

GRAND VALLEY HEALTH CORPORATION

COMPLIANCE PROGRAM

2014 - 2015

Grand Valley Health Corporation (GVHC) requires its affiliate companies, employees, providers, Boards of Directors, contractors, agents and vendors (and their representatives and assigns) to be aware of and comply with all local, State and Federal laws and regulations including but not limited to HIPAA (including Final Rule: Modifications to HIPAA Privacy Security, Enforcement and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act effective March 26, 2013), and fraud, waste, overutilization and abuse laws.. GVHC also has taken steps to require adherence to a Code of Conduct (in addition to its Personnel Policy) that reflects the organization's commitment to the appropriate level of business ethics, integrity and conduct. [AAHC 3A(1)(4)]

Grand Valley Health Corporation's Compliance Program was approved by the Corporation's Board of Directors and is based on the following elements:

- Policies and procedures to guide employees on how to carry out their business responsibilities according to laws, regulations as well as the Code of Business Conduct and Ethics Policy, and Personnel Policy.
- Compliance Officer and Committee are responsible for administering the Compliance Program across all companies and to report to the Board of Directors, at least annually, a summary of the Program, its actions, findings, recommendations and assessment for changes in the upcoming year.
- Training and education for employees, agents, onsite contracted providers, and Board of Directors.
- Communication – Reporting actual or potential compliance violations according to internal policies and legal/regulatory requirements.
- Investigation, Enforcement and Corrective Action on potential and real violations of the Compliance Program
- Monitoring, auditing and ongoing assessment of the Compliance Program elements and sub-elements to detect and mitigate potential fraud, waste and abuse activities in the organization.
- Compliance Program is to include but not be limited to:
 - All local, State and Federal Rules and Regulations applicable to GVHC and its affiliates
 - Comprehensive Fraud, Waste and Abuse Plan.
 - HIPAA Rules including HITECH Act (February 2010), Final Rule Modifications to HIPAA(effective March 26, 2013), Genetic Information Non-Discrimination Act and other modifications as developed and implemented into law..
 - Red Flag Rules
 - Communication, training, monitoring and reporting for process improvement.

The scope of the Compliance Program is corporate wide and is intended to instill a culture of the highest standards of health care delivery, insurance operations and other services that have the added benefit of identifying and preventing fraud, abuse and waste through its policies and procedures for professional and ethical business practices. If fraud, abuse and waste are detected, the program will mitigate damages while enforcing corrective action and penalties to prevent further such occurrences. It is one way to safeguard business strategies and operations and be identified with "best practices".

Note: Many resource documents were used to create the GVHC Compliance Program including but not limited to the following:

- Code Of Conduct – best practices
- Grand Valley Health Corporation’s Handbook of Personnel Guidelines
- False Claims Act including improper payments and claims submissions practices (31 U.S.C. 3729-3733)
- Whistleblower Protection Act 2007 (False Claims Act)
- Anti-Kickback Statue (Social Security Act, 42 U.S.C.§ 1320a-7b)
- Stark Law (Social Security Act, 42 U.S.C.§1395nn)
- Department of Health & Human Services - OIG Compliance Program
- Heath Care Fraud (18 U.S.C. 1347)
- Fraud Civil Remedies (31 U.S.C. 3801-3812)
- SAP Financial Guidelines & Fraud Prevention
- Patient Safety – Leapfrog, Starr Program
- HIPAA Program (Health Insurance Portability and Accountability Act Public Law 104-91) including Red Flag Regulations (16 C.F.R. section 681.2 of FTC Regulations) and other modifications as added which will be herein incorporated.
- Final Rule: Modifications to HIPAA Privacy Security, Enforcement and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act effective March 26, 2013 (DHHS: 45 CFR Parts 160-164)
- Genetic Information Non-Discrimination Act 2008 (Pub.L. 110–233, 122 Stat. 881, enacted May 21, 2008, GINA)

COMPLIANCE PROGRAM COMPONENTS

I. Workplace Code Of Conduct And Employment Practices

- A. Code of Conduct
- B. Employment Practices
- C. Confidentiality
- D. Conflict of Interest
- E. Substance Abuse & Mental Acuity
- F. Licenses & Certifications
- G. Health & Safety

II. Leadership Responsibilities

III. Patient Bill Of Rights & Responsibilities

IV. Political Activities, Contributions And Gifts

V. PAA and Identity Compliance Program Systems

- A. HIPAA Compliance Program
 - 1. Material Updates effective March 26, 2013
- B. Business Associate Agreements
- C. Confidentiality Agreements
- D. Identity Compliance (Red Flag) Program

VI. Information Systems: Electronic and Other Forms

VII. Fraud, Abuse and Waste Compliance Program (Reporting, Investigation Monitoring, Auditing and Sanctioning)

- A. Basics
- B. Compliance Officer Responsibilities
- C. Compliance Committee Responsibilities
- D. Membership/Customer Verification and Fraud prevention
- E. Marketing and Advertising Practices
- F. Relationship with Providers
- G. Financial

VIII. Investigation, Remediation and Disciplinary Guidelines

- A. Investigation & Remediation
- B. Disciplinary Guidelines

IX. Training and Educational Programs

X. Communication and Compliance Hotline

I. Workplace Code of Conduct and Employment Practices.

A. STANDARDS OF CONDUCT

Grand Valley Health Corporation (GVHC) is committed to creating and maintaining an environment and atmosphere that supports honesty, integrity, courtesy, respect, and concern for Members/Customers, Boards of Directors, visitors, vendors, agents and staff. To meet this commitment and assure safe, efficient, and responsive operations, GVHC employees (includes employees of GVHC and its affiliates) are expected to demonstrate professional behavior and conduct in the workplace with Members/Customers. Violations, which the company feels, reflect adversely on the employee and GVHC may result in corrective action, up to and including discharge. (Reference: Grand Valley Health Corporation Handbook of Personnel Guidelines - not attached) [AAAHC 4-A]

B. EMPLOYMENT PRACTICES

GVHC, its affiliates and employees, will not discriminate, including but not limited to, in the hiring, promotion, discharge, compensation, terms of employment, classifications, or other conditions and privileges of employment with regard to ancestry, race, color, religion, national origin, sex, sexual preference, mental or physical disability, age, height, weight, marital status, genetic information, veteran's status. (Reference: Grand Valley Health Corporation Handbook of Personnel Guidelines)

C. CONFIDENTIALITY

In the process of performing job duties, employees may come in contact with confidential information related to Members/Customers, staff or Corporation business. Employees sign

Confidentiality Agreements on their first day of employment as a condition of employment. Employees have the obligation to keep Member/Customer medical records, personal information and all other business related information for Grand Valley Health Corporation, confidential which shall not be disclosed without legal and proper authority. (Reference: Grand Valley Health Corporation Handbook of Personnel Guidelines) [AAAHC 3A(11)]

D. CONFLICT OF INTEREST

Grand Valley Health Corporation and its affiliates and its employees serve and work with the general public, employer groups, Member/Customers, medical professionals, and other business, professional and community organizations. Employees are involved with innumerable outside contacts and business-related associations. Employees of GVHC and its affiliates' primary business responsibility must be to this organization. It is essential that employees treat information about Members/Customers, practitioners, co-employees, internal operations, employers, contracts and records, agents and vendors with absolute confidentiality. An employee's personal or outside business relationships must in no way compete with or compromise GVHC's interests and/or standards. (Reference: Grand Valley Health Corporation Handbook of Personnel Guidelines) [AAAHC 3A-13]

E. SUBSTANCE ABUSE & MENTAL ACUITY

Grand Valley Health Corporation has a vital interest in maintaining a safe, healthy, and productive work environment for all of its employees, Members/Customers and visitors. Substance abuse debilitates people, has negative impact on job performance, and adversely affects the ability of the Corporation to be competitive and serve Members/Customers and the community. Improper use or abuse of legal and/or illegal drugs, and the manufacture, use, possession, sale, purchase, or transfer of illegal drugs or associated paraphernalia by an employee and/or contractor, agent, provider is prohibited during work hours on GVHC premises and/or at GVHC business functions. The same prohibition applies if the outside use of legal and or illegal substances impares the ability of the employee or business associate to perform their role with the same degree of accuracy safety and competence as is required to be employed or associated with GVHC and its employees, patients, Members/Customers. Violations of the GVHC Drug-Free Workplace Policy will be subject to disciplinary action up to and including discharge from employment. (Reference: Grand Valley Health Corporation Handbook of Personnel Guidelines) [AAAHC 5-C(9)]

1. Employees may be checked randomly for potential substance abuse at the work place.
2. Employees, who, as part of their responsibilities, operate automobiles, will sign an attestation every other year to report certain moving violations and to verify auto insurance coverage. Employees must show proof of auto insurance coverage that meets the State's criteria for acceptable limits, on a yearly basis. A current copy of proof of insurance will be on file in Human Resources.

F. LICENSES AND CERTIFICATIONS

Licenses and/or certifications for medical professional staff must be in good standing. Licenses and/or certifications are verified as being active and in good standing through the Credentialing/Re-credentialing process and in accordance with State and Federal program requirements, NCQA and AAAHC Guidelines, at a minimum. (Reference Credentialing Policies and Procedures for those health care professionals who meet the Credentialing/Re-credentialing definition) [AAAHC 3A-9]

G. HEALTH & SAFETY

Grand Valley Health Corporation is committed to providing a safe and healthy environment for employees and Customers. A Safety Committee was established with the purpose of compliance with mandated laws/regulations and to insure that Grand Valley Health Corporation maintains a safe environment at all of its worksites.

In pursuit of this endeavor, an exposure control plan (ECP) is in place to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". The ECP also contains policies and procedures to safeguard the workplace and patient care areas such as TB risk assessment and testing, regulated waste disposal and housekeeping. [AAAHC 8-M(1)(2)]

Other safety related programs and conditions are also in place to protect both Members/Customers and employees that are not discussed in this document including but not limited to Diagnostic Radiology Services. (Reference GVHC Exposure Control Plan, Diagnostic Radiology Guidelines and etc.) [AAAHC 2G-D(g)(h); 3A-C&D; 7(C)(D)(E)].

Responsibilities of the Safety Committee include but are not limited to:

1. Reviewing compliance policies with OSHA and CLIA regulations.
2. Reviewing, recommending changes and approving the GVHC Exposure Control Plan to include communicable diseases.
3. Reviewing improved engineered controls such as safety needles, syringes, waste disposal and other equipment.
4. Reviewing compliance with CLIA related policies and procedures.
5. Reviewing compliance with the Hazardous Waste Control Plan
6. Updating and maintaining the Quick Reference Guide that includes disaster and disaster recovery plans and other emergency related procedures.
7. Assessment of safety activities and policies for effectiveness and risk reduction.
8. Certification/licensing of radiology equipment and employee monitoring for exposure

II. LEADERSHIP RESPONSIBILITIES

- A. Employees in leadership roles within GVHC and its affiliates are required to set the example for employees regarding Codes of Conduct, ethical business practices and support. They are responsible to promote legal and regulatory compliance requirements for each company and embrace "best practices" in operational excellence.
- B. Employees in leadership roles must facilitate creation, maintenance and adherence to a culture that promotes ethical and legal standards while encouraging open communication, critical questioning and acting on inappropriate behaviors and activities.
- C. Employees in leadership roles also promote and require ethical and legal obligations to be applied to relationships with peers, patients, Members/Customers, employers, vendors, contractors, providers, consultants and etc.

- D. The leadership team must ensure that there are consistent and standardized operational processes for employees to follow that are easily accessible and clearly understood and applied without discrimination, on any basis, including those that address disciplinary action.
- E. The leadership team must insure that employees have sufficient information to comply with laws, regulations and policies; as well as the resources and reporting mechanisms to address and resolve ethical dilemmas.

III. PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Grand Valley Health Corporation requires its health care delivery affiliates maintain a Patient Bill of Rights and Responsibilities for its Members/Customers. These Rights and Responsibilities are posted in health facilities, are published annually and are posted and provided to patients, participating providers, vendors and facilities are also provided with the Patient Bill of Rights and Responsibilities. The Patient Bill of Rights and Responsibilities is reviewed on an ongoing basis to ensure compliance with regulatory and certifying agency requirements. (i.e. NCQA, OFIR, AAAHC, MDCH and etc.)(See Patient Bill of Rights at GVHP and GVSC) [AAAHC 1F-MS; F-MS(1)(2)]

IV. POLITICAL ACTIVITIES, CONTRIBUTIONS AND GIFTS

- A. Grand Valley Health Corporation and its affiliates neither fund, nor provide resources that are used to contribute to political campaigns, political parties or any of their related organizations, participants and/or investors. Organizational resources include financial and non-financial donations such as use of work time, telephones, electronic communications and other such items to solicit for political cause or candidate and are strictly prohibited. This prohibition would also include the use of GVHC property for any political reason.
- B. Grand Valley Health Corporation embraces a “rule of reason” in its gift accepting and giving policy. Grand Valley Health Corporation prohibits individual employees from accepting personal gifts (includes family members and friends) of any value. Employees may accept nominal valued items such as a mug, T-shirt, baseball cap, pen Post It Notes, candy/popcorn and etc. and/or those items that are made available to all employees at the same time for which they can share equally.
 - 1. No favors, preferences, services, opportunities to profit, insider information or other GVHC property shall be given to those individuals, companies, organizations that provide gifts for personal gain are prohibited to either give and/or receive. (The exception to this policy is that between Grand Valley Health Corporation, its affiliates and its employees.)
 - 2. Never solicit gifts for personal gain. Do not provide gifts to those customers, agents, providers and etc that have a no gift policy.
 - 3. Any employee who accepts gift(s), that do not meet criteria for acceptance, will be investigated and disciplined to include possible termination.

4. Any employee who gives gifts and/or favors that fall outside of the guideline for employees will be investigated and if found to have violated the Compliance Policy will be disciplined up to and including termination.
- C. Grand Valley Health Corporation and its affiliates will comply with the Hatch Political Activity Act, 5 USC 1501-1508, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of Federally-assisted programs.

V. HIPAA AND IDENTITY (RED FLAG RULES) COMPLIANCE PROGRAMS

GVHC and its affiliates established and implemented a program to protect unauthorized disclosure of Members/Customers protected health information (PHI) under the Federal Health Insurance Portability and Accountability Act. In addition, a separate program to protect unauthorized disclosure and use of protected Personal Information (PI) was established in 2009 under Red Flag Rules. [AAAHC C-MS 416.50(d); 3A-11]

A. HIPAA Compliance Program. Updated Final Rule: Modifications to HIPAA Privacy Security, Enforcement and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act effective March 26, 2013 (DHHS: 45 CFR Parts 160-164)

Grand Valley Health Corporation (GVHC) previously implemented a HIPAA Privacy Officer and a HIPAA Committee as a centralized function for all affiliates. The purpose of the Privacy Officer and Committee was to develop, educate, administer and monitor the standards and expectations with regards to the necessary collection, use and disclosure of protected health information (PHI) under its HIPAA Compliance Program (Program).

1. The Privacy Officer was designated to be accountable for the overall operations of the Program in accordance with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent updated and revised rules.
2. The Privacy Officer and HIPAA Committee are to provide the structure by which GVHC and its affiliates conduct business in the manner which provides services and benefits to Members/Customers while maintaining reasonable safeguards to protect the privacy of their personal health information (PHI).
3. The intent of the policies developed by and/or under the direction of the HIPAA Committee is to establish criteria and “best practices” for safeguarding confidential information in all mediums and to minimize the risk of accidental and/or intentional, unauthorized access, use and disclosure of protected personal information (PHI). (Reference: HIPAA Program Document attached)
4. It is also the intent of the HIPAA Program to ensure that all business associates of GVHC and its affiliates are bound, at a minimum, by the same rules that GVHC operates its businesses. Thus, vendors identified as needing Business Associate Agreements (BAA) under Federal regulations who work with GVHC are to enter into the terms and conditions

of its BAA without exception. The BAA is protection for Member/Customer PHI and has identified penalties for breaching confidentiality.

5. Adopted all 2013 HIPAA Omnibus Regulation Amendments, including but not limited to the following:
 - A. Breach notification changes – is applied to all forms of unsecured PHI where there is/was unauthorized acquisition, access, use, disclosure and/or compromised security/privacy of PHI. Risk analysis is more comprehensive and any breach has changed to a presumption of disclosure and the Breach Notification Process is implemented without delay.
 - B. Authorizations from the patient or the patient’s legal representative must be obtained, in writing, for medical research, both present and future, for combined and uncombined requirements.
 - C. Disclosure of Immunization Records to schools requires a documented agreement between the covered parties with authorization coming from the parent and/or legal representative.
 - D. Minimum Necessary Rule now applies to Business Associates.
 - E. New restrictions on Marketing including the definition on what is marketing. Stricter enforcement especially where the covered entity receives direct and/or indirect remuneration from a 3rd party in connection with the communication.
 - F. Fundraising restrictions include those limited to conditions where the recipient has clear and conspicuous opt out provisions without undue burden or costs and cannot condition treatment on only the opt-in provision.
 - G. Covered entities and business associates are prohibited from receiving remuneration in exchange for PHI without strict authorization from the party whose information is being disclosed.
 - H. Medical records are no longer considered PHI once the individual is deceased. PHI of the deceased maybe shared with relevant person’s who were involved in their care.
 - I. New Business Associate Agreements are required to be implemented which bind the Business Associate’s overall conduct, privacy and breach processes, including penalties and timeliness of responses, that is the same as that for GVHC with regards to PHI and PI.
 - i. GVHC has direct liability for Business Associates.
 - ii. New enforcement strategies which include a cap on the same type violations during a calendar year.
 - iii. Timeline to correct a security violation(s) shortened to 30 days
 - J. Members/Customers have the right to access as well as an accounting of electronic health records. Member’s Customers have the right to request restricted disclosure of PHI to GVHC under specific circumstances such as paying in full for services, service is required under law, applies only for payment or health care operations.
 - i. Member/Customer requests for access to electronic medical records must be provided within 30 days of the request.

- K. Notice of Privacy Practices – GVHC will provide notification to members/Customers
- i. Information about uses of PHI requiring authorizations
 - ii. Right to opt out of fundraising
 - iii. Right to restrict disclosures of PHI
 - iv. Right of Members/Customers to be informed of a breach of unsecure PHI
 - v. Restrictions on the use of genetic information
 - vi. Post Notice of Privacy for Members/Customers to review
 - vii. Make Notice of Privacy available in print upon request, on the website, in newsletters and informational materials and as part of the enrollment process going forward.

L. 5010 Requirement Compliance – GVHC will implement HIPAA electronic requirements in accordance with current and planned future compliance rules for conducting business using electronic methodologies and equipment to include medical records, claims submission and acceptance, reimbursement, banking and Explanation of benefits to patients and Customers/Members and others as required in accordance with the mandated timelines.

B. Confidentiality and Non-Discriminatory Agreements

Confidentiality Agreements protects GVHC and its affiliates, confidential information from unauthorized disclosure by any company and/or individual working with or as an associate of either company or individual. Confidential information shall include information concerning GVHC not generally known to the public, including, but not limited to, patient/customer information, information regarding a staff members or co-workers, financial information, cost and pricing, marketing plans, personnel policies and procedures, lists of customers and customer contacts, projections and strategies, ownership and product designs, employees, Boards of Directors, Committees and Business Associates and others not specifically identified, are required to sign a Confidentiality Agreement on an every three year basis. [AAAHC 3A(11); C-MS 416.50(d)]

C. Identity Compliance Program (Red Flag Rules)

Red Flag Rules require that any “creditor” have a written identity theft program. GVHC’s Identity Compliance Program was developed to comply with Red Flag Rules FTC 16 C.R.F. Part 681. (See Identity Compliance Program Document).

1. The Identity Compliance Program has been approved by the Board of Directors which became effective in November 2009.
2. The objectives of the Identity Compliance Program are to develop and implement policies and procedures to detect, prevent and mitigate personal identity theft including medical information.
3. The Identity Compliance Program is supported by the HIPAA Compliance Program and Rules to strengthen both program and to impose civil penalties for violations.
4. Red Flag Rules are further supported by the Business Associate Agreement and the Confidentiality Agreement.
5. Compliance and effectiveness of the Identity Compliance Program are to be reported to the Board of Directors on an annual basis.

6. The GVHC Compliance Program with Privacy Officer and HIPAA Committee also serve to oversee and manage this Program as well.

VI. INFORMATION SYSTEMS: ELECTRONIC AND OTHER FORMS

The Protected Health Information (PHI) and Personal Identity Information (PII) Sensitivity and Protection Policy is to have a policy which implements every reasonable process to ensure the protection of internal and externally transmitted electronic information for Grand Valley Health Corporation and its affiliates. Employees are educated as to the existing legislation and internal policies, procedures of GVHC in order to meet and exceed the requirements. (Reference policies for specific procedures regarding protective requirements to maintain security such as encryption and password protection when using any electronic device such as computers, laptops, cell phones, notebooks and etc.) [CMS 416.50(d); 3A(11); 6(A)(D)(E)]

1. The information covered in these guidelines includes, but is not limited to, electronic information either stored or transmitted electronically in any capacity or through any medium such as faxes, email, voice mail, computer, internet and credit card processing and other such transactions. (Reference Protected Electronic Health Information Sensitivity and Protection Policy Attached and Credit Card Processing Policy).
2. Internet access/service is intended to be primarily used for business purposes. Employees of GVHC and its affiliates that are granted internet access must abide by the terms of the Grand Valley Health Corporation Confidentiality Statement along with the outlined standards and acceptable use guidelines. (GVHC Code of Business Conduct and Personnel Policy and Internet Policy)
3. GVHC may randomly review Employee internet records for compliance. Employees are not provided with the right to privacy in the use of GVHC internet. GVHC owns the hardware and software that facilitate internet access and permits employees to use these tools in the performance of their business responsibilities.
4. The content and record of activity regarding internet usage will be treated like shared paper files, with the expectation that any content of information regarding their use is available for review by authorized GVHC representatives.
5. GVHC reserves the right to disclose internet logs to law enforcement or government officials or to other third parties as required, without notification to or permission from the employee(s).
6. Compliance with PCI Certification for credit card transactions on a scheduled basis.

VII. Fraud, Waste and Abuse Compliance Program

Grand Valley Health Corporation and its affiliates, developed a Fraud, Waste and Abuse Compliance Program (Program) in response to the increase incidence of fraud, abuse and waste that was first identified in government sponsored health care programs. Subsequently, the Program was expanded to apply to internal and external business relationships and processes in support of the organization's philosophy and commitment to business ethics and conduct and in an effort to reduce waste and unnecessary costs in its operations.

Originally, a Compliance Officer and Compliance Committee were established for each business affiliate. It was later determined that a single Corporate Compliance Office and HIPAA Committee would have greater efficiency and effectiveness if structured to represent the entire Corporation with member representation from each affiliate with cross functional perspectives and strengths.

A. The basic components of the Fraud, Waste and Abuse Compliance Program include;

1. Development, implementation and maintenance of compliance operational policies and procedures.
2. Designation of Compliance Officer and Compliance Committee Team to monitor, enforce and evaluate the program and its policies.
3. Internal monitoring and auditing for reporting, trending and making recommendations for improvement.
4. Training and educational programs for employees regarding the Compliance Program and operational standards and policies.
5. Responding to allegations/potential violations through investigation, sanctions and reporting to the appropriate internal business unit(s) and external entities.
6. Process for open line of communication to keep staff and providers updated and aware of compliance activities and policies.
7. Disciplinary action policies are current, consistent and well communicated.
8. Business units have auditing and monitoring systems that are measured, documented, monitored and reported on an annual basis so that changes can be investigated, analyzed and responded to in a timely fashion, including fraud and abuse, patient safety and , quality issues and changes in billing patterns.. (Reference GVHP Quality and Utilization Program)

B. Compliance Officer Responsibilities

1. The Compliance Officer is responsible for ensuring that policies and procedures are created that support compliance with all Local, State and Federal rules, regulations, and statutes.
2. The Compliance Officer is responsible for Compliance Program activities.
3. The Compliance Officer is responsible for verifying that licensed medical clinicians have current licenses and that employees have been screened for prior health-related convictions and exclusions from Government Programs.
4. The Compliance Officer is responsible for developing and coordinating compliance education and training.
5. The Compliance Officer is responsible for designing and coordinating compliance audits and reviews.

6. The Compliance Officer is responsible for establishing a system for receiving confidential reports of alleged wrongdoing and investigating their merit.
7. The Compliance Officer is responsible for recommending disciplinary measures or system changes where necessary.
8. The Compliance Officer is responsible for evaluating the success of the Compliance Program.
9. The Compliance Officer may delegate any of the above responsibilities to the most appropriate personnel.

C. Compliance Committee Responsibilities

1. The Compliance Committee is to provide support to the Compliance Officer
2. Assist with the implementation of the Compliance Program
3. Meet regularly and review violations and program improvements
4. Assess the Compliance Program and its effectiveness
5. Recommend Changes as part of quality and process improvement.

D. Membership/Customer Verification and Fraud Prevention:

One area of many that were identified as having a greater potential for fraud was through Membership/Customer enrollment/registration processes. The enrollment process requires a witnessed signature (GVSC), or authorized representative verification or picture identification in order to initiate enrollment/registration for an affiliate company of GVHC. This is one action to mitigate identify theft and protect the health information of the single person it rightfully belongs to.

1. Patients/Customers are asked to show the appropriate identification to verify identity at the time of service as follows:
 - a. Patients enrolled in Grand Valley Health Plan are provided with a Membership Identification Card and are educated on how to protect themselves from and report potential fraud cases. This information is provided along with HIPAA Privacy Rules.
 - b. At Grand Valley Surgical Center LLC prior to undergoing a procedure, patients' identities are verified
 - c. Patients/ Customers of GVHC and its affiliates are educated on how to protect themselves from and report potential fraud, abuse and over utilization (waste) along with HIPAA Privacy Rules
 - d. Customers' of Grand Valley Technology Services (GVTS) have processes to follow to verify level of Customer access to information systems and data.

E. Marketing and Advertising Practices

Grand Valley Health Corporation and its affiliates require that marketing endeavors present easy, open, honest and truthful information that is informative and will accurately and honestly reflect the services and benefits available and those that are not covered and/or not available. GVHC may use marketing

and advertising activities to educate patients, the public, provide information to the community as community services and increase awareness of the services that are available through Grand Valley Health Corporation and its affiliates. [AAAHC 1-I]

1. It is strictly prohibited for any employee to willfully obtain propriety and/or confidential information about a competitor through illegal means. Activities for the purpose of obtaining information about other organizations, including competitors, through legal and ethical means such as public documents, public presentations, journals and etc is not prohibited. [AAAHC 1I]
2. It is strictly prohibited by any employee or any employee representative to engage in any activity that could be construed as antitrust activity. As required by the Federal Anti- Kickback Statue, employees are strictly prohibited from knowingly and/or willfully soliciting, paying, offering to pay and/or receiving remuneration (transfer anything of value either directly and/or indirectly, in cash or in kind) in order to persuade/induce or reward business payables. The Ant-Kickback Statue is designed to
 - a. Prevent over utilization of service
 - b. Limit patient steering/referrals
 - c. Promote market competition and thus competitive pricing
3. “When referencing NCQA Accreditation, Certification, Recognition, Distinction and/or other NCQA status, GVHC will follow the current “General Guidelines for Marketing and Advertising NCQA Status” as posted on the NCQA web site.”

E. Relationship with Providers

Except for employed internal Primary Care Practitioners, external Providers/Practitioners do not have an employment relationship that exists between them and any Grand Valley Health Corporation affiliate. Providers/Practitioners are expressed and sole independent contractors.

1. Providers may discuss with Patients/Customers all treatment options/services including those that are not eligible benefits under their insurance coverage, prior to rendering services. If the Patient/Customer chooses to accept financial responsibility for non-covered services the Provider may proceed with the non-covered treatments and bill the Patient/Customer directly.
2. Agree to allow open communication between participating **PROVIDER** and Patient/Customer seeking treatment, regardless of benefit coverage, regarding treatment options available to them, including medication treatment options, medical necessity and appropriateness of care of the options/alternative(s) without penalty to the participating **PROVIDER**. **PROVIDER** is not prohibited from advocating on behalf of Patient/Customer. (Provider Agreements) [AAAHC 1I]
3. No incentives or disincentives are offered to Providers for the provision of care or with holding of care, under any circumstances. (Provider/ Agreements)
4. Stark Law – Providers/practitioners are not allowed to refer Members/Customers to an entity for the purpose of furnishing health care services if the Provider/Practitioner or an immediate family Member has a financial relationship/interest in the entity. The entity is not permitted to bill for inappropriately referred services unless an exception or safe harbor has been previously identified.

5. State and Federal False Claims Act – Grand Valley Health Corporation and its affiliates unconditionally supports the False Claims Act where all Providers, contractors, vendors, agents and employees are prohibited from knowingly/intentionally submitted a false or fraudulent claim for approval and payment. Further all Providers, contractors, vendors, agents and employees are prohibited from knowingly establishing, creating and/or using false records or statements to cause a false or fraudulent claim(s)

6. GVHC requires that practitioners/providers who are contracted and who see its Patients/Customers on a routine scheduled basis, must meet credentialing/recredentialing criteria prior to any services being rendered. Patients/Customers have the right to review the credentials of their health care providers. [AAAHHC 1 F(9)] The exception is when a life-threatening circumstance exists that has the potential to cause permanent injury and even death should there be a delay in care. As part of the credentialing/recredentialing process all CMS sanctions are reviewed and monitored in a database to ensure that patients are not referred for specialty care services to a sanctioned Provider who may be identified as part of the Provider network.
Contracted Providers are required to report any actions/sanctions on their license and/or malpractice coverage within ten (10) years of the event so that the Credentialing/Re-credentialing Committee can review the information and implement the appropriate sanctions while providing the appropriate level of patient safety. (Reference: Credentialing Plan and Policies). [AAAHHC 2G(3)(4)(5)(6); I-A-MS]

7. Providers are required to submit complete accurate claims for all services according to nationally accepted guidelines including the AMA, CMS, American College of Surgeons and GVHC and its affiliates.
 - a. Claims Payment Rules and claims editing systems are in place to facilitate detection of incorrect coding, potential fraud, abuse and over utilization including identification of billing patterns that are outside of nationally accepted guidelines.
 - b. GVHC has adopted policies that require auditing of claims submitted by Providers who meet specific criteria including the following;
 - i. Specific dollar amounts billed. (Claims that are \geq \$10,000.00 in billed charges)
 - ii. Have been identified as overbilling and/or un-bundling of procedures
 - iii. Have been identified through random audits of having questionable billing practices
 - iv. Have been identified through a Member or other Provider inquiry or complaint process as having billed inappropriately

 - c.. GVH and its affiliates are committed to processing and paying for services that meet all internal and external compliance criteria and legal requirements and to take the appropriate action when finding billing errors and abuse including non-payment and possible termination of the relationship.

8. When a GVHC affiliate contracts with a new Provider/payor, employees are educated as to the terms, conditions and limitations of the relationship and the process for entering contractual information is followed including payment set up.

9. When notification is received from a Provider office that a particular Provider is no longer part of the group, has died, retired, is leaving the area, including other reasons, the contract/privileging is terminated which prevents unauthorized payments. Claims will not be processed for dates of service after the termination date. (Provider/Payor Termination Policies)

10. All notices of change in a contracted/privileged Provider's information must be in writing. If the change involves patient care issues, those issues are reviewed by clinically licensed professionals to determine possible transition of care to meet continuity of care standard. (Transition of Care Policy)
11. W-9 Federal Tax information filed with claims is monitored against written confirmation of federal tax information submitted by the provider to ensure payments are made to the correct entity.
12. Provider Claims also pass through a claims scrubbing system to identify incorrect billing practices. (References policies and procedures related to claims payments)

F. Financial

Grand Valley Health Corporation and its affiliates undergo thorough full financial audits annually. An independent outside auditing firm is employed as a check and balance system to ensure that financial and reporting systems meet the highest standards for reporting and conducting business. This is a check and balance system of the internal auditing conducted by employees.

1. In accordance with National Association of Insurance Commissioners' Annual Statement Instructions and Accounting Practices and Procedures Manual for HMO's (Statutory Accounting Principles), Grand Valley Health Plan (affiliate of GVHC) is audited for admitted assets, liabilities, and surplus and the related statements of revenue and expenses, changes in shareholder' equity, and cash flow all on a comprehensive statutory accounting basis.
2. Financial statements for GVHC and its affiliates are reviewed and signed off by Senior Management on a monthly, quarterly and annual basis. Financial reports are also presented to the Boards of Directors.
3. Employees having access to cash, credit card, debit card, electronic transfer of funds and/or access to systems that have the potential for fraud and abuse will have a background check as a condition of employment.
4. The independent outside auditing firm has the responsibility of auditing all financial information and then formulating an expressed opinion as to the state of financial information and financial practices. The audit for each affiliate company is conducted in accordance with auditing standards generally accepted in the USA. These standards require the auditors to obtain reasonable assurance about whether the financial statements are free of material misstatements. The auditor's examination includes tests of evidence supporting the amounts and disclosures in the financial statements. Crowe also performs audits of our system of internal control testing and internal checks and balances. They assess the accounting principles used and significant estimates made by management. Also, separately an independent actuary certifies GVHP's IBNR reserve and Premium Deficiency Reserve at each year-end, which in turn is audited by another independent auditor. Auditors believe the audit process provides a reasonable and accurate basis for written opinions of audited financial statements. Every five years the State of Michigan, Office of Finance and Insurance Regulation conducts their audit. (Reference yearly audited statements and findings)

5. There are internal policies and procedures to reasonably prevent fraud and abuse.(See individual policies)
6. Both an internal and independent risk assessment are conducted annually to determine best practices and areas for improvement where there is risk for potential fraud, abuse and waste (overutilization) and is discussed with senior managers. The independent auditors document concerns in their annual assessment. [AAHC 2G(9)]
7. Grand Valley Health Corporation will not knowingly employ or work with persons/entities that have current/pending convictions of criminal offenses and/or sanctions by State and/or Federal Health Care Programs until the sanctions have been resolved/no longer apply.

VIII. Investigation, Remediation and Disciplinary Guidelines

A. Investigation & Remediation

1. Upon report of or reasonable indications of non-compliance with any requirement of the Compliance Program, a full investigation will be initiated by and completed by or under the direction of the Compliance Officer or their designee
2. The investigation will take place in a timely manner and will be conducted in a fair, consistent and impartial manner to all parties involved in the process.
3. Regardless of the work status and position of the person(s) involved in the violation, there will be no retaliation/reprimand to the person(s) identifying the non-compliance. Every employee will be afforded due process and the opportunity to respond to the incident. (Whistleblower Protection Act of 2007)
4. Upon completion of the investigation, Human Resource Manager and Compliance Officer or designee will develop a Corrective Action Plan. The intention of the Corrective Action plan is to:
 - a. List the corrective actions necessary to remedy the violation.
 - b. Develop a set of guidelines or controls to prevent the problem from occurring including employee education.
 - c. Recommend sanctions or disciplinary actions
 - d. The corrective action may include termination and/or restitution.
5. The investigation will include a written report of the alleged violation, a description of the investigation process followed, copies of the incident report, notes and interviews obtained as part of the investigative process, the results of the administrative review process, any disciplinary action taken and the corrective action implemented to mitigate/eliminate potential future same/similar incidents. This information will be maintained in a confidential manner and only “generic” descriptions will be available for trending.

B. Disciplinary Guidelines

1. Any employee involved in a verified non-compliance incident will be held accountable and disciplinary action may be taken based on the level and risk of the identified incident.

2. Disciplinary action may include but not be limited to a range from verbal reprimand to discharge and potential civil action.
3. Those employees involved in the non-compliance incident will have the action taken placed in a file maintained by Human Resources. (Reference Grand Valley Health Corporation Handbook of Personnel Guidelines)

IX. TRAINING AND EDUCATIONAL PROGRAMS

A. HIPAA TRAINING

1. As part of the new hire orientation process, new employees receive HIPAA training, which includes an overview of the revisions relating to protecting the confidentiality of patient health information. Employees are given a copy of Grand Valley Health Corporation's Notice of Privacy Practices, educational information on privacy and patient consent and are required to view videos on Confidentiality of PHI and Internal Security Compliance. In addition they complete a HIPAA compliance quiz and are required to read and sign a Confidentiality Agreement.
2. Existing employees are provided refresher education either when material changes are made to the existing law or at least every 3 years, whichever comes first. .

B. Identity Compliance Program (Red Flag Rules)

1. As part of the new hire orientation process, new employees of any affiliate company that fall under the requirements for Red Flag Rules, will receive Red Flag Rules training which will include suggestions for identifying potential identity theft.
2. Existing employees of affiliate companies where red Flag Rules apply, will be educated as to the Board approved Red Flag Program which includes educational information on the Rules and its component parts and on supporting policies and procedures that they are to abide by.
3. Auditing will be done to identify the employees' understanding and compliance with the Red Flag Program as well as opportunities for improvement for those affiliates that fall under the requirements to be compliant with Red Flag Rules..

C. Fraud, Abuse and Over Utilization Training

1. On an annual basis Employees will be educated in fraud, abuse and over utilization activities with focus on potential risks they may be exposed to based on their role.

X. Communication and Compliance Hotline and Reporting

A. Compliance Reporting For Employees –

Employees are encouraged to speak with their Director and/or Manager/Coordinator about any questions they may have regarding misconduct/non-compliance issues and any action that is believed to violate Corporate Compliance Policies, the law and/or any contractual obligation.

1. If an employee is not comfortable speaking with their Director and/or Manager/Coordinator, or they have already done so and the problem appears not to be resolved (/or the Director or Manager/Coordinator is part of the problem), the employee may go directly to the Compliance Officer, Human Resources, Senior Management and or call the **Compliance Hotline at - 1-866-203-7456**. They may also chose write to the Corporate Compliance officer at the following address:

Corporate Compliance Officer
Grand Valley Health Corporation
829 Forest Hill Ave. SE
Grand Rapids, MI 49546

- B. Compliance Reporting for Members/Customers, Providers, Agents, Business Associates and any other party having information or potential information may report a Compliance violation to the directly to the Compliance Hotline at **1-800-or** may write to the Corporate Compliance Officer at the following address: [AAAHC 1-B-20MS(2)]

Corporate Compliance Officer
Grand Valley Health Corporation
829 Forest Hill Ave. SE
Grand Rapids, MI 49546

- C. Suspected or knowledge of cases of Medicare Fraud, Abuse and Waste may be reported to the Office of the Inspector General at: [AAAHC 1-K]

By telephone 1-800-447-8477 or
Write to: Office of the Inspector General
HHS Tips Hotline
P.O. Box 23489
Washington, DC 20026

- D. Suspected or knowledge of fraud, abuse and/or waste within any Michigan Department of Community Health Program (MDCH) may be reported directly to MDCH as follows: [AAAHC 1K]

By telephone 1-866-428-0005 or
Write to MDCH Medicaid Integrity Program
Program Investigation Section
400 Pine Street 6th Floor
Lansing, MI 48909

- E. Employees, Members, other business partners or those people having knowledge about potential fraud, abuse, waste and overutilization may choose to remain anonymous when reporting

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The Grand Valley Health Corporation Board of Directors has reviewed and has unanimously moved to approve the Corporate Compliance Program.

Name :__Roland Palmer_____
 President and Chairman of the Board

Signature:_____
 Roland Palmer

Date Approved:_____

Next Review Dates:_____
 November 2016