

MVP Health Care, Inc. Code of Ethics and Business Conduct Summary

MVP Health Care, Inc. ("MVP") provides this Code of Ethics and Business Conduct Summary as part of its commitment to conducting business with integrity and in accordance with all federal, state and local laws. This summary provides MVP's network providers, vendors, and delegated entities ("Contractors") with a formal statement of MVP's commitment to the standards and rules of ethical business conduct. All MVP contractors are expected to comply with the standards as highlighted below. Contractors may access MVP's full *Code of Ethics and Business Conduct* by visiting mvphealthcare.com and selecting *Providers*, then *Reference Library*, then *Learn about MVP Policies*.

Protecting Confidential and Proprietary Information

It is of paramount importance that MVP's member and proprietary information be protected at all times. Access to proprietary and member information should only be granted on a need-to-know basis and great care should be taken to prevent unauthorized uses and disclosures. MVP's contractors are contractually obligated to protect member and proprietary information.

Complying with the Anti-Kickback Statute

As a Government Programs Contractor, MVP is subject to the federal anti-kickback laws. The anti-kickback laws prohibit MVP, its employees, and contractors from offering or paying remuneration in exchange for the referral of Government Programs business.

Reviewing the Federal and State Exclusion and Identification Databases

MVP and its Government Programs contractors are required to review the applicable federal and/or state exclusion and identification databases. These database reviews must be conducted to determine whether potential and current employees, contractors and vendors are excluded from participation in federal and state sponsored health care programs. The federal and state databases are maintained by the Department of Health and Human Services Office of Inspector General ("OIG"), the General Services Administration ("GSA"), the New York State Office of Medicaid Inspector General ("OMIG"), and the Social Security Administration (the National Plan and Provider Enumeration System ("NPPES") and Death Master File).

Prohibiting the Acceptance of Gifts

MVP prohibits employees from accepting or soliciting gifts of any kind from MVP's current or prospective vendors, suppliers, providers or customers that are designed to influence business decisions.

Detecting and Preventing Fraud, Waste and Abuse (FWA)

MVP has policies and processes in place to detect and prevent fraud, waste and abuse ("FWA"). These policies outline MVP's compliance with the False Claims Act and other applicable FWA laws and regulations. These laws and regulations prohibit MVP and its contractors from knowingly presenting or causing to present a false claim or record to the federal government, the State Medicaid program, or an agent of these entities for payment or approval. Contractors may access MVP's policy for Detecting and Preventing fraud, waste, and abuse by visiting mvphealthcare.com and selecting *Providers*, then *Reference Library*, then *Learn about MVP Policies*. The MVP Special Investigations Unit ("SIU") is instrumental in managing the program to detect, correct and prevent FWA committed by providers, members, subcontractors, vendors and employees. The SIU maintains a toll-free, 24-hour hotline, 1-877-835-5687, where suspected fraud and abuse issues can be reported directly by internal and external sources.

Providing Compliance Training and Fraud, Waste & Abuse (FWA) Training

MVP's contractors that support its Medicare products and who are first tier, downstream or related entities ("FDRs") are required to provide general compliance training and FWA training to their employees, subcontractors and downstream entities. The Centers for Medicare & Medicaid Services ("CMS") provides a Medicare Parts C and D FWA and general compliance training program. This online program is available through the CMS Medicare Learning Network by visiting cms.gov and selecting *Outreach & Education*, then *Fraud & abuse*, then *MLN provider compliance*, then *FAQs Medicare Parts C and D Compliance and Fraud, Waste, and Abuse Trainings*. Entities who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare Program or through accreditation as a supplier of DMEPOS are deemed to have met the FWA training requirement. However, these entities must provide general compliance training. To prevent and detect FWA, all MVP contractors should provide compliance and FWA training to their employees, subcontractors and downstream entities upon hire, annually and as changes are implemented.

Reporting Suspected Violations

MVP provides an Ethics & Integrity Hotline for reporting suspected violations of the Code of Ethics or of its legal requirements. The Ethics and Integrity Hotline is available for employees, vendors, and contractors to report suspected violations anonymously at **1-888-357-2687**. Ethics Point manages MVP's confidential reporting system and receives calls made to the Hotline. Ethics Point triages reports in a secure manner to MVP's Compliance Office. The Compliance Office promptly and thoroughly investigates all allegations of violations. All MVP contractors are required to report actual or suspected non-compliance and FWA that impacts MVP using the hotlines referenced above. Contractors are protected from intimidation and retaliation for good faith participation in MVP's Compliance Program.

**Questions? Please contact the Customer Care Center for Provider Services.
Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time
at 1-800-684-9286.**

