

TITLE: Credentialing Documents Compliance	REFERENCE #: IGV-OPS-POL-0150
DEPARTMENT: Operations	APPROVAL DATE: 01/06/2025
CATEGORY: Operations	EFFECTIVE DATE: 01/06/2025
APPROVER: Marc Bonora	NEXT REVIEW DATE: 12/31/2025

1.0 Purpose and Scope

This policy and standards apply to all Ingenovis Health, Inc. (“Ingenovis”) employees and its subsidiaries’ employees, Ingenovis affiliate employees, contractors, business associates, and third parties (staff members or ‘users’) with authorization to access Ingenovis systems or data.

This policy aims to ensure the integrity and authenticity of the healthcare credentialing process within our organization. It sets forth the procedures and consequences related to knowingly accepting or falsifying credentialing documentation or employing fraudulent credentialing practices. This policy applies to all aspects of credentialing, including but not limited to: life support certifications, professional license verification, I-9 processing, background checks, reference checks, and education verifications.

2.0 Sanctions & Enforcement

Failure to comply with this policy and its associated standards may subject the Ingenovis User to disciplinary action consistent with the severity of the incident, which may include, but not limited to:

- Loss of access privileges to information resources
- Termination of employment or engagement
- Other actions as deemed appropriate by the joint determination of Legal & Compliance, Human Resources, Security, and/or the applicable leadership team.

For Users such as contractors, consultants, and vendors, failure to comply with this policy may subject the group to the dismissal of consultants and/or cancellation of contracts based on a joint determination of the business unit or department that contracted the vendor or consultant, Legal & Compliance, and/or Human Resources teams.

3.0 Policy

Reference #	Policy Statement
OPS-POL-0150	Ingenovis Health is committed to maintaining the highest standards of integrity and transparency. We will not knowingly accept, falsify, or misrepresent any credentialing documents.

4.0 Standards

100.01	Integrity and Authenticity: <ul style="list-style-type: none"> • All credentialing documents must be genuine, accurate, and verified where applicable and meet the issuing authority's requirements • All credentialing determinations must meet the issuing authority's requirements • Any form of falsification, alteration, or misrepresentation of credentialing documents is strictly prohibited
100.02	Verification Process: <ul style="list-style-type: none"> • All credentialing documentation and practices are subject to verification, as deemed to be needed by the Company and/or best practices, including but not limited to contacting governing agencies for verification of credentialing documents or practices, cross-referencing official databases, and otherwise reviewing and auditing documentation supporting credentialing outcomes, including by third parties
100.03	Responsibilities: <ul style="list-style-type: none"> • Employees involved in the recruiting, screening and credentialing process must adhere to this policy and report any suspicious or fraudulent documents or practices • Supervisors and managers are responsible for ensuring compliance and providing or requesting necessary training on credentialing procedures
100.04	Reporting and Investigation: <ul style="list-style-type: none"> • Any employee who suspects or becomes aware of potentially falsified credentialing documents or inappropriate credentialing practices must report them immediately to their supervisory chain, HR, or the Legal & Compliance department,

	<p>which may include reporting anonymously through the Compliance Hotline at 833-246-0128 or online at Ethico</p> <ul style="list-style-type: none"> The Company will conduct a prompt and thorough investigation into any reported incidents
100.05	<p>Training and Awareness:</p> <ul style="list-style-type: none"> Regular training sessions will be conducted to ensure all relevant employees are aware of the importance of credentialing integrity and the procedures for verification. Updates to this policy will be communicated promptly to all relevant personnel.

5.0 Related Documents

Reference #	N/A
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6.0 References

- N/A

7.0 Exceptions

Requests for exceptions to this policy must be submitted to and approved by the Chief Compliance Officer or designee.

8.0 Revision History

Revision #	Date	Reviewer	Description of Changes
1.0	01/06/25	Jeff Lynch	Draft of new policy
1.1	5/12/25	Allison Howard	Updated compliance hotline information/link

9.0 Approval

Approver name	Marc Bonora
Approver title	Chief Legal and Compliance Officer
Approver signature	<i>Marc Bonora</i>
Date	01/06/2025