**Code of Conduct**

**(Agency Name)** and its affiliated companies (collectively referred to herein as **(Agency Name)** are committed to excellence in conducting its business affairs whether, in regard to supporting insurance agents contracted through our agency or, consumers who enroll directly in one of the many products we provide. The policy is designed to make our employees and independent contracted agents aware of methods for reporting non- compliance and/or Fraud Waste and Abuse issues. **(Agency Name)** reports issues of non-compliance to the carrier involved and/or directly to CMS. It is our policy that all employees will ensure that we meet CMS requirements and make management aware of any situations where any independent producers or employees of **(Agency Name)** are not in compliance with these regulations. Any questions or concerns may be addressed directly to the Compliance Officer. All such concerns will be handled in a confidential manner. **(Agency Name)** has adopted a policy of non-retaliation for all such reports brought to our attention.

The Compliance Officer for **(Agency Name)** is:

 (**Compliance officer contact information)**

Employees and/or contracted agents may also report non-compliance and/or Fraud Waste and Abuse issues anonymously to either, the **(Agency Name)** Compliance Officer or, the specific carrier involved.

*See addendum for specific carrier reporting methods.*

Our company’s continued growth and leadership depend upon the integrity of all the men and women who represent us.

*In this document “product” means the plans or services we represent, “consumer” means a person who may purchase a product or service, “client” means someone who has purchased such a product or service, and “broker” means an independent broker contract through the* ***(Agency Name)*** *hierarchy.*

1. I shall conduct myself in an ethical manner with courtesy and dignity and with respect for the rights and reasonable requests of consumers, members, and brokers at all times.
2. I understand that **(Agency Name)** meets government qualifications shown in the Code of Federal Regulations, as approved by the appropriate government recommending bodies. However, I will not imply to consumers or members that their enrollment is in any way sponsored by or endorsed by or shared by any particular state or federal government agency.
3. I will not make statements or engage in activities that could mislead or confuse agents, consumers, and/or clients or misrepresent **(Agency Name)**, the companies we represent, its products, its marketing representatives or the Centers for Medicare & Medicaid Services (CMS).
4. I will not disparage competitors, their plans or Original Medicare in an effort to influence an enrollment of a consumer into a product.
5. I will protect the privacy of consumers and clients and preserve the confidentiality of their records in accordance with the company’s Privacy Policies and Procedures and federal and state regulations. I will handle the enrollment application and any other consumer or client health information in my possession in a professional and confidential manner. I will maintain only such consumer or client information required to conduct business and will do so in a secure and compliant manner and in accordance with the company’s Privacy Policies and Procedures and federal and state regulations.
6. I shall observe all company’s Policy of Nondiscrimination by reason of race, creed, color, sex, age, national origin or economic status. I understand that discrimination based on health status or disability is prohibited.

**(Agency Name) Conflict of Interest Policy**

**Purpose**

The Conflict of Interest Policy outlines the parameters of conflict of interest for employees and/or contractors of Garity Associates.

**Philosophy**

Employees of **(Agency Name)** are expected to adhere to the highest standards of personal and professional integrity and shall protect the interests of **(Agency Name).** Personal gain shall not conflict with duty to Garity Associates.

**Responsibility**

The Executive team is responsible for final decisions on any potential or actual conflicts of interest. The Department Heads and Management are responsible for presenting a recommendation on any potential or actual conflicts to the Executive team. Employees are responsible for declaring any potential or actual conflict of interest.

**Guidelines**

If a potential conflict exists because of an employee's personal related interest in a matter, the employee shall advise their supervisor immediately.

An employee shall be considered to have potential conflict of interest where he or she has a direct or indirect financial interest in a matter involving **(Agency Name)** and where the employee could influence or appear to be able to influence any decision on that matter by **(Agency Name**). Examples include acceptance of personal gifts beyond moderate courtesy, purchasing decisions for personal gain, and/or written or public statements in conflict with **(Agency Name).**

Employees and related firms or suppliers are not precluded from selling goods, materials, or services to **(Agency Name)** provided this activity is consistent with generally accepted competitive commercial practices.

**Conflict of interest agreement**

Acknowledgement of standards to be observed by all employees of **(Agency Name)** concerning conflict of interest stated above.

Employees will disclose to his/her immediate supervisor, any interest that might be construed as being in real, potential or apparent conflict with **(Agency Name)** duties or with the business and affairs of **(Agency Name)**

I understand that any breach of the above pledge could result in disciplinary action up to, and including termination of employment.

I have read this Pledge of Compliance, and agree to the Terms and Conditions as outlined on these forms.

 Signature Date

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 Printed Name

Employee Code of Conduct (rev. date)

**Code of Conduct Addendum**

Anonymous reporting to Medicare Insurance Carriers

**United Healthcare**

Call the Compliance & Ethics Help Center @ 1-800-455-4521. 24/7 or,

United Health Group’s Ethics Office by email @ [www.Ethics\_Integrity\_Office@uhc.com](http://www.Ethics_Integrity_Office@uhc.com)

Phone 952-936-7463

**Aetna**

Aetna AlertLine 1-888-891-8910

Online @ [www.aetna.alertline.com](http://www.aetna.alertline.com)

Aetna Compliance

P.O. Box 370205

W. Hartford, CT 06137-0205

**Wellcare**

Trust Hotline 1-866-678-8355

**Humana**

Call 1-800-614-4126

Fax 1-920-339-3613

Mail: Humana, Special Investigation Unit

 1100 Employers Blvd.

 Green Bay, WI 54344

**Fallon Health**

Phone: 800-333-2535 ext. 69950

Fax: 508-755-7393

Email: grievance@fallonhealth.org

Mail: Fallon Health

 10 Chestnut Street

 Worcester, MA 01608

 Attn: Member Appeals and Grievances

**Blue Cross Blue Shield of Rhode Island**

Phone: 401-459-1444 or 800-830-1444