COMPLIANCE PLAN
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Mission, Vision, and Core Values</td>
<td>6</td>
</tr>
<tr>
<td>About the Compliance Plan</td>
<td>8</td>
</tr>
<tr>
<td>Purpose and Goals</td>
<td>8</td>
</tr>
<tr>
<td>Scope</td>
<td>8</td>
</tr>
<tr>
<td>Reporting a Concern</td>
<td>11</td>
</tr>
<tr>
<td>Violations</td>
<td>11</td>
</tr>
<tr>
<td>Where to Report a Compliance Concern or Violation</td>
<td>11</td>
</tr>
<tr>
<td>Fraud, Waste, and Abuse Reporting Mechanisms</td>
<td>11</td>
</tr>
<tr>
<td>Non-Retaliation Policy</td>
<td>12</td>
</tr>
<tr>
<td>Compliance Plan</td>
<td>14</td>
</tr>
<tr>
<td>Compliance Leadership</td>
<td>14</td>
</tr>
<tr>
<td>Accreditation</td>
<td>15</td>
</tr>
<tr>
<td>Accurate Reporting</td>
<td>15</td>
</tr>
<tr>
<td>Monitoring and Auditing</td>
<td>15</td>
</tr>
<tr>
<td>Corrective Action</td>
<td>17</td>
</tr>
<tr>
<td>Disciplinary Guidelines</td>
<td>17</td>
</tr>
<tr>
<td>Standards of Conduct</td>
<td>19</td>
</tr>
<tr>
<td>Fraud, Waste and Abuse</td>
<td>19</td>
</tr>
<tr>
<td>Key Laws and Regulations</td>
<td>19</td>
</tr>
<tr>
<td>The False Claims Act</td>
<td>19</td>
</tr>
<tr>
<td>Anti-kickback Statute</td>
<td>20</td>
</tr>
<tr>
<td>Stark Law</td>
<td>20</td>
</tr>
<tr>
<td>Information Security</td>
<td>20</td>
</tr>
<tr>
<td>Trade Secrets and Confidential Information</td>
<td>20</td>
</tr>
<tr>
<td>Health Insurance Portability and Accountability Act (HIPAA)</td>
<td>20</td>
</tr>
<tr>
<td>Member Privacy</td>
<td>21</td>
</tr>
<tr>
<td>Health Information Technology for Economic and Clinical Health Act (HITECH)</td>
<td>21</td>
</tr>
<tr>
<td>OIG List of Excluded Individuals and GSA System for Award Management (SAM)</td>
<td>21</td>
</tr>
<tr>
<td>Patient Protection and Affordable</td>
<td>21</td>
</tr>
<tr>
<td>Care Act (ACA)</td>
<td>21</td>
</tr>
<tr>
<td>Beneficiaries Inducement Statute</td>
<td>21</td>
</tr>
<tr>
<td>Contractual Commitments</td>
<td>21</td>
</tr>
<tr>
<td>Record Retention</td>
<td>22</td>
</tr>
<tr>
<td>Media Relations</td>
<td>23</td>
</tr>
<tr>
<td>Entertainment, Gifts, and Favors</td>
<td>24</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>25</td>
</tr>
<tr>
<td>Prohibited Affiliations - State and Federal Exclusions, Sanctions &amp; Debarment</td>
<td>28</td>
</tr>
<tr>
<td>Lobbying and Political Activities</td>
<td>28</td>
</tr>
<tr>
<td>Tax-Exempt and Nonprofit Status</td>
<td>28</td>
</tr>
<tr>
<td>Cooperation with Government Investigations</td>
<td>29</td>
</tr>
<tr>
<td>Use of Company Property</td>
<td>29</td>
</tr>
<tr>
<td>Workplace Conduct and Anti-discrimination</td>
<td>29</td>
</tr>
<tr>
<td>Definitions</td>
<td>30</td>
</tr>
</tbody>
</table>
President and CEO

Erhardt Preitauer

There is so much more to compliance than simply following the rules. Making compliance a part of our DNA means that we not only understand the requirements for all of our contracts but also how each of us plays a critical role in upholding our commitments to our members, providers and stakeholders.

When I think about compliance and its impact on our ability to live our mission, it comes down to each of us committing to do the following:

1. Communicate openly

2. Make compliance a part of our daily work

3. Do the right thing for the right reasons

In this industry, the organizations that see the most success are the ones that are most compliant. Conversely, those who perform poorly are those with compliance issues. With that in mind, continuing to make compliance an integral part of our culture is critical to our long-term success—and our members’ health and well-being.

Thank you for your ongoing dedication to our mission and holding yourself to the highest ethical standards.
RISK COMMITTEE

On behalf of the Risk Committee of the Board and all Board and Committee members, we would like to thank you for your hard work and dedication to the CareSource mission. We are comforted in the fact that you have been trained in the elements of compliance and ethical behavior. We challenge each of you to strive for the highest ethical and compliance standards. Know that you have the support and confidence of the entire Risk Committee and all Board and Committee members to execute the Company’s vision and mission.

As you review the Compliance Plan, identify one area of your work where you can apply these concepts each day. That will keep the culture of compliance at CareSource strong and vibrant and ensure the utmost integrity in all we do.
Corporate Compliance Officer

The role of the Corporate Compliance Officer for the CareSource family of companies is to ensure CareSource has an effective compliance program. That does not mean that only the Corporate Compliance Officer is responsible for compliance. In fact, each of us is responsible for compliance. Our motto is “Chart your Course with Compliance”. We hope you see Corporate Compliance and all integrated assurance functions as resources to improve ourselves and the work we do to support CareSource’s vision and mission.

Health care is complicated, with many different Regulators and regulations. It is impossible to memorize every regulation for every situation. However, there are several fundamental elements that are important to understand to stay on the right path to compliance. The concepts of compliance are simple, but the Company’s transactions and situations can be complicated and unique to each of your roles.

As you read this document, please think about your work at CareSource and use this guide to help anticipate where compliance risks exist. The single most important thing you can do is keep your eyes and ears open for areas of improvement. We firmly believe our best opportunity to identify gaps and improvement areas is for the 3,000 plus employees of CareSource to identify and escalate compliance concerns. The first stop is your Manager. They are expected to have an open door policy for compliance and ethics matters. We expect them to engage you by asking where you have concerns. Please help us make sure that happens.

If your manager does not address your concern, you can contact the Ethics Hotline anytime day or night. The contact information is on the back of your employee badge. Please do not hesitate to contact us; reports are confidential and addressed timely. We trust that if we work together, we will be great.

After reviewing the compliance plan, we expect you to understand the key elements and keep them visible in your day-to-day work. If you are faced with a compliance or ethics question, we hope you will keep the Compliance Compass in mind.

Remember, your actions or inactions determine whether CareSource is a compliant company.

You are encouraged to contact us directly to discuss compliance, or if you have suspicions of noncompliance, by emailing CorporateComplianceOfficer@caresource.com.
Mission, Vision, and Core Values

At CareSource, our mission is one we take to heart. In fact, we call our mission our “heartbeat.” It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

Our Heartbeat
To make a lasting difference in our members’ lives by improving their health and well-being.

Our Vision
Transforming lives through innovative health and life services.

Our Values
• We value our employees.
• We value our mission.
• We value learning and innovation.
• We value collaboration.
• We value being adaptive to change
COMPLIANCE PLAN
At CareSource, we serve a diverse community, including members, health care providers, government regulators, community partners and each other. No matter the line of business we work with, compliance is everyone’s responsibility.

Our Compliance Plan, Code of Conduct, and our corporate policies outline what we must do (compliance) and what we should do (ethics), the overarching values by which the company operates. Our values set us apart and we each must do our part to achieve and sustain these standards.

CareSource’s Compliance Plan and Code of Conduct are a critical part of CareSource’s success and applies to us all.

We must all:

- Read the Compliance Plan and seek to understand how it applies to us
- Use all of the tools at your disposal to maintain our high standards of compliance and ethical behavior
- Refer to the Compliance Plan and CareSource policies and procedures in all situations
- Ask questions and report issues
- Complete required annual training
- Attest our commitment to the Compliance Plan and standards of conduct

While the Code of Conduct is designed to provide overall guidance, it does not address every situation. It will help guide us in making decisions that conform to the ethical and legal standards expected of us all. Guidance that is more specific is provided in CareSource’s policies and procedures.

Purpose and Goals:

In this section, you will find the purpose and goals of our Corporate Compliance Plan, including why it was developed and its importance. This Compliance Plan serves as an outline and guide for our overall Compliance Program. The Compliance Program is the framework and foundation by which CareSource articulates our commitment to comply with State and Federal laws, regulations, and our internal policies and procedures:

- Formalize CareSource's commitment to honest communications within the company and within the community.
- Develop and maintain a culture that promotes integrity and ethical behavior.
- Facilitate compliance with all applicable local, state and federal laws and regulations, including those requirements applicable to CareSource’s Medicaid, Medicare and Marketplace programs.
- Implement a system for early detection and reporting of noncompliance with laws, regulations or CareSource policy. This allows us to resolve problems promptly and minimize any negative impact on our members or business such as financial losses, civil damages, penalties, criminal sanctions, etc.
- To summarize specific guidelines to all employees, contractors, vendors, and temporary workers to follow.
- To confirm employees put standards into everyday practice.

Scope:

All CareSource workforce including employees, senior and executive management, consultants, temporaries, contractors, interns, volunteers, committee and board members and any other person or entity providing services for the CareSource Family of Companies are responsible for following the Corporate Compliance Plan. Subcontractors, delegated entities, consultants and agents must follow the Plan when handling CareSource business. In addition to compliance with applicable legal requirements, each of us must adhere to ethical and professional principles when conducting business on behalf of CareSource. Supervisors and managers have added responsibilities when it comes to working in accordance with our Corporate Compliance Plan and Standards of Conduct. In addition to being a role model for direct reports, you must:

- Ensure that employees under your direction or control understand all portions of this policy.
- Listen to all compliance concerns and questions your employees bring to you and follow up appropriately.
- Ensure that your staff completes all mandatory compliance-related training.
- When assessing an employee’s performance, consider his or her adherence to our standards of conduct.
- Never retaliate against or ostracize any employee for reporting a compliance, fraud or abuse concern in good faith. Remember that employees who choose to report suspected health care fraud to the government are also entitled to protections against retaliation.
What Training Am I Required To Complete?

Training and education provide workforce members, which includes temporary resources, contractors and first tier, downstream and related entities, with an understanding of the organization’s Compliance Program, legal requirements, and written policies and procedures. Annual training events create an important opportunity for CareSource to convey its values, including its commitment to ethical and legal conduct. Required training is critical. You need to be aware of the Regulatory world in which we operate. There are many training classes that are available to staff, however, there is a much smaller list of classes that are required. All training requirements and completion of those classes are tracked in the CareSource Learning Management System, Cornerstone. Cornerstone is reviewed periodically to make sure all required courses are completed timely by the assigned CareSource workforce.

Required training includes the following:

- For those resources new to CareSource, all trainings listed below (initial training and annual recurrent training) are required for completion at point of hire or contract and annually thereafter.
- Existing resources must complete all annual course training that is listed as such below. This list is subject to change.

Annually, any required training not completed will be reported to management and included in the performance evaluation. In addition, completion of required training is expected prior to returning to work duties in examples of extended leave from work.
<table>
<thead>
<tr>
<th>Title</th>
<th>General Description</th>
<th>Required Completion Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Compliance Training</td>
<td>General overview of compliance expectation General compliance training for the purpose of educating the entire workforce on compliance concepts.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Training in current URAC standards as appropriate to job functions to maintain professional competency.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Health Insurance Portability and Accountability Act (HIPAA) Privacy</td>
<td>CareSource must train all members of its workforce on the policies and procedures with respect to protected health information.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Fraud, Waste, &amp; Abuse (FWA)</td>
<td>Overview of False Claims Act, Fraud, Waste and Abuse concepts and state specific requirements for the purpose of educating employees on their responsibilities to detect, report and mitigate FWA.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Security Training Curriculum</td>
<td>Train on the security awareness and training program for all members of CareSource workforce.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Records and Information Management</td>
<td>Training on concepts of record retention and proper use of e-mail as an archive.</td>
<td>90 days from date of hire and annually thereafter</td>
</tr>
<tr>
<td>Let’s Talk... Harassment – It Happens</td>
<td>New hires only. Training on how to spot and report workplace harassment.</td>
<td>90 days from date of hire</td>
</tr>
</tbody>
</table>

First Tier, Downstream, and Related Entities who have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program or accreditation as Durable Medical Equipment, Prosthetics, Orthodontics, and Supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.
Reporting a Concern

Violations

We are confident that individuals who represent CareSource are directed by our organization’s mission and a sense of what is right. Please use this Corporate Compliance Plan and other resources made available to you by the organization to help you make the right decisions.

A violation of the standards described in this Corporate Compliance Plan can result in disciplinary action, up to and including discharge from employment or contract termination. Disciplinary action taken by the organization to uphold this Corporate Compliance Plan will be imposed fairly and consistently, appropriate to the violations in question, and consistent with our published disciplinary guidelines.

Where to Report a Compliance Concern or Violation

Employees, contractors, vendors, and other persons supporting CareSource programs are obligated to report any known noncompliance or suspected noncompliance.

- Employees should first go to their managers to report a compliance concern.
- For any employee, contractor, vendor, or other person supporting CareSource programs not comfortable reporting a concern to their manager, does not have a manager, wants to report an issue anonymously, or feels their manager is not addressing an issue appropriately, an individual can report a compliance issue to the Compliance Hotline.

Members should report any potential compliance concern or violation to CareSource using the provider call center numbers issued for the plan in which the provider is contracted. When calling CareSource, the call center phone system allows anonymous notification through the prompts in the automated call system. Issues and concerns should be submitted by all workforce members, including all vendors, temporary employees, contractors, consultants, interns, volunteers, and board and committee members, using one of the options listed below:

- Your manager
- Fraud, Waste, and Abuse Hotline: 877-725-4583 or fraud@caresource.com
- Anonymous Hotline: 844-784-9583
- Anonymous Website: http://caresource.ethicspoint.com

Fraud, Waste, and Abuse Reporting Mechanisms

All reports may be anonymous and are confidential to the extent permitted by law.

- Anonymous Hotline: 877-725-4583
- Internal: x12300
- Email: fraud@caresource.com
- Fax: 800-418-0248
- US Postal Service:
  CareSource
  Attn: Special Investigations Unit
  PO Box 1940
  Dayton, OH 45401-1940
Written Report: Write a letter or use the Fraud, Waste and Abuse Reporting Form at caresource.com or in the provider manual and send to:

CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to use your name when you write or call. Non-anonymous options for reporting include:

- Email: fraud@caresource.com
- Fax: 800-418-0248

**Non-Retaliation Policy**

Any employee who, in good faith, reports a compliance violation or suspected violation will not suffer any penalty, harassment or adverse employment consequence. A violation or suspected violation might include:

- A violation of our state or federal contract.
- Actual or suspected fraud, waste or abuse.
- A violation of state, federal or local law.
- A violation or suspected violation of any other company policy.

This policy is designed to protect employees who are being honest and forthright. Anyone who retaliates against an employee for making a report in good faith will be subject to appropriate disciplinary action.

If you feel someone has violated this policy, report it via the Compliance and Ethics reporting mechanisms listed above. Your report may be submitted confidentially or anonymously. It will be kept confidential to the extent permitted by law.
Your report may be submitted confidentially or anonymously. It will be kept confidential to the extent permitted by law.

Question: What do compliance issues include? What are some examples?

Answer: Compliance issues might include:

- Non-compliance with contracts, state and federal law, or policies and procedures
- Embezzlement of funds
- Document falsification
- Personal Health Information (PHI) disclosure
- Kickbacks
- Inappropriate denial or limitation of member benefits (under-utilization)

Question: Three months ago, I found that we are not compliant with our contract with the state. I advised my supervisor but nothing has been done. I have tried to follow up and get no answer. Is this something I should report? If so, how should this be reported?

Answer: It looks like you have tried to address this through the proper channels and have not received feedback. Given this, it now makes sense to report this through the Compliance and Ethics Hotline.

Question: I work in the Claims Department and I have seen a pattern of unusual billing coming in from a provider. I have checked with my and co-workers, and we all find that this billing activity is irregular. How should I report this?

Answer: Contact the Fraud Hotline or any of the fraud reporting mechanisms.
Compliance Leadership

Compliance Officer, Compliance Committee, Board Oversight

CareSource has designated the position of VP, Corporate Compliance Officer as the single person responsible for the Compliance Program and management of day-to-day compliance operations. To ensure a stake in the day-to-day operations, CareSource ensures the Corporate Compliance Officer is a full-time employee of CareSource and reports to the Chief Legal Office and the Board’s Audit, Risk and Compliance Committee. The Compliance Officer has an open door policy; please reach out to the Corporate Compliance Officer or the additional channels of communication listed above if you have suspicions of noncompliance.

The Compliance Committee is a key contributor and oversight body for the corporate compliance plan. The group meets not less than quarterly and reviews high-risk compliance items, including internal and external audit results, corrective action plans, and material Regulatory sanctions. In addition, the Committee is responsible for monitoring reports and activities from the following subcommittees: Delegation Oversight, Policy and Procedure, Ethics, and Investigative subcommittees. The Compliance Committee is comprised of senior executives with appropriate authority to make decisions affecting compliance. This exhibits “Tone at the Top” in support of the Company’s compliance program. Tone at the Top is important because it shows we expect our leaders to take the lead in support of CareSource’s Compliance Program. By setting that example, workforce members are more likely to follow their lead while executing day-to-day duties.

The Audit, Risk and Compliance Committee has oversight of the implementation and effectiveness of the Corporate Compliance Program by the Board. In order to remain knowledgeable about the content and operation of the Compliance Program, the Audit, Risk and Compliance Committee of the Board meets quarterly and receives information from the Compliance Officer on compliance issues identified and investigated, as well as overall compliance outcomes. The Audit, Risk and Compliance Committee also reviews high risk compliance items including results of internal and external audits, regulatory sanctions, key operational and compliance risks and results of the Compliance effectiveness audit, including regulatory sanctions from CMS, state departments of insurance and state Medicaid regulators.

HIPAA Privacy and Security Officer

CareSource has designated the position of Vice President, Information Security & Privacy as the Privacy and Security Officer as the single person responsible for the Privacy program and data security protocol. Privacy rules are established by a federal agency, the Office of Civil Rights (OCR of the HHS). OCR enforces Health Insurance Portability and Accountability Act (HIPAA). It is critical that we have processes in place to monitor member privacy to comply with HIPAA regulations. In addition, we live in a digital age, and the internal controls needed to secure that data is more challenging every day. Much of our data transfer deals with Member, Provider or Corporate confidential information, which must be secured.
**Accreditation**

CareSource is accredited by the National Committee for Quality Assurance (NCQA). Employees should be familiar with all NCQA Standards. Department managers are responsible for educating their employees on these standards and employees are expected to comply with these standards. All of us are expected to cooperate in providing documentation and answers for NCQA audits, reviews, and/or inquiries.

As an NCQA accredited organization, CareSource does not provide incentives for utilization management decision-makers that result in underutilization. Decisions regarding the provisions of health care services are based solely on appropriateness of care and services and the existence of coverage. CareSource does not specifically reward practitioners or other individuals for issuing denials of coverage. If any employee becomes aware of any practice that contradicts this, they need to report it immediately.

**Accurate Reporting**

CareSource strives to provide timely and accurate information concerning all business matters. No employee shall make false or misleading statements to any member, regulator or person or entity doing business with CareSource.

---

**Question:** I am preparing a report to be submitted to a state regulator and I do not have time to verify the accuracy of the data. Should I submit it anyway?

**Answer:** No. This report is potentially inaccurate and may feed into other reports and create other inaccuracies. Inaccurate data could affect how we run our business and have wide-reaching impact.

---

**Monitoring and Auditing**

The CareSource Compliance department monitors and audits functions of the organization, including operations, finance, information technology and regulatory/compliance, and to review departmental processes to ensure compliance with federal and state laws and contracts as well as CareSource's Corporate Compliance Plan, policies and procedures. The monitoring and auditing work plan is coordinated, overseen and executed by the Compliance Officer.

Audit plans are developed each year based on the results of a detailed risk assessments. The audit plans are presented to the CareSource Management Group Co. Audit, Risk, and Compliance Committee annually. Audit plans are dynamic and can be updated throughout the plan year to accommodate and respond to emerging issues, remain flexible to changing regulatory focus, and meet the highest risk priorities.
Those performing audits must:

Possess the qualifications and experience necessary to adequately identify potential issues with the subject matter being reviewed and be independent of the specific functional areas examined. Have access to relevant personnel and all relevant areas of operation. Those performing audits are responsible for:

- Evaluating internal controls to determine if they are effective and efficient.
- Determining the level of compliance with internal policies and procedures, state and federal laws, government regulations and state and federal contracts.
- Recommending improvements to controls, operations, policies and procedures to mitigate risk.
- Monitoring any corrective action plans.

The CareSource Management Group Co. Audit and Compliance Committee and executive management receive the results of all audits performed. The Corporate Compliance Officer and the Compliance Committee receive the results of all audits performed.
Corrective Action

For the Compliance Program to be effective, we must ensure that CareSource takes steps to correct any occurrences of non-compliance. As part of this process, Corporate Compliance will investigate allegations to determine their scope, root cause(s), and risk to CareSource.

Issues identified related to payment or delivery of items or services will have a formal inquiry and evaluation within a reasonable timeframe to evaluate for evidence of misconduct.

Corrective Action Plans (CAPs) will be issued to the appropriate business area leadership including any first-tier, downstream, or related entities performing work on behalf of CareSource when noncompliance is identified. CAPs should be taken seriously and focused on until remediation occurs. Trends for all known CAPs are reported to the Compliance Committee and the Audit, Risk and Compliance Committee.

CAPs are an identified issue that needs to be remediated. In some cases, those identified issues also require voluntary self-disclosure to the governing regulatory entity, such as state Medicaid agencies or Centers for Medicare and Medicaid Services (CMS). The decision to voluntarily self-disclose is determined by the Corporate Compliance Officer. In order to properly indentify issues and determine the concern internally in the normal course of business and remediate the root cause problem rather than have the issue identified by an audit. identified by an audit. If you are aware of any noncompliance anywhere in the organization, you are OBLIGATED to notify Compliance. There are protections for every workforce member by providing for anonymous submission, as well as protection against retaliation. Once identified, the key attribute to a CAP is the remediation plan. With voluntary self-disclosure and remediation, CAPs can be useful tools for a culture of compliance.

Disciplinary Guidelines

We are confident that employees, providers, Board members and vendors who represent CareSource are directed by our organization’s mission and a sense of what is right. Use this Corporate Compliance Plan and other resources made available to you by the organization to help you make the right decisions.

A violation of the standards described in this Corporate Compliance Plan can result in disciplinary action, up to and including discharge from employment or contract termination. Disciplinary action taken by the organization to uphold this Corporate Compliance Plan will be imposed fairly and consistently, appropriate to the violations in question, and consistent with our published disciplinary guidelines.

All disciplinary actions taken because of employee noncompliance are reviewed by HR, Corporate Compliance and Legal on a quarterly basis. The outcome is to ensure consistency in discipline regardless of level of management.
COMPLIANCE PLAN
Standards of Conduct
At CareSource, we serve a variety of groups – members, health care providers, government regulators, community partners, and each other.

We serve them best by working together with honesty, respect, and integrity. Our Standards of Conduct, along with state and federal regulations, outline the personal, professional, ethical, and legal standards we must all follow.

**Fraud, Waste and Abuse**

It is CareSource policy to consistently and fully comply with all state and federal laws and regulations governing CareSource as a provider of Marketplace, Medicare and Medicaid managed care plans. CareSource has established the CareSource Special Investigations Unit (SIU) to provide guidance to employees on their responsibilities and to help them determine appropriate conduct in performing their duties in preventing and combatting fraud, waste, and abuse. Please refer to our Anti-Fraud Plan on MySource or our website, caresource.com.

**Key Laws and Regulations**

Employees will not violate any federal, state or local law or regulation in conducting CareSource business. You should be familiar with the following key laws and regulations as they apply to CareSource.

### The False Claims Act

The federal False Claims Act allows individuals to bring “whistleblower” lawsuits on behalf of the government. These suits can be against groups or individuals who are defrauding the government through programs, agencies or contracts.

It is a violation of the False Claims Act when a company or person:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.
- Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.

The time period for a claim to be brought under the False Claims Act is the later of:

- Within six years from the date of the illegal conduct, or
- Within three years after the date, the government knows or should have known about the illegal conduct but in no event, later than ten years after the illegal activity.

Violations of the False Claims Act are punishable by prison terms up to five years and substantial criminal fines. Violations can also result in substantial civil fines.
Anti-kickback Statute

The federal Anti-kickback Statute makes it illegal for any person (individual or entity) to knowingly and willfully solicit or accept money or other forms of payment in return for generating Medicare, Medicaid or other federal health care program business. Likewise, a person cannot offer money, or pay anything of value to induce referrals of federal health care program business.

Stark Law

The Stark Law is related to, but not the same as, the federal Anti-kickback statute. It prohibits a physician from referring a patient to an entity for certain designated health services if the physician or a family member has a financial relationship with that entity. It also prohibits the submission of a claim for reimbursement of these services.

Information Security

Security is everyone's responsibility. We are all responsible for protecting our member, provider and employee information. We are also responsible for protecting information that is proprietary to CareSource. We follow the laws regarding intellectual properties, including patents, trademarks, marketing, copyrights, and software and do not copy computer software unless it is specifically allowed in the license agreement.

We maintain and monitor security systems, data backup systems and storage capabilities to ensure that information is maintained safely in accordance with our policies and procedures, state and federal requirements. We only allow authorized persons to have access to computer systems and software on a "need to know" basis.

Trade Secrets and Confidential Information

As a health care entity in a competitive environment, CareSource employees handle a great deal of information every day. This information deals with members, employees, providers and vendors as well as the unique nature of our systems, products and services.

CareSource proprietary and business information as well as member, employee and provider information must be kept strictly confidential. Important confidential records and papers such as claims, employee files, financial documents and provider files should be safely secured in designated areas.

You should never share confidential information with friends, family members or others in the community. This information should only be shared or discussed on a need-to-know basis in a business context. You should also limit the information you share with other CareSource employees to the minimum necessary to complete the job. If you are unsure about what should be kept confidential, please talk to your supervisor.

Under the federal Defend Trade Secrets Act of 2016, an individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that: (a) is made (i) in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney; and (ii) solely for the purpose of reporting or investigating a suspected violation of law; or (b) is made to the individual's attorney in relation to a lawsuit for retaliation against the individual for reporting a suspected violation of law; or (c) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. Should you suspect that CareSource has violated any law, you must follow the reporting procedures set forth in the Employee Handbook Standards of Conduct Policy and Corporate Compliance Plan.

Health Insurance Portability and Accountability Act (HIPAA)

The purpose behind the Health Insurance Portability and Accountability Act (HIPAA) is to assure that our members' health information is properly protected, while also allowing the use and disclosure of such information as needed to provide and promote high quality health care. Under HIPAA, we may not use or disclose our members' Protected Health Information (PHI) including names, addresses, diagnoses, treatment information or other personal data in an unauthorized or impermissible manner.

Our members are afforded certain rights under HIPAA, such as a right to access their PHI and a right to restrict the disclosure of their PHI, and we must honor these rights.
Member Privacy

All CareSource employees have an obligation to maintain the confidentiality of member medical information in accordance with all applicable laws and regulations. It is important to recall that for purposes of the Standard of Conduct, “member” includes not only members enrolled in insured plans, but also CareSource personnel and all other members enrolled in self-funded plans for which CareSource performs administrative services. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, employees should refer to departmental specific policies and procedures or seek guidance from management or the Privacy Officer.

Each one of us is expected to respect member privacy at all times, even after your employment with CareSource has ended. You may get access to, use, and release member information only as allowed by CareSource policies and procedures governing privacy and confidentiality. Key principles are as follows:

- We use and share only the minimum amount of information reasonably necessary to accomplish our assigned work.
- We may not access anyone’s information except to the extent necessary to accomplish our assigned work.
- We may not release information to anyone outside the organization except as authorized by the member or as otherwise permitted by law.
- We safeguard all information that is within our possession or control, and take appropriate steps to make sure that information is not lost or accessible to people who do not have the right to access it.
- We will not discuss patient, employee or customer information in any public area, including elevators, hallways, stairwells, restroom, lobbies and dining areas.
- We should never snoop in a member’s medical information for non-business reason.

Health Information Technology for Economic and Clinical Health Act (HITECH)

The federal government implemented the HITECH Act as part of the American Recovery and Reinvestment Act in 2009 to provide the adoption of meaningful use of health information technology.

HITECH addresses privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

Under the HITECH Act, HIPAA covered entities must promptly notify affected individual of breaches of personal health information, as well as notification to the Federal government.

OIG List of Excluded Individuals and Entities (LEIE) & GSA System for Award Management (SAM)

Federal law prohibits the payment by Medicare, Medicaid or any other federal health care program for any item or service furnished by a person or entity excluded from participation in these federal programs. No Part C or D Sponsor or FDR/Subcontractor may submit for payment any item or service provided by an excluded person or entity, or at the medical direction or on the prescription of a physician or other authorized person who is excluded. The Office of Inspector General (OIG) maintains the LEIE and the General Services Administration (GSA) maintains the SAM; which are leveraged by the plan and their subcontractors to check at hire/service start and monthly thereafter debarment status.

Patient Protection and Affordable Care Act (ACA)

This law requires health insurers to sell insurance to individuals regardless of their health status or any pre-existing medical conditions, requires individuals who don’t have health insurance to purchase health insurance or face a penalty, and created a health insurance exchange system that allows individuals to purchase standardized, state-regulated health care plans that are eligible for federal subsidies.

Beneficiaries Inducement Statute

Medicare marketing guidelines prohibit the plan from offering rebates or other cash inducements of any sort to beneficiaries. The guidelines prohibit us from offering or giving remuneration to induce the referral of a Medicare beneficiary, or to induce a person to purchase, or arrange for, or recommend the purchase or ordering of an item or service paid in whole or in part by the Medicare program.

Contractual Commitments

The plan contracts with government agencies such as the Centers for Medicare and Medicaid Services (CMS), and Departments of Medicaid and Departments of Insurance to administer the Medicare, Marketplace, and Medicaid programs. We are bound by the terms and conditions of those contracts. Non-compliance with contractual obligations may result in the suspension or termination of our contracts with CMS and state Marketplace and Medicaid programs.
Billing laws, accreditation standards and federal and state regulations set specific guidelines for record keeping and record management.

You can find more information about our Corporate Record Retention Policy in our policies and procedures. Our policy:

- Ensures records will be retained for at least the minimum period required by applicable laws and regulations.
- Protects the privacy and security of all records including those maintained on magnetic tape or other electronic data processing storage media.
- Facilitates purging and destroying inactive records according to the record retention schedules.
- Has a mechanism for halting and preventing destruction of appropriate records immediately upon receipt of a legal inquiry for which those records might be relevant.

**Question:** What types of information must be kept confidential?

**Answer:**

- Member information, including names, addresses, diagnoses, treatment information or other personal data. When necessary to share it, this information must be used and disclosed based on HIPAA requirements.
- How we do business
- Marketing strategy
- Business plan
- Contract details
- Planned acquisitions or other strategic relationships
- Service or expansion plans
- Pricing and costs
- Staffing level plans
- Employee files
- Financial documents
- Provider files
- Privileged information, such as attorney-client communications
- Data or information your supervisor has asked you to keep confidential
### Question:
I am an employee and a CareSource member. Am I allowed to view my own records in Facets?

### Answer:
No – absolutely not! Work with your supervisor to develop a satisfactory process to maintain confidentiality.

### Question:
My aunt, a CareSource member, was recently hospitalized. My family is unclear as to her exact medical diagnosis. Can I look her up in CareSource systems to get her diagnosis?

### Answer:
No – absolutely not! Your family members/ex-family members are CareSource members first and foremost and are entitled to the same privacy protections. Member information should never be accessed for personal reasons. If a family member or friend contacts you for information, contact your supervisor. In most cases, this person’s issue can be sent to another staff member for handling.

### Question:
My cousin contacted Member Services with a question and I happened to be the person who received the call. Is it appropriate for me to respond to this call?

### Answer:
No – absolutely not! If a family member or friend contacts you for information, please contact your supervisor. In most cases, this person’s issue can be sent to another staff member for handling.

---

### Media Relations

CareSource carefully manages the information it shares with the media, which is coordinated by the Corporate Communications and Media Relations team. There are designated company spokespeople who have received media training. All other employees should refrain from speaking to members of the media without prior approval from CareSource Media Relations. Members of the media include, but are not limited to, reporters and producers for television or radio broadcast, newspapers, magazines, online media outlets, bloggers or social media personalities.

If you are approached by someone from the media and asked to comment on something pertaining to CareSource, please refer them to CareSource please either (a) do not comment and refer them to CareSource Media Relations, or (b) make it expressly clear that any comments are your own, that you are not speaking on behalf of CareSource, and that the views expressed do not necessarily reflect the views of CareSource.
Entertainment, Gifts, and Favors

CareSource employees are occasionally offered gifts or tokens, the total value of these **cannot exceed $100 per year**. CareSource employees cannot accept any gifts, entertainment opportunities or favors that could result in:

- Inappropriate influence.
- Preferential treatment.
- Overutilization, underutilization or inappropriate utilization of health care services.
- Member safety or quality-of-care concerns.
- A violation of any federal or state laws including those related to referrals, tax exemption and public programs.

CareSource employees who wish to give a gift or token must validate the specific regulations for the state and product that the member, provider or vendor is associated with.

If you have any doubt about whether a specific situation is acceptable or not, talk to your supervisor and/or Human Resources before taking any action.

**Question:** I am scheduled for surgery and in talks with a participating DME company; they offered to supply me with free durable medical equipment to support my recovery. The cost of this equipment would have been approximately $75 per day and would be needed for several weeks. Can I accept the use of this equipment for free?

**Answer:** No. While this may be of assistance to you, it could be perceived that the vendor is doing this to support the continuation of their contract with CareSource.

**Question:** During the holiday season, I received a fruit basket at home from a vendor that includes the fruit-of-the-month club membership for a year with a perceived value of more than $100. Is it okay to accept this gift?

**Answer:** No, unless you have further discussion with your supervisor and bring the fruit into the department to share on a monthly basis. You may not accept it for your individual personal use.

**Question:** I have been invited to a vendor-sponsored golf outing at a country club that is all expenses paid. Can I participate?

**Answer:** Anything that appears to exceed $100 must be paid out of the individual’s pocket. If you pay your own way you may participate. Legitimate charitable events maybe an exception. Please see your supervisor or Human Resources for direction.

**Question:** I have been asked to attend a conference and a vendor has offered to pay my travel expenses. Can I allow them to cover my travel expenses?

**Answer:** Probably not, but contact Human Resources for direction.

**Question:** I attended a conference on behalf of CareSource and won a vendor raffle where the prize is valued at more than $100. Can I accept this prize?

**Answer:** Since this is a vendor we are either currently doing business with or one that we may do business with in the future and the prize is worth more than $100, you may not accept the prize. If you have specific questions regarding this, contact Human Resources. If you are at a conference and a situation arises that is unclear, contact Human Resources.
A conflict of interest is a situation in which an employee has or might have competing professional and personal interests. Such competing interests can make it difficult to fulfill duties impartially. Even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his/her position.

To avoid conflicts of interest, you must not take part in activities that:

1. Result in profit or gain for yourself or others at the expense of the organization.
2. Interfere with your professional judgment or work duties.
3. Involve using or accessing company resources for unlawful or unethical purposes.

You must ensure that your relationships and/or interests outside of CareSource do not, directly or indirectly, compromise in any manner or degree the discharge and fulfillment of the functions and responsibilities of your position with CareSource.

**Examples Include:**

1. Outside employment with competitors and, depending on your role, participating health care providers or vendors.
2. Accepting gifts from vendors, suppliers, members or providers worth more than a nominal value, defined as $100 per year.
3. Holding a financial interest in a competitor, vendor, network provider, network facility, etc., whether or not you feel the interest is substantial in nature.
4. Knowingly asking for or receiving any compensation — including any kickback, bribe, gratuity or rebate — directly or indirectly, in cash or in kind in return for credentialing a provider, using a vendor's service, etc.
5. Serving on the Board of Directors or Trustees of any organization whose interest would impact CareSource.
6. Gifts from Members: Employees soliciting tips, personal gratuities, or gifts from members, or accepting monetary tips or gratuities.
7. Gifts from existing vendors: Employees accepting excessive gifts, meals, expensive entertainment, or other offers of goods or services that have more than a nominal value, defined as $100 per year.
8. Business relations with contractors not conducted at arm's length either in fact or in appearance.
9. Working or consulting for another organization during your relationship with CareSource, if any of the following circumstances appear:
   a. Related by blood or marriage to any beneficiary (or any paid caregiver of the beneficiary) to whom the Care Manager is assigned;
   b. Financially responsible for a beneficiary to whom the Care Manager is assigned;
   c. Empowered to make financial or health related decisions on behalf of a beneficiary to whom the Care Manager is assigned; or
   d. Employed by a provider of HCBS.
10. As to MyCare beneficiaries receiving Home or Community Based Services (HCBS) waiver services, MyCare Care Managers may not be:
   a. Related by blood or marriage to any beneficiary (or any paid caregiver of the beneficiary) to whom the Care Manager is assigned;
   b. Financially responsible for a beneficiary to whom the Care Manager is assigned;
   c. Empowered to make financial or health related decisions on behalf of a beneficiary to whom the Care Manager is assigned; or
   d. Employed by a provider of HCBS.
11. As to employed or delegated members of a care management team:
   a. Being related by blood or marriage to a member (or any paid caregiver of a member) to whom the employee/delegate is assigned;
   b. Being financially responsible for a member to whom the employee/delegate is assigned; or
   c. Being empowered to make financial or health related decisions on behalf of a member to whom the employee/delegate is assigned.
12. Your position with CareSource involves making decisions that could impact that other organization, either positively or negatively.
13. As to employed or delegated members of a care management team:
   a. Related by blood or marriage to any beneficiary (or any paid caregiver of the beneficiary) to whom the Care Manager is assigned;
   b. Financially responsible for a beneficiary to whom the Care Manager is assigned;
   c. Empowered to make financial or health related decisions on behalf of a beneficiary to whom the Care Manager is assigned; or
   d. Employed by a provider of HCBS.
14. Making contracting and purchasing decisions for CareSource and failing to act with integrity in negotiating and awarding contracts. The following examples apply:
   a. Purchasing decisions not based on criteria such as price, quality, timely delivery, service or adequate supply.
   b. Doing business with contractors or vendors that do not comply with the CareSource Corporate Compliance Plan and all CareSource policies and procedures.
   c. Doing business with consultants, contractors or vendors that do not sign a Business Associate Agreement (BAA), where applicable, or any other agreement appropriate for the products or services being provided.
   d. Doing business with individuals or organizations that have been debarred, suspended or otherwise excluded from participating in federal and state health programs or federal agency procurement activities.
Conflict of Interest Disclosures

All CareSource employees must complete a conflict of interest disclosure questionnaire on an annual basis. Additionally, employees must avoid engaging in any activity, practice or act that creates an actual, apparent or potential conflict with the best interests of CareSource, and must immediately disclose any potentially conflicting interests if and when they arise.
Common Scenarios and How to Manage Them

The following are some common scenarios that, if not managed appropriately, could result in a conflict of interest:

**Outside employment, board representation, or business interest:**
If you, or an immediate family member, are employed with, serve on the board of, or have a financial, business or personal interest in a business or organization with which CareSource does business, you must disclose that relationship and refrain from making any decision(s) on behalf of CareSource that relate to that business or organization.

**Relationships with members:** In the event you are related by blood or marriage to a CareSource member, you must not make any decisions on behalf of CareSource related to that member or provide any services to that member on behalf of CareSource, including, but not limited to: processing claims related to the member, fielding calls or questions regarding that member, or providing any care management services for that member. Additionally, you must not access that member’s protected health information.

**Employment or other relationships with providers:** If you or an immediate family member is employed by (or otherwise have/has a financial interest in) a health care provider that does business with CareSource, you must not make any decisions on behalf of CareSource related to that provider or provide any services for that provider on behalf of CareSource, including, but not limited to: processing claims from that provider or fielding calls or questions from that provider.

**If a friend or relative is employed by a competitor:** Relationships with people who work for a competitor are fine, but you should be careful not to inadvertently disclose confidential information to them. It is important to let your supervisor and/or Human Resources know of any activities or relationships that may raise the possibility of a conflict of interest. Please refer to the Conflict of Interest Disclosures section above.

If you are assigned to a role or asked to perform work that you believe may be contrary to these rules and guidelines, you must notify your leadership immediately. Failure to properly disclose and/or manage a potential conflict of interest could result in disciplinary action, up to and including termination of employment.
Prohibited Affiliations - State and Federal Exclusions, Sanctions & Debarment

We do not do business with individuals and organizations that have been excluded or sanctioned under federal health care programs or other federal contracts, or who have other restrictions on their eligibility to work with government contractors.

CareSource checks employees, board members, vendors, providers and delegated entities for exclusions or sanctions at least monthly. If you become aware that we have a relationship with an individual or a company that is a prohibited affiliation, you should report it immediately to your supervisor or via the Compliance and Ethics reporting mechanisms. Employees who have been suspended, excluded, or debarred from participation in any of the above named programs shall immediately inform the Human Resources Department and the Corporate Compliance Officer in writing.

Lobbying and Political Activities

CareSource personnel will refrain from engaging in activities that may jeopardize the tax-exempt status of our organization, including improper lobbying and political activities. Any agreement to contribute any money, property, or services of any officer or employee on behalf of CareSource at CareSource’s expense to any political candidate, party, organization, committee, or individual must comply with applicable law.

CareSource has many contacts and dealings with governmental bodies and officials. All such contacts and transactions shall be conducted in an honest and ethical manner. Any attempt to influence the decision-making process of governmental bodies or officials by an improper offer of any benefit is absolutely prohibited. We must adhere to all laws regarding our contact with government officials, prohibitions exist against engaging in political activity directed toward a specific candidate.

Tax-Exempt and Nonprofit Status

CareSource is a nonprofit and tax-exempt organization. This means that we must only use CareSource nonprofit and tax-exempt assets to further our mission and nonprofit purpose and not to serve the personal interests of any individual.

In addition to restrictions on fundraising already discussed, our special tax and nonprofit status puts very important restrictions on how we conduct our business and how we use our resources. For example, CareSource is permitted to pay only reasonable compensation in exchange for goods or services provided by others, including providers, employees and vendors.

The laws that govern our tax-exempt and nonprofit status are very complicated – and very important. If you have questions about whether CareSource is putting its assets and other resources to proper use, you should voice those concerns to your supervisor. You can also report these concerns by using the Compliance and Ethics reporting mechanisms. Details can be found in the Reporting a Concern Section of this document.
Cooperation with Government Investigations

CareSource cooperates fully with any requests for information or assistance from local, state or federal agencies. You are also expected to cooperate with these investigations, but you should do so with guidance and assistance from CareSource.

Contact your supervisor and the Legal Department right away if, as a representative of CareSource, you receive any summons, subpoena, inquiry or other communication from a court, law enforcement official, government agency or lawyer. We strongly encourage you to contact the Legal Department before responding to any requests or questions. They can help you decide what to do next and can arrange for legal counsel to be present for an interview, if needed.

This applies to matters in which CareSource is involved directly, like an investigation or lawsuit involving CareSource. It also applies to matters in which CareSource is involved indirectly such as investigations of suppliers, vendors, health care providers, etc.

Use of Company Property

All property and business of CareSource shall be used in the manner designed to further CareSource’s interest rather than the personal interest of an individual employee. Personal use of CareSource’s equipment, supplies, materials or services is acceptable in limited circumstances. Abuse of this privilege is subject to employee discipline.

We protect our assets and the assets that others have entrusted to us, including physical and intellectual property, and protect information against loss, theft or misuse.

Workplace Conduct and Anti-discrimination

CareSource believes that the fair and equitable treatment of all employees is critical to fulfilling its vision and goals. CareSource will not engage in unlawful discrimination against or harassment of any person employed by or seeking employment with CareSource on the basis of race, color, religion, sex, sexual orientation, gender identity, ancestry, national origin, place of birth, age, marital status, handicap, disability, genetic information, or any other characteristic protected by applicable federal state or local law.

Each allegation of harassment or discrimination will be promptly investigated in accordance with CareSource Department of Human Resources policies and procedures.
Definitions

**Abuse** – Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid program.

**Anonymous** – Given without name or other identifying information.

**Attestations** – formal documentation demonstrating the action of being a witness to or formally certifying something

**Business Associate Agreement (BAA)** – A contract between CareSource and a business associate that addresses HIPAA privacy requirements.

**CareSource** - CareSource is a family of managed health care plans that includes all of our plans in all of our states of operation.

**Company resources** – Company resources include financial, material, personnel, electronic and informational resources owned, leased or developed by CareSource.

**Compliance concerns** – Compliance issues related to any organizational activity that is regulated by federal or state law. Typically, they are issues that relate to licensure, privacy, security, purchasing, conflicts of interest, vendor relations and other business practices.

**Confidential** – Revealed in the expectation that anything done or revealed will be kept private. Reported concerns are kept private to the extent permitted by law.

**Corporate Compliance Officer** – CareSource’s Corporate Compliance Officer is the official in charge of overseeing and managing compliance issues within an organization, ensuring that CareSource is complying with regulatory requirements and that the company and its employees are complying with internal policies and procedures.

**Corrective Action Plan (CAP)** – A defined process for correcting a process or quality issue.

**Disciplinary guidelines** – Guidelines for corrective actions taken by the CareSource Human Resources Department if the Corporate Compliance Plan is not followed by an employee.

**Downstream Entity** - The term downstream entity means any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between a Sponsor and a first tier entity. These written arrangements continue down to the level of ultimate provider of both health and administrative services.

**Entity** – An independent or separate business.

**Ethics** – The discipline of dealing with what is good and bad and with moral duty and obligation.

**Financial interest** – This includes an ownership or investment interest in an entity (or its owner) or a compensation arrangement between the provider and the entity.

**Fraud** – An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal and state law. (42 CFR 455.2)
HIPAA – Health Insurance Portability and Accountability Act.

Honesty – The quality of being truthful and able to be trusted.

Integrity – The adherence to a moral code, reflected in honesty and harmony in what one thinks, says and does.

Knowingly – Possessing knowledge, information or understanding.

Mission – Our mission is to make a difference in the lives of underserved people by improving their health care. We call our mission our “heartbeat”.

Nominal value – Representing very little cost when compared to the actual value received.

Nonprofit purpose – CareSource’s goals involving health care for the underserved. Nonprofit organizations do not serve private interests, unlike for-profit organizations that ultimately serve the interests of their shareholders.

Privacy – We are required by many state and federal laws to safeguard our members' confidentiality. Some of these laws also give individuals additional privacy rights such as the right to access their medical records or request an amendment to their records and receive a list of who we have disclosed their information to.

Proprietary – Of or relating to private ownership with exclusive rights of use.

Reasonable – Acceptable and according to common sense or normal practice.

Respect – Esteem for or a sense of the worth or excellence of a person, a personal quality or ability, or something considered as a manifestation of a personal quality or ability.

Retaliation – A negative consequence for something done in good faith. This can include things like demotion, hostility, adverse changes in job requirements or other undesirable actions by an employer, supervisor or coworker. Retaliation against an employee for a good faith action is strictly prohibited.

Vendor – Subcontractors, Delegated Entities, First Tier or Downstream Entities.

Whistleblower – A person who publicly alleges concealed misconduct on the part of an organization or body of people, usually from within that same organization. This misconduct may be classified in many ways, for example, a violation of a law, rule, regulation and/or a direct threat to public interest, such as fraud, health/safety violations and corruption.

Workforce – All employees, including senior and executive management, consultants, temporaries, contractors, interns, volunteers, committee and board members and any other person or entity providing services for the CareSource Family of Companies.