

GHCHA Code of Conduct

October 2024

Updated April 2025, October 2026

What is the Code of Conduct and Why do I need to know and comply?

The Code of Conduct provides guidance to Greater Hill Country Healthcare Alliance (GHCHA) and assists us in carrying out our daily activities within appropriate ethical and legal standards. These guidelines apply to GHCHA, its employees, contractors and Members, the contracted health care providers which participate in Medicare and/or applicable Texas Medicaid products and their employees and contractors.

We have developed the Code of Conduct to ensure that we meet our ethical standards and comply with applicable laws and regulations and requirements of the GHCHA Managed Care and Delegated Credentialing Agreements for CMS and any applicable Texas Medicaid plans. These guidelines of the Code of Conduct apply to GHCHA providers and facilities and their employees, vendors and contracted staff who provide services and/or have access to the various CMS Medicare Advantage or applicable Texas Medicaid plans including, but not limited to delegated credentialing and provision of health care services.

THE GHCHA Board of Directors is responsible for oversight and implementation of the Compliance Program. The key components of the Program include this Code of Conduct, policies, training, communications, auditing, monitoring, and remediation of wrongdoing. GHCHA may designate a Compliance Officer who will provide reports to the Board of Directors regarding the overall status of the Compliance Program and attest to Compliance and FDR requirements of the CMS MA Plans and applicable TX Medicaid plans when requested.

Violations of the Code of Conduct

Every GHCHA including its Member employees, officer, director, and contractors and their contracted providers and their employees and contractors must act with integrity in everything they do. Acting with integrity begins with understanding and abiding by laws, regulations, policies, and contractual obligations.

GHCHA's Board of Directors has adopted this Code of Conduct — which applies to all employees, officers, directors, and contractors and contracted providers — to provide guidelines for decision making and behavior. Failure to follow the Code of Conduct or violations of laws and regulations that apply to the GHCHA contracted Medicare Advantage or applicable Texas Medicaid product may result in serious consequences for both GHCHA and the individual(s) responsible for wrongdoing, including, but not limited to: • Disciplinary action, up to and including termination of employment or GHCHA contracted relationship; • Civil monetary penalties; and • Criminal prosecution. In addition to disciplinary and enforcement actions, wrongdoing can seriously damage GHCHA's reputation in the community and impact our ability to conduct business. The U.S. Department of Justice, the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG), State Attorneys General, and various other

state and federal enforcement agencies continue to focus on both corporate and individual accountability.

Know the Rules

One of the purposes of GHCHAs Compliance Program is to educate our employees , contracted providers or contractors about our obligations under the law. All are subject to a variety of laws and regulations that address such requirements as licensure, accuracy in records, privacy and confidentiality concerns, employment, and other local, state, and federal requirements. We all must be knowledgeable about and comply with the laws, rules, regulations, and subregulatory guidance that apply to our job responsibilities or services we provide. Examples of such laws include, but are not limited to: • Applicable state laws and contractual commitments; • Federal False Claims Act: prohibits knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment or approval; • Anti-Kickback Statute: provides criminal penalties for individuals or entities that knowingly and willfully offer, pay, solicit, or receive remuneration to induce or reward business payable (or reimbursable) under the Medicare or other Federal healthcare programs; • Health Insurance Portability and Accountability Act (HIPAA); • Regulations relating to CMS, Medicare, Medicaid, and Medicare Advantage, such as 42 C.F.R. § 400, 403, 411, 417, 422, 423, 1001 and 1003; • Regulatory guidance promulgated by the Centers for Medicare & Medicaid Services (CMS), including requirements in the Medicare Managed Care Manual (MMCM) and the Prescription Drug Benefit Manual (PDBM), as well as all other policy guidance.

GHCHA makes this Code of Conduct and applicable Medicare Advantage and /or applicable Texas Medicaid plan' specific Code of Conduct available to all GHCHA Members, contracted providers and GHCHA contracted individuals who are responsible for knowing the Code of Conduct and any applicable policies, laws and regulations.

- Contracted Providers and their employees and contractors will be required to
 - screen individuals against the OIG/EPLS prior to hire/contract and within 90 days of hire/contracting , have them review the Code of Contact and complete Compliance, Privacy , and Fraud, Waste and Abuse (FWA) training and
 - attest annually to the raining and all items listed on the GHCHA FDR Form annually.
GHCHA will accept annual attestation at the group practice level. This is a requirement of the credentialing program and continued participation in Medicare Advantage and any applicable Texas Medicaid plans.
 - Maintain proof of such which may be in the form of attestation/documentation of training for a period of 10 years or longer if required by law. .

GHCHA will

- Initially screen all employees or contractors prior to hire and all contracted providers when credentialed and recredentialed against the Federal OIG/EPLS
- Conduct ongoing monthly monitoring of the Federal OIG and EPLS for all GHCHA contracted providers and any GHCHA employees or contractors
- Maintain a copy of applicable documentation for a period of 10 years or longer is required by law .

- Attest annually for MA Plans as to FDR Compliance as applicable and upon request provide documentation as required by Health Plan to be compliant with CMS.

GHCHA utilizes the following for education and training:

- HICE FWA Training
- HICE HIPAA Training
- HICE/GHCHA Compliance Power Point.
- Contracted MA Health Plan's Code of Conduct and Compliance Guidelines
- GHCHA Code of Conduct (**upon request Health Plan specific Code of Conduct/Compliance Resources**)
- **Health plan and/or CMS resources for Cultural Education including CMS requirements for Data Breach and Security Reporting and Business Continuity Plan (BCP).**

Reporting Concerns/Getting Advice

The best starting point for resolving concerns, reporting suspected violations, or getting advice on ethics-related issues is usually your manager; however, there are times when you may want or need to directly contact Compliance, Legal, Human Resources, IT security, and/or our Privacy Office.

GHCHA and/or the applicable health plan will research and, if substantiated, resolved through appropriate corrective action and/or discipline. If indicated GHCHA will report to the applicable health plan per the delegated credentialing reporting mechanism.

Every reported complaint will be investigated appropriately, promptly, and with as much confidentiality as possible. If you are asked to provide information as part of an investigation, you have a duty to provide prompt, complete, accurate, and truthful responses. Reporting allegations of noncompliance in bad faith; providing false, inaccurate, or intentionally misleading information in response to an investigation or inquiry; or refusing to participate in an inquiry or investigation would be considered a compliance violation and may result in corrective action and/or discipline

GHCHA has a **zero-tolerance policy for retaliation**. There can be no retaliation against or coercion of anyone reporting suspected misconduct.

The Following GHCHA contacts may be utilized to Report or Obtain Advice

There are several ways to report your compliance concerns

- Current GHCHA Board Chairs
 - Jay Stauffer MD, GHCHA BOD Chair & President
 - Jay Stauffer jayscottstauffer@msn.com; 830-456-9616
 - John Weaver, MD GHCHA/HCRHN BOD Chair
 - jw@blancoclinic.com : o 830-833-5581
 - Tim Berg MD, GHCHA/PRHCN BOD Chair
 - tberg@petersonhealth.com; o 830-896-6262;
- GHCHA/HCRHN - Debbie Woodard
 - hcrhn@ghcha.net; 817-307-0572
- PRHCN – Chris Ballesteros
 - Cballesteros@petersonhealth.com; o: 830-258-7343

You can remain anonymous by reporting to the following:

Aetna Health Plan

- CVS Health Ethics Line any time toll free at (877) CVS-2040.
- Email - Ethics.BusinessConduct@CVS.com
- Use the web form found at: www.CVSHealth.com/EthicsLine
- Confidential fax: (847) 559-3835

Devoted Health Plan – by phone (855) 292-7485 or by email - devotedhealthcompliance.com

Humana Health Plan

Examples of methods offered by Humana:

- By telephone: Ethics Help Line, 1-877-5-THE-KEY (1-877-584-3539) • Online: Ethics Help Line Web reporting site www.ethicsshelpine.com • By email: ethics@humana.com (Ethics Office)

Suspected or detected FWA violations may also be reported directly to Humana's Special Investigations Referral department via multiple methods: calling 1-800-614-4126, emailing siureferrals@humana.com, or faxing 1-920-339-3613.

Amerigroup These reports can be made anonymously at fighthealthcarefraud.com/report-fraud-form or by calling 866-847-8247. In addition to anonymous reporting, suspected fraud, waste, and abuse may also be reported via email to medicaresiu@anthem.com.

See Medicare FWA Book from CMS or hot links to report or [Reporting Fraud | CMS](#)

2025 Added UHC Info Rec April 2025

Resources Reporting potential fraud, waste and abuse or compliance concerns to UnitedHealth Group If you suspect misconduct or if you identify an excluded individual or entity employed or contracted by your organization, report it to us immediately so we may investigate and respond appropriately. You can report this either to your UnitedHealthcare Contract Manager, business contact, or by using one of the methods below:

To report FWA concerns: report online at uhc.com/fraud ([Health care fraud | UnitedHealthcare](#)) or by calling **844-359-7736** • To report other Compliance & Ethics Concerns: you may email EthicsOffice@uhg.com, report online at uhghelpcenter.ethicspoint.com ([EthicsPoint - UnitedHealth Group](#)), or by calling **800-455-4521**

Reports to the Help Center can be made anonymously, where permitted by law. UnitedHealth Group prohibits retaliation or intimidation for reports made in good faith.