure that appropriate investigations into such issues are initiated, and issues are remediated. Disciplinary actions may be initiated upon findings of non-compliance with regulatory requirements, the Code of Business Conduct and Ethics, company operational and compliance policies, and/or contract requirements.

This policy establishes protocols by which CODY® encourages good faith participation in the compliance program by establishing, publicizing, implementing, and enforcing disciplinary standards for noncompliant, unethical, or illegal behavior related to the requirements established by the Centers for Medicare & Medicaid Services (CMS).

(Note: Employee Human Resource (HR) issues are addressed in the Employee Handbook. Employees should reference the Handbook and contact HR for the guidance of such issues).

II. DEFINITIONS

Disciplinary Actions: Such measures are needed to ensure that unethical, non-acceptable actions are non-recurring. Example: Suspension or termination for failure to correct compliance issues.

III. POLICY

It is the policy of CODY® to establish and implement clear and specific disciplinary standards related to regulatory compliance and potential fraud, waste, and abuse (FWA) violations. Employees are expected to report compliance issues (noncompliant, unethical, or illegal behavior), participate in training, and assist in the resolution of reported compliance issues. Noncompliant, unethical, or illegal behavior may include behavior that violates CODY's Code of Business Ethics and Conduct, CODY's policies and procedures, CMS requirements and/or federal or state law. Employees who engage in behavior that violates these established standards are subject to disciplinary action, including termination. Disciplinary actions related to compliance or ethical issues will be enforced in a timely, consistent, and effective manner.

CODY® has a regulatory and ethical duty to provide mechanisms for persons to report compliance and operational issues and concerns to the Company. CODY® must ensure that appropriate investigations into such issues are initiated, and issues are remediated. Any compliance violations will be reported to the employee's immediate supervisor. The Chief Compliance and Consultancy Officer will coordinate with appropriate operational management and HR representatives to ensure that disciplinary action is taken consistently and appropriately documented.

IV. PROCEDURE

Identification of Situations for which Disciplinary Action is Warranted

It is the responsibility of all CODY® employees to be familiar with laws and regulations that impact their work, CODY® policies and procedures, departmental standard operating procedures, and the CODY® Code of Business Conduct and Ethics. Further, it is the responsibility of CODY® employees to understand what types of behaviors and actions are unacceptable and to be able to identify situations in which behaviors and actions may result in disciplinary action.

While it is not possible to list all forms of behavior and/or actions that are considered unacceptable, the following list is representative of types of behaviors and actions that generally result in disciplinary and/or corrective action. This list is designed to illustrate behaviors and actions typical of compliance violations. The list is not exhaustive of all types of conduct that may constitute grounds for disciplinary action, including termination of employment.

- Committing acts that are disloyal or injurious to the Company's interests or result in a breach of confidence or loyalty.
- Encouraging or assisting another person to engage in noncompliance of laws, regulations, policies, or procedures.
- Engaging in acts of theft, dishonesty, or fraud.
- Engaging in conduct that creates a conflict of interest or the appearance of a conflict of interest.
- Falsifying Company documents or records.
- Failure to cooperate with any Company or regulatory agency investigation or obstruction of such investigation, including but not limited to refusing to participate in the interview process; encouraging others to avoid participation in an investigation and/or the interview process; failing to provide requested supporting documentation and evidence; failing to provide truthful or complete information during an investigation.
- Failure to comply with any type of disciplinary action previously imposed.
- Failure to notify the Company after conviction of a criminal offense, whether occurring in or out of the workplace.
- Failure to satisfy the Compliance Program education and training requirements.
- Failure of a supervisor or manager to assure that subordinates understand the requirements of the Compliance Program.
- Knowingly submitting a false, malicious, or frivolous report of noncompliance against another employee.
- Noncompliance, and/or serious or repeated violations of applicable laws, regulations, policies, or procedures, and the CODY® Code of Business Conduct and Ethics.
- Removing or borrowing Company property without prior authorization.
- Retaliation against an employee, agent, or contractor who reports in good faith, a concern relating to possible noncompliance to laws, regulations, CODY® policies and procedures, department standard operating procedures, and the CODY® Code of Business Conduct and Ethics.
- Unauthorized use of Company equipment, time, materials, or facilities, including the Company's technical resources.
- Unauthorized disclosure of Company business records, proprietary and/or confidential information, including protected health information.

Duty to Report and Investigation of Reports

As formally documented in Policy COR CMP 004 *Reporting Compliance Issues to Corporate Compliance*, CODY® employees and contractors have a duty to report suspected compliance violations or concerns to the Compliance Department.

Upon receiving a report of suspected Company and/or regulatory violations as identified above, or upon discovery of suspected violations, the Company Compliance Department will conduct an investigation regarding suspected violations in accordance with Policy COR CMP 003 *Corporate Investigations Policy*.

Application of Disciplinary Action

An appropriate degree of progressive disciplinary action for a particular infraction or violation depends on the nature and severity of the infraction or violation, the results of an investigation, and the careful evaluation of relevant circumstances.

A description of the types of progressive disciplinary actions follows below. Any of these steps may be skipped or eliminated, at the Company's discretion, depending on the seriousness of the violation and relevant circumstances of the specific situation.

Note that not all issues lend themselves to these progressive disciplinary steps. Certain situations may warrant immediate and serious disciplinary action, including suspension or termination. The Chief Compliance and Consultancy Officer may consult with operational management and HR to address employee disciplinary actions related to compliance violations.

- **Verbal Warning:** A verbal warning may be given and shall serve as an opportunity to clarify misunderstood rules, policies, standard operating procedures, directions, etc., eliminate incorrect assumptions, and resolve conflicts. Verbal warnings will be documented by the employee's immediate supervisor.
- **First Written Warning:** If the same issue recurs after a verbal warning, management may issue a written warning. A written warning will include a statement of what occurred, who was involved, when and where any unacceptable behavior or action took place, why the behavior or action warrants disciplinary action, and what improvement is expected in the future. A written warning will be provided to the employee to read and make comments. The written warning will be signed and dated by the employee, indicating that the employee understands the contents of the written warning. A member of management will also sign and date the written warning. The written warning will be documented in the employee's personnel file.
- **Second Written Warning:** If the problem continues or is repeated, management may issue a second written warning. The guidelines outlined in the first warning above apply.
- **Remedial Actions:** In addition to disciplinary actions, the Company may require employees to partake in remediation activities designed to assist employees with the correction of non-compliant behaviors. Remedial actions may be in the form of training, learning activities, and/or coaching and monitoring by management and/or HR.
- **Suspension:** Suspension may be imposed at any time depending upon the nature and severity of the problem, as well as any circumstances that are present. Suspensions may vary in length of time. An employee placed on suspension will be informed of the suspension and the reasons and terms of the suspension. The terms of the suspension will be in writing and signed by appropriate management.
- **Termination:** The most serious step in this progressive discipline procedure is the termination of employment. Generally, the Company will try to exercise the progressive nature of this policy by providing warnings and/or suspension before proceeding to the termination. However, behavior that is illegal is not subject to progressive discipline and may be reported to appropriate law enforcement and/or regulatory agencies.

Post-Remediation Activity

Compliance will follow up with appropriate management to ensure that disciplinary action was taken and documented.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Corporate Investigations Policy
POLICY NUMBER:	COR CMP 003
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule	9/2/2015	T. Teschendorf	Committee Approval of Policy
v.2, v.3, v.4	2017, 2018, 2019	T. Edwards	Reviewed, no changes
v.5	4/1/2020	T. Edwards	Entered policy into CODY® P&P Module new format. All edits/approvals going forward are to be made in the Module. The module will auto-assign the version number. Added new logo.
v.6	12/15/2021	T. Edwards	Reviewed with content changes
v.7	2/6/2023	J. Hughes	Annual review and update for template changes
v.8	2/9/2024	J. Hughes	Minor edits for consistency and clarity.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F) 42 C.F.R. §§ 422.503(b)(4)(vi)(G), 423.504(b)(4)(vi)(G)
CMS Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, Section 50.6.2 – Development of a System to Identify Compliance Risks; Section 50.7 – Element VII: Procedures and System for Prompt Response to Compliance Issues
CODY® Compliance Program Charter

RELATED POLICIES

POLICY #	POLICY TITLE
COR CMP.002	Progressive Discipline Policy
COR CMP.004	Reporting Compliance Issues to the Compliance Program and Non-Retaliation
COR CMP.009	Code of Business Conduct and Ethics
COR CMP.011	Compliance Program Charter

ATTACHMENTS

DOCUMENT TITLE
N/A

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), has a compelling interest in addressing reports of suspected non-compliance with laws and regulations that require proactive measures to cure fraud, waste, and abuse (FWA), violations of Company policies and procedures, and violations of federal and state laws and regulations.

The Company recognizes that violations of Company policy, the CODY® Code of Business Conduct and Ethics, the CODY® Employee Handbook, and federal and state laws threaten CODY's business reputation and standing.

Consequently, this policy establishes the framework for responding to suspected or actual violations and provides protocols and procedures for the investigation of compliance issues and concerns.

II. DEFINITIONS

Disciplinary Actions: Such measures are needed to ensure that unethical, non-acceptable actions are non-recurring. Example: Suspension or termination for failure to correct compliance issues.

III. POLICY

The Compliance Department will investigate and respond to all reports or any indication of suspected or actual violations of Company policies and procedures, the CODY® Code of Business Conduct and Ethics, and/or federal and state laws and regulations.

The Compliance Department will investigate potential or identified compliance and FWA issues discovered through the course of risk assessments, audits, monitoring or reporting. A reasonable inquiry into potential compliance or FWA will be initiated as quickly as possible, but no later than two weeks after the incident was identified. Investigations are expected to be completed within 60 days. Investigations expected to take longer than 60 days will be reviewed for appropriate action (e.g., referral).

The Compliance Department will conduct a timely inquiry and investigation regarding compliance issues as identified and will take appropriate actions to correct founded violations to reduce the potential for recurrence and ensure ongoing compliance with Company policies and procedures, the CODY® Code of Business Conduct and Ethics, and federal and state laws and regulations.

The Chief Compliance and Consultancy Officer is responsible for the administration and management of compliance investigations. The Chief Compliance and Consultancy Officer may engage the CEO, COO, corporate counsel, outside legal counsel, Human Resources, and the Privacy Officer or other Company officers and directors as appropriate at any time during an investigation.

All officers, directors, and employees of Cody Consulting Group, Inc. are required to cooperate fully with any investigation. Failure to cooperate in an investigation is considered grounds for immediate termination of employment. Similarly, failure to be honest or forthcoming in the course of an investigation is also grounds for immediate suspension, discipline, or termination.

All officers, directors, and employees of Cody Consulting Group, Inc. have a duty to report any suspected or actual misconduct, violations, or compliance concerns regarding Company policies and procedures, the Code of Business Conduct and Ethics, and federal and state laws. (Refer to Policy COR CMP 004 *Reporting Compliance Issues to the Compliance Program and Non-Retaliation* and COR CMP 009 *Code of Business Conduct and Ethics* for detailed reporting procedures.)

The Company and employees, or contractors of the Company, will not take retaliatory action against any employee/contractor for reporting a suspected issue, even if suspicions or allegations are found to be incorrect, as long as the employee/contractor makes the report in good faith.

CODY® will strive to protect the confidentiality of any employee who makes a report to the greatest extent possible. In some situations, the law requires employees who make accusations to attach their names to official reports or otherwise make themselves available to cooperate with outside regulators or law enforcement. The Company reserves the right to disclose the identity of a reporting employee where the Company has determined that such disclosure is compliant with the law and required in order to complete an investigation.

IV. PROCEDURE

1. The Chief Compliance and Consultancy Officer may delegate investigation responsibilities but is responsible for the supervision of all compliance investigations.
2. Upon receipt of a report of suspected or actual misconduct, compliance concern, or violation of policy, rule, or law, the Chief Compliance and Consultancy Officer will take immediate action to stop suspected non-compliant conduct from continuing or recurring. This action is not a reflection of the Company's position as to the merits of the accusations made in the initial report. Rather, the Company must take preemptive action to stop suspected conduct during the pendency of its investigation.
3. In some situations, depending on the severity of the evidence or allegations, the Company reserves the right to suspend, discipline, or terminate employees prior to or during the investigation.
4. The Chief Compliance and Consultancy Officer will notify and engage the Compliance Committee, and appropriate senior leadership including the CEO, COO, corporate counsel, Human Resources, and/or the Privacy Officer, depending on the circumstances of the situation. The Chief Compliance and Consultancy Officer may have a duty to report identified issues to a regulatory body, law enforcement, and/or a client per contract requirement.
5. The Chief Compliance and Consultancy Officer will develop a formalized investigation plan that may include the following:
 - a. Notification, as appropriate, to individuals and management of pending review and investigation of issues;
 - b. Review and preservation of documentation and/or evidence related to the issues;
 - c. Interviews of appropriate individuals;
 - d. Review of policies, laws, rules, and regulations applicable to the issues;
 - e. Summary Report documenting the issues and findings, recommendations, and actions taken; and/or
 - f. Review of investigation findings, recommendations, and Corrective Action Plan, if applicable, with the Compliance Committee, and appropriate senior leadership including the CEO, COO, corporate counsel, HR, and/or the Privacy Officer.
6. Upon conclusion of the case:
 - a. If the Compliance investigation results show that the allegation(s) or any other issue(s) discovered during the course of the investigation did not occur, or that there were no violations of applicable Company policies and procedures, laws, rules, or regulations:
 - i. The investigation will be closed upon review by the Chief Compliance and Consultancy Officer and concurrence by the Compliance Committee and senior leadership as applicable including the CEO and COO. The Chief Compliance and Consultancy Officer will brief the parties involved and appropriate stakeholders on the findings and outcome of the issues.
 - b. If the Compliance investigation results show that the allegations(s) or any other issue(s) discovered during the course of the investigation did occur, or that there was a violation of applicable Company policies and procedures, laws, rules, or regulations:
 - i. The Chief Compliance and Consultancy Officer will provide recommendations for disciplinary action (consistent with Policy COR CMP 002 *Progressive Discipline Policy*) including a Corrective Action Plan (if applicable).
 1. Disciplinary action and a Corrective Action Plan (if applicable) may be applied considering the parties involved, and the issue(s) and outcomes presented.
 2. The Chief Compliance and Consultancy Officer may engage appropriate senior leadership and the Compliance Committee to determine the type of disciplinary action to be taken.

3. The Chief Compliance and Consultancy Officer will engage with appropriate management and leadership as necessary, including the parties to the issue(s) to discuss the findings of the investigation and the outcome.
4. The Compliance investigation file will remain open until the Corrective Action Plan is complete, at which time the investigation file will be closed by the Chief Compliance and Consultancy Officer.

7. Reporting and Disclosure:

a. Internal Disclosure:

- i. The Chief Compliance and Consultancy Officer will make reports to the Compliance Committee and Board of Directors as needed and on a scheduled basis regarding Compliance and investigation matters.

b. External Disclosure:

- i. In the event of suspected or founded criminal activity and/or regulatory violation, the Chief Compliance and Consultancy Officer will report the matter to the Compliance Committee, Board of Directors, the CEO/COO, and corporate counsel for reporting to the appropriate law enforcement agency. The Chief Compliance and Consultancy Officer will report the matter to the appropriate regulatory body as appropriate. Further, the Chief Compliance and Consultancy Officer will disclose and report as appropriate, issues, findings, and outcomes per client contract.

8. Documentation Retention:

- a. All Compliance investigation files will be maintained and retained as required by regulation, law, or client contract (as applicable).



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Reporting Compliance Issues to the Compliance Program and Non-Retaliation Policy
POLICY NUMBER:	COR CMP 004
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule, v.2	9/2/2015	T. Teschendorf	Committee Approval of Policy; change associate to employee
v.3	2016	T. Teschendorf	Changed title to include "And Non-Retaliation". Added content in the non-retaliation section and added content in the procedure section.
v.4	2017, 2018	T. Teschendorf	Review, no changes
v.5	4/29/2020	T. Edwards	Entered policy into CODY® P&P Module new format. All edits/approvals going forward are to be made in the Module. The module will auto-assign the version number. Added new logo. Content changes.
v.6	12/15/2021	T. Edwards	Updated contact information for Chief Compliance and Consultancy Officer. Indicated anonymous reporting mechanism is mailed to Chief Compliance and Consultancy Officer. Added definitions and confidentiality statement to procedure.
v.7	2/4/2023	J. Hughes	Annual review and update for template changes
v.8	2/9/2024	J. Hughes	Minor edits for consistency.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D)
42 C.F.R. §§ 422.503(b)(4)(vi)(E), 423.504(b)(4)(vi)(E)
CMS, Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9 Section 50.4.2 – Communication and Reporting Mechanisms; Section 50.5.2 – Methods to Publicize Disciplinary Standards
CODY® Code of Business Conduct and Ethics

RELATED POLICIES

POLICY #	POLICY TITLE
COR CMP 003	Corporate Investigations Policy
COR CMP 010	Compliance Program Corrective Actions Policy

ATTACHMENTS

DOCUMENT TITLE
Compliance Reporting Form
Compliance Concern Form located on SharePoint

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), has a compelling interest in addressing workplace complaints, protecting employees from discrimination, harassment, or intolerable working conditions, and complying with laws and regulations that require proactive measures to cure fraud, waste, abuse, violations of Company policies and procedures, and violations of federal and state laws and regulations.

The Company recognizes that violations of Company policy, the CODY® Code of Business Conduct and Ethics, the CODY® Employee Handbook, and federal and state laws threaten CODY's business reputation and standing.

Consequently, this policy establishes the protocols for employees, clients, and business associates to report compliance concerns and issues in good faith without fear of retaliation.

II. DEFINITIONS

Abuse: 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 can 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.

Fraud: 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.

FWA: Fraud, Waste and Abuse

Waste: Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

FWA: Fraud, Waste and Abuse

III. POLICY

It is the policy of CODY® to provide an effective process for employees, clients, and business associates to express compliance concerns or report potential violations without retaliation and to encourage the reporting of such concerns or violations.

CODY® employees are obligated and have a regulatory duty to report compliance concerns and potential violations to the Compliance Program regarding any issue or practice which the employee believes in good faith may constitute a violation of law, a regulation, and/or CODY® policies and procedures, and the CODY® Code of Business Conduct and Ethics.

Any employee who is aware of, or reasonably suspects, any violation of applicable law, regulation, or policy and fails to report it may be subject to disciplinary action.

Accordingly, CODY® encourages employees to seek guidance regarding compliance incidents or concerns. Compliance Incidents include the following:

- Violations of Laws and Regulations
- Violations of Company Policies and Procedures and the CODY® Code of Business Conduct and Ethics
- Crimes
- FWA
- Financial and Accounting Issues
- Unethical Behavior

CODY® provides employees, clients, and contractors the opportunity to report compliance incidents and concerns both in a direct or anonymous manner.

Non-Retaliation Policy

CODY® has a no-tolerance policy and will not tolerate any form of retaliation or intimidation against an employee who makes a good-faith report of suspected compliance violations, FWA issues, violations of rules, laws, and/or government policies or who participates in good faith in any investigation. Any person who engages in retaliation or intimidation will be subject to disciplinary action, up to and including termination.

IV. PROCEDURE

CODY® Employees:

To assist employees in reporting any compliance incident, issue, or concern, employees may report or seek guidance from the following:

1. Report to the Compliance Program using established reporting mechanisms and/or directly to the Chief Compliance and Consultancy Officer.
 - a. Employees are encouraged to report compliance issues and incidents directly to the Compliance Program, including department policy and procedure issues that an employee believes to be non-compliant with regulatory guidance.
2. Report to a supervisor or manager or more senior management.
 - a. In most situations regarding operational policy and process, a direct supervisor or manager should be able to provide guidance regarding internal department policies, procedures, and practices.
3. Report to Human Resources:
 - a. An employee may seek guidance directly from Human Resources.
 - b. If an employee believes that their department management is involved in the issue, the employee should seek guidance from the Chief Compliance and Consultancy Officer.

Clients and Vendors:

1. Report directly to the Compliance Program using established reporting mechanisms or to the Chief Compliance and Consultancy Officer.
2. Report to the Chief Executive Officer, the Chief Operational Officer, or their operational contact.

Reporting Mechanisms – How to Report an Issue:

To assist employees, clients, and vendors in reporting any compliance incident, issue, or concern, the Company offers the following communication avenues:

1. The CODY® Compliance Hotline at 1-855-990-CODY (2639) EXT. 208. Reporters may contact Compliance through the Compliance Hotline. If a reporter chooses this avenue, the reporter's phone number is visible to Compliance.
2. Reporters may also send an email to the Compliance email address at ComplianceReporting@codyconsulting.com. If a reporter chooses this avenue, the reporter's email address is visible to Compliance.
3. Reporters may also send a letter to the Chief Compliance and Consultancy Officer: Julie Hughes, 1513 Keeneland Rd, Fredericksburg VA 22401. A reporter may remain anonymous using this avenue.
4. Call the Chief Compliance and Consultancy Officer directly at 540-226-1893. If a reporter chooses this avenue, the reporter's phone number is visible to the Chief Compliance and Consultancy Officer.
5. A reporter may file a report using the Compliance Reporting or Compliance Concern Form provided on the CODY® Compliance SharePoint site.

6. A reporter may request confidentiality and this request will be honored to the greatest extent possible.

Post Reporting – Investigation:

Following a report of allegations of non-compliance, the Chief Compliance and Consultancy Officer or his/her designee will conduct an investigation in accordance with Policy COR CMP.003, *Corporate Investigations Policy*.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Compliance Training Policy
POLICY NUMBER:	COR CMP 005
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule, v.2	9/2/2015	T. Teschendorf	Committee Approval of Policy; change associate to employee
v.3	2018, 2019	T. Teschendorf	Reviewed, no changes
v.4	4/1/2020	T. Edwards	Entered policy into CODY® P&P Module new format. All edits/approvals going forward are to be made in the Module. The module will auto-assign the version number. Added new logo.
v.5	12/22/2020	T. Edwards	Moved SOC distribution into P&P policy, COR.CMP.001
v.6	12/15/2021	T. Edwards	Reviewed, no content changes
v.7	2/6/2023	J. Hughes	Annual review and update for template changes
v. 8	2/8/2024	J. Hughes	Minor updates for consistency. Updated that Senior Resource Coordinator assigns training to new hires.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
45 CFR § 164.530(b) HIPAA Training Requirements
CMS, Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9: Section 50.1 Written Policies Procedures and Standards of Conduct Section 50.1.1 Standards of Conduct Section 50.3 Effective Training and Education Section 50.3.1 General Compliance Training Section 50.3.2 Fraud, Waste, and Abuse
CODY® Compliance Program Charter

RELATED POLICIES

POLICY #	POLICY TITLE
IT-HIPAA.012	HIPAA Training Policy

ATTACHMENTS

DOCUMENT TITLE
N/A

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), has a compelling interest in providing training and education addressing a variety of compliance topics to CODY® employees.

The Company recognizes that violations of Company policy, the CODY® Code of Business Conduct and Ethics, the CODY® Employee Handbook, and federal and state laws threaten CODY's business reputation and standing.

Consequently, this policy establishes the protocols for employees, clients, and business associates to report compliance concerns and issues in good faith without fear of retaliation. Effective training and education are critical to the mitigation of business, regulatory, and legal risks to the Company.

This policy establishes the protocols for Compliance Program training.

II. DEFINITIONS

N/A

III. POLICY

It is the policy of CODY® to provide effective training and education to CODY® employees and stakeholders including contractors under a Compliance Training Program ("Training Program").

The Training Program will be a formalized, ongoing program that will address a variety of compliance topics as promulgated by the Office of the Inspector General, the Centers for Medicare and Medicaid Services (CMS), and as required by audit, business need or change in regulations.

The Chief Compliance and Consultancy Officer is responsible for the creation and development of the Training Program. The Chief Compliance and Consultancy Officer will ensure that appropriate monitoring and review of the Training Program occurs and that the Training Program meets all federal and state requirements. The CODY® IT Security Department will be responsible for the creation and development of HIPAA/IT Security training.

All CODY® employees are required by this policy to participate in the Training Program and complete training and education requirements. CODY® employees will receive training upon hire and annually thereafter. Failure to comply with this policy is considered grounds for discipline, up to and including termination of employment.

The Training Program will include the following components:

- General Compliance Training;
- Fraud, Waste and Abuse (FWA) Training;
- Compliance policies including the CODY® Code of Conduct; and
- HIPAA/IT Security Policies

The Training Program may be amended based on business needs and/or regulatory requirements.

The training program is administered through the CODY® OrangeHRM application. Employees have continued access to the training materials posted on the CODY® Compliance SharePoint site.

IV. PROCEDURE

1. As part of initial employee orientation, the Senior Resource Coordinator will provide new hires with Training Program instructions and materials. Employees must receive all training within 90 calendar days of hire. Employees are provided the opportunity to seek clarification or additional information on any aspect of the Compliance Program.
2. CODY® will electronically store all documentation related to the Training Program for a period of at least 10 years.
3. Compliance will provide compliance training on an annual basis.

4. The Chief Compliance and Consultancy Officer will provide an annual training and education report to the Compliance Committee.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Government Exclusion Screening Policy
POLICY NUMBER:	COR CMP 006
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule, v.2	9/2/2015	T. Teschendorf	Committee Approval of Policy; change associate to employee
v.3	6/13/2016	T. Teschendorf	Edited language to include screenings required by client contracts other than OIG/GSA screenings.
v.4, v.5	4/17/2018	T. Teschendorf	Review and minor edits, Review, no edits
v.6	2019	T. Edwards	Entered policy into CODY® P&P Module new format. All edits/approvals going forward are to be made in the Module. The module will auto-assign the version number. Edited procedures.
v.7	7/29/2020	T. Edwards	Edited to update trademark logo, no content edits, no need for COO approval.
v.8	12/21/2020	T. Edwards	Updated disclosure requirement to indicate applicable to employee or contracted party.
v.9	12/15/2021	T. Edwards	Review, no edits
v.10	2/6/2023	J. Hughes	Annual review and update for template changes
v.11	2/9/2024	J. Hughes	Minor updates for consistency. Added additional screenings and process changes based on implementation of external vender.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 C.F.R. §§ 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F)
Social Security Act §1128B(f)(1) OIG Website: OIG.hhs.gov/exclusions
Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, <i>Compliance Program Guidelines</i> , Section 50.6.8, OIG/GSA Exclusion

RELATED POLICIES

POLICY #	POLICY TITLE
N/A	

ATTACHMENTS

DOCUMENT TITLE
N/A

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), has a compelling interest to exercise care when delegating substantial discretionary authority to any employee. The Company must exercise due diligence to prevent and detect unethical behavior and/or violations of applicable laws, regulations, and policies which would require exclusion from participation in federal and state health care programs.

Federal and state agencies possess the authority to exclude individuals or entities who have engaged in fraud or abuse from participation in agency-sponsored programs. Entities who contract with or employ excluded individuals or entities may incur civil monetary penalties or be excluded from participation in federal and state health care programs.

II. DEFINITIONS

Exclusion: Individuals and entities may be excluded from participation in Medicare, Medicaid, and all other Federal healthcare programs by the Officer of the Inspector General (OIG) for reasons related to healthcare program fraud and abuse.

EPLS: Excluded Parties List System. List of excluded individuals administered by the General Services Administration (GSA).

GSA: General Services Administration. The federal agency that administers the EPLS for the System for Award Management (SAM), which contains debarment actions taken by various Federal agencies, including exclusion actions taken by the Office of Inspector General (OIG). The List of Excluded Individuals/Entities (LEIE) contains only the exclusion actions taken by the OIG.

LEIE: List of Excluded Individuals/Entities administered by the Office of Inspector General (OIG).

OIG: Office of Inspector General. The federal agency is responsible for the administration and management of the federal exclusion authority.

Reinstatement: Excluded individuals/entities have the right to become reinstated as an allowable government contractor once the period of exclusion ends. Reinstatement is not automatic. Excluded individuals/entities must apply for reinstatement.

SAM: The System for Award Management. An official site to register to do business with the US government.

III. POLICY

It is the policy of CODY® to conduct exclusion screening checks based on the guidelines provided by the OIG LEIE, and the GSA EPLS. CODY® will conduct screening checks against any other exclusion or sanction list as required by client contracts. CODY® will screen all applicants who are considered for employment. Offers of employment contracts are contingent upon the successful completion of these checks and other pre-employment/pre-contract requirements. CODY® will screen all members of the Board of Directors. CODY® will screen downstream vendors prior to the contract. Exclusion checks will then be conducted on a monthly basis.

CODY® uses a vendor's system to search the following databases:

- Federal
 - OIG LEIE
 - GSA EPLS and SAM
 - Social Security Administration Death Master File
 - Office of Foreign Asset Control Specially Designated Nationals and Blocked Persons
 - OIG Most Wanted
- State Exclusion Lists

Alabama	Kansas	New Jersey (x2)
Alaska	Kentucky	New York
Arkansas	Louisiana	North Carolina
California	Maine	North Dakota

Colorado	Maryland	Ohio
Connecticut	Massachusetts	Pennsylvania
Delaware	Michigan	South Carolina
Florida	Minnesota	Texas
Georgia	Mississippi	Tennessee
Hawaii	Missouri	Vermont
Idaho	Montana	Washington
Illinois	Nebraska	Washington DC
Indiana	Nevada	West Virginia
Iowa	New Hampshire	Wyoming

IV. PROCEDURE

For Employees:

The corporate Human Resources department will be responsible for conducting government exclusion screenings for all potential new hires, and for any former employee who is applying for rehire, volunteers, and temporary employees.

Human Resources will submit the screenings as requested to Compliance for monitoring and auditing purposes.

Any potential new hire identified as an excluded individual will not be hired. If a potential new hire or employed person misstated his/her exclusion status on the employment application, that omission/falsification is grounds for termination. Any former employee applying for re-hire identified as an excluded individual will not be re-hired.

Human Resources will notify any current employee identified as an excluded individual via written and oral communication. The employee may challenge the accuracy of the results and is responsible for correcting the status with the appropriate agency and per instructions on the OIG, GSA or other applicable websites. Current employees who challenge an exclusion status may be placed on unpaid suspension until the matter is resolved.

Human Resources and appropriate management will review the status of the employee and take appropriate action including termination of employment. A terminated employee may be considered for re-hire if that person takes appropriate steps to have the exclusion status removed and become reinstated through the OIG and/or GSA reinstatement process or through other reinstatement processes, as necessary.

Reinstatement of excluded individuals is not automatic once the specified period of exclusion ends. Those wishing to again participate in Medicare, Medicaid, and all Federal healthcare programs must apply for reinstatement and receive authorized notice from OIG and/or GSA that reinstatement has been granted.

To apply for reinstatement, individuals must send a written request to the OIG and/or GSA. The OIG and/or GSA will then provide statements and/or authorization forms that an individual must complete. The OIG and/or GSA will evaluate and review the reinstatement request and will notify the individual of a reinstatement decision. Information regarding exact reinstatement processes can be found on the OIG and GSA websites.

For Contractors (Vendors):

The Senior Resource Coordinator will review exclusion checks for contractors (vendors) and report results to Compliance. Compliance will notify appropriate internal operational and senior management leadership, and the Compliance Committee of any contractor (vendor) identified as excluded to take appropriate corrective actions and disclosure steps per contractual and regulatory requirements.

Maintenance of Records:

Human Resources will retain the pre-hire/pre-contract screenings to be available for audit submissions as requested by any internal/external auditor for a period of at least ten years or as required by the client contract.

The Senior Resource Coordinator will maintain the monthly screening results for employees, 1099 contractors, and contractor (vendor) entities and will maintain a log of screening results for monitoring and auditing purposes.

Disclosure:

The Company has a regulatory duty to self-disclose to the OIG and/or GSA any employee or contracted party it

discovers is excluded from participating in federal health care programs. Further, CODY® clients may contractually require CODY® to be held to the same level of regulatory responsibility as the client. CODY® may have client contractual obligations to disclose excluded persons/contractors/vendors. The Chief Compliance and Consultancy Officer will report exclusions and reinstatements as required by regulation and/or contract. The Chief Compliance and Consultancy Officer will report all disclosures to appropriate operational and senior leadership and the Compliance Committee.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Compliance Program Monitoring, Auditing, and Risk Assessment Policy
POLICY NUMBER:	COR CMP 007
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	Corporate Compliance

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule, v.1	9/2/2015 12/22/2020	T. Teschendorf	Compliance Committee Approval, change associate to employee. Formatted for CODY® P&P module. Edits/Approvals going forward made in the module. Removed information about identified issues to add to Corrective Action Policy COR.CMP.010. Revised factors considered for risk assessment. Clarified procedures for the creation of annual work plans.
v.2	2/6/2023	J. Hughes	Annual review and update for template changes
v.3	2/9/2024	J. Hughes	Minor updates for consistency. Added that auditors will be independent.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, <i>Compliance Program Guidelines</i> , Section 50.6

RELATED POLICIES

POLICY #	POLICY TITLE
N/A	

ATTACHMENTS

DOCUMENT TITLE
N/A

I. PURPOSE

The CODY® Compliance Program recognizes its duty to comply with the monitoring and auditing requirements set forth by the Centers for Medicare and Medicaid Services (CMS) as they apply to first tier, downstream and related entities with respect to services and products provided by Cody Consulting Group, Inc.

The purpose of this policy is to set forth the monitoring and auditing actions that will allow the Compliance Program to continuously evaluate compliance through the detection of potential violations of governing rules, regulations, processes, and compliance risk areas, identifying compliance risks, and correcting and preventing deficiencies.

II. DEFINITIONS

Auditing: A formal, systemic review of past performance against applicable standards, using structured methodology and evaluation tools.

Monitoring: An ongoing check and measurement of performance to ensure that processes are working as intended.

III. POLICY

Compliance will develop and implement appropriate monitoring and auditing to evaluate compliance program effectiveness with applicable laws, regulations, and client contracts. Compliance will conduct a formal risk assessment of the Compliance Program and operational areas. Compliance will, in coordination with operational units, conduct appropriate monitoring and auditing of CODY® sub-contractors. The Chief Compliance and Consultancy Officer will provide the risk assessment, monitoring, and auditing results to the Compliance Committee. Due to the unique nature of CODY® as a first-tier entity to health plan clients, CODY® may be monitored and audited by its clients and CODY® may monitor and audit its sub-contractors.

The processes discussed in this policy may be modified as needed based on the circumstances of specific client contracts and the size, structure, and work performed by CODY®.

IV. PROCEDURE

Risk Assessment

1. The Chief Compliance and Consultancy Officer will conduct a risk assessment at least annually of Compliance Program operations as it pertains to internal activities and first tier, downstream and related entities. The risk assessment may be modified more frequently as needed. The risk assessment will consider factors such as:
 - a. CMS standards and requirements (e.g., Medicare Managed Care Manual, Prescription Drug Benefit Manual, Advanced Notice, HPMS Memos);
 - b. Beneficiary impact;
 - c. Nature of the work and current environment;
 - d. Results of past compliance activities; and
 - e. Mitigating controls
2. The Chief Compliance and Consultancy Officer will report the results of the risk assessment to the Compliance Committee. All working papers documenting the self-assessment will be housed and retained by Compliance in compliance with record retention requirements.

Compliance Work Plan for Internal and CODY® Subcontractor Risks:

1. The Chief Compliance and Consultancy Officer will add identified risks to the Compliance Work Plan for monitoring, auditing, or other activities according to risk level. The Work Plan will define the auditing, monitoring, or other activities for the relevant calendar year. The Work Plan will be submitted to the Compliance Committee for review. When audits are performed, auditors who are independent of the operational function or area under review will be used.

2. The Chief Compliance and Consultancy Officer will track Work Plan progress and results and report such information to the Compliance Committee.

Auditing by Clients:

1. CODY® has a regulatory and ethical duty to comply with client audits. CODY® views client audits as an opportunity to reinforce that ongoing compliance efforts are effective and successful.
2. The Chief Compliance and Consultancy Officer serves as the point of contact for client audits and will engage appropriate operational staff and senior leadership needed for audit work.
3. The Chief Compliance and Consultancy Officer will report and inform the Compliance Committee of client audits, progress, and results.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Conflict of Interest Policy
POLICY NUMBER:	COR CMP 008
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
preModule, v.1	9/2/2015 12/22/2020	T. Teschendorf	Compliance Committee Approval, change associate to employee. Formatted for P&P module. Edits/Approvals going forward made in the module. Removed information about identified issues to add to Corrective Action Policy COR.CMP.010. Revised factors considered for risk assessment. Clarified procedures for the creation of annual work plans.
v.2	2/6/2023	J. Hughes	Annual review and update for template changes
v.3	2/9/2024	J. Hughes	Minor edits for consistency.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
CODY® Employee Handbook, Section Employment Policies
CODY® Code of Business Conduct and Ethics, Section Conflicts of Interest

RELATED POLICIES

POLICY #	POLICY TITLE
COR CMP 002	Progressive Discipline Policy
COR CMP 003	Corporate Investigations Policy

ATTACHMENTS

DOCUMENT TITLE
Conflict of Interest Form

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), has a compelling interest in providing knowledge and guidance regarding conflict of interest situations to its employees.

The Company recognizes that violations of Company policy, the CODY® Code of Business and Ethics, the CODY® Employee Handbook, and federal and state laws threaten CODY's business reputation and standing. Effective training and knowledge regarding conflicts of interest are critical to the mitigation of business, the regulatory and legal risk to the Company.

This policy establishes protocols around conflict of interest.

II. DEFINITIONS

Conflict of Interest: Any circumstance, relationship, or arrangement whether intentional or accidental, that presently does or might in the future serve to tempt a person to address, pursue or promote interests contrary to those of the person's employer other than interests knowingly consented to by the employer.

III. POLICY

All employees, officers, and directors of Cody Consulting Group, Inc., owe a duty of fidelity to the Company. Employees, officers, and directors must act in a way that avoids actual or apparent conflicts of interest and should protect the Company's business reputation. Employees, officers, and directors must not place themselves in a position where their self-interests may conflict with the business interests of the Company. All are expected to act in the Company's best interest, protect Company assets and avoid any activity, investment, interest, or association that interferes or appears to interfere with the independent exercise of judgment in carrying out an assigned job responsibility or with the interest of the Company.

Any employee, officer, or director who breaches this policy, upon investigation by the Compliance Program, shall be subject to disciplinary action up to and including termination of employment.

Recognizing Conflicts of Interest:

A conflict of interest arises when a person's judgment is or could be affected by considerations of improper personal gain or benefit. While it is not possible to list every situation that could be a potential conflict of interest, the following are general examples of conflict of interest situations:

- Using Company property, facilities, equipment, or other resources for any purpose other than Company business.
- Having a business relationship with, sharing a financial interest in, or serving as an employee, officer, or consultant for a customer, vendor, or competitor of the Company.
- Disclosing confidential information of the Company to an unauthorized person to gain a personal financial benefit.
- Accepting gifts other than nominal value (less than \$50) from any person or business that competes with the Company or purchases, sells, or seeks to purchase or sell, goods or services to, or from, the Company.
- Publicly criticizing the Company, its management, or its employees.
- Engaging in criminal conduct or other behavior that could harm the Company's business or reputation.
- Engaging in employment activity outside employment with the Company during Company working hours.

- Employees are expected to devote their full time and attention to the business and the affairs of the Company during working hours. Employees wishing to engage in employment or business activity outside his/her employment with the Company must first disclose to the Company the nature and extent of the proposed employment or business activity and obtain the Company's written approval. Approval will be withheld if the Company reasonably determines that the proposed outside employment or business activity could conflict or compete with the interests of the Company or could negatively affect the employee's job performance or attendance.

IV. PROCEDURE

As conflicts are not always clear-cut, CODY® employees, officers, and directors are expected to disclose any transaction or relationship that could create a conflict or could create the appearance of a conflict.

All employees and contractors will complete an annual conflict of interest attestation provided by Compliance. Additionally, reports should be made as soon as possible, or as actual conflicts arise, to the Chief Compliance and Consultancy Officer.

Reports can be made via the following:

- Phone call or email to the Chief Compliance and Consultancy Officer, Julie Hughes:
 - Direct line: 540-226-1893
 - jhughes@codyconsulting.com

CODY® may have a duty to report a conflict of interest to a client. The Chief Compliance and Consultancy Officer will determine if such disclosure is required and will make the appropriate disclosure.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Compliance Program Corrective Actions Policy
POLICY NUMBER:	COR CMP 010
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
v.1	12/30/2020	T. Edwards	Initial creation and approval by the Compliance Committee
v.2	2/6/2023	J. Hughes	Annual review and update for template changes
v.3	2/8/2024	J. Hughes	Minor updates for consistency. Added information about failure to implement corrective actions.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 CFR 422.503(b)(4)(vi)(G); 42 CFR 423.503(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, Compliance Program Guidelines, Section 50.7.2

RELATED POLICIES

POLICY #	POLICY TITLE
COR CMP 002	Progressive Discipline Policy
COR CMP 003	Corporate Investigations Policy
COR CMP 004	Reporting Compliance Issues to Corporate Compliance
COR CMP 007	Compliance Program Monitoring, Auditing and Risk Assessment Policy
COR CMP 110	FDR Oversight Policy

ATTACHMENTS

DOCUMENT TITLE
Compliance Reporting Form
Compliance Concern Form located on SharePoint

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), must ensure compliance with applicable laws, regulations, and standards.

The purpose of this policy is to define the process by which CODY® implements appropriate corrective actions in response to identified non-compliance within the organization and/or related to downstream entities.

II. DEFINITIONS

Downstream Entity: Is any party that enters 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 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.

First Tier, Downstream and Related Entity (FDR): Is any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D 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.

III. POLICY

CODY® will implement corrective actions when regulatory deficiencies are identified through any source, including external or internal monitoring, auditing, or reports of non-compliance. CODY® will promptly respond to identified deficiencies in a manner that addresses the root cause of the finding and prevents future non-compliance.

IV. PROCEDURE

A root cause analysis (RCA) is required for any deficiency identified through compliance program activities. The RCA will be completed by the applicable operational area and/or FDR and will document:

- The requirement associated with the deficiency;
- The issue of non-compliance including any member impact;
- The history of the issue; and
- The factors that contributed to the deficiency.

Upon receipt of the RCA, the Compliance Department reviews all information to determine if a formal corrective action plan (CAP) is required. RCAs indicating that the deficiency is an immaterial event of non-compliance or human error do not require a formal CAP and the operational area or FDR is expected to make necessary corrections, if applicable.

If a formal CAP is required, it is developed in the operational department and/ or FDR and is submitted to the Compliance Department. The CAP will address causes identified in the RCA and will focus on correcting the issue and preventing future recurrence, including:

- Immediate steps to address any impact on beneficiaries;
- Less immediate steps to correct systems or operational processes;
- Specific dates when the actions were or are expected to be completed; and
- Documentation to support each action taken.

CAPs will be closed when the Compliance Department has received the required documentation demonstrating that the corrective action has been implemented. Further, Compliance may validate the CAP by monitoring corrective action items over a period of time to demonstrate sustained compliance. The Chief Compliance and Consultancy Officer will report CAP outcomes and monitoring to the Compliance Committee and senior management as appropriate. Compliance may require operations and FDRs to conduct self-monitoring and reporting to Compliance documenting monitoring actions. Failure by employees or FDRs to implement corrective action timely and/or effectively, will be reported to the Compliance Committee and may subject the employee or FDR to disciplinary

action, including termination.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Regulatory Communications Policy
POLICY NUMBER:	COR CMP 102
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All Departments, CODY® Vendors

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
v.1	11/17/2021	T. Edwards	Initial creation and approval by the Compliance Committee
v.2	2/6/2023	J. Hughes	Annual review and update for template changes
v.3	2/9/2024	J. Hughes	Minor edits for consistency.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 CFR §422.503(b)(4)(vi)(D) and §422.504(i)(4)(v)
Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, <i>Compliance Program Guidelines</i> , Section 50.4

RELATED POLICIES

POLICY #	POLICY TITLE
N/A	

ATTACHMENTS

DOCUMENT TITLE
COR CMP 100 Regulatory Communications Guidance Process

I. PURPOSE

To define the process by which Cody Consulting Group communicates guidance from regulatory agencies, including the Centers for Medicare & Medicaid Services (CMS), to operational departments and to applicable CODY® contractors and vendors.

II. DEFINITIONS

HPMS: Health Plan Management System. A web-enables information system from the CMS to serve a role in ongoing operation of Medicare Advantage and Part D programs.

III. POLICY

It is the policy of Cody Consulting Group to maintain an effective communications policy by which regulatory guidance from CMS and other regulatory entities is reviewed and disseminated to appropriate departments, contractors, and vendors.

The Compliance Department is responsible for the development and maintenance of processing, communicating, and tracking regulatory communications and guidance to operational departments, contractors, and vendors, as necessary.

Regulatory communications, including HPMS memorandums, applicable federal register notifications and other communications, are stored in the CodySoft® HPMS/CCM module®.

Medicare Managed Care Manuals, Prescription Drug Benefit Manuals, and other regulatory resources are maintained and available online by the publishing source. Frequently used resources include:

- Medicare Managed Care Manual
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>
- Prescription Drug Benefit Manual
 - <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals>
- Code of Federal Regulations, Title 42, Part 422 Medicare Advantage Program and Part 23 Voluntary Medicare Prescription Drug Benefit
 - <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B>

IV. PROCEDURE

Procedures are detailed in the companion COR CMP 100 *Regulatory Guidance Communications Guidance Process* document.

Regulatory communications are reviewed by the Compliance Department and assigned to appropriate business owners to review and take action, if applicable. Business owners are responsible for ensuring that all required action is taken in a timely manner and documenting their response to the assigned communication in the CodySoft HPMS/CCM module®.

The Compliance Department tracks assigned actions and tasks to completion.

The Compliance Department will communicate significant memos to the Compliance Committee and company leaders.

All CODY® employees have access to the CodySoft HPMS/CCM module® to review applicable communications and associated actions.



CODY® Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	FDR Oversight Policy
POLICY NUMBER:	COR CMP 110
ISSUING DEPT:	Corporate Compliance
SCOPE [DEPTS]:	All

EFFECTIVE DATE / VERSIONS

VERSION #	EFFECTIVE DATE	AUTHOR OR OWNER	CHANGE DESCRIPTION
v.1	11/17/2021	T. Edwards	New policy to formalize process place for oversight and monitoring of CODY® contractors
v.2	2/6/2023	J. Hughes	Annual review and update for template changes
v.3	2/9/2024	J. Hughes	Minor edits for consistency. Updated titles for responsible tasks.

APPROVAL

Policy documents must be approved by appropriate management. Approvals are generated in the CODY® P&P Module and can be provided via a P&P report.

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION
42 C.F.R. §§ 422.503(b)(4)(vi), 422.504(i), 423.504(b)(4)(vi), 423.505(i)
Medicare Managed Care Manual, Chapter 21/Prescription Drug Benefit Manual, Chapter 9, Compliance Program Guidelines
Medicare Managed Care Manual, Chapter 11, Medicare Advantage Application Procedures and Contract Requirements

RELATED POLICIES

POLICY #	POLICY TITLE
COR CMP.006	Government Exclusion Screening Policy
COR CMP 007	Monitoring, Auditing, and Risk Assessment Policy
COR CMP 009	CODY® Code of Business Conduct and Ethics
COR CMP.010	Compliance Program Corrective Action Policy
SM 001	CODY® Contracting Policy

ATTACHMENTS

DOCUMENT TITLE
CODY® FDR Attestation
FDR Designation Tool
CODY® FDR Compliance Guide

I. PURPOSE

Cody Consulting Group, Inc. ('CODY®' or 'the Company'), must comply with applicable laws, regulations, and standards regarding oversight of contractors (vendors) engaged to provide administrative services for CODY® clients (health care plan sponsors).

CODY's plan sponsor clients are contracted with CMS to administer Medicare Part C and Part D benefits to Medicare members. Clients may delegate some of these responsibilities to contracted external vendors (CODY®). As such, Cody Consulting Group is designated as a First Tier Entity (FDR). Federal rules require CODY® to maintain Compliance Program requirements including oversight of compliance activities of Cody's contracted vendors. Clients are also responsible for oversight of CODY® compliance activities including CODY's vendors which are considered downstream entities to the clients.

II. DEFINITIONS

Downstream Entity: Is any party that enters a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D 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.

First Tier, Downstream and Related Entity (FDR): Is any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D 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.

FWA: Fraud, Waste and Abuse

Fraud: 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.

III. POLICY

The Compliance Program will maintain responsibility for ensuring that CODY's contracted vendors (FDRs) meet requirements as expressed in client contracts, federal rules, Chapter 21 of the Medicare Managed Care Manual, and sub-regulatory guidance published by CMS. The CODY® Compliance Program will construct and maintain this policy with respect to the oversight responsibilities of CODY® contracted vendors.

IV. PROCEDURE

Vendor contracts are secured as outlined in Policy SM 001 *Contracting*. Before contracting with any vendor, the business owner of the contract and/or Sales Coordinator will inform the Chief Compliance and Consultancy Officer and Senior Resource Coordinator of the intent to contract. The Senior Resource Coordinator will conduct an exclusion search on the vendor entity and notify the operational unit and management of the search results. (Policy COR CMP 006 *Government Exclusion Screening Policy* addresses detailed exclusion search and monitoring procedures) and complete monthly monitoring going forward.

The Chief Compliance and Consultancy Officer will review each potential vendor to determine its designation. The vendor's designation will determine which compliance program requirements will apply to the vendor. Compliance will consider the following criteria:

- The function directly impacts members;
- The entity has interaction with members, either orally or in writing;
- The entity has access to or possession and/or retention of beneficiary information or protected health information (PHI);
- The entity has decision-making authority (e.g., enrollment vendor deciding time frames) and does not strictly take direction from CODY®;

- The function places the entity in a position to commit healthcare FWA; and
- The entity could harm members or otherwise violate Medicare program requirements or commit FWA.

Vendor designation includes:

FDR: Entity/individual that performs health care service or administrative functions that are directly related to Part C and Part D core functions and/or maintains PHI or system information, which puts them in a position to commit FWA or compliance violations. These entities/individuals must either adopt CODY's Compliance Program or have a comparable program of their own that supports CMS requirements for an effective compliance program.

Administrative Only: Entity/individual that provides services that are not related to the Medicare Program core functions or have no decision-making authority related to Medicare Program functions and do not maintain PHI. These contracts are not subject to Medicare compliance and FWA program requirements but are subject to Officer of Inspector General (OIG) and General Services Administration (GSA) exclusion list monitoring. Administrative Only contracts, whether they are related to Medicare Program functions or not, will all be screened at the entity level. Contracts related to Medicare Program functions may require the entity's employees who are directly associated with the contract, to be screened as well depending on the nature of the agreement.

If Compliance determines that a vendor is considered an FDR (or if a client makes this determination during the client contracting process), then the Chief Compliance and Consultancy will administer an FDR Attestation to the vendor for completion. Along with the FDR Attestation, Compliance will provide the vendor/contractor with the following tools:

- CODY® *Code of Business Conduct and Ethics* (COC);
- CODY® *FDR Compliance Guide*. The FDR Guide is a reference tool that provides in-depth compliance requirements, citations, and links to CMS regulations, CODY's tools, and CODY's reporting mechanisms;
- CODY® Compliance Program Policies; and
- Medicare Managed Care Manual, Chapter 21, Compliance Program Guidelines.

Vendors also have access to the COC and FDR Compliance Guide on CODY's website at: www.codyconsulting.com

The FDR Attestation is the tool used to monitor contracted vendors and addresses compliance activities as identified by Chapter 21 and client contracts. Compliance activities may change by regulation and/or client contract requirements.

Compliance activities addressed include the following:

- Adoption of policies to detect, prevent, and correct FWA;
- Adoption of a Code of Conduct that promotes ethical conduct;
- Prevention of conflicts of interest;
- Completion of general compliance, FWA, and privacy and security (HIPAA) training;
- Exclusion screening for contractors;
- Maintenance of reporting and communication mechanisms and channels;
- Investigation and reporting/disclosure of compliance deficiencies and issues;
- Retention of records; and
- Vendor offshore activities (if applicable).

Compliance will oversee FDRs as outlined in Policy COR CMP 007 *Monitoring, Auditing, and Risk Assessment Policy*. Any deficiencies identified from the Attestation must be addressed and corrected through a Corrective Action Plan. (See Policy COR CMP 010 *Compliance Program Corrective Action*).



Guidance/Manuals/Downloads/mc86c21.pdf

- CFR: <https://www.ecfr.gov/>



Attachment III

CODY® Compliance Program Training:
Overview of CODY's Compliance Program



CODY® Compliance Program

2024 Compliance Training

Course Agenda - Sections

1. Location of CMS Rules and Regulations that Apply to Compliance Programs
2. CODY® Compliance Program
3. CODY® Compliance Program Policies
4. CODY® Chief Compliance and Consultancy Officer Duties and Responsibilities
5. CODY® Compliance Program Training and Education Requirements
6. CODY® Compliance Program Communication and Reporting Mechanisms
7. Disciplinary Standards under the CODY® Compliance Program
8. Compliance Program Monitoring and Auditing
9. OIG-GSA Exclusion Check Procedures
10. Compliance Program Response to Compliance Issues
11. CODY® as a First Tier Entity
12. Cultural Competency

1. CMS Compliance Program Rules and Regulations

CMS Location and Requirements for Compliance Programs

[CMS.gov/Medicare/Manuals/MMCM/Chapter 21](https://www.cms.gov/Medicare/Manuals/MMCM/Chapter21)

Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines

and

Prescription Drug Benefit Manual Chapter 9 – Compliance Program Guidelines

In general, CMS regulations:

- **Govern the structure and operations of Compliance Programs;**
- **Require 7 must-have components in a Compliance Program;**
- **Require extensive internal and external auditing and monitoring;**
- **Require strict adherence to the regulations. Failure to do so puts the entire organization at risk for CMS audits, fines and sanctions.**

2. The CODY® Compliance Program

Patterned upon the requirements in Chapter 21.

■ **Compliance Program Charter**

- Affirms commitment by the Company to comply with all federal and state laws and regulations that govern the work we do.
- Describes the governance, roles and responsibilities, and operation of the Compliance Program and Compliance function at CODY®.
- Sets forth requirements and duties for the Chief Compliance and Consultancy Officer.
- Charter was adopted by the Compliance Committee.

■ **Compliance Committee**

- Charged with oversight and monitoring of the Compliance Program.
- Membership – Chief Compliance and Consultancy Officer, Chief Executive Officer, Chief Operations Officer, Chief Technology Officer, and Controller.
- Purpose – To review and advise on Compliance Program operations, initiatives, issues, and events.

2. CODY® Compliance Program (continued)

Elements of the CODY® Compliance Program:

1. Compliance Policies
2. Compliance Officer, Compliance Committee and High-Level Oversight
3. Effective Training and Education
4. Effective Lines of Communication
5. Well-Publicized Disciplinary Standards
6. Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks, including OIG/GSA Exclusion Checks
7. Procedures and System for Prompt Response to Compliance Issues

3. CODY® Compliance Program Policies

CMS Regulation: Ch 21 section 50.1
Written Policies, Procedures and
Standards of Conduct

CODY® location:
CODY® Policies and Procedures Module®
Compliance SharePoint Page

CMS Requires that Compliance Program Policies MUST:

- **Articulate commitment to comply with all Federal and State standards:**
CODY® Code of Conduct – Commitment to Compliance
- **Describe Compliance Program expectations as embodied in the Code of Conduct:**
CODY® Code of Conduct – Commitment to Compliance, and Employee Responsibilities
- **Implement the Operation of the Compliance Program:**
CODY® Compliance Charter

3. CODY® Compliance Program Policies (continued)

Compliance Policies Must:

- Provide guidance on dealing with suspected, detected, or reported compliance issues:

CODY® COR CMP 004 *Reporting Compliance Issues to Corporate Compliance and CODY® Code of Conduct*

- Identify how to communicate compliance issues to compliance personnel:

CODY® COR CMP 004 *Reporting Compliance Issues to Corporate Compliance and CODY® Code of Conduct*

- Describe how compliance issues are investigated and resolved:

CODY® COR CMP 003 *Corporate Investigations Policy*

CODY® COR CMP 010 *Corrective Actions Policy*

- Include a policy of non-retaliation for good-faith reporting of issues:

CODY® COR CMP 004 *Reporting Compliance Issues to Corporate Compliance and CODY® Code of Conduct*

4. Chief Compliance and Consultancy Officer Duties and Responsibilities

CMS Regulation: Ch 21 section 50.2.1
Compliance Officer

The Chief Compliance and Consultancy Officer:

- Should be full-time employee of the company
- Must provide reports that reach the most senior-level leaders (CEO/President)
- Reports to the governing body must be made through the compliance infrastructure
- Must raise compliance issues without fear of retaliation
- Is responsible for the implementation of the compliance program
- Should be a member of senior management
- Be aware of daily operational unit business activity
- Implement measures/programs for reporting of non-compliance and FWA without fear of retaliation
- Maintain compliance reporting mechanisms
- Ensure OIG and SAM exclusion practices meet the procedural requirements
- Maintain documentation of reports of non-compliance and corrective action plans
- Conduct fraud investigations, audits and make reports to leadership, CMS, law enforcement

5. CODY® Compliance Program Training and Education

CMS Regulation: Ch 21 section 50.3
Effective Training and Education

CODY® Policy: COR CMP 005
Compliance Training Policy
Resides in Compliance SharePoint Page

CMS Training Requirements:

- The Compliance Program must establish, implement and provide effective training and education for its employees, including the CEO, senior administrators or managers, and for the governing body members.
- The training must occur at least annually and be made a part of the orientation for new employees, including the chief executive and senior administrators or managers, governing body members.
- The Compliance Program must be able to demonstrate that employees have fulfilled these training requirements. Proof of training may include copies of sign-in sheets, employee attestations, and electronic certifications from the employees taking and completing the training.

5. CODY® Compliance Program Training and Education (continued)

CODY® Policy (COR CMP 005 *Compliance Training Policy*) sets forth the following:

- All CODY® employees are required to participate in the Training Program
- Training will occur upon hire and annually thereafter

The Compliance Training Program consists of the following:

- The *CODY® Code of Business Conduct and Ethics*
- Fraud, Waste and Abuse Training (CMS PowerPoint Training)
- HIPAA/IT Security Policies
- CODY® Compliance Program Policies
- Cultural Competency Awareness
- Any Training and/or Code of Conduct / Policies Required by the Client Contract

6. CODY® Compliance Program Communication and Reporting Mechanisms

**CMS Regulation: Ch 21 section 50.40.2
Communication and Reporting
Mechanisms**

**CODY® Policy: COR CMP004 *Reporting
Compliance Issues to the Compliance
Program and CODY® Code of Conduct***

CMS Requires:

- Written Standards of Conduct and/or policies and procedures must require all employees, members of the governing body, and FDRs to report compliance concerns and suspected or actual violations related to the Medicare program to the sponsor.
- 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, and FDRs and their employees.
- Reporting systems must maintain confidentiality (to the greatest extent possible), allow anonymity if desired (through telephone hotlines or mail drops), and emphasize the policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns and participation in the compliance program.

6. CODY® Compliance Program Communication and Reporting Mechanisms (continued)

Reporting Mechanism

Not Anonymous

- Compliance Hotline: 855-980-2639 ext. 208
- Compliance Reporting Email:
compliancereporting@codyconsulting.com
- Contact Chief Compliance and Consultancy Officer (Julie Hughes)
855-990-2639 ext. 227
jhughes@codyconsulting.com

Anonymous

- Direct Letter to Compliance Officer
Julie Hughes
1513 Keeneland Rd
Fredericksburg, VA 22401

6. CODY® Compliance Program Communication and Reporting Mechanisms (continued)

You MUST report compliance issues and, if necessary, participate in the resolution. What to Report?

- **Violation of a regulatory requirement, including FWA or HIPAA, or ethical standard, and the requirement is related to functions that have been delegated to CODY®. Examples:**
 - ANOCs, EOCs, SBs, or formularies were sent to members with incorrect information or plan benefits
 - A member letter, provider directory, or formulary was not sent out timely or correctly
 - A member's personal information was disclosed to an unauthorized person
- **Report to compliance when non-compliance is identified. Non-compliance may be identified by CODY®, by a client, or by a vendor. Continue to take any steps needed to analyze and correct the incident.**
- **If CODY® was not the cause of the violation, please report the issue and indicate that information and how you came to that conclusion.**
- **You don't need to report something that was able to be fixed before it became non-compliant (e.g., inaccurate benefit corrected before EOC was sent to member).**
- **If you are not sure if it should be reported, ask your manager or the compliance department.**
- **There is a Compliance Incident Report form attached to the Reporting Compliance Issues Policy (COR CMP 004) that can be used to report.**

6. CODY® Compliance Program Communication and Reporting Mechanisms (continued)

CMS Regulation: Ch 21 section 50.40.2
Communication and Reporting
Mechanisms

CODY® Policy: COR CMP004 *Reporting
Compliance Issues to the Compliance
Program*

Non-Retaliation

- **CODY® will NOT tolerate any form of retaliation or intimidation against an employee who makes a good-faith report of suspected compliance violation(s) or who participates in good faith in any investigation. Any person who engages in retaliation or intimidation will be subject to disciplinary action, up to, and including termination.**

7. Disciplinary Standards under the Compliance Program

CMS Regulation: Ch 21 section 50.5
Well Publicized Disciplinary Standards

CODY® Policy: COR CMP 002
Progressive Discipline Policy

CMS Requires:

- Company **MUST** establish and implement disciplinary policies and procedures that reflect clear and specific disciplinary standards.
- Disciplinary policies **MUST** describe the Company's expectations for the reporting of compliance issues including noncompliant, unethical, or illegal behavior.
- Disciplinary policies **MUST** identify noncompliant, unethical, or illegal behavior, through examples of conduct that employees might encounter in their jobs.
- Policies **MUST** provide for timely, consistent, and effective enforcement of the standards when noncompliant or unethical behavior is found.
- Disciplinary action **MUST** be appropriate to the seriousness of the violation.

7. Disciplinary Standards under the Compliance Program (continued)

CODY® Policy COR CMP 002 *Progressive Discipline Policy* sets forth the following:

All employees should be aware of corrective/disciplinary measures that may be taken upon the following:

- Non-compliance with the Company's policies and procedures;
- Non-compliance with the Company's Code of Business Conduct and Ethics;
- Non-compliance with federal and/or state rules, laws, and regulations;
- Non-compliance with compliance requirements in client contracts.

It is the policy of CODY® that, in matters of a compliance nature, employee disciplinary actions are to be corrective and progressive in nature.

Discipline may vary depending upon certain factors, including the severity of the offense, the circumstances under which the offense occurred, instances of prior misconduct, and the discipline level previously applied.

8. Compliance Program Monitoring and Auditing

CMS Regulation: Ch 21 section 50.6
Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks

CODY® Policy: COR CMP 007
Monitoring, Auditing and Risk Assessment Policy

CMS Requirements:

- Must establish and implement an effective system for routine monitoring and identification of compliance risks.
- System should include internal monitoring and audits and, as appropriate, external audits, to evaluate the sponsors, including FDRs, compliance with CMS requirements, and the overall effectiveness of the compliance program.

CODY® Policy:

- Compliance Program performs an annual risk assessment to review compliance and operational risks both internally and at our FDRs.
- Compliance Program will conduct the assessment and provide the results to the Compliance Committee.
- Compliance activities (e.g., monitoring, auditing) will be based on the risk assessment.

9. OIG – GSA Exclusion Check Procedures

CMS Regulation: Ch 21 section 50.6.8
OIG/GSA Exclusion

CODY® Policy: COR CMP 006
Government Exclusion Screening Policy

CMS Requires:

- Sponsors shall not use federal funds to pay for services, equipment, or drugs prescribed or provided by a provider, supplier, employee, or FDR (CODY® as an FDR) excluded by the DHHS OIG or GSA.
- 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, or FDR (CODY® as an FDR), and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

9. OIG – GSA Exclusion Check Procedures (continued)

CODY® Policy COR CMP 006 *Government Exclusion Screening Policy* sets forth the following:

- CODY® Compliance Program and HR jointly share the exclusion check process as noted in policy COR CMP 006. Checks are conducted by HR for new hires prior to hire and on a monthly basis. Potential new hires that are identified on the list will not be hired.
- If a current employee misstated their status on the exemption list, that omission/falsification is grounds for termination.
- If a current employee is identified as an excluded person, they may challenge the accuracy of the results and is responsible for correcting the exemption status. The employee may be placed on unpaid suspension until the matter is resolved.

10. Compliance Program Response to Compliance Issues

**CMS Regulation: CH 21 section 50.7
Procedures and System for Prompt
Response to Compliance Issues**

**CODY® Policy: COR CMP 003
*Corporate Investigations Policy***

CMS Requirements:

- Must establish and implement procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with CMS requirements.
- Must initiate a reasonable inquiry as quickly as possible, but not later than 2 weeks after the date the potential noncompliance or potential FWA incident was identified.
- Must undertake appropriate corrective actions in response to potential noncompliance or potential FWA.
- Corrective actions must be designed to correct the underlying problem that results in program violations and to prevent future noncompliance.

10. Compliance Program Response to Compliance Issues (continued)

CODY® Policy COR COM 003 *Corporate Investigations Policy* sets forth the following:

- Compliance Program will investigate and respond to all reports or any indication of suspected or actual violations of Company policies and procedures, the Code of Business Conduct and Ethics, violations of federal/state laws and regulations, and violations of client contracts.
- The Chief Compliance and Consultancy Officer is responsible for the administration and management of compliance investigations.
- All employees of CODY® are required to fully cooperate with an investigation.
- The Chief Compliance and Consultancy Officer will report investigation matters and outcomes to the Compliance Committee.

11. CODY® as a First Tier Entity

CMS Requirement:

- Plan sponsors must monitor and audit contractors that provide administrative or healthcare services to plan sponsors.

This section will discuss:

- How CODY® fits into CMS-defined contractor categories based upon Cody's contractual relationships with our clients;
- How clients may designate CODY® as a delegated or non-delegated entity; and
- Why this is important in our everyday work.

How CODY® is Classified:

- CODY® is considered a first tier entity to our clients, as defined by CMS.
- Clients may or may not designate CODY® as a delegated entity based on the client's unique designation assignment and the type of work CODY® provides to the client. This may vary from client to client.

11. CODY® as a First Tier Entity (continued)

CMS Definitions of First Tier, Downstream and Related Entities (FDRs)

First Tier Entity:

Any party that enters into a written arrangement with a Medicare Advantage Organization (MAO) or Part D plan sponsor to provide administrative services or healthcare services to a Medicare-eligible individual under the Medicare Advantage Program or Part D Program.

Downstream Entity:

Any party that enters into a written arrangement, with persons or entities involved with the Medicare Advantage or Part D benefit, below the level of the arrangement between an MAO or Part D plan sponsor and a first tier entity.

Related Entity:

Any entity related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and: 1) Performs some of the MAO or Part D sponsor's management functions under contract or delegation; or 2) Furnishes services to Medicare enrollees; or 3) Leases real property or sells materials to the MAO or Part D sponsor at a cost of more than \$2,500 during a contract period.

11. CODY® as a First Tier Entity (continued)

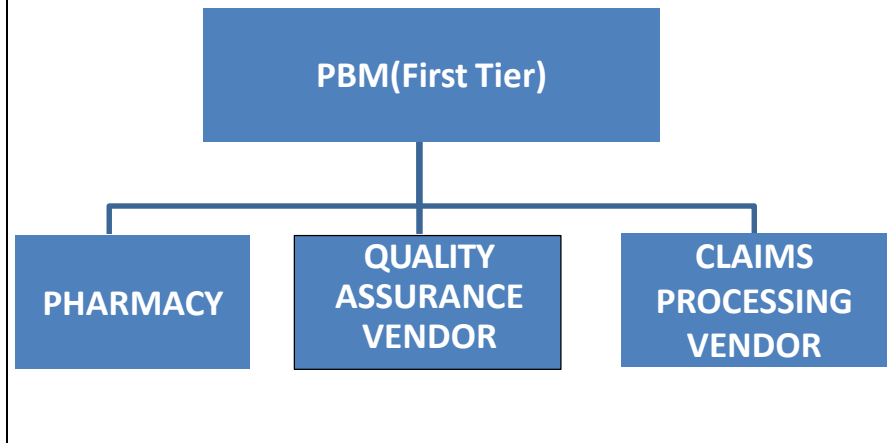
Examples of First Tier, Downstream and Related Entities

First Tier Entities:

Call Centers
Health Services/Hospital Groups
Field Marketing Organizations

Pharmacy Benefit Managers
Fulfillment Vendors
Credentialing Vendors

Downstream Entities:



Related Entities:

Plan owns a real estate leasing company and leases property at a cost of \$400,000 during the contract year.

11. CODY® as a First Tier Entity (continued)

Client Designation of CODY® as Delegated or Non-Delegated Entity

- CODY® plan sponsor clients are required by CMS to identify vendors/contractors as FDRs.
- Sponsors may employ their own methodology to designate FDR status but must follow certain designation factors set forth by CMS (discussed on the following slide).
- This is important to sponsors as they must determine which FDRs must be audited.
- Sponsors further identify those FDRs who perform 'delegated' functions. Delegated functions are typically functions that directly impact or touch plan members such as call centers, the PBM, claims processing, and provider contracting. Plan sponsors MUST audit and monitor all 'delegated' entities.

11. CODY® as a First Tier Entity (continued)

Client Designation of CODY® as Delegated or Non-Delegated Entity

Factors Plan Sponsors Consider in Determining Delegated Functions:

- The function to be performed by the entity;
- Whether the function is something the sponsor is required to do under its CMS contract, applicable federal regulations, or CMS guidance;
- The extent of interaction the entity has with enrollees, either orally or in writing;
- Whether the entity has access to beneficiary information or personal health information;
- Whether the entity has decision-making authority (e.g., enrollment vendor deciding time frames) or whether the entity strictly takes direction from the sponsor;
- The extent to which the function places the delegated entity in a position to commit health care fraud, waste or abuse;
- Risk of harm to enrollees, violation of Medicare program requirements or FWA.

11. CODY® as a First Tier Entity (continued)

Why it Matters

It bears repeating that CODY® is considered a first tier entity by CMS (and our clients). CODY® may or may not be considered a delegated entity by our clients. It is the responsibility of our clients to inform CODY® as to how they designate our services.

It is the position of the Company that CODY® will act and perform like a delegated first tier entity. This means that CODY® will meet all federal requirements and CMS regulations applicable to plan sponsors and their first tier entities. This position provides a safeguard that the CODY® Compliance Program will meet the standards provided in Chapter 21.

Your Duty under the Compliance Program

It is the duty of all CODY® employees to inform the Compliance Program of any informal or formal communications from our clients regarding client audits of the company, compliance, or FWA concerns or issues.

12. Cultural Competency

Importance of Recognizing Cultural Differences in the Workplace

Cultural factors may influence the way individuals:

- Define and evaluate situations
- Seek help for problems
- Present their problems, situations, and information to others
- Respond to communications

Cultural awareness helps to modify behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

12. Cultural Competency (continued)

In order to provide equal employment and advancement opportunities to all individuals, employment decisions will be based on merit, qualifications, and abilities. The Company does not discriminate in employment opportunities or practices because of race, color, religion, sex, sexual orientation, national origin, age, or disability.

The Company will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Employees with questions or concerns about discrimination in the workplace are encouraged to bring these issues to the attention of their supervisor. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in unlawful discrimination will be subject to disciplinary action, including termination of employment.



Attachment IV

CODY® Privacy and Security Training



CODY® Compliance Program

Privacy and Security Training

February 2024

Course Objectives

Health Insurance Portability and Accountability Act (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health (“HITECH”) Act of 2009 (Title XIII of division A and Title IV of division B of the American Recovery and Reinvestment Act “ARRA”) and the HIPAA Omnibus Final Rule (Effective Date: March 26, 2013).

- Understand the requirements of the federal HIPAA/HITECH regulations, state privacy laws, and Cody Consulting policies and procedures that protect the privacy and security of confidential data and what information must be protected
- Understand how these affect you and your job and how you can protect confidential and sensitive information
- Understand your responsibilities for good computer practices
- Provide instructions to report privacy breaches and security incidents

Course Outline

- **Why is this training required?**
- **Privacy and Security Regulations**
- **HIPAA and its components**
- **ARRA, HITECH and other ancillary impacts**
- **PHI Defined**
- **Protecting Privacy**
- **Workplace Computing Practice**
- **Reporting Breaches**
- **Next Steps**

Why is this training required?

- **How HIPAA Applies to You**
- **Who uses PHI at Cody Consulting**

How the HIPAA Laws Apply to You

- HIPAA requires that CODY® train its workforce members about our HIPAA policies and specific procedures which may affect the work you do. These rules apply to you when you look at, use, or share Protected Health Information (PHI).



Who Uses PHI at Cody Consulting?

- **Anyone who works with or may view health, financial, or confidential information with HIPAA protected health identifiers**
- **Everyone who uses a computer or electronic device which stores and/or transmits information**
- **Anyone who interfaces where PHI can occur**
 - **In content/collateral that is shared with or communicated between Cody Consulting and a health plan**
 - **Within CodySoft® modules where a health plan has entered or uploaded data or materials that contains PHI**
- **Almost everyone who works for Cody Consulting**



Privacy and Security Regulations

- **Federal HIPAA**
- **Federal HITECH Act**
- **HIPAA Final Omnibus Rule**
- **Cody Consulting policies and procedures**
- **Fines and penalties**

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires Cody Consulting to:

- Protect the privacy of patient information
- Secure patient health information (physically and electronically)
- Adhere to the “**minimum necessary**” standard for use and disclosure of patient health information
- Specify patients’ rights for access, use and disclosure of their health information



HIPAA Overview

- The Privacy Rule governs who has access to protected health information (PHI). Specifies how individuals can get access to and decide how their PHI is handled.
- The Security Rule specifies a series of administrative, technical and physical security procedures to assure the confidentiality, integrity and availability of electronically stored & transmitted PHI, or ePHI.
- The American Recovery and Reinvestment Act is a 1,000-plus page act of 2009 (ARRA) with sweeping changes to the health information privacy and security regulations of the Health Insurance Portability and Accountability Act (HIPAA) with the goal of establishing secure electronic health records for all Americans by 2014. Specifically addresses: Breaches, Electronic Health Records(EHR), & Personal Health Records (PHR)
- The Health Information Technology for Economic and Clinical Health Act (HITECH) is designed to encourage health care providers to adopt health information technology in a standardized manner and to protect private health information.

HITECH and Omnibus

The Health Information Technology for Economic and Clinical Health (HITECH) Act and the HIPAA Final Omnibus Rule updated the federal HIPAA privacy and security standards. Collectively, major updates include:

- Breach notification requirements
- Fine and penalty increases for privacy violations
- Patient right to request electronic copies of the electronic health care records
- Patient right to restrict disclosure to health plans for services self-paid in full (“self-pay restriction”)
- Mandates that Business Associates are directly liable for compliance with HIPAA provisions



Business Associates (BAs)

- Defined as organizations that perform services for a Covered Entity like a health plan that involves the use or disclosure of member PHI.
- Cody Consulting is a BA of many of our health plan clients and our vendors, partners and subcontractors are a BA of Cody Consulting as the chain of custody for protecting PHI “flows down”
- Given the mandate that BAs are just as liable as Covered Entities, our Business Associate Agreement (BAA) requires specified written safeguards for PHI that we maintain and push down to our Business Associates extending the same penalties for violations
- Business Associate Agreement (BAA) must be included with all contracts.

Privacy is bigger than HIPAA

- **Other Federal Laws**
 - Medicare Conditions of Participation promoting patient rights including privacy
 - Federal Trade Commission protection of consumer privacy
 - FCC (e.g. CAN-SPAM)
 - FERPA protection of student education records
 - HHS and multiple agencies' protection of information
- **State Specific Laws (e.g. MA mandate 201)**
 - Confidentiality
 - Information Practice
 - Breach notification
- **Cody Consulting Policies and Procedures**
 - Refer to the Cody Consulting Privacy and Confidentiality Handbook for further guidance

Cody Consulting Policies and Procedures

- Cody Consulting has policies and procedures to protect the privacy and security of information
- As a Cody Consulting workforce member, you are responsible to follow these policies and procedures to protect the privacy and security of information
- Ask your Supervisor or Manager for guidance
- Remember that privacy applies to ALL verbal, written, and electronic information

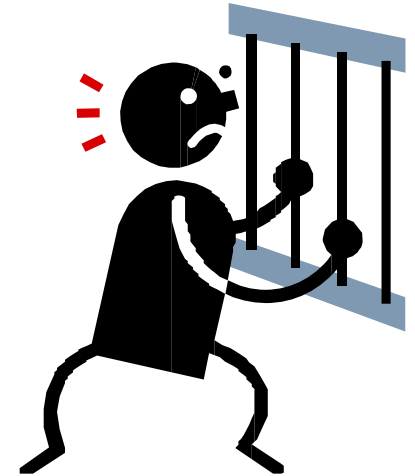
CODY® Location
Shared Drive: Compliance Program
(CODY® Org) File: HIPAA and IT Security



Fines and Penalties

Privacy violations may carry penalties under federal HIPAA/HITECH, state privacy laws, and Cody Consulting policies:

- **HIPAA Civil Penalties**
 - \$100 - \$1,500,000 / year fines
 - More fines if multiple year violations
- **HIPAA Criminal Penalties**
 - \$50,000 - \$250,000 fines
 - Imprisonment up to 10 years
- **State Laws**
 - Fines and penalties apply to individuals as well as health care providers, up to a maximum of \$250,000; may impact your professional license
 - Imprisonment up to 10 years
- **Cody Consulting corrective and disciplinary actions**
 - Up to and including loss of privileges and termination of employment
 - Refer to Policies



Protected Health Information (PHI)

- **What information must be protected**
- **PHI identifiers**
- **Cody Consulting's use or disclosure of PHI**
- **Guidelines for viewing, using, or sharing PHI**

What Information Must Be Protected?

You must protect an individual's PHI which is collected or created as a consequence of a health care provision.

- **PHI:**
 - Information related to a patient's past, present or future physical and/or mental health or condition
 - Includes at least one of the 18 personal identifiers (see next slide)
 - In any format: written, spoken, or electronic (including videos, photographs, and x-rays)
- PHI includes health information about individuals who have been deceased less than 50 years
- These rules apply every time you view, use, and share PHI



Protected Health Information (PHI) Identifiers

The 18 Identifiers Defined by HIPAA are:

- Name
- Postal address
- All elements of dates except year
- Telephone number
- Fax number
- Email address
- URL address
- IP address
- Social security number
- Account numbers
- License numbers
- Medical record number
- Health plan beneficiary #
- Device identifiers and their serial numbers
- Vehicle identifiers and serial number
- Biometric identifiers (finger and voice prints)
- Full face photos and other comparable images
- Any other unique identifying number, code, or characteristic

When is it appropriate to View/Use/Share PHI?

To be safe – remember:

- Use information **only when necessary** to perform your job duties
- Use only the **minimum necessary** to perform your job duties
- Do not share any information acquired through your work at Cody Consulting, even if the information is public
- Information obtained from your client relationships is confidential
- Posting information without authorization is a violation of our clients' confidentiality and may violate their patient's right to privacy and confidentiality
- Even if you think you've de-identified the information, it still might be identifiable to others
- **NOTE:** De-identification of PHI requires removal of all 18 PHI identifiers, which includes "Any other unique identifying number, code, or characteristic" (e.g., photo of a wound; description of a patient's condition)
- Follow Cody Consulting's policies and procedures for information confidentiality and security
- Ask your supervisor for your department's privacy and security procedures

Protecting Privacy

- **Verbal exchanges**
- **Knowing where you left your paperwork**
- **Taking PHI offsite**
- **Disposal of paper documents**
- **Privacy breaches from lost, stolen, or misdirected information**
- **Examples of privacy breaches**

Verbal Exchanges

- Be aware of your surroundings when talking to others or on cell phones (hotels, airports, public transportation, etc.)
- Do not listen to voicemails or have phone calls on speaker phone
- Do not leave PHI on answering machines
- Ask yourself, “What if my personal information was being discussed like this?”



Know Where You Left Your Paperwork

- **Double check!!** When mailing or handing documents, slow down and verify that each document belongs to the recipient
- **Check printers, faxes, and copier machines** when you are done using them
- **Do not leave paper PHI** laying on your desk; lock it up at the end of the day
- **Do not fax PHI** as recipient fax machines may be in open/shared common areas
- **These rules apply even when working out of a home office**



Traveling with PHI Involves Risk

- **Theft and loss of PHI is a high risk**
 - Your car is burglarized and the thief takes off with the PHI
 - Leaving PHI in a coffee shop, restaurant or public transportation
- **If your job requires you to work from home or transport PHI between sites, follow best practices:**
 - Access PHI remotely via Virtual Private Network (VPN)
 - Securely fax or email the PHI to yourself and securely access it from the offsite location to avoid carrying PHI
 - Ensure all devices used to access ePHI or CODY® email are encrypted (including your personal laptop, iPad, iPhone, etc.)
 - Never leave PHI unattended in your bag, briefcase or your car (even if it's locked in the trunk!)
- **This applies to all types of PHI – paper, films, photos, cameras, CDs and ePHI stored on laptops, cell phones, USB drives and other removable media**
- **ACCESSING CLIENT SITE and LEAVING STUFF BEHIND OR ACCIDENTALLY TAKING STUFF**
- **Treat PHI like it's an infant: You are responsible for securing and keeping it in your possession at ALL TIMES**



Disposal of Paper Documents

- Shred or destroy PHI before throwing it away
- Dispose of paper and other records with PHI in secure shred bins. Recycling and trash bins are NOT secure.
- Shred bins only work when papers are put inside the bins. When papers are left outside the bin, they are not secure



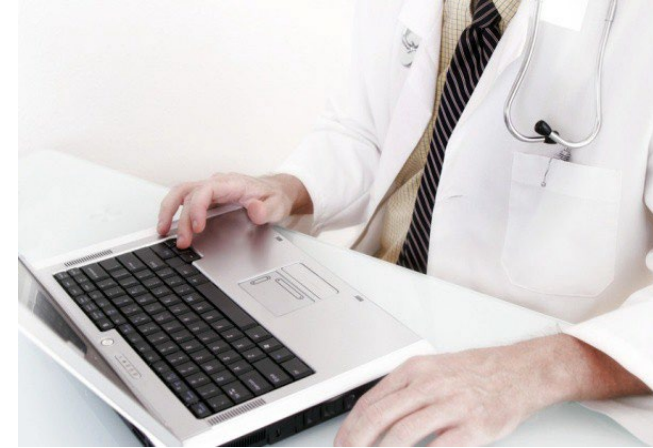
Your Responsibilities for Good Computing Practice

- **Security of ePHI**
- **Power of encryption**
- **Computer security**
- **Safe emailing**
- **Additional security precautions**

Security of ePHI – Some Headlines

Ever evolving technology brings opportunities and efficiency – but only when managed properly. Consider these headlines:

- **October 2013 – An academic medical center notified 3,541 patients that their ePHI was compromised after the theft of an unencrypted personal laptop**
- **June 2013 – A healthcare organization notified 13,000 patients that their ePHI was compromised after the theft of an unencrypted laptop**
- **September 2012 – A healthcare organization agreed to pay the U.S. Department of Health and Human Services \$1.5 million to settle HIPAA violations after the theft of an unencrypted personal laptop, containing ePHI of ~3500 patients and research subjects**
- **How could these incidents have been avoided?**



Security of ePHI – Some Headlines

Good security standards follow the “90/10” Rule:

- 10% of security safeguards are technical
- 90% of security safeguards rely on the user (YOU) to adhere to good practices
- Cody Consulting has established several policies and procedures to help you keep secure:
 - Portable Device
 - Password Management
 - Clean Desk Policy
 - Document Storage & Destruction
 - Software Deployment
 - Incident/Breach Response



Portable Device Security – Your Responsibilities

- Ensure your devices are physically secured by using lockdown cables, locked drawers, placement in a secured area, etc.
- Never leave your devices or removable media unattended in your vehicle or bag and, if required to travel with PHI, keep it on-hand at all times
- Do not attempt to gain access to other devices, systems or media when you are not authorized to do so
- Create a strong password and do not share your username or password with anyone (including passwords on hotspots and wifi connections)
- Follow detailed requirements as listed in the PASSWORD MANAGEMENT POLICY
- Log off or lock your devices when done, and every time you walk away. Set your devices to auto-lock with secured screen savers or locked screens within 10 minutes



Portable Device Security – Your Responsibilities (cont'd)

- Ensure information on device screens is not visible to passersby. Consider a privacy screen
- Lock your PC or device appropriately when not in use and use a password to start up or wakeup your device
- Ensure your system has all necessary patches and updates (e.g., Windows Update) by leaving workstations on and connected to the internet for ITA patching
- Make sure your device is encrypted using MS Bitlocker and leverage the appropriate SharePoint® drive for secure storage
- Enable security on any wireless router and network that is used with strong network password key
- Reporting loss or theft of any device, media or access keys immediately



Portable Device Security – Cody Consulting Measures

- Cody Consulting has installed a robust, secure file sharing storage and collaboration tool inside Cody's SharePoint® Intranet site. It is mandatory that all files, data, and assets are worked on and stored within this Site.
 - Future implementation of multi-factor authentication
- Cody Consulting leverages a secure connection with its Outlook Exchange server. However, this does not ensure that the email is secured throughout the entire transmission. If you need to send PHI over email, under options, select Encrypt only prior to sending.
- Cody Consulting has installed InTune managed services for active device monitoring, anti-virus and anti-spam. These services will help keep all known issues resolved and prevent new issues from occurring.
- Cody Consulting is implementing workstation, mobile and removable media encryption at rest. This will ensure that all data on any hard drive or device is encrypted at all times and allows for the ability to access and wipe PHI remotely. In addition, Cody Consulting will be able to push device policies out to help ensure password resets and management is happening.

Use of Personal (Non-Cody Consulting) Devices



- Do you use your personal device (e.g., laptop, iPhone, iPad, external hard drive) for business?
- Hint: This includes checking your Cody Consulting email from your personal device.
- Even if you don't intentionally save PHI onto your device, your email files may download to your device without your knowledge.
- It is the policy of Cody Consulting that only Cody Consulting approved devices are used to process, access, transmit, and store PHI

If absolutely necessary to leverage a personal device, that device must be encrypted.

Power of Encryption

- Encryption is the only federally recognized method for securing ePHI
- By having your device encrypted, you can rest assured that the information it contains is secure and inaccessible to others if the device is lost or stolen. All CODY® laptops are encrypted by default. Employees should not turn off Bitlocker encryption for any reason.
- You may need to attest annually that all of your personal devices are not used for CODY® business or are encrypted

Additional Security Precautions

- Do not download and/or install unknown or unsolicited programs
- Practice Safe Emailing
 - Do not open, forward, or reply to suspicious emails
 - Flag any suspicious email using the “Report Message” button in Outlook.
 - Do not open suspicious email attachments or click on unknown website addresses
 - NEVER provide your username and password to an email request
 - Delete spam and empty the “Deleted Items” folder regularly
- It is your responsibility when communicating to send all PHI securely
- Always protect and secure any usernames and password
- Always log out of all and any tools, websites, or systems when done

Privacy Breaches from Lost, Stolen or Misdirected PHI

A privacy breach can occur when information is:

- **Physically lost or stolen**
 - Paper, films, cameras, CDs, electronic devices
 - Anytime, anywhere - even on public transportation, crossing the street, in the building, in your office, in your car, in an airport/plane, at a restaurant
- **Misdirected to others outside of Cody Consulting**
 - Verbal messages left for the wrong person
 - Misdirected mail or email
 - Wrong phone or fax number
 - Posted to Cody Consulting internet, websites, Facebook, Twitter
 - Incorrect use of or failure to use Cody's secure email and Share Point



Examples of Privacy Breaches

- Talking in public areas, talking too loudly, talking to the wrong person
- Lost/stolen or improperly disposed paper documents, films, notebooks, medication bottles
- Lost/stolen unencrypted laptops, tablets, cell phones, media devices (video and audio recordings)
- Lost/stolen unencrypted zip disks, CDs, flash drives, memory sticks
- Hacking of unprotected computer systems
- Email or faxes sent to the wrong address, wrong person, or wrong number
- Users not logging out of computer systems, allowing others to access their computer or system

Reporting of Privacy Breaches

- Requirements
- Reporting Mechanisms

Communication and Reporting Mechanisms

Regulation

Ch 21 50.4.2 Communication and Reporting Mechanisms

- Written Standards of Conduct and/or policies and procedures must require all employees, members of the governing body, and FDRs to report compliance concerns and suspected or actual violations related to the Medicare program to the sponsor.
- 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 and FDRs and their employees.
- Reporting systems must maintain confidentiality (to the greatest extent possible), allow anonymity if desired (e.g., through telephone hotlines or mail drops), and emphasize the policy of non-intimidation and non-retaliation for good faith reporting of compliance concerns and participation in the compliance program.

Communication and Reporting Mechanisms (Continued)

CODY® Compliance Program Communication and Reporting Tools

You may contact the Privacy Officer through any of these mechanisms:

- **CODY® Compliance Hotline: 855-990-CODY (2639) ext 208.**

You may report thru the hotline anonymously. If you want the Privacy Officer to return your call, you must leave a number.

- **CODY® Compliance Reporting Email Address:**
Compliance compliancereporting@codyconsulting.com

- **Direct phone call to the Privacy Officer:**
 - Brian Yavorsky, VP of Technology
 - Office: 855-990-CODY (2639) ext 218
 - Cell: 937-361-2573

- **Direct email to the Privacy Officer:**
 - byavorsky@codyconsulting.com

- **Direct letter to the Privacy Officer:**
 - 7148 Wilhelmina Dr., Liberty Twp, Ohio 45044

Communication and Reporting Mechanisms (Continued)

- **Non-Retaliation**

CODY® Policy COR CMP.004.V1 Reporting Compliance Issues to Corporate Compliance and the Code of Conduct Pg 16.

No form of retaliation or intimidation against an employee who makes a good-faith report of suspected compliance violations or who participates in good faith in any investigation of a suspected violation will be tolerated. Any person who engages in retaliation or intimidation will be subject to disciplinary action, up to and including termination.

What Security Incidents to Report

- Immediately report lost or stolen electronic devices (e.g., laptops, smart phones, mobile devices, flash drives) or associated data and files resident on those devices
- Immediately report any unusual or suspected information security incidents (including but not limited to the loss and/or theft of any form of ePHI, as well as unusual computer activity)
- Immediately report any suspicious or negligent activity by other employees, supervisors, vendors, partners and contractors anonymously and without retaliation



Summary and Next Steps

- **Points to Remember**
- **Next Steps**

Points to Remember

- To the patient or insured, **ALL** information is private.
- This includes their:
 - Personal information
 - Financial information
 - Medical information
 - Protected Health Information
 - Information in any format: spoken, written, or electronic
- Protect their information by:
 - Protecting verbal, written, and electronic information
 - Utilizing safe computing skills
 - Reporting suspected privacy and security incidents
 - Following Cody Consulting's policies
 - Asking for help if you are unsure



Next Steps

- To receive credit for completing the HIPAA 101 Privacy and Security Training, you **MUST**:
 - Read Cody's related policies and procedures
 - Sign the **CODY® Compliance Program – 2024 Training Certification**, available in OrangeHRM
 - Post your signed certification to the Compliance section of your OrangeHRM profile.



All Policies & Procedures can be obtained from your Supervisor.