



To Our GoHealth Vendors: Information about Anti-Fraud Laws in Healthcare

The Deficit Reduction Act of 2005 (DRA) enacted new legal requirements intended to reduce fraud, waste, and abuse in the Medicaid program. The DRA requires providers like GoHealth Urgent Care (GoHealth) to make you, our contractors and vendors, aware of the federal laws and provisions discussed below and our corresponding GoHealth policies.

GoHealth is committed to establishing and maintaining a culture of compliant and ethical behavior. As part of this commitment, we have established a robust and active compliance program that is dedicated to accurate billing and coding for the services we provide. Key components of that program include our compliance handbook, our Standards of Conduct, and our policies and procedures. We expect all of our vendors to understand and abide by all applicable federal and state anti-fraud laws, including those described herein, as well as GoHealth's own standards of conduct, compliance program, and policies.

We would like to take this opportunity to make you aware of the federal and state anti-fraud laws and our policies and manuals that discuss our expectations for compliance billing practices. Please review the information below.

Our Expectations of our Contractors/Vendors:

As a contractor of GoHealth, we expect you to have the same commitment to compliant billing practices as are reflected in our Compliance Program, Handbook, and policies. To ensure you fully understand GoHealth's Compliance Program, the following documents related to anti-fraud matters have been provided for your review:

- [GoHealth Compliance Program – Attachment A](#)
- [GoHealth Compliance Handbook – Attachment B](#)
- **GoHealth Policies and Procedures**
 - [GH.CE.111.01 – Investigations, Audits, and Monitoring Activities – Attachment C](#)
 - [GH.CE.301.01 – Compliance Billing Practices – Attachment D](#)
 - [GH.CE.107.01 – Non-Retaliation or Intimidation – Attachment E](#)

How to Report Concerns:

Should you ever have questions or concerns relating to a compliance-matter, please contact Stephen Sonnenfeldt-Goddard, Compliance Director, at 678-222-0509 or stephen.sonnenfeldt-goddard@gohealthuc.com.

You may also place a report through GoHealth's Compliance and Ethics Hotline at 1-844-240-0005; reports@lighthouse-services.com; www.lighthouse-services.com/accessclinicalpartners.

Non-Retaliation and Whistleblower Protections:

GoHealth has a strong non-retaliation and non-intimidation policy. No one, employee, vendor, patient, or member of the public, will be retaliated against or intimidated from reporting a compliance concern. GoHealth ensures everyone has the right and ability to raise their concerns to the appropriate parties and will never take any negative action against anyone who reports a concern in good faith.

In addition to GoHealth's policy on this matter, federal and state laws also provide protection against retaliation. Specifically, the federal False Claims Act provides a right to any individual who has knowledge of fraudulent activities to bring forward their concerns without fear of reprisal. The False Claims Act also provides protections to "whistleblowers" that allows individuals to take legal action against entities engaged in fraudulent behavior, known as a qui tam lawsuit. In the event a qui tam lawsuit results in a monetary recovery from the entity engaged in fraudulent behavior, the whistleblower is entitled to a portion of that money.



What is the False Claims Act?

The federal [False Claims Act](#) (FCA) is the key tool the government uses to fight fraud, waste, and abuse in federal healthcare programs. It is a violation of the FCA to “knowingly present, or cause to be presented, a false or fraudulent claim for payment or approval” to any federal program, including Medicare, Medicaid, Tricare, or Veteran’s Administration. Civil penalties for FCA violations can range from \$5,500 to \$11,000 per claim and treble damages can also be imposed for each claim. Additional federal [anti-fraud laws](#) make it a criminal offense to conspire to commit fraud against a federal healthcare program.

The FCA defines “knowingly” as having “actual knowledge” of the falsity of the information, acting in “reckless disregard” of the truth or falsity of the information, and acting in “deliberate ignorance” of the truth or falsity of the information. Reckless disregard and deliberate ignorance are similar to “looking the other way” or “burying your head in the sand.”

As described above, the FCA also establishes certain protections for whistleblowers and establishes their ability to file suit against where they have firsthand knowledge of fraudulent behavior.

The DRA encourages states to adopt their own versions of laws similar to the FCA, and many states have done so. [Georgia](#), [New York](#), [Oregon](#), and [Washington State](#) have all adopted their own false claims laws, which mirror the provisions and penalties of the federal FCA. Similar to the federal FCA, all state false claims laws generally prohibit the submission of claims for payment that are false or fraudulent in nature.



Attachment A – GoHealth Compliance Program

INTRODUCTION

Our primary mission as an organization is to provide our patients with quality medical care. As an employer, our mission is to promote an environment that allows Board of Director members, physicians and employees to feel satisfied, respected and appreciated. We choose to pursue these goals through our standards of conduct and through compliance with all applicable rules and laws that regulate our industry.

The Board of Directors made the commitment to develop and implement an effective Compliance and Ethics Program and as such, we are jointly committed to upholding the principles set forth in this document and we require the same of those who choose to work with Access Clinical Partners.

The purpose of the Compliance Program is to inform and educate all Board of Director members, physicians and employees on the principles that guide our organization. This document may not specifically address every aspect of Access Clinical Partners activities. The Board of Director members, physicians and employees should consult with our designated Compliance Officer for additional information.

Thank you for your time and attention to this information. We are committed to creating an atmosphere that welcomes and encourages questions and comments related to compliance and ethics awareness.

PURPOSE AND PROGRAM ELEMENTS

The Health Insurance Portability and Accountability Act (Kennedy-Kassebaum Bill) became law in August of 1996. As a result, the Health Care Fraud and Abuse Control Program was created to combat waste and abuse in the Medicare and Medicaid programs as well as in the private healthcare industry. This goal is accomplished through audits, investigations and inspections of healthcare facilities and providers.

The federal government has made healthcare fraud and abuse a high priority, second only to violent crime. Criminal and civil penalties may be imposed on providers who “knowingly and willfully” defraud or attempt to defraud a healthcare benefit program. Criminal penalties include possible seizure of personal property and imprisonment.

The Access Clinical Partners, LLC Board of Directors is committed to ethical business practices and to operating in accordance with all applicable laws and regulations. The purpose of the Program is to provide the Board of Directors, all physicians and employees with a framework for ethical and legal business and employment practices, and to establish mechanisms to aid in the identification and correction of any actual or perceived violations of any applicable rules and regulations, the Standards of Conduct and all other related policy or procedures. The compliance efforts of the Company are designed to establish a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to Federal and State law, and Federal, State and private payer health care program requirements, as well as, the Company’s business policies, procedures and practices.

The Board of Directors has the ultimate authority and responsibility for the Compliance and Ethics Program. The provisions of this Program apply to everyone involved in overseeing, managing and operating all components of our business. Good faith efforts, such as this Compliance and Ethics Program,



demonstrate our concerted efforts to conduct our business in accordance with all applicable laws and regulations.

Our Program outlines what we do as an organization to comply with legal and ethical requirements, including the following:

- Organizational structure for oversight of the compliance program, including the designation of the leadership individuals who are responsible for developing, maintaining and implementing this Compliance and Ethics Program Plan.
- The Standards of Conduct define ethical behavior, which is expected of Board of Director members, physicians and employees. We are committed to upholding these standards which are based on the values of honesty, integrity, trust, professionalism.
- Assure that discretionary authority is not delegated to individuals whom the organization knew, or should have known, had a propensity to engage in criminal, civil and administrative violations.
- Development and coordination of an effective education and training program regarding the applicable laws and regulations, related policies and procedures, effective systems for communicating the expectations to all individuals, as well as, potential, sanctions for noncompliance.
- Effective systems for the Board of Director members, physicians, employees and others to ask questions and seek clarification of compliance standards, policies and procedures.
- Provision of effective systems for communicating and reporting potential or suspected violations and compliance issues. This includes the maintenance of a hotline and anonymous reporting procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
- Effective systems for responding to allegations of improper conduct, investigating and correcting violations and compliance issues with enforcement of appropriate disciplinary action as may be warranted.
- Effective systems for auditing, monitoring and reviewing compliance standards, policies and procedures.
- Annual and periodic reassessment of the Compliance and Ethics Program; making necessary changes to reflect organizational changes.

THE COMPLIANCE OFFICER

The Board of Directors has appointed a Compliance Officer for our Compliance and Ethics Program. The Compliance Officer is responsible for the oversight of all components of the compliance program and is the Chairperson for the Compliance and Ethics Committee. The Compliance Officer is also responsible for responding to all questions regarding this program or concerns related to ethical business conduct or possible infractions of the guiding principles.

Access Clinical Partners expects that the Board of Director members, the Compliance Officer and all members of the leadership team set the example, to be in every respect, a role model. Our leaders help to create a culture that promotes the highest standards of ethics and compliance. This culture must encourage everyone in our organization to share concerns when they arise, without fear of retaliation. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Retaliation against an employee for reporting a violation or suspected violation is strictly prohibited; anyone engaging in such retaliation will be subject to discipline, up to and including termination. All reports will remain confidential; individuals may remain anonymous.



The Compliance Officer's duties, responsibilities and expectations for ethical conduct may be found in Appendix A and B.

STANDARDS OF CONDUCT

One of Access Clinical Partner's strongest assets is a reputation for integrity and honesty. A fundamental principle on which our Company will operate its business is full compliance with applicable laws. We will also conduct our business to conform to sound ethical standards. Achieving business results by illegal acts or unethical conduct is not acceptable.

All Board of Director members, physicians and employees shall act in compliance with the requirements of applicable law and our Standards of Conduct and in a sound ethical manner when conducting business and clinical operations. Each supervisor is responsible for their own conduct, as well as, ensuring that the personnel within their supervision are acting ethically and in compliance with applicable law and these Standards. All personnel are responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties and for appropriately seeking advice regarding such issues. The Standards of Conduct may be found in Appendix C.

EDUCATION AND TRAINING

Access Clinical Partners will provide general Compliance and Ethics Program training to all new members of the Board of Directors, physicians and employees during orientation, as well as, to all Board of Director members, physicians and employees on an annual basis. Training "Updates" will be provided as changes to laws, regulations and/or policies and procedures occur. Specific training programs will be provided to those who are involved in billing, sales, leasing, contracting, staffing, marketing and clinical test ordering during orientation, annually or otherwise, as needed. These programs will be designed to:

- Educate Board of Director members, physicians and employees and others on the laws and regulations applicable to the delivery of health care and as related to billing and reimbursement for those services, including state and federal anti-kickback laws, state and federal false claims laws, and state and federal privacy standards and laws.
- Emphasize the Company's commitment to compliance with all laws, regulations and guidelines of federal and state health care programs; and
- Emphasize the importance of reporting any suspected violations or other Compliance concerns
- Reinforce the fact that strict compliance with applicable laws, regulations and the Company's standards, policies and procedures is a condition of Medical Staff membership and for the employee's continued employment, and that failure to comply with these laws, regulations and policies may result in termination.

Failure to participate in Compliance and Ethics Program education and training programs may result in disciplinary action, including termination.

COMMUNICATION

In compliance with federal laws and regulations, OIG Guidance's and U.S. Sentencing Commission Guidelines among others and through a variety of methods, the Board of Directors and the Compliance Officer will communicate to physicians and employees, the Company's Standards of Conduct, policies and procedures, regulatory guidelines and/or changes in the law.



Communication methods can include one-on-one conversations, broadcast emails, mailings to individuals, education sessions, small and large group meetings, periodic newsletters and other methods as developed and implemented.

Access Clinical Partners strives to ensure that open, two-way communication lines to the Compliance Officer are accessible to all physicians, employees, other persons associated with the Company, executives and Board of Director members in order to allow compliance issues to be reported, discussed and reviewed in a timely manner. This open communication is essential to maintaining an effective Compliance and Ethics Program. Communication increases the Company's ability to identify and respond to compliance problems and reduces the potential for fraud, waste and abuse. Without assistance from the physicians and employees, it may be difficult to learn of compliance issues and make the necessary corrections.

At any time, any individual may request information and/or education. Individuals may seek clarification or advice from the Compliance Officer in the event of any confusion or question regarding any element of this Program, billing and documentation rules, state and federal laws and regulations.

REPORTING SUSPECTED VIOLATIONS

Access Clinical Partners is responsible to comply with complex business rules and ever changing governmental regulations including those designed to prevent and deter fraud, waste and abuse.

The Company desires a climate that discourages improper conduct and facilitates open communication of any compliance concerns and/or questions. If any individual within the Company has knowledge of, or in good faith, suspects any wrongdoing in the documenting, coding, billing for services, equipment or supplies, in the Company's practices; involving any violation of any law or regulation; or involving a violation of any Company policy, they are expected to promptly report it so that an investigation can be conducted and appropriate action taken. Failure to report suspected violations may result in disciplinary action, up to and including termination.

There are many ways to report suspected improper conduct. In most cases, any concerns should be brought to the attention of a supervisor who will take the concern to the Company's Compliance Officer. However, if this does not result in appropriate action, or if the individual is uncomfortable discussing these issues with their supervisor, they should take their concerns directly to the Company's Compliance Officer. **Other reporting methods outlined in Appendix D.**

INVESTIGATING AND RESPONDING TO DETECTED VIOLATIONS

The Access Clinical Partner's Compliance Officer, with General Counsel as needed, will promptly investigate any potential violations or misconduct to determine whether a material violation has in fact occurred, and if so, will take steps to rectify the problem.

Depending on the nature of the allegations involved, the investigation may include:

- Interviews with affected Medical Staff members, employees or others,
- Review of relevant documents, including medical records and submitted claims, and
- Engaging outside auditors or counsel.

If the integrity of the investigation may be at stake because of the presence of individual(s) under investigation, the individual(s) allegedly involved in the misconduct can be removed from his or her current work activity until the investigation is completed. In addition, the Company's Compliance Officer



will take steps to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, if disciplinary action is warranted, it will be promptly administered..

If a Compliance Officer receives credible evidence of a violation and has reasonable grounds to believe that the alleged misconduct:

- Violates criminal law; or
- Violates the civil laws, rules and regulations governing federally-funded health care programs, the Compliance Officer will notify the Board of Directors immediately. The Board of Directors, along with the Compliance Officer may consult with General Counsel to determine the proper course of action and to determine whether a violation has indeed occurred that warrants a report to the appropriate government Officer or agency.

If the investigation reveals that misconduct has occurred, corrective actions should be implemented immediately, which may include:

- Additional training and education for all individuals involved.
- Disciplinary Action against the appropriate individuals.
- Revision of this Compliance Plan and/or the Compliance Education and Training Programs.
- Self-reporting to the proper governmental authority or agency.
- Refunds of monies to which the Company has no legal entitlement. The Compliance Officer may consult with General Counsel in determining if refunds are required and how to make the appropriate disclosures and refunds.

Additional information related to disciplinary standards may be found in Appendix F. The policy and procedures related to responding to Government Investigations may found in Appendix E.

AUDITING AND MONITORING

Monitoring compliance is a central feature of this Plan. The Compliance Officer must be able to ensure compliance through an understanding of current regulations and overall levels of compliance throughout the Company. The Compliance Officer will monitor the implementation and effectiveness of this Plan and report regularly to the Board of Directors. The Compliance Officer will conduct periodic internal monitoring and may also utilize the services of a third party to conduct audits of key risk areas. The internal monitoring and third party audits are designed to ensure compliance with the Company Compliance and Ethics Program, policies and procedures, and all federal and state laws. Compliance Program internal monitoring activities and third party audits will also address issues related to contracts, competitive practices, marketing materials, coding and billing, electronic transactions, medical data privacy and security, reporting and record keeping. The audit process may include:

- Interviews with personnel involved in management, operations, billing, sales, marketing and other related activities,
- Review of contracts and Business Associate Agreements,
- Review of materials and documentation used by the provider, and
- Billing/coding analysis and audits.

The internal monitoring and third party audit reports should specifically identify areas where corrective actions are needed. The audit reports will be thoroughly reviewed and any corrective measures necessary will be made. Follow-up internal monitoring activities and third party audits will be conducted to ensure that the corrective measures were implemented and remedied the situation.



APPENDIX A: THE COMPLIANCE OFFICER: DUTIES AND RESPONSIBILITIES

The compliance Officer is responsible for implementing, administering and managing the Compliance Program and reporting appropriately to the Board of Directors.

The Compliance Officer's duties and responsibilities include but are not limited to the following:

- Provides leadership for the compliance effort.
- The Compliance Officer reports directly to the Access Clinical Partners Board of Directors.
- Serve as the Chairperson for the Access Clinical Partners Compliance Committee.
- Accesses the relevant authority for standards of conduct and legal risks.
- Develop, review and revise, with approval from the Board of Directors, the Company compliance standards, policies and procedures.
- Develop, implement and oversee a compliance training and education program, assuring that all individuals to whom this program is extended are apprised of and comply with, applicable federal and state requirements and related Company policies and procedures.
- Ensure that this Compliance and Ethics Program Plan and the Company wide standards, policies and procedures (including updates) are distributed to all Board of Directors members, physicians and employees and others as appropriate and are readily accessible and understandable. This may include having these documents translated into other languages.
- Appointing Managers to serve in various roles and to complete any tasks as needed to promote and conform to the Compliance and Ethics Program.
- Assures that discretionary authority is not delegated to individuals whom the Company knew or should have known, had a propensity to engage in criminal, civil and administrative violations.
- Ensure that all Board of Director members, physicians and employees strictly adhere to this Compliance and Ethics Program Plan and the Company wide standards, policies and procedures.
- Communicate regularly with the Board of Directors on the Company compliance health.
- Functions as the ethics advisor to the Chief Executive Officer and as a resource for the other senior managers.
- Develop and maintain effective open lines of communication in order to receive compliance questions and reports regarding potential or suspected compliance violations.
- When necessary, consult with General Counsel regarding compliance issues.
- Oversee all investigations of reports of potential or suspected compliance violations and conduct those investigations when appropriate. Keep a record of all compliance-related complaints and allegations and the disposition of each case, including any associated disciplinary actions.
- Represents the Company on compliance issues to external parties; if to government and the judicial system, may be central witness on the company's compliance efforts and if wrongdoing occurs, may also play a key role in preparing and presenting the Company defense.
- Assures a retribution-free system for reporting of noncompliance or compliance concerns.
- Develop, implement and oversee an effective auditing and monitoring system of this Compliance and Ethics Program, including monitoring activity to ensure that the Company internal controls are adequate to detect significant violations of law and ethical standards.
- Ensuring that effective systems are in place to prevent employment of individuals or contractors, or purchases from vendors, who have been barred from participation in Government programs, or who have demonstrated a propensity to engage in illegal activities.



- Performs periodic, but no less than annual, assessment of the Compliance and Ethics Program; making necessary changes required by law or from within the organization.

The Compliance Officer ultimately is accountable for implementation of each of the programs elements; producing

and distributing the Standards of Conduct, providing appropriate Compliance training, ensuring effective operation of a reporting system, arranging for audits and insuring the integrity of investigations and discipline as necessary.

The Compliance Officer has crucial reporting obligations to the Board of Directors; accurate and complete information

must be provided to the Board, even if this conflicts with desires of other senior officers.

APPENDIX B: COMPLIANCE OFFICER: CODE OF ETHICS

The Code of Ethics consists of two kinds of standards: Principles and Rules of Conduct. The Principles are broad standards of an aspirational and inspirational nature and, as such, express ideals of exemplary professional conduct. The Rules of Conduct are specific standards that prescribe the minimum level of conduct expected of the Compliance Officer.

Principle I – Obligations to the Public

The Access Clinical Partners (ACP) Compliance Officer should embrace the spirit and letter of the law governing the ACP's conduct and exemplify the highest ethical standards in their conduct in order to contribute to the public good.

- The ACP Compliance Officer shall not aid, abet, or participate in misconduct.
- The ACP Compliance Officer shall take such steps as are necessary to prevent misconduct by Access Clinical Partners.
- The ACP Compliance Officer shall exercise sound judgment in cooperating with all official and legitimate government investigations of or inquiries concerning Access Clinical Partners.
- If, in the course of work, the ACP Compliance Officer becomes aware of any decision by ACP which, if implemented, would constitute misconduct, adversely affect the health of patients, or defraud the system, the ACP Compliance Officer shall: (a) refuse to consent to the decision; (b) escalate to unresolved after exercising "a" , (c) consider resignation; and (d) report the decision to public officials when required by law.

Principle II – Obligations to Access Clinical Partners (ACP)

The Compliance Officer will serve ACP with the highest sense of integrity, exercise unprejudiced and unbiased judgment on their behalf and promote effective compliance programs.

- The ACP Compliance Officer shall serve ACP in a timely, competent and professional manner.
- The ACP Compliance Officer shall ensure to the best of his ability that ACP will comply with all relevant laws.
- The ACP Compliance Officer shall investigate with appropriate due diligence all issues, information, reports and/or conduct that relate to actual or suspected misconduct, whether past, current or prospective.
- The ACP Compliance Officer shall keep senior management and the Board of Directors informed of the status of the Compliance Program, both as to the implementation of the program and the areas of compliance risk.



- The ACP Compliance Officer shall not aid or abet retaliation against any employee who reports actual, potential or suspected misconduct and shall strive to implement procedures that ensure the protection from retaliation of any employee who reports actual, potential or suspected misconduct.
- The ACP Compliance Officer shall not reveal confidential information obtained in the course of their professional activities, recognizing that under certain circumstances confidentiality must yield to other values or concerns; i.e. to stop an act which creates appreciable risk to health and safety or to reveal a confidence when necessary to comply with a subpoena or other legal processes.
- The ACP Compliance Officer shall take care to avoid any actual, potential or perceived conflict of interest; to disclose them when they cannot be avoided; and to remove them where possible. Conflicts of interest can also create divided loyalties. The ACP Compliance Officer shall not permit loyalty to individuals in ACP with whom they have developed a professional or a personal relationship to interfere with or supersede the duty of loyalty to ACP and/or the superior responsibility of upholding the law, ethical business conduct and this Code of Ethics.
- The ACP Compliance Office shall not mislead ACP about the results that can be achieved through the use of their services.

Principle III – Obligations to the Profession

The ACP Compliance Officer should strive, through his actions, to uphold the integrity and dignity of the profession, to advance the effectiveness of compliance programs and to promote professionalism in health care compliance.

- The ACP Compliance Officer shall pursue their professional activities, including investigations of misconduct, with honesty, fairness and diligence.
- The ACP Compliance Officer shall not disclose without consent confidential information about the business affairs or technical processes of any present or former employer that would erode trust in the profession or impair the ability of compliance professionals to obtain such information from others in the future.
- The ACP Compliance Officer shall not make misleading, deceptive or false statements or claims about their professional qualifications, experience or performance.
- The ACP Compliance Officer shall not attempt to damage, maliciously or falsely, directly or indirectly, the professional reputation, prospects, practice or employment opportunities of other compliance professionals.
- The ACP Compliance Officer shall maintain their competence with respect to developments within the profession, including knowledge of and familiarity with current theories, industry practices and laws.

APPENDIX C: STANDARDS OF CONDUCT

- The Board of Director members, physicians and employees shall not offer or give any bribe, payment, gift, or thing of value to any person or entity with whom our Company has or is seeking any business or regulatory relationship except for gifts of a nominal value which are legal and given in the ordinary course of business.
- Board of Director members, physicians and employees shall not directly or indirectly authorize, pay, promise, deliver, or solicit any payment, gratuity, or favor for the purpose of influencing any political official or government employee in the discharge of that person's responsibilities. Personnel shall not entertain government personnel in connection with Company business.



- Board of Director members, physicians and employees shall be completely honest in all dealings with government agencies and Officers. No misrepresentations shall be made, and no false bills or requests for payment or other documents shall be submitted to government agencies or Officers. Board of Director members, physicians and employees certifying the correctness of records submitted to government agencies, including bills or requests for payment, shall have knowledge that the information is accurate and complete before giving such certification.
- All political activities relating to the Company shall be conducted in full compliance with applicable law. No Company funds or property shall be used for any political contribution or purpose unless first approved by the Political Action Committee. Board of Director members, physicians and employees may make direct contributions of their own money to political candidates and activities, but these contributions will not be reimbursed.
- Board of Director members, physicians and employees shall not accept any bribe, payment, gift, item, or thing of more than a nominal value from any person or entity with which our Company has or is seeking any business or regulatory relationship. Board of Director members, physicians and employees must promptly report the offering or receipt of gifts above a nominal value to their supervisor or the Access Clinical Partner Compliance Officer.
- Other than compensation from the Company, and as consistent with the conflict of interest policies, Board of Director members, physicians and employees shall not have a financial or other personal interest in a transaction between our Company and any of its business units and a vendor, supplier, provider, or customer.
- Board of Director members, physicians and employees shall not engage in any financial, business, or other activity which competes with our Company's business which may interfere or appear to interfere with the performance of their duties or that involve the use of Company property, facilities, or resources, except to the extent consistent with the conflict of interest policies.
- All of the Company's business transactions shall be carried out in accordance with management's general or specific directives. All of the books and records shall be kept in accordance with generally accepted accounting standards or other applicable standards. All transactions, payments, receipts, accounts, and assets shall be completely and accurately recorded on the Company's books and records on a consistent basis. No payment shall be approved or made with the intention or understanding that it will be used for any purpose other than that described in the supporting documentation for the payment. All information recorded and submitted to other persons must not be used to mislead those who receive the information or to conceal anything that is improper.
- Books and records shall be created, maintained, retained, or destroyed in accordance with the Company's records management policy.
- Board of Director members, physicians and employees shall comply with applicable antitrust laws. There shall be no discussions or agreements with competitors regarding price or other terms for product sales, prices paid to suppliers or providers, dividing up customers or geographic markets, or joint action to boycott or coerce certain customers, suppliers or providers.
- All Board of Director members, physicians and employees shall maintain the confidentiality of the Company's business information and of information relating to our Company's vendors, suppliers, providers, patients, and persons covered by any of our Company's services. Board of Director members, physicians and employees shall not use any such confidential or proprietary information except as is appropriate for business. Board of Director members, physicians and employees shall not seek to improperly obtain or to misuse confidential



information of our Company's competitors.

- All Board of Director members, physicians and employees shall follow safe work practices and comply with all applicable safety standards and health regulations.
- All Board of Director members, physicians and employees are responsible for ensuring that the work environment is free of discrimination or harassment due to age, race, gender, color, religion, national origin, disability, sexual orientation, or covered veteran status. Any form of sexual harassment, including the creation of a hostile working environment, is completely prohibited.

APPENDIX D: PROCEDURE FOR REPORTING IMPROPER CONDUCT

1. Ask

- If you are in doubt about an issue or you have a concern, ask. Keep asking until you get an answer that makes sense.
- Is the action legal? Is it consistent with the Company's standards and policies?
- If you know it is wrong, don't do it.
- How would you feel if you did it?
- How would it look to family, friends, patients, and the community?

2. Follow the Reporting Process

Remember that it is always better to raise a question before taking an action that may be improper. Board of Director Members, physicians and employees must report all potential or suspected violations of the applicable laws, regulations or the Company's compliance standards and policies immediately. The Company cannot address or correct these problems unless it is aware of the problems. **Board of Director Members, physicians and employees may bring in good faith any information and questions without retribution and with complete anonymity.**

Board of Director Members, physicians and employees should follow the process below to find the answers they need and to report potential or suspected violations:

- Discuss the issue with the Company's Compliance Officer. If the individual is uncomfortable, for any reason, contacting the Company's Compliance Officer or is not satisfied with the Company's Compliance Officer's response, then go to the next step.
- Discuss the issue with the Company's Chairman of the Board of Directors. If the individual is uncomfortable, for any reason, contacting the Company's Chairman of the Board of Directors, then the employee should submit his or her concerns to the "Hot Line" described below.

The contact information for the Company's Compliance Officer and the Chairman of the Board of Directors is listed below and will be posted in a conspicuous place in the staff lounge.

3. The Hot Line Reporting Procedure:

- Call the Toll Free Hotline: (844) 240-0005 (English)
- Call the Toll Free Hotline: (800) 216-1288 (Spanish)
- or, e-mail: reports@lighthouse-services.com (must include company name with report)
- or, fax for written documents: (215) 689-3885 (must include the Company's name with the report)
- or, Web reporting: <https://www.lighthouse-services.com/accessclinicalpartners>



4. Access Clinical Partners Whistleblower Policy

BOARD OF DIRECTOR MEMBERS, PHYSICIANS AND EMPLOYEES WILL NOT FACE ANY PENALTIES OR OTHER FORMS OF RETRIBUTION WHEN THEY ASK QUESTIONS OR REPORT, IN GOOD FAITH, POTENTIAL OR SUSPECTED COMPLIANCE VIOLATIONS

It is the policy of the Access Clinical Partners that no person shall retaliate, in any form, against a person who reports, in good faith, a potential or suspected violation of this Compliance and Ethics Program or the applicable laws and regulations. Any person who is found to have, in violation of this policy, retaliated against a person for making a report, shall be subject to discipline, which may include termination. Board of Director Members, physicians and employees may also be disciplined for intentionally filing false reports of violations.

Contact Information:

Compliance Officer: Boyd Faust: 650-387-7575

Chairman, Board of Directors

APPENDIX E: GOVERNMENT INTERVIEWS OR INVESTIGATION

The Board of Directors members, Medical Staff, personnel and others affiliated with the Access Clinical Partners shall cooperate fully and promptly with appropriate government investigations into possible civil and criminal violations of the law. It is important, however, that in this process the Company is able to protect the legal rights of the Company and its Board of Director members, physicians and employees. To accomplish these objectives, any governmental inquiries or requests for information, documents, or interviews should be promptly referred to the Company's Compliance Officer and General Counsel. Board of Directors members, physicians, personnel and others affiliated with the Company who participate in government interviews shall give answers that are truthful, complete, and unambiguous.

Purpose

State and federal agencies have broad legal authority to investigate health care entities and to review their records. The Company physicians, employees and agents need to be aware of their rights and responsibilities when responding to government investigations. Government investigators may arrive unannounced at any location of Access Clinical Partners organization or the homes of present or former physicians and/or employees seeking interviews and documentation.

The purpose of this policy is to establish a mechanism for the orderly response to government investigations to enable the Company to protect its interests while cooperating with governmental investigations to the extent required by law.

Policy

The Company and its employees and agents shall cooperate with any authorized government investigation or audit to the full extent required by law. The Compliance Officer is responsible for coordinating the response to investigations and the release of any information.

Scope

This policy applies to all physicians, employees and agents of the Company.



Procedures

Included in this document.

Search of Premises

If an Access Clinical Partner physician, employee or agent receives an investigative demand, subpoena or search warrant involving the institution, the employee should follow the Government Investigations Checklist attached to this policy.

Employees Are Not Authorized by Access Clinical Partner to Consent to a Search of the Company Premises:

If the agent or the investigator presents a warrant, subpoena or other document that the agent or investigator represents as providing legal authority for conducting a search of the premises and seizing certain documents, follow the Government Investigations Checklist.

If the agent or the investigator DOES NOT present a warrant, subpoena or other document, BUT asks an employee's permission to conduct a search of the premises, the employee should respond by telling the agent or investigator that the employee is not authorized to give such a consent and that the Company policies require the employee to refuse the investigator's or agent's request. If the agent or investigator nevertheless insists on searching the premises, then the employee should follow the Government Investigations Checklist attached to this policy, skipping the step requiring employee to obtain a copy of the warrant, subpoena or other document.

Release of Documents

Employees are not authorized to give Company documents (including documents prepared by the employee while at work) to the agent or investigator unless first authorized by the Company General Counsel or pursuant to a valid subpoena.

Employees of the Company are not permitted to alter, remove or destroy documents or records of the Company. This includes paper, tape and computer records.

Interviews

If the agent or investigator requests an interview, the physician or employee has the right to:

- Refuse to answer any questions.
- Request that General Counsel or an Access Clinical Partner Officer be present before answering any questions. It is usually not in a physician's or employee's best interest to talk to a government agent or investigator without the presence of their attorney. The Company strongly encourages physicians and employees to carefully consider the implications of agreeing to an interview without General Counsel or without a Company Officer present. Physicians and employees can be cooperative and open with the agents or investigators with General Counsel present and without compromising their rights.
- Insist that the interview take place during normal business hours.
- Stop the interview at any time.
- Take notes during the interview. All physicians and employees are encouraged to take notes during any interview.

If a physician or employee agrees to be interviewed, the physician's and/or employees first obligation is to notify his or her supervisor and to provide his or her supervisor with as much information about the interview after it has occurred.



Request Away from Access Clinical Partner

If a government official requests an interview with an employee while employee is away from the Access Clinical Partner location, the employee is asked to notify the Company's Compliance Officer immediately. The employee has the right to:

- Refuse to answer any questions.
- Request that your General Counsel or a Company Officer be present before answering any questions. It is usually not in a physician's or employee's best interests to talk to a government agent or investigator without the presence of your attorney. In some instances, the employee agreeing to the interview could be criminally liable for the conduct being investigated. If the employee agrees to be interviewed without General Counsel, employee may be waiving critical rights. The Company strongly encourages employees to carefully consider the implications of agreeing to an interview without General Counsel or without a Company Officer present. Employees can be cooperative and open with the agents or investigators with General Counsel present and without compromising employee's rights.
- Have the interview conducted during normal business hours at an Access Clinical Partner location or any other location.
- Stop the interview at any time.
- Take notes during the interview. All employees are encouraged to take notes during any interview.

Subcontractors who provide items or services in connection with the Medicare and/or Medicaid programs are required to comply with these policies on responding to investigations. Subcontractors must immediately furnish the Compliance Officer, General Counsel, or authorized government officials with information required in an investigation.

GOVERNMENT INVESTIGATIONS CHECKLIST

Initial Contact: Boyd Faust, Compliance Officer at 650-387-7575

Contact Counsel at: Alison Van Lear, (678) 274-6554

- Escort government agent to a private conference room or other location until General Counsel or his/her designee arrives.
- Ask each investigator for proper identification, including their business cards.
- List the name, address, telephone number and agency of each government agent involved in the investigation, including the date and location and ask the lead investigator to sign it.
- Inform government officials that General Counsel has been contacted and that he or she or his or her designee wants to be present during the investigation/search.
- If they are unwilling to wait for General Counsel/designee follow the Checklist When General Counsel Is Not Available.

GOVERNMENT INVESTIGATIONS CHECKLIST WHEN GENERAL COUNSEL IS NOT AVAILABLE

- Determine the purpose and scope of the investigation and develop a search process to be followed, consider a process that is less disruptive to operations, including copying of or access to seized records.



- Explain to each physician and employee his/her rights with respect to the government investigation
 - Right to speak or decline to speak to the inspector(s)
 - Right to have an attorney or a Company representative present
 - Warn not to destroy or hide documents or evidence
- Determine whether or not to be present during any employee interview by a government representative (i.e., should employee be represented by separate General Counsel due to potential conflict of interest).
- Determine whether or not to close the site and send non-essential personnel home for the duration of the search. Make sure someone available to download information from the hard drives and copy information onto disks. Make sure someone is available to list all documents reviewed, copied or seized by the investigators and to take notes of the search, identifying areas searched, investigator's comments, questions, instructions, requests and actions.
- Identify the limitations on the premises to be searched and the property to be seized. Monitor the search and note any search beyond the scope of the search warrant.
- Never consent to an expansion of the search.
- Do not prevent the investigators from searching areas they claim to have the right to search.
- Investigators have the right to seize evidence of crimes that is in "plain view" during their search even if it is not described in the warrant.
- Make sure someone has been assigned to list all documents (CDs, thumb drives and hard drives) reviewed by investigators and copy, number and catalog documents (CDs, thumb drives and hard drive information) requested by government agents. If this is not possible, request an inventory from the agents of the documents seized.
- Request the lead investigator to note and date the time the search was completed as well as sign the inventory.

APPENDIX F: EMPLOYEE EXPECTATIONS and DISCIPLINARY STANDARDS

Strict compliance with these policies and requirements is a condition of employment. In order to make this Ethics and Compliance Program effective, the Compliance Officer will have the authority to impose corrective actions and/or discipline for single or repeated violations of this Plan. Disciplinary action will result for misconduct, violating this Compliance and Ethics Program, or violating the applicable laws and regulations. This may include termination.

Promotion of and adherence to this Compliance and Ethics Program will be an element in evaluating the performance of employees and supervisors. As such, periodic education and training will be provided to employees and supervisors in current and new Compliance policies and procedures.

In addition, managers and supervisors will be responsible for:

1. Discussing with all supervised employees the compliance policies and legal requirements applicable to their function(s);
2. Informing all supervised personnel that strict compliance with these policies is a condition of employment; and
3. Disclosing to all supervised personnel that the Company will take disciplinary action up to and including termination for violation of these policies.

Supervisors failing to adequately instruct their subordinates or failing to detect non-compliance with applicable policies and legal requirements, where reasonable diligence on the part of the supervisor



would have led to the discovery of any problems or violations and given the Company the opportunity to correct them earlier, will be considered during evaluations.



Compliance and Ethics Program Handbook

Approved November 4, 2015





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Welcome to GoHealth Urgent Care!

At Access Clinical Partners (“GoHealth”), our primary mission as an organization is to provide our patients with quality medical care. We take seriously our obligations to our patients, the communities we serve, and the organizations with which we interact. Because of this, the GoHealth Board of Directors has established a Compliance and Ethics Program (“Program”) to ensure the organization always holds itself to the highest standards of integrity.

As employees of GoHealth, we all share in a common responsibility to ensure continuous compliance with all federal and state rules and regulations. Should you ever discover a potential compliance matter, it is also your duty to report it immediately. By working together, we can ensure GoHealth always reaches to the highest standards of compliance and integrity.

Ethics has been described as values in action, and the Program is reflective of GoHealth’s core principles. Ethical decisions can, at times, require us to think beyond the text of a regulation or policy and consider the spirit or intent of the text. By understanding our ethical responsibilities, and the fundamental purpose for them, we can ensure GoHealth always upholds the highest ethical standards.

This handbook will discuss the major laws and regulations that impact the healthcare field. It will also discuss GoHealth Urgent Care’s own practices, policies, and procedures with which you should be familiar.

Please help us in our pursuit of providing quality medical care to our patients in a responsible, compliant, ethical manner.

Sincerely,

Boyd Faust
Compliance Officer



The GoHealth Compliance and Ethics Program

The GoHealth Board of Directors has ultimate authority over and responsibility for the Program. The provisions of this Program apply to everyone who works for GoHealth, including those who oversee, manage, and operate all components of our business. The Program demonstrates our concerted, continuing efforts to conduct our business in accordance with all applicable laws and regulations.

Our Program establishes what we do as an organization to comply with legal and ethical requirements in the following ways:

- Organizational structure for oversight of the compliance program, including the designation of the leadership individuals who are responsible for developing, maintaining and implementing this Compliance and Ethics Program plan.
- Policies and procedures and Standards of Conduct that define ethical behavior. We are committed to upholding these standards, which are based on the values of honesty, integrity, trust, professionalism.
- Development and coordination of an effective education and training program regarding the applicable laws and regulations, related policies and procedures, effective systems for communicating the expectations to all individuals, as well as, potential, sanctions for noncompliance.
- Provision of effective systems for raising questions, communicating concerns, and reporting potential or suspected violations and compliance issues. This includes the maintenance of the GoHealth Compliance and Ethics Line (844-240-0005; reports@lighthouse-services.com; <https://www.lighthouse-services.com/accessclinicalpartners>) and anonymous reporting procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
- Effective systems for auditing, monitoring, and reviewing processes potentially impacting compliance standards and policies and procedures.
- Effective systems for responding to allegations of improper conduct, investigating and correcting violations and compliance issues with enforcement of appropriate disciplinary action, as may be warranted.
- Annual and periodic reassessment of the Compliance and Ethics Program and making necessary changes to reflect organizational changes.
- Ensure that discretionary authority is not delegated to individuals whom the organization knew, or should have known, had a propensity to engage in criminal, civil and administrative violations.

Patient Care

GoHealth strives to provide the absolute best urgent medical care possible to the patients and communities we serve. We believe our strong Program directly supports our medical care by ensuring all patient and business interactions are founded upon quality, transparency, respect, and integrity. GoHealth only provides medical care that is high quality and medically necessary.

Billing and Coding

For FY2014, the Office of Inspector General reported over \$2.3 billion in judgements and settlements related to healthcare fraud, waste, and abuse. This total does not include state-level healthcare fraud recoveries, which are significant as well. Healthcare fraud and abuse is a high priority for state and federal agencies, which are constantly monitoring provider billing data for patterns indicative of fraudulent behavior.



The False Claims Act is the key tool the federal government uses to fight Medicare fraud. Almost every state has also enacted a similar law. The False Claims Act makes it a crime to “knowingly” defraud or attempt to defraud the Medicare or Medicaid programs. Those found guilty of violating the False Claims Act can face civil and criminal penalties, including fines, imprisonment, and exclusion from participation in federal health programs. Civil penalties for violations of the federal False Claims Act can be up to three times the original amount of the claims submitted and \$5,500-11,000 per claim. The False Claims Act also provides whistleblower protections to any individual who reports billing and coding good faith concerns to GoHealth or any government agency.

Healthcare fraud can take many forms and is not limited to the most egregious examples that might immediately come to mind. The government has prosecuted and penalized individuals and entities for failure to return inappropriate payments, even when the problematic payments were caused by unintentional mistakes. “Knowingly and willfully” can apply to acts such as retaining known overpayments or know a billing concern is occurring but doing nothing to address it. The expectation is that every claim submitted for healthcare services accurately reflects the treatments provided and that all appropriate billing rules are followed. Services should also be medically necessary.

Documentation in the medical record must substantiate the care provided and billed. Failure to document a service in the medical record means the service cannot be shown to have actually been provided. Without such supportive evidence, the service cannot be billed. The general rule in healthcare is, “if it was not documented, it was not done.”

Medicare and Medicaid have their own billing requirements, which are typically found in CMS Program Manuals or National/Local Coverage Determinations. There are also industry standard coding rules for CPT and ICD-10 coding on medical claims. Failure to appropriately bundle certain CPT codes, for example, can lead to inappropriate reimbursement, which, in turn, can lead to False Claims Act liability.

GoHealth employees working in clinical areas are responsible for understanding the billing, reimbursement, coding, and documentation guidelines as they relate to their job responsibilities. If any employee identifies a billing error, steps should be immediately taken to correct the matter.

Patient Privacy & HIPAA

Patients have the right to confidentiality regarding their medical information. HIPAA is the primary federal law that establishes patient privacy rights. Nearly every state has its own law regarding the privacy rights of patients, as well. HIPAA defines “protected health information” (“PHI”) as any information that is identifiable and relates to a patient’s medical history, services provided to a patient, or any financial information. Data that make information identifiable include names, Social Security numbers, dates of birth, addresses, and much more. GoHealth takes seriously its obligation to protect the privacy and confidentiality of our patients’ medical information.

All employees are expected to secure electronic and paper medical information in their possession or immediate areas. Papers with PHI should be kept in secure areas within locked cabinets or rooms and not left unattended at workstations or in patient rooms.

If PHI is no longer needed, paper and electronic records cannot be simply discarded in the trash. Paper PHI should be shredded or destroyed. All GoHealth locations should have shredders or confidential shred bins for the disposal of paper PHI. Electronic media containing PHI should also be destroyed in a secure



manner. Discs containing PHI can be shredded. For disposal of laptops, hard drives, jump drives, and other media containing PHI, contact the GoHealth IT department.

HIPAA requires everyone at GoHealth to take reasonable safeguards to protect PHI. Safeguards for protecting PHI are situation-dependent and based around reasonable steps to protect medical information within a given context. Common safeguards include logging off computers when not in use, turning off monitors when stepping away briefly, using just the last name when addressing a patient, finding a private area to have patient discussions, and lowering your voice when discussing medical information with other staff. Again, this list is not exhaustive of all possible reasonable safeguards, and the techniques you use to protect our PHI will depend on your situation and circumstances.

HIPAA also requires all GoHealth employees to only access, use, or disclose the minimum amount of PHI necessary to accomplish their job. For example, to obtain payment from an insurance company for services provided, we can only disclose the minimum amount of PHI necessary to obtain the payment.

Patient Referrals

There are two major laws that impact how we can refer patients or accept patient referrals from others. Stark Law applies specifically to physicians and prohibits referrals from physicians to certain providers when that provider has a financial relationship with the physician. The Anti-Kickback Statute has a similar focus but slightly broader applicability. It prohibits anyone from paying for patient referrals, accepting anything of value for patient referrals, or even asking for such an arrangement. The government's focus with these laws is to prevent unnecessary services from being performed and to ensure that the medical decisions for providing services is not based around improper financial inducement.

Patient referral questions typically arise in the context of providers and external vendors. Questions about referral arrangements between GoHealth and any vendor or third party can be raised to the Compliance Department or through the Compliance and Ethics Hotline.

Conflicts of Interest

GoHealth wants all business and patient care decisions to be made free of personal interest or bias. For that reason, all GoHealth employees should immediately disclose financial or other personal interest in any vendor with which GoHealth conducts business or might in the future. Not all financial or personal interests are conflicts, and many conflicts can be managed without significant issue. Each potential conflict is unique, and the circumstances of each are relevant. When disclosing a potential conflict, providing as much information as possible is very important.

Sanction Screening

GoHealth will not employ or contract with any individual or entity that is excluded from participation in federal or state healthcare programs. All employees and vendors are screened regularly against the Inspector General's List of Excluded Individuals and Entities and similar state-based lists.

Government Interviews or Investigations

GoHealth Board members, physicians, employees, vendors, and others shall cooperate fully and promptly with appropriate government investigations into possible civil and criminal violations of the law. It is important, however, that in this process the company is able to protect the legal rights of the company and its Board members, physicians, and employees. To accomplish these objectives, any governmental inquiries or requests for information, documents, or interviews should be promptly referred to GoHealth's Compliance Officer and General Counsel.

Board members, physicians, employees, and others affiliated with the company who participate in government interviews shall give answers that are truthful, complete, and unambiguous.



Oversight of the Compliance and Ethics Program

The GoHealth Board of Directors has appointed a Compliance Officer for our Compliance and Ethics Program. The Compliance Officer is responsible for the oversight of all components of the Compliance and Ethics Program and is the Chairperson for the Compliance and Ethics Committee. The Compliance Officer is also responsible for responding to all questions regarding this program or concerns related to ethical business conduct or possible infractions of the guiding principles.

GoHealth expects that the Board members, the Compliance Officer, and all members of the leadership team set the example, to be in every respect a role model. Our leaders help to create a culture that promotes the highest standards of ethics and compliance. GoHealth's culture encourages everyone in our organization to share concerns when they arise, without fear of retaliation. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Standards of Conduct

One of GoHealth's strongest assets is our commitment to integrity and honesty.

A fundamental principle on which our company will operate its business is full compliance with applicable laws. We will also conduct our business to conform to sound ethical standards. Achieving business results by illegal acts or unethical conduct is unacceptable.

All Board members, physicians, and employees shall act in compliance with the requirements of applicable law and our Standards of Conduct and in a sound ethical manner when conducting business and clinical operations. Each supervisor is responsible for their own conduct, as well as, ensuring that the personnel within their supervision are acting ethically and in compliance with applicable law and these Standards.

All personnel are responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties and for appropriately seeking advice regarding such issues.

The Standards of Conduct

- Board members, physicians, and employees shall not offer or give any bribe, payment, gift, or thing of value to any person or entity with whom our Company has or is seeking any business or regulatory relationship except for gifts of a nominal value which are legal and given in the ordinary course of business.
- Board members, physicians, and employees shall not directly or indirectly authorize, pay, promise, deliver, or solicit any payment, gratuity, or favor for the purpose of influencing any political official or government employee in the discharge of that person's responsibilities. Personnel shall not entertain government personnel in connection with company business.
- Board members, physicians, and employees shall be completely honest in all dealings with government agencies and officers. No misrepresentations shall be made, and no false bills or requests for payment or other documents shall be submitted to government agencies or officers. Board members, physicians, and employees certifying the correctness of records submitted to government agencies, including bills or requests for payment, shall have knowledge that the information is accurate and complete before giving such certification.
- All political activities relating to the company shall be conducted in full compliance with applicable law. No company funds or property shall be used for any political contribution or purpose unless first approved by the Political Action Committee. Board members, physicians, and employees may make direct contributions of their own money to political candidates and activities, but these contributions will not be reimbursed.
- Board members, physicians, and employees shall not accept any bribe, payment, gift, item, or thing of more than a nominal value from any person or entity with which our company has or is



seeking any business or regulatory relationship. Board members, physicians, and employees must promptly report the offering or receipt of gifts above a nominal value to their supervisor or the GoHealth Compliance Officer.

- Other than compensation from the company, and as consistent with the conflict of interest policies, Board members, physicians, and employees shall not have a financial or other personal interest in a transaction between our company and any of its business units and a vendor, supplier, provider, or customer.
- Board members, physicians, and employees shall not engage in any financial, business, or other activity that competes with our company's business which may interfere or appear to interfere with the performance of their duties or that involve the use of company property, facilities, or resources, except to the extent consistent with the conflict of interest policies.
- All of the company's business transactions shall be carried out in accordance with management's general or specific directives. All of the books and records shall be kept in accordance with generally accepted accounting standards or other applicable standards. All transactions, payments, receipts, accounts, and assets shall be completely and accurately recorded on the company's books and records on a consistent basis. No payment shall be approved or made with the intention or understanding that it will be used for any purpose other than that described in the supporting documentation for the payment. All information recorded and submitted to other persons must not be used to mislead those who receive the information or to conceal anything that is improper.
- Books and records shall be created, maintained, retained, or destroyed in accordance with the company's records management policy.
- Board members, physicians, and employees shall comply with applicable antitrust laws. There shall be no discussions or agreements with competitors regarding price or other terms for product sales, prices paid to suppliers or providers, dividing up customers or geographic markets, or joint action to boycott or coerce certain customers, suppliers or providers.
- Board members, physicians, and employees shall maintain the confidentiality of the Company's business information and of information relating to our company's vendors, suppliers, providers, patients, and persons covered by any of our company's services. Board members, physicians, and employees shall not use any such confidential or proprietary information except as is appropriate for business. Board members, physicians, and employees shall not seek to improperly obtain or misuse confidential information of our company's competitors.
- Board members, physicians, and employees shall follow safe work practices and comply with all applicable safety standards and health regulations.
- Board members, physicians, and employees are responsible for ensuring that the work environment is free of discrimination or harassment due to age, race, gender, color, religion, national origin, disability, sexual orientation, or covered veteran status. Any form of sexual harassment, including the creation of a hostile working environment, is completely prohibited.

Education and Training

GoHealth will provide general Compliance and Ethics training to all new members of the Board of Directors, physicians, and employees during orientation, as well as, to all Board members, physicians, and employees on an annual basis. Training updates will be provided as changes to laws, regulations, or policies and procedures occur. Specific training programs will be provided to those who are involved in billing, sales, leasing, contracting, staffing, marketing, and clinical test ordering during orientation, annually or otherwise, as needed. These programs will be designed to:



- Educate Board members, physicians, employees, and others on the laws and regulations applicable to the delivery of health care and as related to billing and reimbursement for those services, including state and federal anti-kickback laws, state and federal false claims laws, and state and federal privacy standards and laws.
- Emphasize GoHealth's commitment to compliance with all laws, regulations, and guidelines of federal and state health care programs
- Emphasize the importance of reporting any suspected violations or other compliance concerns
- Reinforce the fact that strict compliance with applicable laws, regulations, and the company's standards and policies and procedures is a condition of Medical Staff membership and for the employee's continued employment, and that failure to comply with these laws, regulations, and policies may result in termination.

Failure to participate in Compliance and Ethics education and training programs may result in disciplinary action, including termination.

Communication

In compliance with federal laws and regulations, OIG guidance, and U.S. Sentencing Commission's guidelines, and through a variety of methods, the Board of Directors and the Compliance Officer will communicate to physicians and employees GoHealth's Compliance and Ethics Program, Standards of Conduct, policies and procedures, regulatory guidelines, and changes in the law.

Communication methods can include one-on-one conversations, broadcast emails, mailings to individuals, education sessions, small and large group meetings, periodic newsletters, and other methods as developed and implemented.

GoHealth strives to ensure that open, two-way communication lines to the Compliance department are accessible to all physicians, employees, other persons associated with the company, executives, and Board members in order to allow compliance issues to be reported, discussed, and reviewed in a timely manner. This open communication is essential to maintaining an effective Compliance and Ethics Program. Communication increases the company's ability to identify and respond to compliance problems and reduces the potential for fraud, waste, and abuse. Without assistance from the physicians and employees, it may be difficult to learn of compliance issues and make the necessary corrections. At any time, any individual may request information or education on any compliance-related topic. Individuals may seek clarification or advice from the Compliance department in the event of any confusion or question regarding any element of the Program, billing and documentation rules, and state and federal laws and regulations.

Reporting

GoHealth desires a climate that discourages improper conduct and facilitates open communication of any compliance concerns or questions. If any individual within the company has knowledge of, or in good faith suspects, any inappropriate behavior or wrongdoing, violation of regulation or law, or failure to uphold company policy, whether intentional or accidental, involving patient quality, billing for services, patient privacy, patient referrals, or conflicts of interest, they are expected to promptly report the concern so that an investigation can be conducted and appropriate action taken. Failure to report suspected violations may result in disciplinary action, up to and including termination.

There are many ways to report suspected improper conduct. In many cases, employees may bring to the attention of their supervisor who will take the concern to the Company's Compliance Officer. However, if this does not result in appropriate action, or if the individual is uncomfortable discussing these issues with



their supervisor, they may take their concerns directly to the Company's Compliance Officer. Employees may also report any concerns through the anonymous Compliance and Ethics Hotline.

GoHealth will *never* retaliate against anyone who reports a compliance concern in good faith. Retaliation against an employee for reporting a violation or suspected violation is strictly prohibited. Anyone who engages in retaliation will be subject to disciplinary action, up to and including termination. Board members, physicians, and employees may also be disciplined for intentionally filing false reports of violations. Additionally, federal and state laws provide protections against retaliation for any individual who knows of violations of the False Claims Act and reports her/his concerns to a federal or state government agency.

To encourage reporting of compliance concerns, and to reduce the potential for retaliation, all reports of non-compliance will remain confidential unless the reporter requests their identity to be known. While the Compliance department will keep identities of those who report concerns confidential, we cannot assure that, during the investigation of a concern, individuals might infer a reporter's identity. The Compliance department will take reasonable steps, however, to protect a reporter's identity.

If you are in doubt about an issue, or if you have a concern, ask. Keep asking until you get an answer that makes sense. Is the action legal? Is it consistent with GoHealth's standards and policies? How would you feel if you did it? How would it look to family, friends, patients, and the community?

Reporting Process:

Follow the Reporting Process: Board members, physicians, and employees should follow the process below to find the answers they need and to report potential or suspected violations:

- Report concern to your supervisor or manager: Typically, the fastest way to resolve a concern is to address it with your supervisor or manager. If you feel they do not provide an appropriate response, or if you do not feel comfortable talking to them about the concern in the first place, you may escalate the issue.
- Discuss the issue with the GoHealth's Compliance department: You may report your concern directly to the GoHealth Compliance department by contacting the Compliance Officer, General Counsel, or Compliance Director.
 - Boyd Faust is GoHealth's Compliance Officer and his contact number is 650-387-7575.
 - Alison Van Lear is GoHealth's General Counsel and her contact number is 678-274-6554, ext.1127.
 - Stephen Sonnenfeldt-Goddard is GoHealth's Compliance Director and his number is 678-222-0509, ext. 1036.
- Utilize the Compliance and Ethics Line: You may also report any concern anonymously through the Compliance and Ethics Hotline at:
 - Phone: (844) 240-0005 (English) or (800) 216-1288 (Spanish)
 - Email: reports@lighthouse-services.com (must include GoHealth's name in report)
 - Online: <https://www.lighthouse-services.com/accessclinicalpartners>
 - Fax: (215) 689-3885 (must include GoHealth's name with report)
- Discuss the issue with GoHealth's Chairman of the Board of Directors: If you are uncomfortable or unsatisfied with the response you have received via the above reporting avenues, for any reason, you may also contact the Chairman of the Board of Directors for GoHealth.



Investigations

GoHealth's Compliance Officer, with General Counsel as needed, will promptly investigate any potential violations or misconduct to determine whether a material violation has in fact occurred, and if so, will take steps to rectify the problem.

Depending on the nature of the allegations involved, the investigation may include: interviews with affected Medical Staff members, employees, or others; review of relevant documents, including medical records and submitted claims; engaging outside auditors or counsel.

To protect the integrity of the investigation, an individual allegedly involved in the misconduct may be removed from his or her current work activity until the investigation is complete. In addition, GoHealth's Compliance Officer will take steps to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is complete, if disciplinary action is warranted, it will be promptly administered.

Corrective actions in culmination of an investigation may include additional training and education for all individuals involved, disciplinary action against the appropriate individuals, revision of the Compliance department's policies, plan, or education programs, self-reporting to the proper governmental authority or agency, and refunds of monies to which GoHealth has no legal entitlement.

Auditing and Monitoring

Auditing and monitoring for compliance is a central feature of the Compliance and Ethics Program. Auditing and monitoring activities will measure the implementation and effectiveness of this Compliance and Ethics Program and activities will be reported regularly to the Board of Directors. Auditing and monitoring efforts will periodically assess internal controls. GoHealth may also utilize the services of a third-party to conduct audits of key risk areas. Compliance Program auditing and monitoring activities may review topics related to contracts, competitive practices, marketing materials, coding and billing, electronic transactions, medical data privacy and security, reporting, and record keeping. Audit findings will report findings and any corrective measures. Follow-up monitoring activities are conducted to ensure that the corrective measures were implemented and remedied the situation. All auditing and monitoring activities are reported through the Compliance Committee.

Leadership Responsibilities

Promotion of and adherence to the Compliance and Ethics Program will be an element in evaluating the performance of employees and supervisors. As such, periodic education and training will be provided to employees and supervisors in current and new Compliance policies and procedures.

In addition, managers and supervisors will be responsible for:

- Promotion of the Compliance and Ethics Program in their areas, including leading by example and encouraging compliant and ethical behavior from staff
- Discussing compliance policies and legal requirements with others as applicable to their job responsibilities
- Disclosing to others that GoHealth will take disciplinary action up to and including termination for violation of these policies.

Adherence to the Compliance and Ethics Program

Strict compliance with these policies and requirements is a condition of employment. In order to make this Compliance and Ethics Program effective, the Compliance Officer has authority to recommend and



impose corrective and disciplinary actions for violations of this Plan. Disciplinary action will result for legal or regulatory misconduct, violations of the company policy, Standards of Conduct, or this handbook.

Attachment C – Policy GH.CE.111.01 – Investigations, Audits, and Monitoring Activities

PURPOSE

GoHealth is committed to maintaining an active and robust internal auditing and monitoring program. All compliance reports and concerns will be thoroughly investigated and appropriate corrective actions will be taken when concerns are substantiated. Should GoHealth be contacted by a government agency or third party working on the government's behalf, GoHealth, its employees, and Board members will cooperate fully with their requests in assisting with their review.

POLICY

Investigation of any reported compliance issue, whether directly to the Compliance department or through the Compliance and Ethics Hotline, shall commence within seven (7) days following receipt of the report. The Compliance Officer shall have ultimate authority and responsibility over investigation of reported concerns. S/he shall also have the authority to delegate work and responsibilities related to the investigation to other GoHealth employees.

Investigational Activities

Activities related to the investigation and resolution of compliance issues include, but is not limited to:

- Obtaining, reviewing, and preserving documents related to the issue; interviewing appropriate individuals
- Reviewing applicable GoHealth policies and procedures
- Collaborating with other GoHealth departments as necessary
- If necessary, using the expertise and guidance of an outside consultant to assist in the investigation

Types of Investigations:

- *Internal Investigations:* The GoHealth Compliance department will thoroughly review and investigate all compliance concerns raised within the organization. This includes concerns raised through the Compliance and Ethics Hotline or reported internally to the Compliance department directly or through a supervisor or manager.
 - *External Investigations:* A governmental agency, or third party authorized on its behalf, might contact GoHealth regarding a document request, informal inquiry, or formal investigation. The form of a government request could be onsite visit, email communication, written communication, or phone call. GoHealth expects all Board members and employees to cooperate fully with government inquiries or investigations.
 - Any external request or investigation should be reported immediately to the Compliance Officer and General Counsel.
 - Communication, reports, and releases of information to external requests shall come from the Compliance Officer or General Counsel or receive their review and approval prior to release.
 - Prior to discussing or releasing information to an external entity, reasonable steps should be taken to verify the identity of the individual or entity to ensure they are legitimately representing a governmental agency.
 - GoHealth will always be cooperative in its dealings with government agencies, and our reasonable efforts to verify the veracity of the identity shall not be used as a way to delay or obfuscate our responses.
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- *Audits:* GoHealth will periodically establish and execute an audit plan for the organization. The plan will be part of the Compliance department's Scope of Work and will include routine audits. Ad hoc audits may be added based on issues seen within the industry, governmental guidance, and other information intermittently gathered.
- *Monitoring Activities:* Once an audit or investigation is complete and there has been a substantiated compliance issue with corrective actions implemented, the Compliance department will periodically revisit and review the issue to ensure the corrective actions are working appropriately and the original problem has not returned. Monitoring activities will also be included in the Compliance Scope of Work and may also be created ad hoc as needed.

Corrective Actions

Should a reported compliance issue be substantiated, the Compliance Officer, General Counsel, and Director, Compliance shall collaborate to develop and implement a corrective action plan. Other GoHealth departments may be consulted in the creation and implementation of the corrective actions, such as Human Resources, the Central Billing Office, and IT/IS.

Resolution and corrective steps to substantiated compliance issues will be sought and implemented as swiftly as is reasonably possible.

Documentation

All investigations, audits, and monitoring activities shall be thoroughly documented by the Compliance Officer or his/her designee. Documentation related to investigations, audits, and monitoring activities shall be retained for no less than a period of six (6) years.

RESPONSIBILITIES

All GoHealth employees are responsible for participating and cooperating with investigations, audits, and monitoring activities as necessary to successfully complete the purpose for which the investigation, audit, or monitoring was intended.

The Compliance Officer and Director, Compliance, with the advice, guidance, and supervision of General Counsel as necessary, shall commence and oversee all investigations, audits, and monitoring activities.

Attachment D – Policy GH.CE.301.01 – Compliance Billing Practices and the False Claims Act

PURPOSE

GoHealth is committed to accurate, timely, appropriate billing practices where services are medically necessary and supported by complete documentation in the medical record.

POLICY

GoHealth shall utilize responsible billing, coding, and documentation practices where all employees, providers, and Board members participate in a claims submission process that complies with the federal False Claims Act and similar state laws, Medicare and Medicaid billing requirements, and CPT and ICD-10 coding guidelines. This policy applies to overpayments identified by GoHealth during its auditing, monitoring, or investigating activities. It does not apply to payor identified errors that are subject to adjustment or recoupment by the payor.

The False Claims Act

The federal False Claims Act makes it unlawful to submit a claim, or causing a claim to be submitted, for payment to the government where the person or entity submitting the claim “knows” the claim is false or fraudulent in nature. Almost all states have similar laws. The False Claims act does not requirement specific intent. Knowingly means:

- Having actual knowledge of the falsity of the information
- Acting in deliberate ignorance of the truth or falsity of the information
- Acting in reckless disregard of the truth or falsity of the information

Penalties for False Claims Act violations include:

- Criminal charges and prosecution leading to arrest and incarceration
- Civil fines, including treble damages (three times the original amount of the claims) and \$5,500-11,000 per claim.

Investigating Billing Concerns

The Compliance department shall work with the Central Billing Office, IT/IS, the General Counsel, and other parties as necessary to fully and thoroughly investigate all concerns regarding inappropriate billing, coding, documentation, or reimbursement resulting there from.

Investigations for reported concerns shall commence as quickly as reasonably possible, and commencement of an investigation should never exceed seven (7) business days. Investigations shall review the reported concern and attempt to substantiate the issue. See GH.CE.111.01 – Investigations, Audits, and Monitoring Activities for more information about compliance investigations.

Return of Overpayments

An overpayment identified through any means, whether incidentally, through an audit, or reported by an employee, patient, or third party, shall be reported and refunded as quickly as possible. In no case shall a refund for an identified overpayment take longer than sixty (60) days.



The Central Billing Office shall return to overpayments to the applicable payor. The Compliance department, in consultation with the General Counsel, shall include a written explanation for substantial overpayments returned to government payors.

Coding and Documentation Improvement

GoHealth providers and coders shall strive for total compliance with billing, documentation, and coding guidelines. The Central Billing Office shall institute and maintain a coding and billing auditing program to continually assess the accuracy of medical record documentation and the codes assigned to that documentation. Results and findings from the coding audits shall be reported to the Compliance Committee on a periodic basis.

Where deficiencies in billing, coding, and documentation are identified through the auditing program, education and training shall be provided to ensure providers and coders can correct the behavior that created the deficiencies.

Responding to External Billing Audits

GoHealth shall be responsive to and corporative with all third party billing compliance audit requests initiated by or on behalf of a payor. The Central Billing Office shall be responsible for responding to and coordinating with the audit request. The Compliance department shall assist with the audit process as necessary.

RESPONSIBILITIES

The Central Billing Office, in conference and consultation with the Compliance department and General Counsel, shall be responsible for processing, correcting, and returning all overpayments.

Correspondence to government payors or contractors, such as self-disclosures for overpayments, shall be drafted and sent by the Compliance Officer or General Counsel.

DEFINITIONS

Overpayment: Any funds received by GoHealth to which GoHealth is not entitled, such as a payment for healthcare services received that is in excess of the amounts actually due and payable under the payor's payment rules. Overpayments include, but are not limited to, upcoding, unbundling, incorrect code or modifier usage, insufficient lack of documentation to support billed services, services billed under the wrong provider, lack of medical necessity, and duplicate payment for same services, payment by the wrong payor that leads to payment to which GoHealth is not entitled. Overpayments are considered identified once they have been discovered, substantiated, and reconciled. Overpayments are considered substantial if the total amount to be refunded exceeds \$50,000 for one particular issue, regardless of the number of claims included in the corrective actions that lead to the total refund amount.

Attachment E – Policy GH.CE.107.01 – Non-Retaliation or Intimidation

PURPOSE

Open lines of communication and trust in the reporting process are essential elements to an effective compliance program. A culture that punishes or intimidates individuals for raising concerns or questions cannot appropriately identify or correct compliance issues. GoHealth strives to promote and cultivate an open culture of communication that includes reporting of real or potential compliance concerns free of retaliation or intimidation.

POLICY

GoHealth prohibits any form of retaliation against employees for reporting compliance concerns in good faith or for participating in the Compliance and Ethics Program (“Program”). Additionally, GoHealth also prohibits intimidation of employees in order to prevent the good faith reporting compliance concerns or participation in the Program. These prohibitions against retaliation and intimidation apply to all reported concerns, even if GoHealth ultimately determines the concern did not actually amount to a compliance issue.

Any GoHealth employee who engages in retaliation or intimidation of others in violation of this policy will be subject to disciplinary action, up to and including termination. Federal and state laws also make retaliation and intimidation a potential criminal or civil offense.

Leadership and managers at GoHealth have an additional responsibility to discourage retaliation and intimidation in their areas, to remind staff about GoHealth’s non-retaliation and non-intimidation policy, and to protect identities of individuals who report concerns.

Whenever possible, GoHealth will make good faith efforts to protect the anonymity of individuals who report compliance concerns, which will be communicated only as necessary to advance investigation of the allegation or report. GoHealth cannot guarantee, however, that while investigating compliance issues, other employees will not infer or assume a reporter’s identity.

Anonymous reporting is available for all GoHealth employees via the Compliance and Ethics Hotline. The hotline can be reached any time or day at:

- 1-844-240-0005 (English)
- 1-800-216-1288 (Spanish)
- reports@lighthouse-services.com
- 215-689-3885 (fax)
- <https://www.lighthouse-services.com/accessclinicalpartners>.

RESPONSIBILITIES

Management is responsible for fostering an environment free of retaliation or intimidation.
