HealthCare Partners, IPA
HealthCare Partners, MSO

Last Revised 11/2026

Whistleblower and Non-Retaliation

PURPOSE

The purpose of this policy is to define how HealthCare Partners, IPA and HealthCare Partners, MSO (collectively known as HCP) provides protection against retaliation for employees and other individuals who, in good faith, report suspected or actual violations of our Code of Conduct (the "Code"), Corporate Compliance Program (the "Program"), policies and procedures, or federal and state regulations.

SCOPE

This policy protects all members of the HCP community (i.e., HCP's Workforce, providers, and patients) from retaliatory action for reporting unethical or illegal activity, misconduct, and other compliance concerns. HCP's Workforce includes its employees, executive leaders, temporary workers, and contractors. "Contractors" include all contracted providers and suppliers, first tier entities, downstream entities and any other entities involved in the delivery of, payment for or monitoring of benefits or services provided by HCP.

EXEMPTIONS

None.

POLICY

It is HCP's policy and practice to maintain an environment that promotes open communication among all members of our Workforce, providers and patients and that encourages individuals to: (1) freely ask questions regarding compliance concerns and (2) report, without fear of retaliation, any violations of our Code, Program, policies and procedures, and federal and state regulations.

In accordance with the Federal False Claims Act, New York State False Claims Act, and New York State Labor Laws, HCP policy prohibits retaliatory action of any kind in response to "Whistleblowers" or any member of HCP's Workforce, providers or patients, who bring forth an allegation of a suspected or actual violation or misconduct, and/or who participates in an investigation related to such a report, even if HCP ultimately concludes that there was no violation.

Moreover, HCP as an entity shall not take any retaliatory action against the following individuals or in the following situations:

Any patient, legally authorized representative, Workforce member, organization or group who in good faith:

1. Discloses or threatens to disclose information about a situation they feel is inappropriate, or potentially illegal;

2. Provides information to or testifies against the alleged offending individual or HCP;

3. Discloses information to a health care oversight agency, public authority or attorney retained by or on behalf of the individual to address what they believe to be violations of federal or state laws, regulations and/or accreditation standards related to the provision of health care, healthcare program and payor requirements, fraud, waste, and abuse, HIPAA privacy, or other course of business;

4. Objects to or refuses to participate in an activity they feel is in violation of HCP's policies, federal or state law, or accreditation requirements;

5. Is involved in any compliance or peer review process, or investigation; or

6. Files a valid or legitimate complaint or incident report.

This policy does not protect individuals who engage in bad faith reporting or illegal conduct. HCP will take appropriate action, up to and including termination, against any Workforce member, regardless of title or position, who violates this policy.

Nothing in this Policy prohibits Workforce members, providers or patients from reporting possible violations of laws or regulations to appropriate federal, state, or local government agencies or from making other disclosures that are protected under applicable laws or regulations. This includes reporting to the Office of Inspector General (OIG) Hotline (1-800-HHS-TIPS) and the New York State Office of Medicaid General Hotline (1-877-87-FRAUD). Refer to Section A under Reporting Compliance Concerns for information regarding HCP's Hotline reporting.

DEFINITIONS

Bad Faith Reporting: Refers to allegations of violations, misconduct or other wrongdoing made with malicious intent or reckless disregard, to protect oneself against remediation and/or to harm another individual implicated in the allegation.

Good Faith Reporting: Under false claims law, a good faith report refers to reports of suspected or actual violations, misconduct or other wrongdoing, made honestly and with reasonable cause to believe that there has been a violation, such as fraud, waste and abuse related to federal and state payor requirements.

Individual: For the purposes of this Policy, "Individual" refers to any Workforce member as described within and any provider or patient.

Retaliation or Retaliatory Action: Any adverse behavior taken intended to intimidate, threaten coerce or discriminate against an individual or group who, in good faith, brings forth a compliance concern or other wrongdoing.

Examples of retaliation include, but are not limited to, the following unwarranted actions:

- termination or suspension of employment, business relationship or affiliation;
- disciplinary action;
- reduction in pay or assigned hours;
- demotion, decrease or transfer of job responsibilities;
- negative performance reviews;
- exclusion from meetings and other activities related to an individual's job; and/or
- any other adverse activity meant to harass or create a hostile environment.

Whistleblower: Refers to a person who raises concerns about a risk, illegal activity, or other wrongdoing made by his or her employer, including fraudulent activity related to federal, state, and private payor healthcare program requirements.

Whistleblower Protections: Prohibits any form of retaliation against employees who file a claim or report a violation under the Federal False Claims Act, New York State False Claims Act, and New York State Labor Laws. Private-sector employees in New York are also covered by the Occupational Safety and Health Administration (OSHA) for reporting workplace health and safety concerns.

RESPONSIBILITY

The VP, Corporate Compliance and Privacy Officer (CCPO) is responsible for the oversight and maintenance of this policy and the procedures described within. All management is responsible for familiarizing themselves with applicable laws and regulations, the Code of Conduct, the Corporate Compliance Program, and other policies and procedures and for ensuring their direct reports understand their obligation to report compliance concerns and to comply with the requirements related to their role.

Additionally, all HCP's Workforce members have a responsibility to report any activity that appears to violate applicable laws, regulations, rules, policies, and procedures related to our business operations, such as fraud, waste, and abuse, billing misconduct, HIPAA privacy and information security violations.

Workforce members are not expected to determine if a compliance concern is an actual violation of HCP policy or federal or state regulatory requirements before reporting it. Any suspected violation or misconduct should be immediately reported as described under Reporting Compliance Concerns.

REPORTING COMPLIANCE CONCERNS

All Workforce members, providers, and patients have an obligation to report compliance concerns. Examples of compliance concerns to be reported include:

- Fraud, waste, or abuse (e.g., billing misconduct)
- Violations of HCP's Code, Program, other policies and procedures, or federal and state regulatory requirements
- HIPAA Privacy/ Information Security violations
- Conflicts of Interest
- Other illegal or unethical conduct

HCP has established a reporting process that enables employees to share their compliance concerns through multiple resources, including mechanisms that allow for anonymous reporting.

A. **Employees**: Any employee who knows or reasonably suspects an incident of fraud, waste or abuse of Medicare, Medicaid or other federal or state healthcare program, HIPAA privacy or any other violation of HCP's policies, laws or regulations should immediately report their concerns to his/her supervisor, if appropriate, as soon as they become aware of the misconduct.

   Under circumstances where an employee's supervisor may be an involved party to the report, employees may use one of the following means to share their compliance concern:

VP, Corporate Compliance and Privacy Officer mphillips@hcpipa.com Tel: (516) 941-2122	**Senior Director, Human Resources** rshah@hcpipa.com Tel: (516) 394-5694
Compliance Hotline* *** (Reporters may remain anonymous when calling or submitting reports online)** **By Phone:** Toll-free: (888) 475-8376 The Hotline is confidential, available 24/7, and in multiple languages. **Online:** Hcphotline.ethicspoint.com	

   *The Hotline provides a confidential method for reporters to remain anonymous should they wish to when submitting reports by phone. The Office of Corporate Compliance receives a notification of all reports received through the Hotline and will conduct an investigation as described under Investigation of Retaliation, Section B.

   Individuals are also encouraged to contact the CCPO directly or use the Hotline to seek advice or clarification on compliance matters.

B. **Vendors, Contractors/Consultants/Temporary Workers, Providers, and Patients**: Vendors, consultants, contractors, temporary workers, providers and patients may report compliance concerns directly through the Compliance Hotline or to the CCPO using the same contact information as referenced above.

C. **Reports Concerning Executives/Senior Leadership**: In the event any reports received involve a member of the executive or senior leadership, and/or include harm to HCP it shall be reviewed by the CCPO in consultation with external counsel, and/or other outside experts who may be enlisted to conduct an impartial investigation.

D. **Reports Concerning the CCPO**: In the event any reports received involve the CCPO and/or include harm to HCP it shall be reviewed by the Executive Leadership in consultation with external counsel, and other outside experts who may be enlisted to conduct an impartial investigation.

E. **Investigation of Retaliation**
HCP is committed to investigating all reported compliance concerns, including reports of retaliation. HCP expressly prohibits any form of retaliation or intimidation against any individual for reporting a compliance concern, inquiring about appropriate conduct, policies or procedures, or for participating in a related investigation or proceeding. If any individual believes they have been subjected to retaliation, they should file a report to the CCPO, the Senior Director, Human Resources, as appropriate, or through the Compliance Hotline as described in this Policy.

1. **General Procedures**: After a report of a compliance concern has been received, the CCPO, the Senior Director, Human Resources, and other key personnel, as appropriate, will promptly begin its review of the allegations and will ensure that a proper investigation is conducted. In accordance with HCP's *Workplace Investigations Policy, Disciplinary Action Policy, HIPAA Sanctions and Enforcement Policy, and Internal Investigations and Response to Government Inquiries Policy,* the investigation will include interviewing all appropriate individuals and a comprehensive review of relevant documentation to confirm the validity of the allegation. Corrective action may be implemented depending on the outcome of the investigation.

   The following procedures will apply for reports received through the Compliance Hotline:

   - The CCPO or designee will acknowledge receipt of the report within (3) three business days of receiving the Hotline notification;
   - The CCPO will engage other parties as appropriate to begin the investigation;
   - All documentation and investigation processes used will be saved electronically in the secure Hotline log and maintained in accordance with applicable laws and HCP's Record Retention Policy; and
   - Any corrective action will be implemented, external reporting obligations fulfilled, and deficiencies addressed, as applicable, upon conclusion of the investigation.

2. **Cooperation of Workforce Members**: All Workforce members are expected to cooperate fully with internal investigations and in response to outside counsel and external investigations conducted by government agencies, law enforcement, and their representatives.

   Guidelines addressing appropriate response procedures are outlined in HCP's Internal Investigations and Response to Government Inquiries Policy.

   No Workforce member shall falsify, alter or destroy any documentation related to an investigation. The Office of Corporate Compliance, Human Resources, Finance, and/

or Information Security Departments shall have access to or be provided with any relevant documentation and electronic systems needed to complete the investigation.

F. **Confidentiality**
When submitting a report through the Hotline, the reporter will be asked to provide details related to the incident or violation being reported. Confidentiality of the individual filing the report will be maintained to the extent possible by law. However, in some cases in order to thoroughly investigate a report HCP may need to ask the person filing the report to reveal his or her identity in order to facilitate follow up questions. If the individual does not want to reveal his/her identity then HCP may not be able to investigate the matter fully or take remedial action. Moreover, HCP may be legally required to report crimes to external government agencies, which could include providing the identity of the reporting individual.

HCP Workforce members have an obligation to maintain the confidentiality of a report and the investigation details during and after an investigation is concluded.

ENFORCEMENT

All of HCP's executives, senior leadership and management staff are responsible for enforcing this policy. Individuals who violate this policy and who commit or condone retaliation of any kind will be subject to appropriate and applicable corrective action, up to and including termination or suspension of employment, business relationship or affiliation.

APPLICABLE STANDARDS AND REGULATIONS

- Federal Deficit Reduction Act, 42 U.S.C. § 1396a(a)(68)
- Federal False Claims Act 31 U.S.C. § 3730
- New York State False Claims Act, State Finance Law § 191
- New York State Labor Law § 740-741

RELATED DOCUMENTATION

- Antifraud, Waste, and Abuse Program
- Code of Conduct
- Corporate Compliance Program
- Employee Handbook
- Workplace Investigations Policy
- Compliance with Deficit Reduction Act of 2005 Policy
- Disciplinary Action Policy
- Effective Training and Education
- HIPAA Sanctions and Enforcement Policy
- Internal Investigations and Response to Government Inquiries Policy
- Notice of Privacy Breach Policy
- Privacy Complaints Policy

MAINTENANCE

This policy will be reviewed annually and updated as appropriate by the VP, Corporate Compliance and Privacy Officer.