



# AGENT CODE OF CONDUCT

A COMMITMENT TO ACCOUNTABILITY,  
INTEGRITY AND RESPECT

## Introduction and Purpose

At Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), we are committed to the principles of integrity, accountability and respect in everything that we do. We want our activities, and those of our agents and agencies, to be viewed positively by the individuals we serve. As an agent of Blue Cross, you play a critical role in helping Blue Cross achieve these commitments. This Agent Code of Conduct is provided to agents and agencies to assist them with making the most ethical decisions in potentially challenging situations. All agents and agencies must act with the highest integrity, inspire trust and engage in an ethical manner. This Code of Conduct applies to all Blue Cross agents and agencies and their service staff. In addition, agents are required to ensure any and all persons doing business on their behalf are compliant with this Code. Ultimately, agents and agencies will be held responsible for the actions and behaviors of any and all persons doing business on their behalf. “We,” “our,” or “us” refers to Blue Cross. “You” or “your” refers to you as the agent of Blue Cross.

### **Agent Responsibility**

As representatives of Blue Cross, agents must act in a professional and courteous manner at all times. This requirement includes any and all communications with Blue Cross and any Blue Cross members, clients and customers.

Agents must be mindful of how their behavior is perceived by others. Agents must be accountable for their actions at all times. All business must be conducted in a manner that is compliant with Blue Cross requirements, including applicable state and federal laws and regulations.

You are responsible for reading and understanding your Blue Cross agreement and all obligations in the agreement.

All agents are required to read agent alerts and other communications provided by Blue Cross to ensure proper understanding of Blue Cross requirements for doing business. In addition, agents must timely identify issues when they arise and ensure that any escalation to proper channels is completed.

## **BLUE CROSS ASSETS AND INFORMATION**

### **Use of company funds and assets**

Our assets may be used only for legitimate Blue Cross business purposes and only by authorized users. Our assets include much more than equipment, inventory, systems, corporate funds or office supplies. Assets also include concepts, business strategies and plans, financial data, intellectual property rights for trademarks and patents, and other information about our business. All assets owned by Blue Cross — including the services of attorneys, contractors, consultants or other employees — are solely intended for business use and not for the personal gain of any individual.

### **Records and Information Management**

All records regarding our products, services and enrollees, including those related to events that occur prior to enrollment (i.e. scope of appointment forms), are kept for a minimum of 10 years plus the current year, as required by Federal law. We prohibit any premature destruction of records and

such destruction may also violate state and federal regulations.

### **Confidential and proprietary information**

At Blue Cross, we maintain a strict standard of confidentiality so that we can protect our confidential and proprietary information. Any unauthorized access, use, retention or disclosure of confidential, protected or proprietary information is prohibited.

Confidential information includes both written and verbal information that if improperly exposed, used or retained could negatively impact Blue Cross' operation effectiveness, cause a meaningful financial loss, impact competitive advantage or cause a major loss in customer confidence.

Confidential information includes:

- Health and other sensitive information that we obtain through our business or employment relationships.
- Proprietary information, often known as "trade secrets," which is helpful to our competitors and is generally not available to the public, including client lists and any Blue Cross work product.
- Information about our agents, customers, employees, consultants, temporary workers or participating providers that isn't public knowledge.

Protected information includes the highest value information that if disclosed could affect profitability, growth or competitive status, or potentially cause significant financial or reputational harm to Blue Cross or its stakeholders. Examples include: Personally identifiable information (PII), Protected health information (PHI), Passwords and Payment card information (PCI).

You also have the duty to respect the confidentiality of others' information. We prohibit the acquisition of confidential or proprietary information about other companies through improper means such as deceit, misrepresentation or receipt of information obtained from a third party or a present or former employee who is not authorized to disclose the confidential or proprietary information. Improper acquisition of such information is not only unethical and wrong; it also may be illegal.

### **Member protected health information**

Blue Cross and our agents, have an obligation to our members to ensure that their protected health information (PHI) is handled appropriately, properly, and is secure. Disclosure of PHI to anyone other than the individual, without the individual's authorization, is strictly prohibited, unless otherwise allowed by the law.

PHI includes any information related to an individual's past, present or future physical or mental condition or treatment, including payment of benefits for any treatment received by the individual. PHI also includes any demographic information that may be used to identify the member, including a member identification number.

Securing PHI includes proper handling, storage and use, both in storage and transit. This requirement applies to both physical and electronic forms of PHI.

Equally important in securing our members' PHI is to restrict access to and use of PHI to the minimum necessary to when completing job functions. Accessing PHI when it is not needed to complete job functions, or accessing out of curiosity, is strictly prohibited.

### **Data security and software license obligations**

To ensure maximum protection of our company data, Blue Cross and its agents must strictly enforce data security provisions. You must protect the confidentiality and integrity of company data by allowing only authorized users to access appropriate information. You must take every precaution to ensure that company data is not shared or available to unauthorized users.

Every authorized Blue Cross user is provided with their own login information. The sharing of passwords and unique user identification IDs, even with another authorized Blue Cross user, is strictly prohibited.

Blue Cross uses a wide variety of computer software that is protected by various licensing agreements and copyright laws. You cannot duplicate or use the computer software outside the requirements set forth in your agreement with Blue Cross. The penalties for violating these licensing agreements are severe and may include personal liability.

## BUSINESS CONDUCT

### Financial Influence

No payments or offerings of any kind, other than those included in our standard marketing policies, may be made to members or prospective members to gain their business. Further, any payment made to a third party for any purpose other than that disclosed on the payment documentation is prohibited.

### No Improper Payments

The use of funds or assets for any unlawful or unethical purpose is strictly prohibited. As with any improper payment made, such payments are also improper if they are made by an agent, consultant or other third party on our behalf. No payments or offerings of any kind, other than those included in the standard marketing policies, may be made to members or prospective members to gain their business.

### Suitability

Blue Cross is committed to offering only products that meet a prospect's and members need for coverage, provider network, premium and cost-sharing. You are obligated to ensure that your clients purchase the health plan product that best meets their needs. You fulfill this obligation by determining:

- If your clients' providers are in the Blue Cross network under consideration.
- If that product covers services that the client may need.
- If the premium and out-of-pocket costs are consistent with the client's financial situation including eligibility for subsidies through MNsure.

Suitability is particularly important in sales of Medicare products, individual products, and high-deductible health plan products.

You are responsible for being informed and knowledgeable about the products that you sell. We require all agents to participate in initial and ongoing Blue Cross product-specific training and appropriate sales technique training.

If you compare Blue Cross products or services to those of our competitors, such comparisons must be fair and fact based. Publicly available sources must be used to establish the fact-based nature of the comparisons being made.

### Advertising, marketing and promotions

The Blue Cross and Blue Shield Association owns and manages the Blue Cross and Blue Shield trademarks and names in more than 170 countries around the world. The Association also grants licenses to independent companies to use the trademarks and names in exclusive geographic areas. As a licensee, all advertising, marketing and promotional materials referencing the Blue Cross name, product names and/or the logo are subject to Association guidelines. Agents and agencies must remain compliant with these brand guidelines as well as state and federal regulations that apply to product-specific marketing. To support compliant marketing and accurate product representation by agents and agencies, Blue Cross provides approved marketing templates (print advertisements, letters, postcards, etc.) and product-specific sales and marketing materials (product descriptions and comparisons, rate sheets, enrollment materials, etc.). Agents are required to utilize these resources and communicate with identified Blue Cross contacts prior to any other use of the Blue Cross logo, name or company reference.

### Compliance with Laws

The rules that govern business relationships with the government are stringent. Contracting with the government involves a special trust and, as a consequence, a stricter code of behavior. It is essential that we take all steps necessary to ensure that all information submitted to the government is truthful, accurate and complete.

Blue Cross and its agents are subject to a variety of legal requirements and compliance with the law is critical in all of our business activities. Failure to comply with the law can result in termination of your agent or agency relationship with us.



## **Non Discrimination**

Blue Cross agents are required to comply with applicable Federal civil rights laws and shall not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## **Anti-kickback laws**

Special state and federal laws prohibit kickbacks directly or indirectly from, among others, vendors and suppliers who provide goods and services under federal government contracts and from providers involved in the Medicare/Medicaid programs. Anti-kickback laws provide for severe criminal, civil and administrative penalties not only for individuals who offer kickbacks but also for the carrier and involved agents who solicit or accept such items. Claims resulting from violations of the anti-kickback laws may also constitute false or fraudulent claims for purposes of the False Claims Act. It is imperative that Blue Cross and its agents abide by these laws.

## **False Claims**

The federal False Claims Act is a statute that establishes "liability for certain acts" by a person who "knowingly presents or causes to be presented" a false or fraudulent claim for payment by the government or by others in connection with a government program or interest. A false claim is not just the act of submitting a false claim for services to the government. A "false claim," under this law, can include any action related to seeking payment from the government. A false claim may also involve under federal law, retaining overpayments of federal funds, beyond 60 days, when the overpayment was originally identified, in most instances. Violators of the False Claims act may be required to pay up to three times the amount of damages sustained by the government, a penalty assessed for each claim submitted and may be prohibited from participation in federal health care programs.

Examples of potential false claims include:

- Submitting reports to the government that are not truthful, accurate and complete.
- Falsifying member applications.
- Hiring an individual to work in a government program when that individual has been prohibited from working on a federal or state health care program.

Under the federal False Claims Act, you may file a lawsuit on behalf of the U.S. government against individuals and/or entities that you allege defrauded the government by filing false or fraudulent claims. This is referred to as a "qui tam" or whistleblower lawsuit. Depending on the outcome of the case, a whistleblower may share in a portion of the recovery of federal damages and penalties. The False Claims Act also includes a non-retaliation provision to protect those who report potential fraud and abuse.

## **Falsification of Records**

As an agent representing Blue Cross, all records must accurately reflect the true nature of transactions. It is against our policy for any employee or agent to create or fail to properly document records which result in inaccurate records in any aspect of operations.

## SPEAK UP — WHERE TO GO FOR HELP

We are committed to providing steps to help agents report violations of law or the Code of Conduct. We strictly prohibit harassment or retaliation of any kind against you for good faith reporting of violations of our policies, for participation in an investigation of alleged violations, or for filing charges external to Blue Cross.

We offer a number of resources and reporting options to you:

**Kelly Bengtson, Vice President, Audit, Compliance and Privacy Officer, (651) 662-2954**

**Carrie Hogan, Medicare Compliance Officer, MII Life Insurance, Incorporated, Director of Compliance, ClearStone Solutions, (651) 662-1900**

**Compliance Hotline at 1-866-311-4229** — This hotline connects you to an operator who is available to answer your call 24 hours a day, seven days a week. The source of the call remains confidential unless you choose to identify yourself.

**Fraud Hotline at 1-800-382-2000, ext. 28363 or (651) 662-8363** — Blue Cross has a comprehensive plan to detect, correct and prevent fraud, waste and abuse within our community. If you know of or suspect any type of insurance fraud, call the Fraud Hotline to connect to an operator who is available to answer your call 24 hours a day, seven days a week. Callers may identify themselves or remain anonymous.

**External mail** — You may send information to:  
Vice President, Audit, Compliance and Privacy Officer

3535 Blue Cross Road  
M495  
Eagan, MN 55122-1154

**Web submission** — You may submit a concern via the web by entering [www.stellahealth.alertline.com](http://www.stellahealth.alertline.com).