



# Code of conduct



# **Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc.**

Dear Employee:

As part of our ongoing efforts to improve the quality and value of health services to our Members, Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. (hereafter collectively referred to as “the Health Plan”) have undertaken considerable review of the quality of care and services delivered by Health Plan employees and through our network of providers. As part of this, we strive to ensure an ethical approach to the management and delivery of specified health services. We must demonstrate consistently that we act with absolute integrity in the way we do our work.

This Code of Conduct provides guidance to ensure that our work is done in an ethical and legal manner. It emphasizes a dedication to fostering an environment of honest and responsible behavior. It contains resources to help resolve any questions about appropriate conduct in the work place. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future.

If you have questions regarding this Code of Conduct or come across any situation that you believe violates provisions of this Code, you should immediately consult your supervisor, another member of the Health Plan management, or the Health Plan Compliance Department at 570-214-2078. You may also call the independently run hotline anonymously at 1-800-292-1627. You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

We are committed to the ideals reflected in this Code of Conduct. We are equally committed to assuring that our actions consistently reflect our words. To achieve this, we expect all of our colleagues’ actions to reflect the high standards set forth in this Code of Conduct. However, no written code of conduct can substitute for our own internal sense of fairness, honesty, and integrity. If you run into a situation or are considering a course of action which may be technically within the guidelines of this Code of Conduct, but are concerned that the contemplated action simply “does not feel right,” please discuss the situation with any of the resources listed above.

In closing, we trust you as a valuable member of our team. We ask you to assist us in supporting the values and principles that are critical to the Health Plan’s continued success.

Sincerely,

Terry Gilliland  
President and Chief Executive Officer, Geisinger

Kurt Wrobel  
President Geisinger Health Plan/Executive  
Vice President Insurance Operations

## Table of Contents

Purpose of our Code of Conduct	4
Leadership Responsibilities	4
Fundamental Commitment to Stakeholders	4
Relationship with our Members	5
Quality Improvement	6
Regulatory Compliance	6
Nondiscrimination	7
Dealing with Accrediting Bodies	7
Business Information and Information Systems	8
Workplace Conduct and Employment Practices	9
Marketing Practices	11
Business Courtesies	12
The Health Plan Compliance Program	13
Questions and Answers	14

*(Note: All references to “the Health Plan” or the “organization” in this Code of Conduct refer to Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. and/or its affiliates, as applicable.)*

## PURPOSE OF OUR CODE OF CONDUCT

Our Code of Conduct provides guidance to all Health Plan employees and the Board. The Code assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with members, employer groups, healthcare providers, subcontractors, independent contractors, vendors, consultants, and one another.

The Code is a critical component of our overall Compliance Program and has been approved by the Board of Directors. We have developed the Code to ensure that we meet our ethical standards and comply with applicable laws, regulations and contractual obligations.

The Code is intended to achieve three key objectives:

- 1.) To communicate facts about how our health plan works for the benefit of members.
- 2.) To make it clear that our health plan is responsive to the concerns of members, physicians and other healthcare professionals.
- 3.) To provide a platform to demonstrate our commitment to high levels of accountability.

## LEADERSHIP RESPONSIBILITIES

While all Health Plan employees are obligated to follow this Code, we expect our leaders to set the example, to be in every respect a model for others in the organization. They must ensure that those on their team have sufficient information to

comply with applicable laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help to create a culture within the Health Plan that promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to express concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

## FUNDAMENTAL COMMITMENT TO STAKEHOLDERS

We affirm the following commitments to the Health Plan stakeholders:

***To Our Members:*** We are committed to providing quality, affordable health care with access to a network of credentialed health care providers, access to customer service units to assist members and access to a complaint and grievance process for timely problem resolution.

***To Our Health Plan Employees:*** We are committed to a work setting which treats all employees with fairness, dignity, and respect. It affords them an opportunity to develop professionally and to work in a team environment in which all ideas are considered.

***To Our Affiliated Providers:*** We are steadfast in our commitment to provide network management resources that support our service area. We are dedicated to dealing with our affiliated providers in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for delivering quality health services and bringing efficiency and cost-effectiveness to health care.

***To Our Regulators:*** We are committed to

an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

***To the Communities We Serve:*** We are committed to understanding the particular needs of the communities we serve and arranging and managing quality, cost-effective health services for these communities. We realize as an organization that we have a responsibility to help those in need. We proudly support charitable contributions and events in the communities we serve in an effort to promote good will and further good causes.

***To Our Contracted Business Partners:*** We are committed to fair competition among prospective business partners and the sense of responsibility required in a sound business relationship. We are dedicated to dealing with our business partners in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for delivering quality services and bringing efficiency and cost-effectiveness to health care.

## RELATIONSHIP WITH OUR MEMBERS

### ***Member Information***

We believe information is central to maintaining and improving one's health. Accordingly, we have pledged to ensure that each member has:

- 1.) The right to timely and effective response to appeals and grievances.
- 2.) The right to health maintenance

literature and material about the managed care organization and its services, practitioners and providers for his or her use, written in a manner which truthfully and accurately provides relevant information so that it is easily understood by a layperson.

3.) The right to be treated with respect and recognition of his or her dignity and right to privacy.

4.) The right to obtain from his or her plan physician, unless it is not medically advisable, current information concerning his or her diagnosis, treatment and prognosis in terms he or she can reasonably be expected to understand.

5.) The right to be given the name, professional status, and function of any personnel providing health services to him or her.

6.) The right to give his or her informed consent to the health care practitioner before the start of any procedure or treatment.

7.) The right to a candid discussion of appropriate or medically necessary treatment options for his or her condition regardless of cost or benefit coverage.

8.) The right to participate with practitioners in decision making regarding his or her health care.

9.) The right to be advised if a health care facility or any of the providers participating in his or her care propose to engage in or perform human experimentation or research affecting his or her care or treatment. A legally responsible party on his or her behalf may, at any time, refuse to participate in or to continue in any experimentation or research program for which he or she has

previously given an informed consent.

10.) The right to refuse any drugs, treatment or other procedure offered by the health plan or its providers to the extent permitted by law and to be informed by a physician of the medical consequence of the member's refusal of any drugs, treatment or procedure.

11.) The right to have all records pertaining to his or her medical care treated as confidential unless disclosure is necessary to interpret the application of his or her contract to his or her care or unless disclosure is otherwise provided for by law.

12.) The right to all information contained in his or her medical record unless access is specifically restricted by the attending physician for medical reasons.

13.) When emergency services are necessary, a member has the right to obtain such services without unnecessary delay.

14.) The right to be informed of these rights.

## QUALITY IMPROVEMENT

### ***Quality Assessment and Improvement Programs***

The Health Plan affirms its physician-directed quality assessment and improvement programs that monitor targeted areas to detect whether patterns of underservice or over-service exist; and, if so, to implement appropriate actions in order to promote access to the right care at the right time.

All participating physicians are credentialed initially and are periodically recredentialed.

### ***Practice Guidelines***

The Health Plan involves participating physicians in the development and recognition of those medical practices have proven most beneficial to patients/members.

### ***Medical Management***

Medical management includes precertification, concurrent review and discharge planning. The Health Plan relies on a coordinated team of health plan providers working together in determining and authorizing the effectiveness and appropriateness of recommended patient/member care.

The Health Plan is committed to having an exception process, directed by experienced physicians, available for cases in which a participating physician believes that a medical management determination does not adequately account for the unique characteristics of a particular member, based on relevant medical evidence offered by the participating physician for review.

### ***Prescription Drug Formularies***

The Health Plan pledges to maintain physician involvement in the development and review of lists of covered prescriptions.

## REGULATORY COMPLIANCE

The Health Plan provides various services pursuant to appropriate federal, state, and local laws and regulations. Such laws and regulations may include subjects such as licenses, accreditation, access to treatment, continuity of care, access to records, confidentiality, members' rights, terminal care decision-making, credentialing and clinical privileges, and Medicare and Medicaid regulations. The organization is subject to numerous other laws in addition

to these health care regulations.

We will comply with all applicable laws and regulations. All employees, privileged practitioners, and contract service providers must be knowledgeable about and ensure compliance with all laws and regulations, and should immediately report violations or suspected violations to a supervisor or member of management, the Compliance Department or the independently run hotline at 1-800-292-1627.

The Health Plan will be forthright in dealing with any regulatory or contractual inquiries. Requests for information will be answered with complete, factual, and accurate information. We will cooperate with and be courteous to all governmental inspectors and provide them with the information to which they are entitled during an inspection.

During a government inspection, you must never conceal, destroy, or alter any documents, lie, or make misleading statements to the government representative. You should not attempt to cause another employee to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

In order to ensure that we fully meet all regulatory obligations, Health Plan employees must be informed about stated areas of potential compliance concern.

The Health Plan will provide its employees with the information and education they need to comply fully with all applicable laws and regulations.

## NONDISCRIMINATION

The Health Plan complies with applicable federal and state civil rights laws and does not discriminate against individuals or employees on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. All civil rights complaints will be thoroughly investigated. The Health Plan will not retaliate against any person who attempts to assert their rights to participate or cooperate in a civil rights investigation.

## DEALING WITH ACCREDITING BODIES

The Health Plan will deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly.

The scope of matters related to accreditation of various bodies is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies may be focused on issues both of wide and somewhat more focused interest. Whenever the Health Plan determines to seek any form of accreditation, all standards of the accrediting group are important and must be followed.

## BUSINESS INFORMATION AND INFORMATION SYSTEMS

### ***Accuracy, Retention, and Disposal of Documents and Records***

Each Health Plan employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to defend our business practices and actions. No one may alter or falsify information on any record or document.

Business documents and records are retained in accordance with the law and our business documents policy. Business documents include paper documents such as letters and memos, claims, enrollment applications; computer-based information such as e-mail or computer files on disk or tape; and any other medium that contains information about the organization or its business activities. It is important to retain or destroy records appropriately according to our policy. You must not tamper with records, nor remove or destroy them prior to the specified date.

### ***Confidential Information***

Confidential information about our organization's strategies and operations is a valuable asset. Although you may use confidential information to perform your job, it must not be shared with others outside of the Health Plan or your department unless the individuals have a legitimate need to know this information and have agreed to maintain the confidentiality of the information. Confidential information includes, but is not limited to, personnel data maintained by the organization, member lists and clinical information, pricing and cost data, information pertaining to

acquisitions, divestitures, affiliations and mergers, financial data, research data, strategic plans, marketing strategies, techniques, employee lists and data maintained by the organization, supplier and subcontractor information, and proprietary computer software.

This provision does not restrict the right of an employee to disclose, if he or she wishes, information about his or her own compensation, benefits, or terms and conditions of employment.

### ***Electronic Media***

All communications systems, electronic mail, Intranet (GHP Hub), Internet access, or voicemail are the property of the organization and are to be primarily used for business purposes. Limited reasonable personal use of the Health Plan communications systems is permitted; however, you should assume that these communications are not private. Member or confidential information should not be made available online or sent through the Internet until such time that its confidentiality can be assured.

The Health Plan reserves the right to periodically access, monitor, and disclose the contents of the GHP Hub, e-mail, and voicemail messages. Access and disclosure of individual employee messages may only be done with the approval of the Health Plan Legal Department.

Employees may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening; knowingly, recklessly, or maliciously false; or obscene materials, including anything constituting or encouraging a criminal offense, giving rise to civil liability, or



otherwise violating any laws. Additionally, these channels of communication may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction.

Employees who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

### ***Financial Reporting and Records***

We have established and maintained a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally accepted insurance accounting principles. No undisclosed or unrecorded funds or assets may be established. The Health Plan maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner to maintain accountability of the organization's assets.

## **WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES**

### ***Conflict of Interest***

A conflict of interest may occur if your outside activities or personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract you from the performance of your job or cause you to

use Health Plan resources for other than Health Plan purposes. It is your obligation to ensure that you remain free of conflicts of interest in the performance of your responsibilities at the Health Plan. If you have any question about whether an outside activity might constitute a conflict of interest, you must obtain the approval of your supervisor before pursuing the activity.

### ***Diversity and Equal Employment Opportunity***

Our employees provide us with a wide complement of talents that contribute greatly to our success. We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We will comply with all laws, regulations, and policies related to nondiscrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

No one shall discriminate against any individual with a disability with respect to any offer, or term or condition, of employment. We will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

### ***Harassment and Workplace Violence***

Each Health Plan employee has the right to work in an environment free of harassment. We will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.

Any form of sexual harassment is strictly

prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at the Health Plan.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking cases, violence directed at the employer, terrorism, and hate crimes committed by current or former employees. As part of our commitment to a safe workplace for our employees, we prohibit employees from possessing firearms, other weapons, explosive devices, or other dangerous materials on the Health Plan premises. Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of management, the Compliance Dept., or the independently run hotline.

#### ***License and Certification Renewals***

Employees and individuals retained as independent contractors in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To ensure compliance, the Health Plan may require evidence of the individual having a current license or credential status.

The Health Plan will not allow any employee or independent contractor to work without valid, current licenses or credentials.

#### ***Personal Use of Health Plan Resources***

It is the responsibility of each Health Plan employee to preserve our organization's assets including time, materials, supplies, equipment, and information. Organization assets are to be maintained for business related purposes. As a general rule, the personal use of any Health Plan asset without the prior approval of your supervisor is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to the Health Plan is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by your supervisor. Any use of organization resources for personal financial gain unrelated to the Health Plan's business is prohibited.

#### ***Relationships Among Health Plan Employees***

In the normal day-to-day functions of an organization like the Health Plan, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among employees for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy. Another situation, which routinely arises, is a fundraising or similar effort, in which no one should ever be made to feel compelled to participate.

### ***Relationships With Subcontractors, Suppliers, and Consultants***

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, services, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. We will not communicate to a third-party confidential information given to us by our suppliers unless directed in writing to do so by the supplier. We will not disclose contract pricing and information to any outside parties.

### ***Substance Abuse and Mental Acuity***

To protect the interests of our employees and members, we are committed to an alcohol- and drug-free work environment. All employees must report for work and remain free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system, or using, possessing, or selling illegal drugs while on Health Plan work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

It is also recognized that individuals may be

taking prescription drugs which could impair judgment or other skills required in job performance. If you have questions about the effect of such medication on your performance, consult with your supervisor.

## **MARKETING PRACTICES**

### ***Antitrust***

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. Discussing Health Plan business with a competitor could violate these laws, such as how our prices are set or disclosing the terms of business partner relationships. Our competitors are other health insurers in markets where we operate.

At trade association meetings, be alert to potential situations where it may not be appropriate for you to participate in discussions regarding prohibited subjects with our competitors. Prohibited subjects include any aspect of pricing, our services in the market, key factors such as labor costs, and marketing plans. If a competitor raises a prohibited subject, end the conversation immediately. Document your refusal to participate in the conversation by requesting that your objection be reflected in the meeting minutes and notify the Health Plan Legal Department of the incident.

In general, avoid discussing sensitive topics with competitors or suppliers, unless you are proceeding with the advice of the Health Plan Legal Department. You must also not provide any information in response to oral or written inquiry concerning an antitrust matter without first consulting the Health Plan Legal Department.

### ***Gathering Information About Competitors***

It is not unusual to obtain information about

other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and spoken information. However, it is not acceptable for you to obtain proprietary or confidential information about a competitor through illegal means. It is also not acceptable to seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

### ***Marketing and Advertising***

We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit employees. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements.

## **BUSINESS COURTESIES**

Occasionally, we might be offered gifts or other tokens of appreciation from vendors, members, patients, their families, customers, competitors and others. In many industries, entertaining customers and exchanging gifts are customary practices, but in health care, we are in a unique position of trust. Our patients and members need to know that the work we do is not inappropriately influenced by gifts and other offers from the people with whom we do business.

With the exception of donations to Geisinger Health System Foundation for purposes of patient care, research or provider education, Geisinger Health Plan is subject to the “no-gift” policy adopted by Geisinger Health System. The receipt of gifts, gratuities or

the sponsoring of entertainment from those seeking to influence business decisions of the Geisinger Health System should be politely declined. You should recognize that even if you believe that the acceptance of such a gift, gratuity, or participation in entertainment will not influence your decision, the person making the gesture may have the perception that the action will have such influence.

Courtesies such as meals, beverages, and/or other entertainment should be scrutinized. When meals or refreshments are provided as part of a business meeting or part of an agenda at a third party, accredited professional meeting where continuing education credit is awarded, and where it is normal business adjunct to a business meeting or accredited professional gathering as described above, and the value of the entertainment does not exceed a nominal value (\$85 per person), participation is permissible. These exceptions do not permit any gifts or other benefits that are understood to be offered or provided as an inducement to refer business or as a reward for such referrals.

Geisinger has developed a Vendor Relationship Policy to help you answer questions about entertainment, gifts and other items you may be considering. The policy contains these basic rules, lists third party interactions that are permissible (and not permissible) and describes a decision-making process you should use each time you are considering an offer from a third party or making an offer to a third party. The ***Geisinger Health System Vendor Relationship Policy*** is located in the Legal Services Policy Manual folder on the Infoweb.

If you have any doubt about whether it would be appropriate to accept or give a gift, entertainment offer, meal or other item or service, you must consult with your supervisor or the Compliance Department.

## THE HEALTH PLAN COMPLIANCE PROGRAM

### ***Program Structure***

The Health Plan Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. That commitment permeates all levels of the organization. There is oversight via the Audit Committee of the Board of Directors and the Health Plan's Compliance and Privacy Committee, consisting of senior management. In addition, the Health Plan has a Chief Compliance Officer who serves as liaison to the Board of Directors; and Compliance Department Staff play a key role in helping to administer the Compliance Program. A list of the current Compliance Department representatives is available online to all Health Plan employees via the GHP Hub or a hard copy of the list may be obtained by contacting the Compliance Department. All of these individuals or groups are prepared to support you in meeting the standards set forth in this Code.

### ***Resources for Guidance and Reporting Violations***

To obtain guidance on an ethics or compliance issue, to report a suspected violation or to report potential fraud, waste and abuse you may choose from several options. We encourage the resolution of issues at a departmental level whenever possible. It is an expected good practice, when you are comfortable with it and think it appropriate under the circumstances, to

raise concerns first with your supervisor. If this is uncomfortable or inappropriate, another option is to discuss the situation with another member of Health Plan management or by contacting the Compliance Department. You are always free to contact the hotline at 1-800-292-1627.

The Health Plan will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retribution or discipline for anyone who reports a possible violation in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee will be subject to discipline.

### ***Personal Obligation to Report***

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each employee has an individual responsibility for reporting activity by any employee, physician, subcontractor or vendor that appears to violate applicable laws, rules, regulations, or this Code.

### ***Internal Investigations of Reports***

We are committed to investigating all reported concerns promptly and confidentially to the extent possible. The Compliance Department will work with the appropriate staff to coordinate any findings from the investigations and immediately recommend corrective action or changes that need to be made. We expect all employees to cooperate with investigation efforts.

### ***Corrective Action***

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

### ***Discipline***

All violators of the Code will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the following disciplinary actions:

- 1.) Verbal warning
- 2.) Written warning
- 3.) Suspension
- 4.) Termination
- 5.) Restitution

### ***Internal Audit and Other Monitoring***

The Health Plan is committed to the aggressive monitoring of compliance with its policies. Much of this monitoring effort is achieved by internal audits of issues that have regulatory or compliance implications. The organization also routinely seeks other means of ensuring and demonstrating compliance with laws, regulations, and Health Plan policy.

### ***Acknowledgment Process***

The Health Plan requires all employees to sign an acknowledgment confirming they have received the Code of Conduct and understand that it represents mandatory policies of the Health Plan. New employees will be required to sign this acknowledgment as a condition of

employment.

Adherence to and support of the Health Plan's Code of Conduct and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.

## **QUESTIONS AND ANSWERS**

The Code of Conduct is not intended to provide answers to every question that you may have about the Health Plan's policies, laws, or regulations. The following questions and answers are intended to increase your understanding of how the specific guidelines must be applied.

### **THE COMPLIANCE PROGRAM**

#### ***If I have a question about workplace conduct or saw something that I thought was wrong, whom should I contact?***

We have provided several resources for you to turn to with such concerns. We encourage you to talk to your supervisor first. However, if for any reason you do not feel comfortable talking to your supervisor or if your supervisor did not answer the question or address the problem to your satisfaction, you do have other options. You may wish to speak with someone else in management, contact the Compliance Department or call the hotline at 1-800-292-1627. We encourage all employees to try to resolve matters locally when possible and appropriate.

#### ***If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?***

As long as you honestly have a concern, our policy prohibits your being reprimanded or disciplined. As a Health Plan employee,

you have a responsibility to report suspected problems. In fact, employees may be subject to discipline if they witness something but do not report it to the company. The only time someone will be disciplined for reporting misconduct is if he or she knowingly and intentionally reports something that he or she knows to be false or misleading in order to harm someone else.

***What should I do if my supervisor asks me to do something that I think violates the Code of Conduct, Health Plan policy, or is illegal?***

Don't do it. No matter who asks you to do something, if you know it is wrong, you must refuse to do it. You must also immediately report the request to a level of management above your supervisor, the Compliance Department or the hotline.

#### ETHICAL BEHAVIOR GENERALLY

***How do I know if I am on ethical "thin ice"?***

If you are worried about whether your actions will be discovered, if you feel a sense of uneasiness about what you are doing, or if you are rationalizing your activities on any basis (such as perhaps the belief that "everyone does it"), you are probably on ethical "thin ice." Stop, step back, consider what you are doing, get advice, and redirect your actions to where you know you are doing the right thing.

#### ACCURACY, RETENTION, AND DISPOSAL OF DOCUMENTS

***In preparation for an accreditation visit, my supervisor has asked me to review documents and to fill in any missing signatures. May I do this?***

No. It is absolutely wrong to sign another

individual's name on official business documents such as policies or minutes. It is part of our basic integrity obligation to provide only complete and fully accurate information to accrediting groups.

#### BUSINESS COURTESIES

***A member with a chronic health condition is assisted by a case management nurse on a routine basis. The member routinely tips his "primary" nurse around \$100. May the nurse accept it?***

No. Cash gifts must never be accepted from anyone with whom we have a business relationship.

#### CONFLICTS OF INTEREST

***I am planning a dinner meeting for our department. My daughter owns a catering service in town. May I pick her catering service if the prices are comparable to other restaurants?***

No. This may seem unfair, but you must avoid even the appearance of favoritism.

***Do the conflict of interest policies apply to distant relatives, such as cousins or in-laws or friends?***

The conflict of interest policies generally apply to members of your immediate family. However, if any relationship could influence your objectivity or create the appearance of impropriety, you must apply the policies.

#### MEMBER INFORMATION

***We live in a small town, and most of the community knows each other. My neighbor works in the human resources department of a local employer. He sometimes requests employee member or dependent information such as primary care provider names or social security***

***numbers. Is the employer allowed to do this?***

No. Access to and release of this type of information without the member's authorization is prohibited. We are responsible for protecting the confidentiality of member information from interested third parties as well as our staff. Members are entitled to expect confidentiality, the protection of their privacy, and the release of information only to authorized parties.

#### PERSONAL USE OF ORGANIZATION RESOURCES

***Can I type my spouse's resume on my computer?***

Possibly. If you use the computer during non-working hours, you may be permitted to type personal documents. Check with your supervisor.

***I volunteer for Big Brothers. May I copy a fundraising leaflet?***

The Health Plan encourages all employees to participate in volunteer activities. Organization equipment, however, must not be used for charitable or other non-business purposes without prior approval from your supervisor.

***Is it allowable for me (as an employee) to give my building access device (i.e., key, key fob, badge, etc.) to another employee or contractor (or any other individual) for their use to gain access to the building or other areas operated by the Health Plan?***

No. It is absolutely wrong to allow another individual to use the building access device(s) that you (as an employee) were entrusted with. GHP workforce members who violate this policy are subject to discipline, up to and including termination.





Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.

HPCOM01  
Code of Conduct  
Rev. 08/03/2011, 10/28/2011, 09/06/12, 04/05/13, 05/21/13, 03/10/14, 08/11/14, 12/9/15,  
1/18/16, 10/14/16, 10/13/17, 10/12/18, 10/10/19, 9/29/20, 9/8/21, 8/24/22, 8/25/23,  
08/25/2024