INDEPENDENT HEALTH

Vendor Compliance Guide

Independent Health

INTRODUCTION

What Is This Compliance Guide?

Independent Health relies on our relationships with vendors to deliver high quality services and support for our members. This guidebook will give you an overview of our company and clarify our expectations for regulatory compliance and meeting the standards in our Corporate Code of Conduct and Ethics. Many of our vendors already meet these standards and are fully compliant with applicable laws. This document provides an overview of who we are and what we expect to ensure consistency.

Who Is Independent Health?

Mission

We provide health-related products and services that enable affordable access to quality health care.

Vision

We will be the recognized leader in customer engagement and delivering solutions that improve the health of the communities we serve.

Values

We are...

- **Passionate** — We love what we do
- **Caring** — We support the well-being of others
- **Respectful** — We are considerate and value individual differences
- **Trustworthy** — We instill confidence through our character and competence
- **Collaborative** — We work together to create solutions
- **Accountable** — We deliver what we promise

CULTURE: THE KEY TO OUR SUCCESS

Since the company's founding in 1980, Independent Health's unique and positive culture has been the cornerstone of the company's success. In a world of constant change and increasing complexity, our culture has been the mainstay of our organization, enabling us to thrive in any environment. This success is reflected in the national recognition, top honors, awards and rankings Independent Health receives on a consistent basis.

Independent Health's values are embodied through our associates' efforts. That is why we strive to hire people who share our values, who have a collaborative work style, and who exhibit exceptional character, quality and integrity. The spirit and passion of our associates is what has enabled Independent Health to be consistently rated one of the top health plans in the nation. This same spirit and passion will drive our future success.

Independent Health is proud of our award-winning culture. Recognizing that our competitive advantage lies primarily in the dedication and creativity of our associates, we are committed to fostering a culture that creates a positive work environment for our associates and helps us continue to deliver the best possible experience for our customers.

Independent Health also highly values our relationship with our vendor business partners. Our vendor management efforts seek to maintain the same commitment to collaboration, respect, trustworthiness, passion, accountability, and caring to outside partners.

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INDEPENDENT HEALTH CORPORATE CODE OF CONDUCT AND ETHICS

Independent Health is committed to upholding a culture of compliance and ethics throughout our organization. The Corporate Code of Conduct clarifies Independent Health's mission, values and principles, linking them with standards of professional conduct. Responsibilities regarding the Code include:

- Avoiding possible or perceived conflicts of interest.
- Remaining compliant with regulatory requirements.
- Conducting ethical business practices, including data integrity and reporting.
- Remaining mindful of any suspected instances of Fraud, Waste or Abuse.
- Providing fair, high-quality service to our customers.
- Completing annual education and attestations.
- Reporting receipt of gifts/events from outside entities.

We recognize that many vendors have their own Code of Conduct and Ethics, which supersedes Independent Health's document with regard to their own employees. However, for vendors who do not have their own Code of Conduct and Ethics, we expect the standards established in our document to be met. Maintaining the highest standards of compliance and ethics demonstrates the value of caring through integrity, fair dealing, and high-quality service. While we expect this of our vendors, we also want to know if we are not meeting our vendors' expectations in these areas. Reporting actual or suspected non-compliance is required for all vendors.

COMPLIANCE EXPECTATIONS

Independent Health is committed to promoting a culture of compliance and ethics in everything it does. This Vendor Compliance Guide outlines our organization's principles and practices to ensure a culture of respect which promotes fair business practices, integrity at all levels of interaction between Independent Health and our business partners, and compliance with regulatory requirements and best practices. This document describes the principles we bring to life every day through collaborative effort and shared commitment to excellence.

Seven Elements of an Effective Compliance Program

In accordance with the recommendations and requirements outlined by the Centers for Medicare and Medicaid Services (CMS), the Department of Health (DOH) and the Federal Sentencing Guidelines, Independent Health has developed a robust compliance program which incorporates all seven elements of an effective compliance program. This program extends to our vendors as well as for our workforce to ensure a strong partnership that respects autonomy but maintains appropriate oversight. Underpinning all seven elements as a foundational requirement is maintaining an environment free from retaliation and intimidation.

CORPORATE INTEGRITY AGREEMENT

Independent Health entered into a Corporate Integrity Agreement (CIA) with the Office of the Inspector General of the United States Department of Health and Human Services (HHS) in December 2024. The agreement will be in place until December 2029 and its objective is to further promote and ensure compliance with the statutes, regulations and directives of Medicare, Medicaid, and other federal health care programs.

Prior to the CIA, Independent Health maintained a compliance program built off of the OIG's best practices and the Seven Elements for an Effective Compliance Program. As part of the CIA, the organization has further enhanced our compliance program to address any gaps and formally document our adherence to all obligations outlined in the CIA.

GIFT POLICY

We understand that it is often customary, though never expected, for vendors to occasionally provide gifts in recognition of service or collaborative success. Considering that gift giving is common, Independent Health is sharing the basic boundaries of our policies with vendors for awareness. Independent Health prohibits workforce members, officers and directors from offering, accepting, giving or soliciting items of value in order to secure business or in return for giving business or if the intent is to influence.

Independent Health asserts as a matter of policy, and of principle, that business decisions should be free from even the appearance of influence. It is important for business decisions to be made based on the merit of the business factors involved and not based upon the offering or acceptance of gifts, donations or favors. Policies are in place for Independent Health's workforce as follows: gifts of cash or cash equivalence (e.g. gift cards) may never be accepted; individual gifts valued over $250 (cumulative) value may not be accepted in any calendar year.

CONFLICTS OF INTEREST

In order to maintain an open and trusting relationship with our members, business partners, suppliers and providers, Independent Health must ensure that our personal situations do not create an actual conflict of interest or even the appearance of a conflict of interest. We expect the same avoidance of conflict from our vendors. A conflict of interest is a situation where an individual's personal interests or activities could influence one's judgment or decisions, and therefore, one's ability to act in the best interests of Independent Health. A conflict of interest may also arise from activities that appear to influence decisions or judgment.

FAIR DEALING WITH SUPPLIERS, COMPETITORS AND THIRD PARTIES

All business dealings with customers, suppliers and third parties must be open, lawful, honest and fair. Our suppliers, contractors, business partners, and workforce members make significant contributions to Independent Health's success. If Independent Health cannot legally act directly, we will not act indirectly through agents, consultants or other third parties.

We must take special care to avoid engaging in anti-competitive activities or unfair trade practices. Our success in the market comes from the quality of the products and services we offer. Workforce members and vendors must avoid any conduct involving market manipulation, concealment of information that Independent Health has a duty to disclose, misuse of confidential information, misrepresentation or any other unfair trade practices.

FEDERAL PROCUREMENT

As a provider of services under contract with Medicare (Parts C and/or D) and Medicaid Managed Care (MediSource, the Essential Plan and the Child Health Plus programs), Independent Health is committed to complying with all applicable regulations in the administration of government programs. For example, Independent Health is subject to federal and state false claims laws that prohibit submission of a false claim or making a false record or statement in order to gain reimbursement from and/or avoid an obligation to a government sponsored health care program (See, 42 U.S.C. § 1320a-7b(b) (the Anti-Kickback Statute) and 42 U.S.C. § 1395nn (the Stark Law)).

GIFTS TO GOVERNMENT AND PUBLIC OFFICIALS

The Federal Procurement Integrity Act restricts certain business conduct by representatives of a company seeking to obtain a contract with the federal government, such as giving gifts to public officials or representatives of government agencies. Independent Health vendors will follow this protocol in line with our principles of fair dealing and business integrity when performing work on our behalf.

NEW YORK STATE SEXUAL HARASSMENT PREVENTION

New York Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for associates to report alleged incidents of sexual harassment. This policy applies to all associates, applicants for employment, contingent workers and persons conducting business, regardless of their immigration status, with Independent Health, its subsidiaries and affiliated organizations within New York State.

Sexual harassment is against the law. Contingent workers and vendor employees have a legal right to a workplace free from sexual harassment, and associates are urged to report sexual harassment by filing a complaint internally with the company, or with a government agency or in court under federal, state or local antidiscrimination laws.

No contingent worker or vendor employee shall be subject to adverse action due to reporting an incident of sexual harassment, providing information, or otherwise assisting in any investigation of a sexual harassment complaint. The company will not tolerate such retaliation against anyone who in good faith complains or provides information about suspected sexual harassment.

Reports may be made verbally or in writing through the reporting tools mentioned in this guide. Reports will be referred to Independent Health's Human Resources Department for appropriate investigation.

REPORTING/DISCLOSING

Independent Health vendors may utilize various methods to report/disclose a violation or concern. While vendors most likely have their own internal means for reporting/disclosing issues at their workplace, we make available to vendors our resources for anonymous and confidential reporting/disclosing in case incidences arise which may be relevant to the Independent Health contract or our associates working with the vendor. Such methods include reporting/disclosing violations to their Independent Health business partner or a member of the management team, utilizing the anonymous and confidential compliance helpline, or contacting the Compliance Department directly by email or telephone. No matter the method utilized, vendors must provide sufficient information in order for the matter to be investigated. Independent Health maintains a policy of non-intimidation and non-retaliation which extends to vendors.

OVERVIEW OF REPORTING/DISCLOSING

When reporting/disclosing an actual or suspected incident of noncompliance or a violation, at a minimum the following information is necessary to conduct an investigation:

- A description of the incident
- Suspected party's name (if available)
- Names of any others who might have information about the incident
- Department/area incident occurred
- Date and time of incident
- Any supporting documentation

COMPLIANCE DEPARTMENT

Responsible for responding to and investigating issues of suspected or actual noncompliance with federal and state laws, rules and regulations, agency guidance, improper reporting to regulators, questionable sales techniques, conflict of interest, violations of Independent Health's Code, corporate policies and procedures, the Corporate Integrity Agreement, etc. For general compliance questions or guidance, contact Independent Health's Chief Compliance Officer.

INFORMATION RISK OFFICE

Responsible for addressing privacy issues and security breaches as they relate to Independent Health's information and records to comply with the Health Insurance Portability and Accountability Act (HIPAA).

THE PROCESS FOR REPORTING/DISCLOSING SUSPECTED PRIVACY OR SECURITY EVENTS IS AS FOLLOWS:

- Suspected privacy or security events include incidents involving unauthorized disclosure, misuse, loss, theft, or improper access to PHI, PII, or CBI.
- Email us at **informationriskoffice@independenthealth.com**.
- Call our **IRO department** at **(716) 250-7300**.
- Tell us what you suspect, and if possible, include:
    - ID number/Member # impacted
    - Name and type of recipient with any identifying information
    - Type of data impacted
    - Relevant dates such as date of disclosure, date of discovery, etc.
    - Any remediation steps taken such as confirmation of deletion or destruction
    - Summary of incident with any other information you feel is applicable (e.g. claims, documentation, contractual agreements, data extracts).
- Please provide a contact at your organization we can engage to request additional information should that be needed.

Note: Your general contract requirements or timelines may supersede the above.

SPECIAL INVESTIGATIONS UNIT (SIU) DEPARTMENT

Responsible for responding to and investigating issues regarding identity theft, fraud, waste and abuse of providers, members, workforce member, business partners, and vendors.

FRAUD, WASTE, AND ABUSE

Independent Health is committed to preventing, detecting, correcting, and reporting potentially illegal and fraudulent, abusive or wasteful practices. Independent Health has a comprehensive fraud and abuse program, led by its Special Investigations Unit (SIU). In furtherance of Independent Health's culture of fraud awareness, our vendors, associates, business partners and providers undergo annual fraud, waste and abuse (FWA) education. We will provide vendors with appropriate FWA modules upon request if the vendor does not already make this available to their associates who access health care data. Our expectations regarding our vendors and our reporting process are as follows:

Your organization is required to notify Independent Health of any suspected Fraud, Waste or Abuse committed by one of our members, providers who service our members, or any other party engaged in the provision of health care services and administration of our members' health care benefit(s).

While we will require your assistance in the investigation of any suspected cases of FWA, the contract we have with you does not authorize you to perform investigation or audit on our behalf.

If FWA is suspected, we require you to report/disclose it to the plan immediately and the plan will conduct/direct the investigation, audit, corrective action, resolution throughout its lifecycle.

If your organization detects the potential for fraud, waste or abuse within your scope of contracted services, which may impact Independent Health, its members or providers, we request that you follow the procedures on the following page(s) to report any concerns.

THE PROCESS FOR REPORTING/DISCLOSING SUSPECTED OR ACTUAL FRAUD, WASTE, OR ABUSE IS AS FOLLOWS:

- Email us at **SIU@independenthealth.com**.
- Call our **SIU department** at **1-800-665-1182**.
- ReportIt online reporting tool (anonymous): https://secure.reportit.net/creator/defaultC.asp (username: IHA, password: redshirt)
- Tell us what you suspect, and if possible, include our Member Information:
  - ID number/Member #.
- If a provider is involved in the potential fraud, waste or abuse, please provide name, NPI#, Business or medical practice group name.
- Please provide a contact at your organization we can engage to request additional information should that be needed.
- Provide any other information you feel is applicable (e.g. claims, documentation).

PHISHING/SOCIAL ENGINEERING

Vendors who access or manage sensitive data or systems must be aware of phishing and social engineering threats. These attacks often involve deceptive communications designed to trick individuals into revealing credentials, clicking malicious links, or providing confidential information. As a trusted partner, your vigilance is essential to maintaining our shared cybersecurity posture.

When in doubt, do not click the link or provide any information. Always verify the identity of the requestor using a separate, trusted communication channel before taking any action involving sensitive information or access.

ARTIFICIAL INTELLIGENCE

Corporate Position on AI

Independent Health permits the use of artificial intelligence (AI) resources, where authorized, to assist workforce members and contracted vendors in the performance of their responsibilities. Access to AI resources may be restricted based on role, business need, contractual requirements, or risk considerations. This includes integration of AI resources into applications used to support Independent Health services. Vendors are responsible for using AI in a manner that aligns with Independent Health's expectations, contractual obligations, applicable laws and regulations, and privacy and security requirements.

AI Guardrails and Policy

References to the Independent Health AI Guardrails and Acceptable Use Policy apply only to individuals with access to Independent Health systems and internal resources. If these materials are included in your Learning Packet or otherwise made available to you by Independent Health, you are expected to review and follow them.

- The "Acceptable Use Policy" outlines our corporate stance and basic high-level rules.
- The "AI Guardrails" document dives into specific details, including:
  - Do's/Don'ts of AI usage
  - Specific approved use cases for AI
  - Permitted/non-permitted AI sites and tools

Vendors supporting Independent Health must review and adhere to any AI requirements, standards, guardrails, or contractual obligations communicated by Independent Health. Please take the time to review the above documents now, if applicable. Failure to adhere to corporate rules on appropriate AI usage may result in contractual, compliance, or other corrective action as appropriate.

Key AI Takeaways

- The following documents must be reviewed and adhered to for proper AI usage:
  - Acceptable Use Policy
  - AI Guardrails (includes Data Classification, Acceptable AI Use Cases and Approved AI Sites appendices)
- Vendors must be cautious of the risks in using AI, including, but not limited to:
  - False outputs ("hallucinations")
  - Discriminatory outputs
  - Copyright issues
  - Lack of understanding of the sources used by AI to produce the output
  - Regulatory and ethical concerns
  - Unauthorized disclosure of Protected Health Information (PHI), Personally Identifiable Information (PII), Confidential Business Information (CBI), or other proprietary information
- PHI, PII, CBI, or other Independent Health proprietary information must not be entered into AI tools except as expressly permitted by Independent Health and applicable contractual requirements.
- Vendors remain responsible for the accuracy, completeness, and appropriateness of any deliverable, recommendation, analysis, or work product that incorporates AI-generated content.
- Individuals utilizing AI will be held responsible for their work and must review any AI output for accuracy and applicability.
  - If an individual lacks the proper expertise to quality review an output, they must not use AI for that purpose or must engage an individual with the appropriate skillset to review the output.
- Failure to adhere to corporate rules on AI usage may result in contractual, compliance, or other corrective action as appropriate.

VENDOR RISK MANAGEMENT

Independent Health maintains a vendor risk management (VRM) program to manage and assess the confidentiality, integrity, privacy, security, compliance, financial stability, and availability controls of all vendors that provide a service to Independent Health. Independent Health evaluates the vendor's environment for adherence to applicable legal and regulatory requirements and against Independent Health's policies and standards. The vendor risk management program is organized under the leadership of the Information Risk Office and aims to accomplish three primary goals:

- ☐ To enable Independent Health's business leaders to make risk-informed decisions,
- ☐ To support Independent Health's overall vendor management program in its leadership and oversight of the vendor engagement process, and;
- ☐ To align department assessment goals of Compliance, Finance, Business Continuity Management, and the Information Risk Office.

The VRM assessment process is initiated upon the start of a new vendor relationship, a modified or expanded relationship, an event criterion has been met (e.g., re-assessment period is met, breach or outage has occurred), or upon termination of a vendor relationship. The assessment process includes:

- ☐ Defining type, scope of services offered, and criticality to Independent Health operations,
- ☐ Assessing and conducting due diligence through various approaches,
- ☐ Mitigating and managing risk from the due diligence, and;
- ☐ Monitoring vendors for adherence.

There are four domains that Independent Health Risk Assessments may cover, Privacy and Security, Compliance, Business Continuity and Disaster Recovery, and Finance. The domains and the scope of the assessments depend on the services being provided and the criticality of the relationship with Independent Health.

POLICY AND DOCUMENT REQUESTS IN RISK ASSESSMENTS

All the domains in the Independent Health Risk Assessments include control questions and allow Independent Health to request copies of policies or documents relevant to their domain. If your organization signed an Independent Health Technical Security Addendum, you are obligated to provide the requested documents or policies as part of the risk assessment.

Vendors or Contractors with access to Independent Health Sites or Systems

- ☐ If electronic technologies are provided for use by Independent Health at its' own expense, it is the private property of Independent Health and the users must adhere to all established Privacy and Information Security policies.

- ☐ It is a violation of the Federal Privacy and Security Regulations (HIPAA 45 CFR § Parts 160 and 164) and Independent Health Privacy and Information Security policies to use Independent Health electronic technologies or paper-based medical records/charts to access the protected health information of co-workers, family members, friends, neighbors or anyone else unless directly involved in the provision of health care (treatment, payment or health care operations), as an Independent Health workforce member, for that individual.
- ☐ It is a violation of Independent Health policy to print, display, download, transmit or send any material that may be perceived as insulting, disruptive, harassing or offensive by other persons, or harmful to morale.
- ☐ Protected Health Information (PHI) or Confidential Business Information (CBI) must never be stored on personal devices, emailed to personal accounts, or shared with unauthorized parties and is a violation of Independent Health Privacy and Information Security policies and a potential HIPAA violation.
- ☐ Independent Health approved methods for transmitting Protected Health Information (PHI) or Confidential Business Information (CBI) in a secure manner, as outlined in the Correspondence Policy, must be adhered to.
- ☐ Using your system credentials, access, read and review the supplemental training materials provided by Independent Health

WHAT ARE THE COMPLIANCE PROGRAM REQUIREMENTS?

Independent Health is committed to ensuring that our vendors (also identified as FDRs, subcontractors, delegated entities, business associates, contractors, or affiliates) are in full compliance with all applicable federal and New York State laws, regulations and statutory requirements. Use this checklist as a reference to ensure your organization has met the standard Compliance Program Requirements.

✓ **(Check all that are currently being met. Any that are not being met currently will need to be added to the vendor's compliance program.)**

- ☐ The vendor will maintain and distribute compliance policies and procedures and Standards of Conduct as well as facilitate General Compliance training to all new hires within 90 days of hire and annually thereafter.
    - If the vendor does not maintain such a Standards of Conduct, you agree in principle to Independent Health's Corporate Code of Conduct and Ethics. The most-up-to-date version is always available for review and reference on the Independent Health Vendor Compliance page, found here — https://www.independenthealth.com/individuals-and-families/tools-forms-and-more/vendor-compliance
- ☐ The vendor facilitates, both prior to hire of associates and prior to contracting with subcontracted entities, and monthly thereafter all relevant sanction and exclusion lists to monitor for ineligible persons.
    - All associates, contingent workers and vendors who provide services on behalf of Independent Health are required to report if they are or become ineligible or if they have knowledge of another individual or entity having ineligible status. An ineligible person is an individual or entity who: (a) is currently excluded from participation in any federal health care program or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) (mandatory exclusion) but has not yet been excluded from participation in any federal health care program. (See, The Act §1862(e)(1)(B), 42 C.F.R. §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901).
- ☐ The vendor has established and implemented disciplinary policies and procedures that reflect clear and specific disciplinary standards. The disciplinary policies must describe the sponsor's expectations for the reporting of compliance issues including noncompliant, unethical or illegal behavior, that employees participate in required training, and the expectations for assisting in the resolution of reported compliance issues.

☐ The vendor maintains a policy that prohibits retaliatory or intimidating acts against workforce members who fulfill their obligation to report in good faith and with reasonable belief, known or suspected incidents of wrongdoing or noncompliance or participating in an organizational investigation pertaining to alleged violations of laws, rules, regulations or policies or procedures. Anonymous and confidential reporting mechanisms are made available.

☐ Independent Health may provide supplemental compliance materials to be distributed to all members of the workforce who support the Independent Health contract. This includes any workforce members who work for your organization directly, or who provide services on your behalf by a subcontracted or delegated entity. All workforce members, including vendors and contingent workers, must agree to abide by the provisions outlined in the training. The Compliance Officer for the vendor will be able to review and agree to the content prior to distribution.

☐ The vendor has mechanisms in place to promptly receive and respond to noncompliance, unethical or illegal behavior, as well as Fraud, Waste and Abuse concerns and report these issues to Independent Health.

MEDICARE VENDORS

What is an FDR?

FDRs are First Tier, Downstream, or Related Entities as defined by the Centers for Medicare and Medicaid Services (CMS). Additional guidance on what constitutes the guidelines for these designations is in Chapters 21 and 9 of the Medicare Chapter Guidance, but in summary:

- A First-Tier entity is "any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501)."
- A Downstream entity is "any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501)."
- A Related entity is "any entity that is related to an MAO or Part D sponsor by common ownership or control and (1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation; (2) Furnishes services to Medicare enrollees under an oral or written agreement; or (3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (See, 42 C.F.R. §423.501)."

If you are an FDR, the following requirements apply to you. If you have questions about your status, please contact the Compliance Department at Independent Health.

MEDICARE VENDOR SPECIFIC REQUIREMENTS

☐ The vendor distributes and facilitates CMS produced Combating Medicare Parts C and D Fraud, Waste, and Abuse and Medicare Parts C and D General Compliance Training within 90 days of new hire and annually thereafter. If the vendor has an internal training program which is exactly equivalent to the CMS-produced training in content, this may be used in lieu of the CMS training.

☐ The vendor facilitates all relevant ineligible persons exclusion list checking both prior to hire of associates and prior to contracting with subcontracted entities and monthly thereafter. The following lists to be checked include:

- Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE);
- The System for Award Management (SAM) Exclusions, formerly the Excluded Parties List Service (EPLS);

- U.S. Treasury's Office of Foreign Assets Control's (OFAC) List of Specially Designated Nationals and Blocked Persons.
- Federal Preclusion List (only applicable to vendors that make direct payments to providers and prescribers).

☐ Record retention:

- The vendor maintains documentation/proof of all associates who completed compliance and FWA training, in addition to all other supporting records for a period of 10 years.
- In general, records must be retained for a minimum of 10 years from the date of its creation in accordance with federal requirements, or from the date when it was last in effect (i.e. the date it was last used for business operation purposes), whichever is later.

MEDICARE VENDOR SPECIFIC OPERATIONAL REQUIREMENTS

☐ If applicable, the vendor must verify that any downstream/subcontractor/related entity follows all aforementioned requirements. We request annually a list of any downstream entities the organization utilizes to support administrative, health care or member-impacting services relating to Independent Health's Medicare contract.

☐ The term "offshore" refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of "offshore" include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

If the vendor utilizes the services of any offshore entity (offshore: outside the geographical bounds of United States territory) to facilitate, fulfill or help fulfill requirements contracted to your organization additional oversight and monitoring will apply. Offshore requirements pertain to any transaction or operational element that receives, processes, transfers, handles, stores, or accesses (in any form or capacity and whether it be oral, written or electronic) any portion of Independent Health's members' Protected Health Information (PHI) and/or Personally Identifiable Information (PII). This includes, but is not limited to, people, data and servers located offshore. (For CMS' offshore definition, please reference the HPMS memo dated September 20, 2007 entitled, Sponsor Activities Performed Outside of the United States [Offshore Subcontracting] Questions & Answers).

☐ If the vendor participates in any plan marketing activities, they must comply with the applicable requirements set forth in the Medicare Communications and Marketing Guidelines (MCMG). This may include co-branding, use of social media or mobile applications, file and use rules, language and disclaimer requirements, certain communication to enrollees, and promotional materials.

☐ The vendor must be able to produce federal and state required reporting for any delegated services.

☐ If applicable, the vendor must comply with all turnaround times, notification and claims processing requirements pertaining to organization determinations, coverage determinations, appeals, and/or grievances as outlined in Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance.

☐ If applicable, the vendor must be able to correctly identify when a member should be referred to the plan. These Customer Service/Call Center/Online Chat scenarios would include benefit inquiries, complaints, organization determinations, coverage determinations, appeals, and grievances.

MEDICAID MANAGED CARE/ESSENTIAL PLAN/CHILD HEALTH PLUS SPECIFIC VENDOR REQUIREMENTS

☐ Pursuant to **42 CFR 455.104**, if the vendor is a disclosing entity, fiscal agent, and/or a managed care entity (see definitions 42 CFR 455.101), you are obligated to:

- Within 35 days of request, provide to Independent Health ownership or control interest disclosure of the organization and/or managing employees; and
- Disclose any criminal convictions by managing employees related to that person's involvement in Medicare, Medicaid or Title XX programs, which in turn will be disclosed to the New York State Department of Health;

☐ The vendor facilitates all relevant ineligible persons exclusion list checking both prior to hire of associates and prior to contracting with subcontracted entities and monthly thereafter. The following lists to be checked include:

- The Office of the Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE);
- The System for Award Management (SAM) Exclusions, formerly the Excluded Parties List Service (EPLS);
- U.S. Treasury's Office of Foreign Assets Control's (OFAC) List of Specially Designated Nationals and Blocked Persons.
- New York Office of Medicaid Inspector General (OMIG) list of Excluded and Terminated Providers and Entities;
- New York State Office of General Services — Iran Divestment Act https://ogs.ny.gov/iran-divestment-act-2012 — navigate to "List of Entities" link
- Social Security Death Master File (SSDMF) (only applicable to certain vendors that employ or contract with providers).
- The National Plan and Provider Enumeration System (NPPES) NPI Registry (only applicable to certain vendors that employ or contract with providers).

☐ Record retention:

- The vendor maintains documentation/proof of all associates who completed individual compliance training, in addition to all other supporting records for a period of 10 years for New York State's Medicaid Managed Care (MediSource), Child Health Plus and Essential Plan.
- The vendor maintains documentation of members' medical records for a period of 10 years from the date of service rendered. If the record contains information (medical records, claims or services rendered/denied) concerning a minor (under 18 years of age), the record retention period must be extended until ten (10) years after the minor reaches age 18.

☐ The vendor should not utilize the services of any offshore entity (offshore: outside the geographical bounds of United States territory) to facilitate, fulfill or help fulfill requirements contracted to the organization. Offshore pertains to any transaction or operational element that receives, processes, transfers, handles, stores, or accesses (in any form or capacity and whether it be oral, written or electronic) any portion of Independent Health's members' Protected Health Information (PHI) and/or Personally Identifiable Information (PII). This includes, but is not limited to people, data and servers located offshore. If the organization does currently use offshore services to support Independent Health's contract please contact the Compliance Department and your Independent Health business partner for further discussion.

☐ All subcontractors providing any clinical services utilized by the vendor have been disclosed to Independent Health and are licensed by New York State to provide such services.

CONTACT INFORMATION

HOW TO ACCESS INDEPENDENT HEALTH'S COMPLIANCE RESOURCES

Helpline: 1-877-229-4916 (confidential)
Compliance Department: (716) 504-3233
Fraud and Abuse: 1-800-665-1182 (confidential)
Privacy and Security: (716) 250-7300
ReportIt online reporting tool (anonymous): **https://secure.reportit.net/creator/defaultC.asp** (**username: IHA, password: redshirt**)

INDIVIDUAL CONTACTS

Nicole Britton, Chief Compliance Officer: (716) 635-4874
Peter Jabrucki, Chief Information Security Officer: (716) 250-7383
Sheila Caulfield, Director, Corporate Recoveries & SIU: (716) 635-3783

Independent Health®

511 Farber Lakes Drive
Buffalo, NY 14221