

AMERICAN HEALTH PARTNERS CODE OF CONDUCT

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LETTER FROM THE PRESIDENT AND CEO

Dear Colleagues,

We believe the essence of health care is, first and foremost, service to others. Our single goal is to provide affordable, accessible, first-rate health care that improves the health and well-being of the people we serve and raises the quality of life for all concerned. In serving others, our name must always stand for honesty and integrity at the highest level. To assure this, I am pleased to introduce the Code of Conduct.

The Code of Conduct is part of our overall program of Compliance and Ethics. It serves as a guide for each of us – board, management, employees, volunteers, and service providers – as we strive to conduct all our business dealings with a high degree of honesty and integrity. Medical and business decisions can be complex. The Code of Conduct is a plain guide to using good judgment and making the right choices. I expect all of us to know and follow it. We all have a role to play and every one of us can make a real difference. Everyone has individual responsibility and accountability to follow our legal and regulatory compliance policies, and to conduct activities in an ethical manner. To help you, our Code of Conduct sets out our standards on how we should behave with our stakeholders – patients, fellow employees, community, physicians, and regulators. However, no code of conduct can spell out appropriate behavior for every situation. American Health Partners relies on each of us to use good judgment of what is right and proper in any situation. If there is any doubt, ask yourself:

1. Does it comply with our standards, including this Code and our policies and procedures?
2. How would my action look as a headline in tomorrow's newspaper?
3. How would my family or friends view my behavior?
4. Does it follow the letter and spirit of the law and regulation?

If you have any questions about the Code of Conduct or ethical concerns, please contact your supervisor, another member of management at your facility, any senior corporate manager, or the Chief Compliance and Privacy Officer. You may also report anonymously through the compliance hotline. We assure you there will be no retribution or retaliation for any inquiry or for reporting a possible breach of the Code.

You are a critical member of our team and play an important role in our future. Thank you for ensuring quality and integrity and supporting our focus of service to others.

Michael Bailey
President and CEO

THE CODE APPLIES TO ALL OF US

Six Divisions, One United Mission

AMERICAN HEALTH PLANS

Owns and manages special health plans called ISNPs for seniors living in long-term care communities

AHC American Health Communities

Manages company-owned senior living and rehabilitative communities in 29 locations

TRUHEALTH

Coordinates care and provides medical treatment for residents in long-term care facilities



REHAB AMERICA

Provides inpatient and/or outpatient rehabilitative therapies for residents and patients in AHC communities

AmPharm

Provides long-term care pharmacy services to more than 129 facilities in six states

UNITY PSYCHIATRIC CARE

Offers inpatient and/or outpatient psychiatric care from five acute-care hospitals



MISSION, VISION, VALUES, AND STANDARDS OF BEHAVIOR

MISSION

To provide compassionate, high-quality health care and outstanding service that enhances well-being and consistently exceeds expectations.

VISION

To be a premier health care provider, trusted business partner and preferred employer.

VALUES

- Respect
- Integrity
- Teamwork
- Excellence
- Compassion
- Professionalism

STANDARDS OF BEHAVIOR

- I will treat all people with respect, dignity and respond to their needs.
- I will provide patients with quality care.
- I will build positive relationships with patients, guests, and fellow employees.
- I will address patients by name and identify myself to them.
- I will answer all call lights and telephones promptly and courteously.
- I will present myself to patients and guests in a professional manner.
- I will take the time to explain all tests, procedures, and treatments to the patient, within the scope of my authority.
- I will comply with patient and staff privacy and confidentiality requirements.
- I will respect the privacy of patients.
- I will be committed to patient safety as my priority.
- I will be committed to a positive behavior by promoting cooperation throughout the facility.
- I will be a responsible team member who is honest, trustworthy, and ethical as well as accountable for all my actions.
- I understand not only my role on the team, but also the larger goals of other departments and my facility as we strive to meet our community's needs.

HOW TO USE THE CODE OF CONDUCT

You probably wonder what the Code of Conduct (Code) is and how to use it. The Code is a resource; it is not meant to provide all the answers, but it serves as the foundation for the American Health Partners Compliance program. It demonstrates our commitment to not only meet but exceed ethical and legal behaviors within our workplace. Throughout the Code you will find key regulations, definitions, and policies that make up our Compliance Program. You will also find best practice scenarios.

The Code is not meant for just for Compliance professionals, it is meant for everyone who is employed or is an acting agent of American Health Partners. Acting agents includes physicians, vendors, volunteers, etc. that work on behalf of our American Health Partners affiliates.

Making the Right Decisions

Ethics is defined by the moral principles that govern a person's behavior or conducting of an activity. Compliance is defined as the state or fact of according with or meeting rules or standards.¹ In dealing with all things Compliance, every decision made should and must meet the minimum regulatory standards. We cannot accomplish this task without everyone making good ethical decisions to maintain a compliant work environment. Report in good faith if you are asked to do something that does not meet the spirit of the law, policies or the Code or witness non-compliant activity.

Why and How to Report

Preventing and detecting fraud, waste and abuse is the core of a compliance program. One of the ways to detect is through reporting in good faith your concerns. Individuals have a responsibility to report any known or suspected violations of the Code, policies, or regulations. Failure to report violations of law shall constitute a serious violation of policy and subject an employee to disciplinary action up to and including termination of employment. Retaliation against employees who report concerns is strictly prohibited and subject to disciplinary action up to and including termination. American Health Partners has many ways to report your concerns:

- Your supervisor or department head
- Any supervisor or department head
- Your Facility Compliance Officer or Regional Compliance Director for employees in the AHC Division
- The Chief Compliance and Privacy Officer
- The Confidential Disclosure Program Hotline at (800) 570-0219.

¹ Oxford Dictionary

If something does not seem, feel, or look right, report your concerns!



CONFIDENTIAL DISCLOSURE PROGRAM

We have established a disclosure program (“Compliance Hotline”) that is answered by a third-party vendor to enable employees to report problems or concerns involving ethical or compliance issues. This toll-free number, **(800) 570-0219**, allows employees to report a concern anonymously and without fear of retribution. Callers are not required to identify themselves, and all calls will be treated confidentially.

The Compliance Hotline can be accessed 24 hours a day, 7 days a week, and 365 days a year. All calls will receive attention and will be investigated in an appropriate manner.

Employees are encouraged to report concerns they believe are not consistent with the Code of Conduct, the Compliance and Ethics Program, and/or federal, state, and local laws and regulations. Anyone who retaliates or attempts to retaliate against an individual who has made a report in good faith and with legitimate concern to the Hotline will be subject to disciplinary action, up to and including termination of employment.

Non-Retaliation & Retribution for Reporting Compliance Issues

You will see this repeated throughout the Code. Company policy prohibits any employee from retaliating against or engaging in harassment of another employee who has reported suspected wrongdoing. Every supervisor and manager have the responsibility to create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution. This includes avoiding any action that might constitute retaliation, retribution or harassment against an employee who has reported a concern.

If you suspect that any employee is engaging in acts of retaliation, retribution, or harassment against another employee for reporting suspected wrongdoing, immediately notify the Chief Compliance and Privacy Officer or call the Compliance Hotline as this may lead to disciplinary action, up to and including termination of employment on the first offense.

Duty to Report

It is the responsibility of every employee to report concerns about actual or potential wrongdoing and are not permitted to overlook such actions. If an employee has knowledge of actual wrongdoing and does not report the activity, it will be considered a serious offense which can lead to disciplinary action, up to and including termination of employment. Employees are also required to cooperate with the investigative efforts.

A MESSAGE FROM OUR CHIEF COMPLIANCE AND PRIVACY OFFICER

This Code of Conduct has been incorporated into a compliance and ethics program developed to help reduce risk and prevent the potential exposure for misconduct. It is an aid to the development of effective internal controls that promote adherence to applicable federal and state laws, and the program requirements of federal, state, and private health plans. The adoption and implementation of the compliance and ethics program significantly advances the prevention of fraud, waste, and abuse in our health care efforts. The Program also furthers the fundamental mission and core values of our facilities and business units. In practice, this compliance and ethics program articulates and demonstrates our commitment to an effective compliance process.

In addition to these guidelines, individuals including contractors and affiliates should follow all policies and procedures adopted by the company, as well as applicable laws.

Initially, every employee will receive training on our Code of Conduct. Also, all individuals will receive annual training to update their awareness of the Code of Conduct and established Compliance and Ethics Program Guidelines.

You should retain this handbook for future reference. Please take the time to read and understand the content of this handbook.

Laura Carrico, CHC, CHPC
Chief Compliance and Privacy Officer



REGULATORY OVERVIEW

Every employee should be familiar with the policies and laws that apply to their job. If someone is uncertain about the law, policy, or procedure, they should follow the communication process outlined in this Code of Conduct. Violations of the law or policies and procedures could result in disciplinary action, up to and including dismissal. Maintaining ethical standards is in everyone’s interest.

If you know of a problem, you must not remain silent – step forward and help resolve it!

There are many regulations that impact health care providers. We will discuss a few areas such as Federal and State False Claims Act laws, the Anti-Kickback Statute, the Physician Self-Referral Law, the Elder Justice Act, and the Health Insurance Portability and Accountability Act (“HIPAA”). There are also laws and policies related to antitrust, ineligible persons, and licensure and certification of applicable employees.

Federal and State False Claims Act Laws

The Federal Deficit Reduction Act requires that certain entities, such as American Health Partners and its managed facilities provide affiliated employees, contractors, and agents with information related to the federal False Claims Act (“FCA”) law. This law provides that civil penalties may be imposed against any person or entity that knowingly presents or causes to be presented a false or fraudulent claim to a federal health care program for payment. In addition to civil monetary penalties, violators of the federal False Claims Act may be subject to treble damages for each false claim submitted to federal health care programs. The Federal False Claims Act includes whistleblower protection provisions that protect any individual who is discharged, demoted, suspended, threatened, harassed, or any other manner discriminated against for filing an action under the Federal False Claims Act.

Many states have enacted False Claims Act statutes that contain provisions that are like the federal statute, including whistleblower provisions.

It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent. Filing false claims may result in fines of up to three times the programs' loss plus a dollar amount set by the government for each claim filed. Under the civil FCA, each instance of an item or a service billed to Medicare or Medicaid counts as a claim, so fines can add up quickly.

Prohibited actions under the False Claims Act include:

- Submitting a false or fraudulent claim;
- Creating or using a false document to get a claim paid;
- Conspiring to get a false claim paid; and
- Creating a false record to avoid returning some or all of what is owed to the federal or state government;
- Failure to refund the government for any overpayments identified within 60 days of discovery.

Sandy is a physical therapist. Sandy thinks the new therapy documentation requirements take up too much of her time. Sandy decides she will perform about 70% of the services and document that she performed 100% of the requirements.

Sandy documenting that she completed 100% of the services is false documentation. Falsifying documentation leads a billing of services, which is a false or fraudulent claim.

In addition to falsifying a claim, Sandy provided poor quality of care.

Every employee is expected to provide the appropriate level of care, document accurately and bill for services rendered.

Anti-Kickback Statute

The Anti-Kickback Statute (AKS) is a criminal law. Under Federal Law, it is unlawful for any person to solicit, offer, pay, or receive any remuneration, or anything of value, to or from any other person to induce or in return for:

- the referral of an individual to any medical setting reimbursable directly or indirectly, in whole or in part, under the Medicare or Medicaid programs; or
- the purchase, lease, order, or arranging for the purchase, lease or order of any goods, facility, services, or item for which payment may be made, either directly or indirectly, in whole or in part, under the Medicare or Medicaid programs.

If an arrangement sounds too good to be true... it probably is not a good idea. It is best to have a conversation with Legal or Compliance before entering to any arrangement where goods/money are exchanged.

Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms, and exclusion from participation in the Federal health care programs.

Physician Self-Referral Law

The Physician Self-Referral Law, commonly referred to as the “Stark law”, prohibits physicians from referring patients to receive “designated health services” payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. Financial relationships include both ownership/investment interests and compensation arrangements.

At American Health Partners, **payments to physician must be paid within fair market value, must be in a written agreement, and payments are made timely.**

Providing lunch to physician can be interpreted as providing a financial benefit. However, Stark has an exception what is called non-monetary compensation. Generally, the non-monetary compensation exception may be used to protect items or services provided to a physician such as entertainment, meals, and other non-cash equivalent benefits. The key word is **NON-CASH**, the items must be logged, and are below the yearly cap set by the government.

Elder Justice Act

The Elder Justice Act (“EJA”) requires any employee, manager, agent, or contractor (“**Covered Individuals**”) of a long-term care center that receives at least \$10,000 in federal funds annually to report any reasonable suspicion of a crime committed against a resident or any other individual receiving care from the center. These reports must be made to one or more local law enforcement agencies and to the Secretary of the Department of Health and Human Services (Secretary) or to the agency designated by the Secretary to receive such reports. If serious bodily injury occurred as a result of the suspected crime, the report must be made within 2 hours of forming a reasonable suspicion that a crime has occurred, otherwise the report must be made within 24 hours of forming a reasonable suspicion that a crime has occurred.

Covered Individuals who fail to make these reports under the EJA shall be subject to a civil monetary penalty of up to \$200,000 and may be excluded from participation in any Federal health care program. If the failure to report results in further injury to the victim of the crime or results in harm to another individual, the civil monetary penalty may be increased to \$300,000.

A long-term care provider may not retaliate against, discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee in the terms and conditions of employment; or file a complaint or report against an employee with a state professional agency against the employee for making a report required by the EJA. An employee has the right to file a complaint with the Secretary, or the agency designated by the Secretary, against a long-term care provider that violates the reporting requirements

of the EJA. A long-term care center that violates the anti-retaliation provisions of the EJA shall be subject to a civil monetary penalty of up to \$200,000 and may be excluded from participation in any Federal health care program for a period of 2 years. Questions should be directed to your supervisor, manager, the Legal Department or the Chief Compliance and Privacy Officer.

HIPAA

The Center is required by state and federal law to protect the confidentiality of information concerning patients under its care. In 2003 and 2005, a federal law known as HIPAA (The Health Insurance Portability and Accountability Act) created additional restrictions on the use, disclosure and safeguarding of Protected Health Information (“PHI”) and gave patients new rights regarding their own PHI. The federal law allows the Center to use PHI for the purposes of treatment, payment, and health care operations. We may disclose PHI:

1. with the individual’s authorization;
2. to another health care provider for treatment and payment purposes without the individual’s authorization; and
3. in certain other circumstances as described in the law.

The use or disclosure of PHI must be limited to the minimum amount necessary to accomplish the purpose of the use or disclosure. It also requires the Center to apply administrative, technical, and physical safeguards to protect the information from unauthorized use or disclosure as well as ensuring the confidentiality, integrity, and availability of all the electronic systems that contain electronic Protected Health Information. We will discuss HIPAA Privacy and Security more in this Code.

Antitrust

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. It is unlawful to agree, or attempt to agree, with competitors to fix prices, divide geographic markets or make any agreement that artificially raises the price of our services or improperly reduces competition. Care should be taken in pursuing joint ventures or alliances with other health care providers.

Seek advice from your supervisor, manager or the Legal Department or Chief Compliance and Privacy Officer before taking any action which may compromise fair competition or compliance with antitrust laws.

Ineligible Persons

It is the policy to not hire, employ, contract, or grant medical staff individuals who are listed as ineligible on the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the General Services Administration (GSA)/System for Awards Management (SAM) List of Parties Excluded from Federal Program, or any available state exclusion lists. American Health Partners utilizes third-party vendors to run pre-employment and ongoing sanction screenings for all covered persons to ensure they continue to be eligible to render services. Covered persons include all current employees, vendors, contractors, and any other entities used for business purposes. All covered persons are required to disclose immediately if they become an ineligible person. If during employment, an individual becomes excluded, suspended, sanctioned, or debarred, employment action will take place, up to and including termination.

Licensure and Certifications

Certain jobs have license and certification requirements. This requirement is set by Federal and/or State regulations. As part of your employment or contract, you have the responsibility to maintain active

licenses and certifications. This includes ensuring name changes, addresses, and state of licensure are kept current and match I-9 documentation. Report immediately to Human Resources any license/certification issues.

OUR PATIENTS, RESIDENTS, COLLEAGUES, COMPANY, AND REGULATORS

The Code impacts many different parts of American Health Partners, from our patients, residents, colleagues, the company, and regulators. We will take a closer look at each of the different areas.

Patients and Residents

Every patient and resident that comes through our doors will receive compassionate, high-quality health care and outstanding service that enhances well-being and consistently exceeds expectations. This is our mission. We carry out the mission by:

- Patients and residents will receive timely medically necessary care. Failure to provide quality medically necessary care could result in a false claim. In the Regulatory Overview section, we discussed the definition of a false claim. Billing for services that were not medically necessary, or services not preformed may be construed as a false claim.
- Employees are responsible for ensuring our bills accurately reflect the services rendered and supplies used to treat our patients and residents. Facilities must only bill for services that have been properly ordered and performed. Facilities will not routinely waive copayments or deductible payments.
- Staff involved in the preparation or submission of charges or billing data must be trained in coding and documentation practices. Billing policies and procedures must be written, approved by management, and periodically updated.
- Patients and residents have certain rights and protections under federal and state law. These laws can vary by state. These include:
 - receive their plan of care in order that is understandable to them
 - freedom from discrimination
 - respect
 - freedom from abuse and neglect (refer to the Elder Justice Act in the Regulatory Overview section)

There are many rights patients and residents have for each Division, please refer to Patient Rights and Responsibilities document for your Division.

- Patients and residents have the right to receive compassionate, quality, and medically necessary care. At American Health Partners we treat the most vulnerable individuals. Every patient and resident are treated with dignity and respect. Covered individuals who are found to not have followed the basic human principals will be disciplined, up to including termination. Refer to the Elder Justice for more information about reporting requirements.
- Patients and residents have a right to privacy. The HIPAA definition was discussed in the Regulatory Overview section. To further expand on what this means, we are required to safeguard protected health information (PHI). PHI is anything that can identify a patient or

resident. Name, address, email, picture, and diagnosis are examples of protected health information (PHI). The access, use, and disclosure of PHI must be for a business need and limited to the minimum necessary amount of information. Here is a list of dos and don'ts of patient privacy:

- Only access the information you need to perform your job.
- Only share information with those that need to know.
- Only release patient or resident information that is requested.
- Do not share with your family and friends the daily happenings of your job that includes any patient detail.
- Do not allow an outside vendor access to your computer without first consulting with the IT department.

While some things may seem very straightforward about patient privacy, some areas can be complex, reach out to the Compliance Department for guidance.

Martin is a nurse who works at one healthcare facility. He becomes aware that an old family friend is located at another healthcare facility. Martin decides to access the patient's medical record to see how they are doing. Martin accessing the patient's medical record at another healthcare facility, where he does not work, is consider a breach.

What is a breach? A breach is the acquisition, access, use, or disclosure of protected health information in a manner not permitted which compromises the security or privacy of the protected health information.

If a breach occurs, American Health Partners has an obligation to ascertain the level of risk of compromise. The Compliance department analyzes the level of risk to make the determination if breach is reportable to Office for Civil Rights and requires patient notification.

Employees who do not adhere to policy standards will be disciplined, up to and including termination.

Employees

- American Health Partners employees and prospective employees shall have an environment that is free from any forms of discrimination, sexual harassment, other forms of harassment, and workplace violence. We treat everyone fairly with dignity and respect. We foster diversity and work towards teamwork.

- We have a longstanding commitment to provide a safe, quality-oriented, and productive work environment consistent with the standards of the community in which the company operates. Alcohol and drug abuse poses a threat to the health and safety of the company's employees and to the security of the company's equipment and facilities. For these reasons, the company is committed to the elimination of unlawful drug and alcohol use and abuse in the workplace. Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This

Alan discovered the new Director, Dawn, was sleeping at her desk one day. He decided not to report anything because he thought it was a one-time occurrence. Within a short time, Alan notices it was becoming a routine. He decided to call the hotline. It was a good thing Alan reported! Dawn was bringing in a bottle that appeared to be juice but was filled with alcohol. By reporting, Alan reduces the risk of harm to patients, residents, and employees.

policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose to their supervisor if they believe the medication will impair their job performance, safety, or the safety of others, or if they believe they need a reasonable accommodation before reporting to work while under the influence of that medication. Any questions should be directed to the Human Resources Department.

- All individuals are expected to act in the best interest of the company. A conflict of interest occurs if an outside interest influences or appears to influence your ability to objectively meet your job responsibilities. It is company policy that employees will not have any direct or indirect financial interest in or personal business relationship with any firm or person with which the company does business, or in any other activity, which would create a conflict of interest. If you have any questions regarding a conflict of interest you should discuss it with your manager as soon as possible. Some things to think about relating to Conflict of Interest:
 - We maintain a professional relationship with vendors and physicians that does not create a conflict of interest or an appearance of a conflict of interest.
 - Gifts and entertainment must never be offered to influence the referral of a patient or business.
 - Employees shall not accept any gift, hospitality, or entertainment in any amount from or on behalf of a patient.
 - Employees shall not accept from any person, any vendor, or government official, any cash, or cash equivalents.
 - Employee shall not accept any gift of more than the nominal value \$50 per gift or an aggregate of \$50 per year from any person or entity.
 - Employee shall not accept any hospitality or entertainment that because of its source or value might influence the employee's independent judgment in transactions involving the company.
 - All business entertainment events must include some business discussion and a host from the Company must be present. The cost associated with such event must not be excessive or extravagant in frequency or amount in any calendar year. Any entertainment requires prior approval from your supervisor.
 - Neither the company or its employees will not lend money or extend credit to any officer, director, or employee for their personal benefit or for the benefit of relatives or friends, nor will the company arrange credit or guarantee obligations for any such persons. Advancement of legitimate business and travel expenses or the use of a company credit card for legitimate business expenses with prior approval in accordance with the company's expense policy is permissible.
- Employees will receive at the time of new hire and annually thereafter Compliance training. The training will consist of the Code of Conduct, relevant policies, and regulations. Employees are required to complete the training within 30 days from employment and by annual deadline set by Compliance.

Our Company

- American Health Partners has information that is proprietary and private. Company property and other assets should only be used for authorized business purposes and should not be used for personal reasons. We secure our company by not sharing proprietary information.
- We safeguard our systems, computers, and patient information.
- We do not share passwords and other personal security codes.
- We do not let others use our computers while we are still logged in under our username and password.
- We follow the appropriate documentation retention policies.
- We follow marketing guidelines when speaking on behalf of the company, including social media posts.
- We use company assets for work related duties and not for personal use.
- We prohibit the unauthorized use of copyrighted, trademarked, or licensed materials and safeguards the intellectual property of American Health Partners and its affiliates and those with whom we do business.
- All surplus and obsolete property must be disposed of according to company policies and procedures. Company property should not be converted to personal use without appropriate authorization.
- All communication systems, including but not limited to e-mail, Intranet, Internet, telephones, and voicemail, are company property and are to be used primarily for business purposes in accordance with established policies. Limited reasonable personal use of the communications systems is permitted; however, users should not assume these communications are private nor presume the expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems. We reserve the right to monitor communications usage and content consistent with policies and procedures. The systems may not be used to post, store, transmit, download, or distribute any threatening materials; knowingly, recklessly, or maliciously create or send false materials; obscene materials; or anything constituting or encouraging a criminal offense or that would otherwise violate any laws.
- Do not make unauthorized copies of computer software programs or use personal software on any company owned computer equipment. The creating or loading of unauthorized copies of programs into the company managed system could cause technical problems (i.e., viruses) if not properly coordinated with Information Systems personnel. In addition, the unauthorized copying or introduction of unauthorized software could be a violation of federal copyright laws.

Tammy received a call from someone claiming they were from the IT department and needed access to her computer because of an issue. Tammy did not feel comfortable with the caller and asked for the caller's credentials. The caller became irritated and kept pressuring Tammy to give access as it was emergent. Tammy still not comfortable terminated the call and called the IT department. Tammy did the right thing because the call was a scammer trying to access the system for proprietary information, which also included patient financial information

Regulators

American Health Partners is committed to following the federal, state, and local laws. We discussed a number of these requirements in the Regulatory Overview section. While the "Regulatory Overview" is not an all-inclusive list, we want to remind employees you have a duty to report any issues that deviate from laws and our own company policies.

We will cooperate with any appropriately authorized government investigation or audit; however, we will assert all protections afforded it by law in any such investigation or audit. If an employee is contacted by any person who identifies him or herself as a government investigator, the employee should notify his or her supervisor, who should then immediately notify the General Counsel and the Chief Compliance Officer. Employees must never, under any circumstances: destroy or alter any document or record in anticipation of a request for the document or record by a government official, agency, or court, lie or make false or misleading statements to any government investigator, or attempt to persuade another employee, or any other person, to provide false or misleading information to a government investigator or to fail to cooperate with a government investigation.

In some cases, government investigators, or persons presenting themselves as government investigators, may contact employees outside of the workplace, during non-working hours, or at home. Do not feel pressured to talk with the person under such circumstances without first being sure of their identity by requiring seeing some form of official identification and, if you wish, contacting someone for legal advice. It is the legal right of employees to contact an attorney before responding to questions by an investigator. An employee is requested to notify his or her supervisory, who should then notify the General Counsel and the Chief Compliance Officer if contacted by an investigator.

Any employee who receives a subpoena or other written request for information should contact the corporate legal department or the Chief Compliance Officer immediately for assistance and guidance before responding to the request.

Closing Statement

American Health Partners is committed to providing the best working experience. We are committed to investigating all issues reported. If an issue is identified, we are committed to correct it. It is not only your obligation to report, but it is the right thing to do.

American Health Partners Compliance Team

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