



Children First Medical Group, Inc.

Code of Business Conduct and Ethics



Revised 7/24/2018, 1/1/2021, 01/2022

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1.1

CFMG Commitment

CFMG is committed to complying with its legal and contractual obligations under all State and Federal programs, laws, regulations, directives, and transmittals applicable to Medi-Cal, and other lines of business in which CFMG may choose to participate.

1.2

CFMG Mission Statement

To optimize the health and wellness of our pediatric members.

1.3

Vision Statement

To be the premier physician-led provider network for community focused, family centered, whole childcare in Northern California. We strive to protect our children and preserve their futures.

1.4

Core Values

As Children First Medical Group, we believe in putting Children First. As such we value: Respect for the community and each other, Inclusiveness in all we do, Compassion for all children and families we care for, Excellence always.

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1.5

Rules of Conduct

CFMG expects Team Members and our business partners to work together in an ethical and professional manner that promotes public trust and confidence in the integrity of CFMG. Actions considered contrary to that expectation, which may subject Team Members or business partners to disciplinary actions up to and including contract or employment termination (as applicable), are listed in this document).

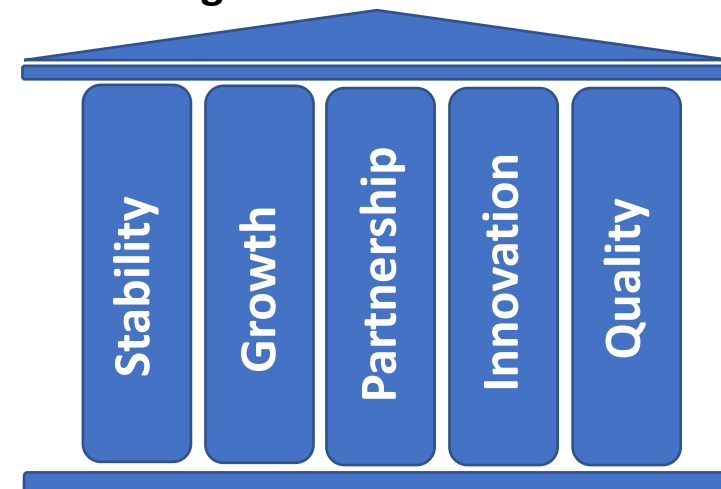
1.6

Respect for our Providers

CFMG is dedicated to giving our Providers a level of service that exceeds their expectations. Every Team Member who interacts with a Provider should do so with professionalism.

1.7

CFMG Strategic Pillars



2. CFMG's Culture of Compliance

2.1 State and Federal Regulators

Centers for Medicare and Medicaid Services (CMS)

CMS is an agency within the US Department of Health and Human Services responsible for administration of several key federal healthcare programs. In addition to Medicare (the federal health insurance for seniors and persons with disabilities) and Medicaid (the federal needs-based program), CMS oversees the Children's Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act (HIPAA) and other services.

The Department of Health Care Services (DHCS)

DHCS is one of (13) departments within the California Health and Human Services Agency (CHHS) that provides a range of healthcare services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services to Californians. DHCS administers publicly financed health insurance and safety net programs and works to effectively use State and Federal funds to operate the Medi-Cal program. DHCS ensures that high quality, efficient healthcare services are delivered to more than 13 million Californians (one in three Californians).

The Department of Managed Health Care (DMHC)

DMHC regulates healthcare service plans that deliver health, dental, vision, and behavioral healthcare benefits. DMHC protects the rights of approximately 20 million enrollees, educates consumers about their rights and responsibilities, ensures financial stability of the managed healthcare system, and assists Californians in navigating the changing healthcare landscape. DMHC reviews all aspects of the health plan's operations to ensure compliance with California law.



2.2 Responding to Inquiries/Audits

CFMG maintains open and frequent communications with the health plans who are regulated by CMS, DHCS and DMHC. For Medi-Cal issues, the Compliance Supervisor is the primary point of contact. If you are contacted by the health plan, forward the request to the Compliance Supervisor.

2.3 CFMG Compliance Training Program

The Compliance Training Program focuses on information related to CFMG's Compliance Policies and Procedures, Code of Conduct, elements of an effective compliance program, and the Fraud, Waste and Abuse and HIPAA programs. **Compliance Trainings are mandatory for all Team Members.**

Compliance training must be provided to all Team Members, Governing board members, temporary staff, and contractors within 90 days of hire, assignment, or appointment.

Team Members, governing board members, temporary staff, and contractors are also required to undergo compliance training on an annual basis

All Team Members are responsible for ensuring they receive, understand, and attest to the new hire and annual Compliance Training.

2.4

CFMG Auditing and Monitoring

CFMG's Auditing and Monitoring is managed by the Compliance Supervisor. Activities associated with monitoring and auditing are identified through a combination of activities: Health plan Audits, Operational Oversight, and internal and external reporting. If Fraud, Waste or Abuse issues are identified during an audit or monitoring activity, the matter will be brought to the Board of Directors and resolved in a timely manner. Through monitoring and auditing, CFMG can prevent, detect, and correct non-compliance with internal policies and procedures and with applicable Federal and/or State requirements.



2.5 Member Privacy

Member personal and protected health information (PHI) is protected by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Act (HITECH) Act, and State confidentiality laws. Member information that is protected by these regulations include, but is not limited to:

Demographic Information:

Name, address, social security number, date of birth, drivers license, Medi-Cal number, health plan name

Financial Information:

Credit card numbers, bank numbers, claims information

Clinical Information:

Diagnosis, condition, medications, lab results, authorizations, clinical notes, mental health notes

The law defines a breach of Member privacy as the acquisition, access, use, or disclosure of PHI that is not permitted under HIPAA. This generally means that a breach occurs when PHI is accessed, used or disclosed to an individual or entity that does not have a business reason to know that information. The law does allow information to be accessed, used, or disclosed when it is related to treatment, payment, or healthcare operations (TPO) directly related to the work that we do here at CFMG on behalf of our members.

Examples of breaches include, but are not limited to:

1. *Accessing information when it does not pertain to your job*
2. *Sending information to the incorrect fax number*
3. *Unauthorized verbal disclosures (in person or over the phone)*
4. *Sending unsecured emails outside of the CFMG network or to the incorrect recipient*

If a Team Member discovers a potential privacy incident or breach, he or she is required to immediately report the issue to the Compliance Supervisor via email at Catalina.Valderrama@ucsf.edu

When a breach of PHI is discovered, CFMG staff must report it to the Compliance Supervisor within 24 hours. Once the breach has been confirmed the Compliance Supervisor will report it to the Board of Directors during the quarterly updates and report it to the appropriate regulatory agencies. The compliance supervisor will report any privacy issues to the Privacy Officer at 510-428-3446 8 a.m. to 4:30 p.m., M-F, except holidays: Privacy Officer or Acting Privacy Officer 510-428-3464 After business hours and/or when the Privacy Officer or Acting Privacy Officer is not available call the Corporate Compliance Hotline 510-428-3234.

Unauthorized access, use, or disclosure of confidential information may make a Team Member subject to a civil action and may subject CFMG to penalties under prevailing State and Federal laws and regulations, including HIPAA and the HITECH Act. Failure to comply with CFMG's confidentiality, privacy, and security policies may result in disciplinary action, up to and including termination of employment or contract termination.

2.6 CFMG Confidentiality Agreement

CFMG has an established confidentiality policy to protect confidential and sensitive information relating to CFMG operations, Physicians, quality of care studies, censures or citations, or income and payments. This is signed by all employees and updated annually.



2.7 CFMG Gifts and Entertainment

CFMG Staff will not make any utilization decisions based on financial incentives. CFMG staff must act in the best interest of CFMG and its members and not for potential personal or third-party gain. CFMG staff must not accept gifts, entertainment, or any other personal favor or preferential treatment to or from anyone with whom CFMG has, or is likely to have, any business dealing.

CFMG staff must attest annually of the above and are made aware that a breach of their responsibilities may lead to disciplinary actions and up to termination of employment.

2.8 Sanction and Exclusion Screenings

CFMG performs Participation Status reviews. This involves several State and Federal databases (including, but not limited to: Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), and DHCS Medi-Cal's Suspended and Ineligible list), upon appointment, re-appointment, or commencement of a contract, as applicable, and will conduct monthly reviews of CFMG staff to ensure the above mentioned are not excluded from participating in Federal and State healthcare programs.

If CFMG learns that any prospective or current board members, Team Member, or provider has been proposed for exclusion or excluded, CFMG will promptly remove the individual or entity from CFMG's network consistent with applicable policies and/or contract terms. The Compliance Department will review potential organizational obligations related to the reporting of identified excluded or suspended individuals or entities.

As a CFMG Team Member, if you are ever excluded from participating in any State or Federal program, it is your obligation to notify CFMG's Compliance Supervisor immediately.

2.9

Fraud, Waste and Abuse (FWA) Detection, Prevention and Correction

CFMG has established a Fraud Waste and Abuse Training program to help educate staff to identify potential Fraud, waste and/or abuse issues on the part of members, Providers, vendors, Team Members, and any entity doing business with CFMG. Every Team Member has a responsibility to report suspected FWA under State and Federal laws, as well as under CFMG policy.

The Federal False Claims Act and similar state laws make it a crime to submit a false claim to the government for payment. False claims include but are not limited to billing for treatment not rendered; upcoding to bill for a higher reimbursement; and falsifying records to support billed amounts.

These same laws protect individuals known as “whistleblowers.” These individuals generally have inside knowledge of potential non-compliant or fraudulent activities such as false claims billing by companies for whom they work or have worked.

Under the Federal False Claims Act, whistleblowers may bring a civil suit against the company on behalf of the U.S. Government and, if the suit is successful, they may be awarded a percentage of the funds recovered.

There is a provision in the Federal False Claims Act that protects a whistleblower from retaliation by an employer. Actions such as suspension, threats, harassment, or discrimination could be considered retaliatory. CFMG will not tolerate the retaliation against any person who has suspected fraudulent activity and reported those suspicions in compliance with CFMG policy.

See section 4 for information on how to report any issues of non-compliance or possible violations.

2.10

Conflicts of Interest (COI)

A conflict of interest typically presents itself in the form of a personal or financial gain for an individual or entity that could possibly corrupt the motivation of that individual or entity. At CFMG, our actions and choices should be guided by our desire to serve our members, our organization, and the entities that we conduct business with. Any COI may distort or cloud our judgement when making decisions on behalf of CFMG.

Team Members should avoid any business activity, or situation, which may possibly constitute a conflict of interest between their personal interests and the interests of CFMG. Team Members must disclose to their supervisor or managers of any situation which may involve a conflict of interest.

2.11

Compliance Section

CFMG is committed to maintaining a working environment that fosters conducting business with integrity to help the organization meet the highest ethical standards in providing quality healthcare to our members. The compliance training is listed on the CFMG website, CFMG Compliance aims to provide Team Members and providers with regulatory information.

Team Members have access to:

- Annual Compliance Training
- Compliance Policies and Procedures
- Ways to report compliance and non-compliance issues
- Compliance Program

3. Making CFMG the Best Place to Work

3.1 Corrective Action and Disciplinary Measures

It is important that all Team Members always perform to the best of their abilities. There may be occasions where Team Members perform at an unsatisfactory level, violate a policy, or commit an act that is inappropriate.

The information provided in this comprehensive Code of Conduct as well as related policies, provide guidance about the Compliance Culture at CFMG, including the role that each Team Member plays in building and preserving that culture.

All Team Members have a responsibility to promptly report known and/or perceived violations, including privacy breaches, fraud, waste, and abuse (FWA) and other violations of CFMG policy. The timeline for reporting is strict, therefore it is the responsibility of every Team Member to report a potential privacy breach or suspected instance of FWA the Compliance Department immediately upon perceiving that one has occurred.

Any and all compliance concerns will be investigated quickly, thoroughly, and as confidentially as the law allows. Team Members are required to participate in and/or cooperate with all investigations as needed. If the findings of the investigation verify that a violation occurred, any disciplinary action taken will be enforced in a timely manner. Based on the nature of the investigative findings, disciplinary action will be taken, up to and including termination of employment.

***Intentional non-compliance with CFMG's Code of Conduct or policies and procedures, including privacy breaches, instances of FWA are subject to disciplinary actions and/or up to termination of employment.*

3.2 Non-Retaliation and Non-Intimidation

All Team Members are encouraged to participate in the Compliance Program without fear of intimidation or retaliation, including (but not limited to):

Reporting potential compliance issues

Conducting self-evaluations

Reporting non-compliance or suspected non-compliance issues

CFMG has a zero-tolerance retaliation policy and will discipline individuals who retaliate with discriminatory behavior or harassment, up to and including termination of employment.

ZERO TOLERANCE

4. Reporting and Team Member Resources

4.1 Reporting Compliance Issues

All Team Members and entities doing business with CFMG have a right and responsibility to promptly report known and/or perceived violations of this Code. You are encouraged to discuss the problem with your compliance supervisor, manager, director or chief officer. These resources are available to you in assessing the situation and reaching a decision to report a compliance concern. All PHI, HIPAA, and issues of non-compliance will be reported to the managed care plan within 24 hours.

Any and all compliance concerns will be investigated thoroughly and as confidentially as the law allows. CFMG will conduct a fair, impartial and objective investigation into your concerns and will take appropriate action to correct any violations or issues of non-compliance that are identified. CFMG maintains a system to receive, record, respond to, and track compliance questions or reports from any source. Investigative findings that meet State and/or Federal criteria for additional investigation are referred to the appropriate State and/or Federal entity.

The Following are reporting methods any individual can use to report concerns – remember, reports can be made anonymously and without fear of retaliation when reports are made in good faith:

Email the Compliance Supervisor at: Catalina.Valderrama@ucsf.edu

Alameda Alliance for Health Compliance Hotline: 855-747-2234

Anthem Blue Cross Compliance Hotline: 888-231-5044

Medi-Cal 800-822-6222

4.2 Team Member Resources

All CFMG Staff will receive a copy of compliance training within 90 days of hire. This training includes (but not limited to):

HIPAA Privacy

HITECH Security

Fraud, Waste and Abuse

Elements of the Compliance Program

Reporting

Cultural & Linguistics

Staff will receive the updated training annually thereafter with the updates required.

Updated training will also be posted on the CFMG website for staff and providers.

Compliance policies and procedures are available by contacting the Compliance Supervisor at Catalina.Valderrama@ucsf.edu

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