



CORPORATE COMPLIANCE PROGRAM AND CODE OF CONDUCT

2025

Gladiris Galiano, Esq.
Enterprise Chief Compliance Officer & V.P.
galiano@ihcscorp.com

Corporate Compliance Program & Code of Conduct

Message from the Chief Executive Officer

Dear Colleague:

Integrated Home Care Services, Inc. (IHCS) was founded with a deep commitment to the community to provide superior products and services to its health plan partners and their members. Facilitating access to high quality home care services is a key goal of this organization.

Our **Compliance Program and Code of Conduct** is the foundation of our corporate program. It serves to articulate our standards as we approach our work with integrity, ethical conduct and professionalism. Our process strives to gain a better understanding of the issues that are most important to our internal and external stakeholders and obtain sustainable results in a responsible manner. We conduct our business with integrity and accountability and embrace a philosophy of full transparency in all our governance, operational and business dealings, which is the cornerstone of our corporate culture.

The IHCS Compliance Plan/Code of Conduct is designed to help guide you in making ethical decisions to preserve this strong culture of compliance. The information provided applies to all of us – employees, Board of Directors, temporary staff, volunteers, providers, suppliers and vendors.

You are a valuable member of our team and our most important asset. Thank you for helping us build a strong compliance posture as we continue to develop our health care organization of which I am proud to be the steward.

Christopher J. Bradbury, CEO



Introduction

The Compliance Plan you are about to read is based on the seven (7) elements for an effective compliance program included in Chapter 8 of the Federal Sentencing Guidelines Manual and applicable Medicare Compliance requirements:

1. Written Policies and Procedures
2. Compliance Officer and Compliance Committee
3. Training and Education
4. Effective Lines of Communication
5. Enforcements of Disciplinary Standards
6. Monitoring and Auditing
7. Timely and Reasonable Inquiry of Detected Offenses and Corrective Action Plans

Each one of the elements is described in detail in the forthcoming sections.

No Compliance Plan can be successful if it is not fully embedded in the Company's Culture and employees and providers feel they are a part of it. The Compliance Program of Integrated Home Care Services, Inc. includes each one of you, regardless of your function in the Company or your contractual obligations as a downstream provider. It is intended to be a living document that will be reviewed periodically and amended as needed to reflect the changes in law and development of our business.

If you ever have a question or need guidance, speak up and contact us at the Compliance Department. I am counting on your collaboration to ensure a proper compliance environment in your areas and a culture of integrity, quality improvement and compliance.

Sincerely,

Gladiris Galiano, Esq., CHC

Enterprise Chief Compliance Officer



Corporate Compliance Program & Code of Conduct

Table of Contents

Mission, Vision, and Values.....	4
Purpose of Integrated Home Care Services Compliance Program	5
Responsibilities/Core Values.....	6
Risk and Issue Management.....	7
Conflicts of Interest / Making the Right Decisions.....	8
Reporting, Confidentiality and Non-Retaliation	9
Preventing Fraud, Waste and Abuse.....	9
DME Fraud.....	11
Home Health Fraud & Examples of Home Health Fraud, Waste and Abuse.....	11
Examples of DME Fraud, Waste and Abuse.....	12
How Integrated Home Care Services Can Prevent Fraud, Waste and Abuse.....	12
Overview of Integrated Home Care Services Compliance Program	13
Integrated Home Care Services Code of Conduct	14
Reporting Violations of the Code of Conduct	15
Contact Information for Reporting	16
Standards, Procedures, and Compliance Structure.....	16
Compliance Officer, Compliance Committee and Infrastructure	17
Corporate Compliance Committee and Officer	17
Guiding Principles/Seven Elements of an Effective Compliance Plan.....	18 -19
Supplier Diversity, Quality of Care, Patient Safety and Access to Care	20
Patient Rights, Confidentiality of Patient Information, and Security Procedures	21
License, Certification and Excluded Persons	22
Health and Safety / Substance Abuse / Equal Employment.....	22
Training and Education	23
Publicized Disciplinary Standards	23
Fraud, Waste and Abuse Laws.....	24
Final Rule /Location of Policies	25
Corporate Compliance Program Approval.....	26

INTEGRATED HOME CARE SERVICES' MISSION, VISION AND VALUES

OUR MISSION

Go Beyond

To be the trusted ally that helps patients, providers, and plans to achieve their goals in the home

Our Vision

Unlock the full potential of care in the home

Our Values

To ensure the highest quality of care in the home, we commit to these values:

Service with Compassion – We put patients first in everything we do with family

Accountability – We make bold promises and deliver on our Commitments

Integrity – We promote honesty, integrity, and openness in all we do

Collaboration – We believe in the power of working together

Innovation – We believe in room for improvement always exists

Corporate Compliance Program & Code of Conduct

PURPOSE OF THE INTEGRATED HOME CARE SERVICES (IHCS) COMPLIANCE PROGRAM AND CODE OF CONDUCT

At IHCS, we recognize that working in the healthcare industry is a privilege that comes with a great deal of responsibility. We focus on providing and arranging for our health plan partners and their patients the highest standard of care aimed at achieving quality outcomes inclusive of a safe, supportive environment, and the best possible care experience.

We conduct our work in a highly regulated environment. As we provide healthcare services, we must also meet federal, state and local laws. It is important for all of us to remember that Integrated Home Care Services exists to uphold our legal and ethical responsibilities.

This Compliance Program and Code of Conduct introduces our team members to the various areas of the laws, rules and ethical standards requiring our focus and understanding. We designed this document to provide an overview of these requirements through standards and examples of behaviors.

We ask that you read our Compliance Program and Code of Conduct and become familiar with its contents. Please use this document as your first resource when you have a question or concern. We created this Compliance Program and Code of Conduct to be concise and straightforward. Of course, no code of conduct can cover every possible situation. When your question cannot be fully addressed by this Compliance Program and Code of Conduct, please connect with additional Integrated Home Care Services resources, including related policies, procedures and individuals within our organization who can provide direction.

Who Is Covered

The standards presented in this Compliance Program and Code of Conduct apply to all our entities and team members. In any instance where business partners, consultants or contractors work with us in providing services, we ask that they be respectful of and comply with those aspects of the Compliance Program and Code of Conduct that pertain to the services they provide to or for Integrated Home Care Services. Individuals who supervise our business partners, contractors and consultants are responsible for communicating these standards and for evaluating those aspects of the Compliance Program and Code of Conduct that apply to the services they provide.

Corporate Compliance Program & Code of Conduct

OUR RESPONSIBILITIES

IHCS Core Values:

- **Honesty**
- **Courage**
- **Respect for Others**
- **Accountability**
- **Obedience to the law**

Each of us is responsible for acting with *integrity*. This is especially necessary when we encounter difficult situations. Meeting our legal responsibilities helps us to meet the needs of our patients first. Each of us must:

- Know and obey the law.
- Know and follow the Compliance Program and Code of Conduct and applicable policies and procedures.
- Complete required training in a timely manner.
- Keep up-to-date on current standards and expectations.
- Promptly report concerns or possible violations and fully cooperate with investigations.

IHCS endeavors to hire personnel that are suitable for the healthcare industry in terms of background and experience while remaining in compliance with Fair Labor Standards Act and the AHCA Attestation of Compliance with Background Screening Requirements. This is applicable to determinations made during pre-hire screening and periodically thereafter for continued employment status determination. Individuals convicted of, or who have pending charges for, offenses listed on the AHCA Form # 3100-0008 will not be considered for employment. Also, should any employee, regular, contracted, or temporary, appear on an OIG Exclusion List monthly check, he/she will be terminated as in accordance with the Office of Inspector General guidelines. IHCS agrees to fair labor practices that include freedom from harassment and basic human rights. This includes transporting, harboring, recruiting, transferring, or receiving vulnerable persons by means of threat, force, coercion, abduction, or fraud for the purpose of exploitation.

Corporate Compliance Program & Code of Conduct

ADDITIONAL RESPONSIBILITIES FOR LEADERS

We all contribute to the success of HCS by abiding with the Compliance Program and Code of Conduct. Our leaders model our values and guide their teams to meet our ethical, legal and regulatory requirements. Our leaders are instrumental in creating an open and welcoming environment where team members are comfortable asking questions and raising concerns. In fulfilling their roles, leaders are called to:

- Create an environment that builds relationships and encourages open communication.
- Serve as a resource to others by illustrating how the Compliance Program and Code of Conduct and policies apply to our daily work.
- Respond quickly and effectively to reported concerns and involve the Compliance team as needed.
- Maintain a healthy and safe work environment, where no team member feels pressured to do something against the law or contrary to our ethical standards.
- Guide team members to utilize resources properly and productively.

RISK AND ISSUE MANAGEMENT

Effective and well-designed compliance programs must have Risk and Issue Management policies and procedures. The U.S. Department of Justice underscores the expectation through their guidance document on how to evaluate corporate compliance programs. They are tasked to consider whether a compliance program is appropriately designed to detect the types of misconduct most likely to occur in a particular corporation's line of business and complex regulatory environment. IHCS leaders and vendors play vital roles in fulfilling compliance expectations and demonstrating reasonable steps taken to prevent, detect, and correct non-compliance through risk and issue management. Understanding the compliance risk landscape our organization faces when contracting to provide goods, services, outcomes and experiences to health plan members helps ensure compliance is met. Knowing where you are doing business and with whom you are doing business demonstrates *end-to-end monitoring and oversight*. IHCS has robust risk and issue management practices and stands audit ready to successfully address regulator concerns or requests for information. Risk issues deemed most critical are prioritized by knowing the who, what, where, when and how of the day-to-day operations partnering with other business areas of the organization to mitigate or remediate.

Corporate Compliance Program & Code of Conduct

CONFLICTS OF INTEREST

Upholding the IHCS values means we do the right thing with openness and pride. We are committed to acting with integrity and identifying, disclosing and managing, or eliminating conflicts of interest. A conflict of interest may arise when an Integrated Home Care Services team member or partner takes actions for personal gain or has outside interests making it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when individuals receive special benefits because of their position in the organization.

We encourage team members and business partners to report on any outside activity or private interest that may be perceived as a conflict of interest and to obtain the approval of their supervisor and the Compliance Director and Privacy Officer.

MAKING THE RIGHT DECISIONS

In our highly regulated industry, the path is not always clear. At times, you may be uncertain of how to act or respond. You are not alone, and we encourage all team members to seek help and guidance as needed. If you have a question or concern, contact our knowledgeable Compliance team or other experts within our organization.

How will you know when to ask for help? If your answer to any of the following questions is “no,” or if you are unsure, please stop and seek assistance.

- Is my behavior or action consistent with our Compliance Program and Code of Conduct, policies and procedures?
- Is it the right thing to do in light of our purpose, vision and values?
- Does my decision promote integrity in my workplace?
- Can I say that I would be proud of my choice if our patients, my family members or the public learn about my action or failure to act?

Corporate Compliance Program & Code of Conduct

REPORTING, CONFIDENTIALITY AND NON-RETALIATION

IHCS team members have many avenues for seeking guidance or reporting concerns. We encourage resolution at the local level relating to human resource issues, such as concerns about payroll, personality disputes or disagreements with supervisors. It is also appropriate and encouraged that you bring compliance-related concerns to the attention of your supervisor or other manager first. If you are not comfortable reporting to your supervisor, or it is not appropriate to do so, you may report your concerns to the V.P. of Human Resources, Chief Compliance Officer, Director of Compliance, Privacy Officer, or another member of local management.

You can also report concerns through the Compliance Hotline at 954-381-7954. Please report your concerns in a timely manner so we can consider and investigate any issues. Suspected violations will be investigated, and disciplinary action will be taken when violations occur. IHCS makes every effort to keep a reporter's identity confidential when the individual wishes to remain anonymous. No retaliation will be taken against anyone for exercising his/her rights for filing a report. We do not tolerate retaliatory behavior or disciplinary action against an individual who has reported a concern or suspected violation in good faith. Certain federal and state laws, including the federal False Claims Act, protect those who speak up in good faith from retaliation. Anyone who deliberately makes a false accusation to harm or retaliate against a co-worker is subject to discipline.

PREVENTING FRAUD, WASTE AND ABUSE

Improving performance in key areas would save 100,000 to 150,000 lives and \$50 billion to \$100 billion annually.

The Commonwealth Fund Commission on a High-Performance Health System

The prevention of fraud, waste and abuse is the responsibility of every Integrated Home Care Services team member and business partner. Fighting the inappropriate loss of Medicare and Medicaid healthcare dollars through fraud, waste, abuse, and other improper payments is a priority for Integrated Home Care Services.

Home health agencies and durable medical equipment (DME) providers offer services and supplies vulnerable to fraud. Integrated Home Care Services plays a significant role in the fight against fraud, waste, and abuse in Medicare and Medicaid home health, home infusion, and DME. While the specific requirements for home health, home infusion and DME can vary from state to state, all States require furnished services to be medically necessary. Integrated Home Care Services and its team members and business partners have a responsibility to know the rules for home health, home infusion, and DME services as required by Medicare and State Medicaid programs.

All Integrated Home Care Services team members and business partners should be aware of practices that are fraudulent or determined to be abusive or wasteful. Examples of home health fraud include attesting falsely to the medical necessity of home health services, accepting compensation for ordering specific services

Corporate Compliance Program & Code of Conduct

irrespective of medical necessity, or physicians signing plans of care for beneficiaries not under their care. Examples of DME fraud, waste, and abuse include physicians selling medically unnecessary prescriptions and DME companies recruiting patients and then billing Medicaid for more expensive equipment than what is delivered.

The Patient Protection and Affordable Care Act, more commonly known as the Affordable Care Act, enacted in 2010, provides tools to prevent, detect and take strong enforcement action against fraud in Medicare, Medicaid and private insurance.

The Affordable Care Act (ACA) seeks to improve anti-fraud and abuse measures by focusing on prevention rather than the traditional “pay-and-chase” model of catching criminals after they have committed fraud. There are four principal ways the ACA seeks to make changes:

1. More money to prevent and fight fraud
2. Better screening and compliance
3. New penalties
4. Better data sharing

DME and Home Health Services are considered high-risk areas for fraud, waste and abuse. On July 29, 2021, the Florida Agency for Health Care Administration (AHCA) announced that the longstanding moratorium on home health agencies seeking Medicaid enrollment was to end. With the implementation of the Electronic Visit Verification (EVV) mandate in effect as a fraud prevention measure, AHCA lifted the moratorium statewide and begin accepting applications on September 1, 2021. The Medicaid health care alert states that AHCA "plans to implement enhanced screening processes for those seeking enrollment" and that a future alert outlining additional provider qualification requirements for enrollment will be provided in the coming weeks. This has been most notable in the Gainwell Florida Medicaid to NPI Cross walking mandates of 2022.

IHCS' Global Anti-Corruption Policy is committed to the prevention, detection and elimination of all forms of corrupt business practices. Any form of bribery or corruption, whether in commercial dealings with private parties, or in dealings with officials of any state, local, federal or foreign government is strictly prohibited.

As a U.S. company, IHCS is subject to the US Foreign Corrupt Practices Act (FCPA), which makes it a criminal offense for IHCS and/or its officers, directors, employees and any third party doing business with or for IHCS to offer, pay, or give any payment or other item of having value to any foreign official, political party, official or candidate of a political party, or public international organization, for the purpose of influencing any act or decision broadly designed to obtain, retain or direct business to a health plan.

U.S. Foreign Corrupt Practices Act, Anti-Corruption and Anti-Bribery compliance:

- IHCS is committed to the prevention, detection, and elimination of all forms of corrupt business practices.
- IHCS officers, directors, employees, and any third parties doing business with or for a health plan are explicitly prohibited to offer, pay, or give any payment or other item of having value to any foreign official,

Corporate Compliance Program & Code of Conduct

political party, official or candidate of a political party, or public international organization, for the purpose of influencing any act or decision broadly designed to obtain, retain or direct business to IHCS.

- IHCS Business Owners and Vendors play an important role to demonstrate compliance through transparent and comprehensive relationship disclosures, monitoring and oversight, and reporting.

DME Fraud

To help reduce opportunities for DME fraud, the ACA:

- Requires a physician, nurse practitioner, clinical nurse specialist, or physician assistant to have a face-to-face encounter (including via telehealth) with an individual before issuing a certification for DME.
- Requires that DME supplies must be ordered by an enrolled Medicare eligible professional or physician.
- Requires more thorough screening of those types of providers and suppliers that have been identified in the past as posing a higher risk of fraud.
- Allows HHS to prohibit new DME providers from joining the program in certain geographic areas or where necessary to prevent or combat fraud, waste or abuse.

Home Health Fraud

To help reduce opportunities for fraud in home health, the ACA:

- Requires physicians who order home health services to be enrolled in Medicare.
- Requires a face-to-face encounter no more than within 90 days prior to or within 30 days after the state of home health care.

Examples of Home Health Fraud, Waste, and Abuse

- Upcoding the types of services provided to receive higher payment;
- Submitting bills for patients who are not homebound;
- Visits by home health staff that are not medically necessary;
- Home health visits that a doctor ordered, but that a patient did not receive;
- Bills for services and equipment a patient never received;
- Fake signatures on medical forms or equipment orders;

Corporate Compliance Program & Code of Conduct

Examples of DME Fraud, Waste, and Abuse

The following are examples of DME fraud, waste, and abuse.

- A physician receives kickbacks from a DME company for providing false Certificates of Medical Necessity (CMN) for purchased power wheelchairs.
- A DME company recruits patients and then bills Medicaid for more expensive equipment than delivered.
- A Physician sells fraudulent prescriptions, authorization forms, and patient information to a DME company.
- At the prompting of a DME provider, a physician signs a stack of blank CMNs and prior authorization forms that the DME provider then completed with false information and billed for reimbursement.
- A Physician signs an authorization form for the DME provider without verifying medical necessity for the items or medical supplies requested.

How IHCS Can Prevent Fraud, Waste and Abuse

IHCS plays an important role in promoting integrity to minimize and prevent fraud, waste, and abuse in Medicare, Medicaid, and private insurance programs. The following are key points for providers and employees to remember.

- ✓ **Confirm eligibility:** Verify the eligibility status of patients at the time of service.
- ✓ **Include identifiers:** If required by the State when ordering services or supplies, the ordering provider's signature and National Provider Identifier (NPI) should be included on the CMN or other prior authorization form.
- ✓ **Order appropriately:** Order according to the medical needs of the beneficiary within the limits set by the State/Medicare.
- ✓ **Maintain organized records:** Keep patient records organized and up-to-date and confirm that the patient's condition warrants the service requested in the CMN or prior authorization request.
- ✓ **Educate staff:** Integrated Home Care Services should educate staff on the issues and schemes that constitute fraud, waste, and abuse.
- ✓ **Practice within scope:** Always document the medical necessity of the service(s) ordered. If a medically unnecessary service is billed or if the documentation does not justify medical necessity, it may be considered a "false claim."
- ✓ **Protect yourself:** Be on the alert for other professionals who may make inappropriate requests, such as a "quick signature" on a document for a patient never seen, asking for additional patient services because of convenience rather than medical necessity, asking for beneficiary medical identifiers when there is no specific need, or offering to provide remuneration for beneficiary referrals.

Corporate Compliance Program & Code of Conduct

OVERVIEW OF THE INTEGRATED HOME CARE SERVICES COMPLIANCE PROGRAM AND CODE OF CONDUCT

IHCS has established a formal, voluntary Corporate Compliance Program (Program) and has designated a Chief Compliance Officer and a HIPAA Privacy Officer in accordance with the OIG Compliance Program guidance and the HIPAA Privacy and Security Rules. The Corporate Compliance Program is the responsibility of the Compliance & Privacy Officer, and, through the Integrated Home Care Services Chief Executive Officer and Chief Operating Officer, regularly reports to the Board of Directors.

Elements of the Program include: designation of a Chief Compliance Officer and HIPAA Privacy Officer, establishment of a corporate compliance oversight committee, written policies and procedures – including a Code of Conduct, formal training and education programs, reporting mechanisms, auditing/monitoring schedules, investigation processes, disciplinary actions and corrective action plans to address areas of non-compliance. Additionally, the Program is evaluated on a regular basis to ensure effectiveness.

Risk assessments will be conducted to identify high risk areas, meet regulatory changes, and detect problem-prone areas. Audits and monitoring will be conducted on both a planned and as needed basis to ensure compliance (*high volume, high risk, high dollar/cost areas, low volume processes and those that are error-prone are prioritized*).

IHCS has governance, risk management and compliance functions to address obligations, risks, concerns and best practices. This is comprised of individuals with varying responsibilities and areas of knowledge who participate and make recommendations, review risk, and facilitate any necessary changes to standards, policies and procedures that affect Integrated Home Care Services.

- **Governance** - the accountability of management to direct, administer and control the enterprise, in order to ensure that strategies and instruction from management are carried out with accountability, efficacy, and in the best interests of Integrated Home Care Services.
- **Risk Management** - the analysis and action where necessary to respond appropriately to risks that might affect business objectives adversely. The analysis and response typically depend on the perceived gravity and involves controlling, avoiding, accepting or transferring risk.
- **Compliance** – analysis and guidance on appropriately conforming to requirements in laws, regulations, contracts, strategies and policies.

IHCS is committed to tracking and complying with applicable licensing and registration requirements, state and federal laws and regulations, accreditation standards and contractual obligations. Through open lines of communication and the employment of a wide variety of communication and training vehicles, the requirements are made available and updated on a regular basis. Reporting mechanisms encourage and invite employees to escalate known, alleged or suspected violations. All reports are investigated in a timely manner. Corrective actions are implemented to correct, prevent and deter recurrences.

Corporate Compliance Program & Code of Conduct

SCOPE

This Program applies to Integrated Home Care Services, Inc. as a corporate entity and its subsidiaries.

PURPOSE

The purpose of this Compliance Program and Code of Conduct is to define in general terms the structure, leadership, governance, reporting relationships and reporting mechanisms of the Program.

THE INTEGRATED HOME CARE SERVICES CODE/STANDARDS OF CONDUCT

Corporate Code of Conduct

Integrated Home Care Services' expectations are based on our Mission and Values, which point us to the responsibilities we have, and how to go about fulfilling them as we conduct business and clinical services in an ethical manner. Doing so is good for business, and it also prevents fraud, waste and abuse, and facilitates detection of and reporting of improprieties, which leads to mitigation. We expect our employees to refrain from all conduct that may violate any rules, laws or policies, and any activity which could impact eligibility for participation in public healthcare programs.

Because of the complexities of Integrated Home Care Services' independent and interdependent business functions, our corporate Code of Conduct serves as a guide to the resources you need for how you conduct yourself as an employee of Integrated Home Care Services. Since it alone cannot address every situation you might come across, it provides the framework and points to the tools you need which address common situations you may face and a chain of command protocol for any potential uncommon or conflicting situations.

The Integrated Home Care Services Employee Handbook is your guide to:

- Company policies and practices for health and safety in the workplace
- General employment practices and employee programs
- Employee conduct guidelines, details on disciplinary action for violations and the whistleblower policy
- Operating policies supporting ethical behavior
- Policies on proper use of company resources

The corporate and business unit specific Compliance Programs support you with protocol for:

- Written standards or policies and procedures, and standards of conduct
- Governance by a Chief Compliance Officer, Privacy Officer, and Committee
- Compliance training and education
- Effective lines of communication

Corporate Compliance Program & Code of Conduct

- Application of standards through publicized guidelines
- Monitoring and/or auditing
- Responding promptly to reported or detected offenses and developing corrective action

Business specific tools may be provided to you in training and made available to you based on your job functions, which address items such as:

- Confidentiality, data privacy and security
- Administrative and clinical quality assurance
- Integrity and accuracy in documentation and in billing and claims related transactions
- Avoidance of conflicts of interest and violations of laws
- Cooperation with investigations and audits
- The various needs for, and methods of reporting of violations

Reporting Violations of the Code of Conduct

Violations, including, but not limited to illegal acts, improper conduct and unethical behavior are not tolerated at IHCS. Any of these could have a negative impact on our business, and they may subject us to sanctions, civil or criminal penalties, or loss of licensure, accreditations or contracts.

It is imperative that any suspected, alleged or known improper activity or violation be reported promptly. Any employee who becomes aware of any such activity by any person acting on Integrated Home Care Services' behalf is encouraged, supported and required to report promptly the activity to his or her manager or supervisor, who in turn is obligated to escalate the report to be investigated.

You also have the right to report elsewhere, such as to any officer or board member, in addition to, or in lieu of reporting to your manager or supervisor if you are not comfortable reporting conduct which may involve a person to whom such might otherwise be reported. Stakeholders are consumers, suppliers, network providers and any/all business associates who may confidentially and anonymously report violations and concerns to Integrated Home Care Services, Inc.

At IHCS, we want to hear about any potential violations. Every employee, contractor or downstream provider has an obligation to report any concerns about a potential breach in the Code of Conduct, compliance concern and/or potential Fraud, Waste, and Abuse (FWA) without fear of retaliation.

We are a company built on openness and trust!

Corporate Compliance Program & Code of Conduct

Contact Information for Reporting – *(Refer to Your Pocket Card)*

- Compliance contact information:
 - Compliance Hotline: **954-381-7954**
 - Compliance Fax Line: **954-624-8738**
 - Compliance E-Mail: compliance@ihcscorp.com

It is a violation of the code of conduct for employees to fail to report known violations. If you have a question about whether particular acts or conduct may be subject to reporting, you should contact your manager, or any resource noted above.

STANDARDS, PROCEDURES, AND COMPLIANCE STRUCTURE

A. Standards and Procedures: Code of Conduct

- a. The IHCS Code of Conduct, as complemented by the Employee Handbook, and the Provider Manual establish the foundation from which all Policies and Procedures of the company are derived. The Code of Conduct sets out basic principles which Integrated Home Care Services and its subsidiaries, directors, officers, and employees must follow. The Code of Conduct is an over-arching document that delineates the fundamental standards from which all organizational policies and procedures and organizational and business decisions may be drawn from, or evaluated against, and is written in clear, concise, easily understood language.
- b. In some instances, the Code deals fully with the subject matter covered. In many cases, however, the subject discussed has so much complexity that additional guidance is necessary for those directly involved with the particular area to have sufficient direction. To provide additional guidance, a comprehensive set of compliance policies and procedures which expand upon or supplement many of the principles articulated in the Code of Conduct have been developed and are available through the Compliance Department.

Corporate Compliance Program & Code of Conduct

B. Enterprise Chief Compliance Officer, Compliance Committee and Infrastructure

a. Enterprise Chief Compliance Officer

An individual poised within the senior level of the organization has been assigned overall responsibility for the oversight of the Program. While this individual bears a personal responsibility for upholding the Code of Conduct and for supporting the initiatives of the Program, the Enterprise Chief Compliance Officer has a key role as the person responsible for the operation of the Program. The Chief Compliance Officer and the Privacy Officer see to it that the Program is administered effectively and functions as the “voice” of the Program among senior managers. The Chief Compliance Officer attends important management meetings to help ensure that Integrated Home Care Services respects its commitment to compliance and ethical conduct. While every employee is expected to act ethically, the Chief Compliance Officer and the designated Privacy Officer are there to ensure that all the management tools necessary to facilitate this Program are in place and functioning throughout all levels of the organization and provides objective measures designed to evaluate the effectiveness of each of the programmatic elements; reviews the results of routine audits and monitors the high-risk areas as identified by the OIG, the industry and internal investigations.

b. Division Compliance Action Plans

Integrated Home Care Services, Inc. understands that each IHCS Division is unique in the services it delivers, the customer(s) it services, and its compliance challenges. To address these unique characteristics, each Integrated Home Care Services Division is responsible for the development of an annual Division Compliance Action Plan implementing the Corporate Compliance Program. The IHCS Chief Compliance Officer, the Privacy Officer, and the IHCS senior management team will assist the Divisions with the development of Annual Compliance Action Plans. Each Division sees to it that their Plan is administered effectively and functions as the “voice” of the Integrated Home Care Services Corporate Compliance Program among senior managers and employees within their division.

The Integrated Home Care Services Chief Compliance Officer attends important management meetings to help ensure that IHCS respects its commitment to compliance and promotes ethical conduct. While every employee is expected to act ethically, the Chief Compliance Officer is there to ensure that all the management tools necessary to facilitate this Program are in place and functioning throughout all levels of the organization, and to provide objective measures designed to evaluate the effectiveness of each of the programmatic elements.

c. Corporate Compliance Committee and Officer

The Integrated Home Care Services Corporate Compliance Committee is an inter-disciplinary group of the IHCS Executive Staff formed to assist in the design, implementation, oversight and operation of the Integrated Home Care Services Corporate Compliance Plan.

Corporate Compliance Program & Code of Conduct

The Committee is chaired by Integrated Home Care Services' CEO or Enterprise Chief Compliance Officer, meets not less than bi-annually, and is comprised of the following members: Integrated Home Care Services' Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, and the Chief Information Officer. The General Counsel, other members, and board members may be included as determined by the Integrated Home Care Services' CEO.

Other *ad hoc* attendees or guests may be added or included, as topics of discussion require.

The Integrated Home Care Services Corporate Compliance Committee is responsible for approving the structural and organizational issues that shape the Program's design.

It also:

Supports the facilitation of effective and efficient regulatory reporting by coordinating the timely submission of regulatory reporting to state and federal regulators.

Manages the preparation and submission of all commercial license applications related to comprehensive insurance for new markets, new products and service area expansions.

Manages the P&P repository.

Maintains compliance-focused oversight of IHCS's FDRs through annual monitoring and focused audits.

The Committee determines the scope of the Program, approves the Compliance Program budget, identifies areas of risk and approves the training and education plans, work plans and audit plans annually.

The Committee has decision-making authority for certain types of corrective actions, although matters of fraud, waste and abuse, or other instances of unethical business conduct, if not addressed to the satisfaction of the Corporate Compliance Officer, Privacy Officer and Chief Executive Officer, may be escalated to the Board of Directors, with or without knowledge of or notification to the Integrated Home Care Services Corporate Compliance Committee. The Committee also serves as the appeals board for decisions made by the Corporate Chief Compliance Officer and the Privacy Officer.

Minutes, agenda and sign-in sheets for the Corporate Compliance Committee are maintained in the office of Integrated Home Care Services' Corporate Chief Compliance Officer and the Privacy Officer.

GUIDING PRINCIPLES

The Department of Health and Human Services (HHS) Office of Inspector General's (OIG) has developed a series of voluntary compliance program guidance documents directed at various segments of the health care industry, to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations and program requirements through the Seven (7) Elements of an Effective Compliance Program

Corporate Compliance Program & Code of Conduct

for healthcare. Because Integrated Home Care Services functions within several areas of the health care industry, Integrated Home Care Services' Program is intended to promote compliance with the law with integrity and evolving best practices similar to the guidance provided by the OIG.

The IHCS Corporate Compliance Program covers the **Seven Elements** of an Effective Compliance Plan:

1. Written standards or policies and procedures, and standards of conduct.
 - i. Integrated Home Care Services has established comprehensive compliance policies and procedures under the Program.
2. Governance by a Compliance Director and a Compliance Committee.
 - i. Integrated Home Care Services has established an Integrated Home Care Services Corporate Compliance Committee.
3. Compliance training and education.
 - i. Integrated Home Care Services has implemented employee training on compliance, the Code of Conduct, privacy, security, and fraud, waste and abuse. All employees are trained in privacy, security, and fraud, waste and abuse within 30 days of hire and annually thereafter.
4. Effective lines of communication.
 - i. All Integrated Home Care Services employees are trained on the Corporate Compliance Plan and the Integrated Home Care Services Compliance Hotline.
5. Application of standards through publicized guidelines.
6. Monitoring and/or auditing.

The Integrated Home Care Services Compliance Program is an active, integrated and ongoing system.

The Compliance team, in conjunction with department heads in all lines of business, will implement an effective system for routine monitoring, auditing and the identification of compliance risks. This includes:

Risk based assessments:

- Internal auditing and monitoring via monthly metrics and participation in work groups and as appropriate external monitoring and auditing to evaluate overall effectiveness of the compliance program.
- Review of monthly metrics with key operational areas such as Claims, Billing, Referrals, Credentialing, Customer Service, and Complaints to monitor regulatory and contractual requirements.
- Results will be published to leadership and the Board of Directors.

Monitoring: Regular reviews performed as part of normal operations, to confirm ongoing compliance, i.e. Metrics

Corporate Compliance Program & Code of Conduct

Auditing: Formal reviews of compliance, with particular set of standards as base measures

7. Responding promptly to detected offenses and developing corrective action.

Compliance at IHCS is addressed systematically, and on a case-by-case basis as necessary.

REFERENCES/RESOURCES

OIG Compliance Program Guidance(s), Integrated Home Care Services Employee Handbook, IHCS – Code of Conduct, CMS Guidelines.

SUPPLIER DIVERSITY, QUALITY OF CARE AND PATIENT SAFETY

We support supplier diversity as a core value. Our partnership with a diverse supplier base is important, because a supply chain that is as diverse as our members helps us meet our members' diverse needs. IHCS procures products and services when feasible from small, minority-, women-, veteran, veteran disabled, service disabled, lesbian, gay, bisexual, transgender and queer (LGBTQ), disability-owned business enterprises.

At Integrated Home Care Services, Inc., we understand that our patients are unique individuals. We provide care in a safe, effective and efficient manner. To encourage this effort, our clinical quality improvement team builds and designs systems and processes incorporating best practices in caring for patients.

- We follow up with patients and other caregivers to create a safe environment and improve communication.
- We encourage anyone on any team to stop a process if he or she thinks it is incorrect.
- We maintain standards for licenses and credentials for caregivers who work in all locations.
- We report unanticipated outcomes to a supervisor and prepare for appropriate follow-up and communication with the patient and family.
- We understand that communication and language barriers are associated with decreased quality of care and may lead to poor clinical outcomes. IHCS has operational capabilities that address limited English proficiency and Communication assistance for the heard of hearing, deaf, blind and visually impaired patients.
- We understand that our TPA program must ensure that the health care we arrange for is safe, effective, patient-centered, timely, efficient and equitable.

Corporate Compliance Program & Code of Conduct

PATIENT RIGHTS

We are committed to informing our patients of their rights and to protecting their rights. We deliver high-quality care when we respect and support patients and their loved ones and give them information to make decisions regarding the care they are offered.

- We provide each patient with a written statement of patient rights and a notice of privacy practices.
- We provide kind and respectful care no matter a patient's personal values and beliefs, age, sex, race, color, religion, disability, national origin, ability to pay, or any other category protected by state or federal law.
- We seek to resolve patient complaints promptly and to provide contact information so patients can report grievances.
- We seek to follow a program by which all patients have the right to be free of any coercion as to selection of a provider, health plan or medical procedure.

CONFIDENTIALITY OF PATIENT INFORMATION

The information we create, use and disclose while taking care of our patients is sensitive and personal. We are committed to keeping all patient information protected and secure. We receive training to understand the various requirements Integrated Home Care Services must meet to comply with HIPAA and to protect our patients' information.

- We only discuss patients and their care with authorized persons in appropriate places and with low voices.
- We verify the identity of the person requesting a copy of a patient record and require a completed authorization to release information.
- We access only the appropriate amount of patient information we need to do our jobs.
- We provide individuals with timely access to their healthcare information.
- We provide patients with our Notice of Privacy Practices.
- We hold business partners to the same standards when they conduct business on our behalf.

SECURITY PROCEDURES

IHCS and its Suppliers shall be responsible for using security procedures that are reasonably sufficient to ensure that all transmissions of Documents are authorized and to protect its business records and data from improper access.

Corporate Compliance Program & Code of Conduct

LICENSE, CERTIFICATION AND EXCLUDED PERSONS

The Integrated Home Care Services' purpose and values guide the requirements we set for our team members. We are committed to ensuring that only individuals who are eligible to participate in federal healthcare programs work at Integrated Home Care Services. We ensure that care providers have valid licensure, certification, registration or other credentials.

Team members bear responsibility for maintaining the status of their credentials and providing evidence to Integrated Home Care Services. Individuals who do not have valid, current licenses are not allowed to work.

- We each take responsibility to ensure that our license or certificate is current.
- We report to our supervisor and to our Chief Compliance Officer and/or Privacy Officer immediately if we discover a lapse in licensure or credentials. Upon discovery, the team member with improper credentials stops working immediately.
- We institute protocols to verify that all individuals working at Integrated Home Care Services are eligible to participate in federal programs.
- We have a monthly process to screen all team members, network providers, and business partners with access to member information to ensure that Integrated Home Care Services does not employ or contract with persons or entities excluded from Medicare, Medicaid or any federal health care program.
- We require all team members and business partners to disclose immediately if they are excluded from Medicare, Medicaid or any federal health care program.

HEALTH AND SAFETY/SUBSTANCE ABUSE/EQUAL EMPLOYMENT

IHCS values a safe and healthy work environment. Creating an atmosphere of honesty and mutual respect enhances our relationships with business partners.

We are committed to providing the resources, protocols and practices to create a safe and healthy work environment, free of alcohol and drugs. Integrated Home Care Services provides safeguards — including policies, training and equipment — to give team members the opportunity to take action and responsibility for their own health and safety.

- We require reporting of any serious workplace injury or illness.
- We encourage team members to seek advice from their supervisor or safety officer if they have questions or concerns and to follow their local safety plan when emergencies arise.
- We require team members to know and understand safety policies and procedures.

Corporate Compliance Program & Code of Conduct

- We ask team members to consult with a supervisor to the extent that they are concerned with how their use of prescription or over-the-counter drugs may interfere with their performance at work, or if they observe an individual who appears to be impaired in the performance of his or her job.
- We take immediate action if an individual reports to work under the influence of drugs or alcohol; this may include drug testing of individuals, and we prohibit the use of any drug which is illegal under state or federal law.
- We are committed to providing equal opportunity in employment to all associates and applicants. No one may be discriminated against in employment because of race, color, religion, sex, gender (including gender identity), age, national origin, marital status, sexual orientation, veteran status, disability, genetic information, or any other status or condition protected by applicable federal, state, or local laws, except where a bona fide occupational qualification applies.

TRAINING AND EDUCATION

Training and education to these principles are required of all IHCS Employees including the Board of Directors, CEO, Senior Management, and First Tier, Downstream and Related Entities. Temporary workers, volunteers and those entities contracted via a Business Associate Agreement must participate as well. ***New hire compliance training must be completed within the first 30 days of hire and annually thereafter.***

PUBLICIZED DISCIPLINARY STANDARDS

Adherence to the IHCS Compliance Plan and Code of Conduct is a condition of employment.

Suspected violations will be investigated promptly by the compliance team and necessary actions will be taken.

Compliance will:

Issue need for improvement/corrective action plan to correct an underlying problem that results in non-compliance/violations and to prevent future noncompliance.

- ✓ Compliance investigations are thorough, and all steps are documented.
- ✓ Disciplinary actions will be taken when violations occur up to and including termination.
- ✓ Disciplinary action may call for any of four steps -- verbal warning, written warning, suspension with or without pay, or termination of employment -- depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are added or bypassed.

Corporate Compliance Program & Code of Conduct

FRAUD, WASTE, AND ABUSE LAWS:

Civil False Claims Act - <https://www.govinfo.gov/content/pkg/USCODE-2016-title31/pdf/USCODE-2016-title31-subtitleIII-chap37-subchapIII.pdf>. Example: If MRA Unit fails to report unsupported diagnosis codes to Medicare.

Health Care Fraud Statute - <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1346.pdf>. States- “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both.” Example: Physician submits claims to a Medicare Advantage Plan for office visits and services that were not provided.

Criminal Health Care Fraud – <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf>. Persons who knowingly make a false claim may be subject to criminal fines up to \$250,000; Imprisonment for up to 20 years.

Anti-Kickback Statute - <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>. The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program).

Stark Statute (Physician Self-Referral Law) - <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf>. The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has an ownership/investment interest or a compensation arrangement.

Civil Monetary Penalties Laws - <https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf>. The Office of Inspector General (OIG) may impose civil penalties for several reasons, including: arranging for services or items from an excluded individual or entity, providing services or items while excluded, failing to grant OIG timely access to records, knowing of and failing to report and return an overpayment, making false claims, paying to influence referrals.

Exclusion from all Federal health care programs - <https://exclusions.oig.hhs.gov/>, <https://www.sam.gov/>, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html> - No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded. Specially Designated Nationals and Blocked Persons List (SDN) is also checked <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>

Health Insurance Portability and Accountability Act (HIPAA) - <https://www.hhs.gov/hipaa> - HIPAA safeguards deter unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA.

Government agencies, including the Department of Justice, the Department of Health & Human Services Office of Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS), are charged with enforcing these laws.

Corporate Compliance Program & Code of Conduct

THE FINAL RULE 2025 INITIATIVE:

On **April 4, 2024**, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that revises the Medicare Advantage Program, Medicare Prescription Drug Benefit Program (Medicare Part D), Medicare Cost Plan Program, Programs of All-Inclusive Care for the Elderly (PACE), and Health Information Technology Standards and Implementation Specifications.

Here are the key provisions:

Timely Access to Care: CMS addresses concerns about prior authorization by requiring MA health plans to comply with national and local coverage determinations. Plans must ensure access to medically necessary care similar to Traditional Medicare.

For the implementation timeline:

- The **API requirements** of the **Interoperability and Patient Access Final Rule** will take effect **January 1, 2027**.
- **Prior authorization process changes** and timeframe requirements begin in **2026**.
- Impacted payers must report required prior authorization metrics by **March 31, 2026**.

Remember, these changes aim to improve the Medicare experience for seniors and people with disabilities.

Integrated Home Care Services, Inc. (IHCS), a licensed TPA, has examined and thus acknowledges these CMS policy revisions and continues to assess their potential impact on the contractual services we perform on behalf of our Health Plan partners. IHCS Policy 25.076 serves as a demonstration of the compliance measures IHCS has implemented to prepare for, and will subsequently adhere to, regarding these revised regulations applicable to our business model and that best serves the needs and safety of our health plan contractual partners and their enrollees. As a delegated entity performing critical functions for health plans, our organization bears a level of responsibility for implementing many aspects of this rule(s). Our direct involvement in utilization management, claims processing, and network management places IHCS at the forefront of these changes. Proactive planning, investment in technology, and close collaboration with our health plan clients will be crucial for successful implementation and compliance with this rule.

Chief Compliance Officer for Integrated Home Care Services, Inc.

LOCATION OF IHCS POLICIES, PROCEDURES, COMPLIANCE PLAN AND CODE OF CONDUCT

You can find IHCS Policies, Procedures, Compliance Plan and Code of Conduct in the following folders:

J:\Shared\2025 - IHCS - Policies & Procedures

Every Employee's UKG Training Profile

WWW.IHCSCORP.COM website

Corporate Compliance Program & Code of Conduct



CORPORATE COMPLIANCE PROGRAM APPROVAL:

Policy Name:	Corporate Compliance Program	Original Creation Date:	2015 09.21
Policy Numbers:	IHCS 6.001, 25.007, and 25.061	Original Effective Date:	2015.09.21
Line of Business:	Corporate	Review Date:	11/26/2024
Owner of Policies:	Enterprise Chief Compliance Officer	Replaces:	Corporate Compliance Program Original Effective Date: 01.2024 Revised: 11/26/2024 for BOD Acceptance through Signed Preface.
Committee Approval:	Committee: Corporate Compliance Committee Ad Hoc Date of Implementation: 01/06/2025	Exec./Sign off:	Title: Enterprise Chief Compliance Officer: Signature: <i>Gladiris Galiano</i>