



CORPORATE COMPLIANCE PLAN

For questions, concerns, or to report a potential Corporate Compliance violation, please call HealthWest's confidential Corporate Compliance hotline at (231) 724-6575 or email the confidential Corporate Compliance inbox at corporate.compliance@healthwest.net. HealthWest and provider employees may also directly contact Linda Anthony, HealthWest's Corporate Compliance Officer, at (231) 670-7831 or and Helen Dobb, HealthWest's Compliance Manager, at (616)566-6946.

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I. Introduction

HealthWest serves residents of Muskegon County who have intellectual and developmental disabilities, mental illness and/or substance use disorders.

HealthWest is part of the Lakeshore Regional Entity (LRE), the Prepaid Inpatient Health Plan (PIHP), which manages Medicaid and other funding for services. As such, HealthWest is responsible to its Board as well as to the LRE for service and funding allocation, and for Corporate Compliance activities.

All HealthWest activities are guided by its Mission and Vision:

- **Mission:** *To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community.*
- **Vision:** *Building a healthier, more informed, and inclusive community through innovation and collaboration.*
- Values:
 - Diversity: We value differences and recognize our unique experiences and perspectives make us stronger and more effective.
 - Development: We believe that all persons have the ability to continually grow and learn.
 - Excellence: We work to be the very best in our field and embrace innovation, creativity, and continual improvement.
 - Integrity: We hold ourselves accountable and operate with fairness and honesty.

II. Overview

HealthWest is committed to conducting itself as a good institutional citizen by promoting an organizational culture that encourages a commitment to compliance with the law. As an organization, we are committed to preventing fraud, abuse and waste while furthering our mission and providing care that is high quality, effective, and satisfying to the persons served.

This commitment involves every aspect of our business, including every work-related activity of our employees, contractors, and individuals with responsibility pertaining to the ordering, provision, marketing, documentation, billing, or services reimbursable by federal health care programs. The commitment further extends to the preparation of claims, reports or other requests for reimbursement for such items or services with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal Health Care Programs (as defined in 42 U.S.C. § 13201-7b (f), hereinafter collectively referred to as the “Federal Health Care Programs.”

HealthWest is committed to ensuring that it complies with the requirements of all Federal and State programs from which it receives funding above and beyond “Federal Health Care Programs.” HealthWest is also committed to compliance with the Michigan False Claims Act (PA 109, Public Acts 111-117 of 2006) as well as the Federal False Claims Act (31 USCS 3729-3734, 1994).

The Corporate Compliance Plan identifies and describes standards of conduct and internal control systems that can reduce the likelihood of violations of law. The Corporate Compliance Program is the manifestation and realization of the Plan and is comprised of all actions and activities undertaken by the organization to promote compliance at all levels. The Corporate Compliance Program is designed, through training, monitoring, auditing, and promotion of a culture of compliance, to prevent violations of any law, whether criminal or non-criminal, for which HealthWest is, or would be, liable. It represents HealthWest's approach to assuring that state regulatory and contractual obligations related to corporate compliance with the PIHP are fulfilled.

III. Compliance Plan Key Elements

HealthWest's Corporate Compliance Plan is comprised of the following principal elements as outlined in the Federal Sentencing Guidelines:

- The development and distribution of written standards of conduct, as well as written policies and procedures, that promote the agency's commitment to compliance and that address specific areas of potential fraud;
- The designation of a Corporate Compliance Officer and other appropriate bodies, (e.g., a Corporate Compliance Committee), charged with the responsibility and authority of operating and monitoring the compliance program;
- The development and implementation of regular, effective education and training programs for all affected employees;
- The development of effective lines of communication between the Compliance Team and all employees, including a hotline to receive complaints and the adoption of procedures to protect the anonymity of complainants and to protect callers from retaliation;
- The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services claims processing and managed care functions;
- The development of disciplinary mechanisms to consistently enforce standards and the development of policies addressing dealings with sanctioned and other specified individuals; and
- The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to governmental authorities when appropriate.

HealthWest's Corporate Compliance Program is committed to the following:

- Minimizing organizational risk and improving compliance with the service provision, documentation, and billing requirements of Medicaid;
- Maintaining adequate internal controls throughout the agency and provider network;
- Encouraging the highest level of ethical and legal behavior from all employees and providers;
- Ensuring the requirements of all applicable laws and regulations are reflected in agency policies and procedures, and that new and changed regulations are fully incorporated when established;
- Educating Board members, employees, contracted and sub-contracted providers, and other stakeholders regarding their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Providing oversight and monitoring functions.

IV. Regulatory Considerations

Four key laws and statutes impact the regulatory compliance of HealthWest and its providers:

- **The Affordable Care Act (2010).** This Act requires the agency to have a written and operable Corporate Compliance Program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse. All programs of HealthWest, contracted and sub-contracted provider organizations and practitioners, Board members and others involved in rendering covered services fall under the purview and scope of this Corporate Compliance Program.
- **The Federal False Claims Act.** This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).
- **The Michigan False Claims Act.** This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical Assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the Michigan Attorney General to investigate alleged violations of this Act.
- **The Anti-Kickback Statute.** This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

Numerous Federal and State regulations affect the HealthWest Corporate Compliance Program. Some of these laws not referenced above include, but are not limited to:

- The Balanced Budget Act of 1997
- The Deficit Reduction Act of 2005
- Social Security Act of 1964
- Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
- Code of Federal Regulations
- Letters to State Medicaid Directors
- Government Accounting Standards Board (GASB) Guide to Encounter Data Systems
- Health Information Technology for Economic and Clinical Health Act (HITECH) Act
- Home and Community Based Services Final Rule
- Medicaid State Plan
- Michigan Medicaid Provider Manual
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Mental Health Code and Administrative Rules
- Medical Services Administration (MSA) Policy Bulletins

- Office of Inspector General Annual Work Plan
- Office of Management and Budget (OMB) Circulars
- Requirements as identified by the Office of Inspector General
- State Operations Manual
- Stark Law
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- State of Michigan MDHHS/PIHP contract provisions
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981
- American with Disabilities Act of 1990
- Waiver Applications

V. Application of the Corporate Compliance Plan

HealthWest is a Community Mental Health Services Program consistent with the Michigan Mental Health Code. It is also a member of the Lakeshore Regional Entity and performs delegated managed care functions as specified in its contract with the LRE. The intent of HealthWest is that the scope of all compliance policies and procedures promote and support integrity, transparency, accuracy, objectivity, and trust. This plan applies to all HealthWest operational activities and administrative actions and includes those activities that come within federal and state regulations relating to health care providers.

This Compliance Plan applies to all Board members and employees, and to all contracted providers and sub-contractors receiving payment from HealthWest. HealthWest employees are subject to the requirements of this plan as a condition of employment.

The HealthWest Corporate Compliance Plan, standards, and policies included or referenced herein are not exhaustive or all inclusive. All HealthWest personnel and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

VI. Definitions & Terms

- **Compliance Investigation:** A compliance investigation begins when a complaint is made alleging a compliance concern, questionable practice, or irregularities that indicate harm or risk to people in service, staff, the community, or the agency. The compliance manager will begin gathering information from various sources to determine if there is sufficient evidence to validate or confirm the complaint.
- **Abuse:** Provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary costs to the Medicaid program. (42 CFR § 455.2)
- **Fraud:** (Federal False Claims Act): Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)

- **Fraud:** (per Michigan statute and case law interpreting same): Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."
- **Waste:** Provider practices that result in unnecessary costs, such as overutilization of services. Generally, not considered caused by criminally negligent actions but rather by the misuse of resources.
- **Contracted Providers:** Physicians, hospitals, health care professionals, or any other providers of items or services who have a contractual relationship with a health care provider
- **Subcontracted Providers:** Providers that contract directly with a contract agency of HealthWest to provide covered mental health and substance abuse services.

VII. Compliance Functions

A. Compliance Education and Training

- *Initial Compliance Orientation* – Training is completed and documented for all new employees and Board members during orientation. The Compliance Manager, in cooperation with Human Resources, is responsible for developing the training and ensuring it occurs. This training will address the substantive legal standards and the processes identified in the Corporate Compliance Plan.

Each employee will receive a Corporate Compliance Plan and acknowledgement form at orientation and will have one week to read the plan and acknowledge acceptance of its principles. Completed and signed Corporate Compliance Acknowledgement Forms are retained in the employee's personnel file. If an employee does not complete an Acknowledgement Form in good faith within one week, the Corporate Compliance Manager will notify the supervisor to take appropriate disciplinary action.

All agents, contract providers and subcontract providers that receive payment under HealthWest are expected to follow the policies, procedures, and plans that serve as guiding agents for operations.

- *Focused Training* - In addition to the initial training for all employees and Board members, specific training will be developed for targeted positions and functions. The Corporate Compliance Officer and Corporate Compliance Manager, in coordination with the Corporate Compliance Committee, will identify those positions requiring additional targeted training due to the tasks for which they are responsible. Focused training courses will be logged annually for patterns and data collection across the agency, department heads are responsible for submitting attendance logs to the training department and providing any information to staff who are unable to be present.
- *Communicating Updates* – Changes to the Corporate Compliance Plan will be communicated to all employees of HealthWest and its providers, and revised versions of the Plan will be distributed for their review. Each employee shall be required to complete and sign an Acknowledgement Form to the Corporate Compliance Officer within one (1) week of such distribution.

- *Ongoing Training* – Ongoing training (including periodic refreshers) will be completed as mandated by MDHHS, CMS, and/or other regulatory laws or entities. The Corporate Compliance Manager is responsible for coordinating with the HealthWest Training Department to ensure the agency’s training curriculum upholds such requirements and is completed by all employees as assigned. Additionally, the Corporate Compliance Team and the Corporate Compliance Committee will routinely review available data to identify emerging trends and training needs for HealthWest and provider employees relating to compliance issues. Data sources include, but are not limited to: compliance questions and concerns reported to the Corporate Compliance Officer, results of Ongoing Monitoring and Auditing, site review findings, and reports regarding performance and service delivery.

B. Responsibilities of the Corporate Compliance Team

- Promote a culture of integrity and compliance across all HealthWest operations
- Monitor changes in federal and state health care laws and regulations applicable to HealthWest operations.
- Develop and implement policy, procedures and practices designed to ensure compliance with the requirements of the Plan and with Federal and State program requirements.
- Review the Corporate Compliance Plan annually, revise the Plan as needed, and communicate changes to employees as defined above.
- Establish curricula, teaching methodologies and competency measures for no less than annual compliance training (including Deficit Reduction Act training) for agency and provider workforce members and governing bodies.
- Ensure adequate staff training on service reporting and chart documentation standards.
- Review all reports of actual or suspected corporate compliance violations received by HealthWest from any source and determine whether and how to respond.
- Conduct (or direct) and document all corporate compliance investigations and maintain detailed investigative files.
- Inform the CEO (or the governing body of HealthWest) of all Corrective Action Plans or violations that require communication to the Lakeshore Regional Entity or the Office of Inspector General for further investigation in which it has been terminated that an individual or entity has committed a violation.
- Ensure that non-compliant Medicaid encounters are not submitted to MDHHS/LRE (or, if previously reported, are rescinded) and that the Medicaid program is made financially whole through pursuit of restitution.
- Coordinate with LRE and agency Quality Assurance, Utilization Management Recipient Rights program, Finance Department, Provider Network, and Clinical Departments.
- Maintain a working knowledge of legislative and technological developments as they pertain to compliance, including in particular the implementation of local, regional and national intra-operable electronic medical records, encounter coding and other HIPAA standardized transactions.
- Establish baseline criteria for and, not less than annually, objectively measure the success of the Corporate Compliance Program in detecting and deterring compliance violations.
- Not later than two weeks prior to the regularly scheduled October meeting of the governing body, submit to the CEO and the Board a detailed written Corporate Compliance Report covering the fiscal year just ended and containing the following:
 - A summary of historical trends in the frequency, nature and severity of substantiated compliance violations;

- A statement of significant modifications or additions to the Corporate Compliance Plan, Program and operating procedures and the reason therefore;
- A summary of findings and observations from ongoing monitoring and auditing;
- An objective assessment of the effectiveness of the compliance program;
- Any other information deemed relevant by the Affiliation's Compliance Officer to improving the effectiveness of the compliance program.

C. Role of the Corporate Compliance Committee

The Corporate Compliance Committee reviews, reports, and makes recommendations to the Corporate Compliance Team regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the Corporate Compliance Officer will make recommendations to the CEO regarding the efficiency of the Corporate Compliance Plan and Program.

The Corporate Compliance Committee will be chaired by the Corporate Compliance Officer and may include these individuals and/or their designees:

- Compliance Manager
- Executive Director;
- Chief Clinical Officer;
- Chief Information Officer;
- Chief Financial Officer;
- Medical Director;
- Director of Quality Assurance;
- Provider Relations Manager;
- Accreditation and Performance Improvement Manager;
- Director of Finance;
- Recipient Rights Officer;
- Privacy Officer;
- Facilities and Physical Assets;
- Legal Counsel, as needed

Specific responsibilities of the Corporate Compliance Committee include:

- Coordinating with legal counsel and the Corporate Compliance Officer to ensure access to and familiarity with the latest HHS OIG compliance guidelines and current enforcement priorities;
- Regularly reviewing the Corporate Compliance Plan and Program to ensure they adequately address legal requirements and address identified risk areas;
- Assisting the Corporate Compliance Officer with developing standards of conduct and policies and procedures to promote compliance with the Corporate Compliance Plan;
- Analyzing the effectiveness of compliance education and training programs;
- Assisting the Corporate Compliance Team in identifying potential risk areas, advising and assisting the Corporate Compliance Officer with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring/audit programs;
- Quarterly review of the Risk Management plan to assess and discuss ongoing risk areas while providing an annual update adding potential risk areas reported through the Corporate Compliance committee.

- Assisting in the development of policies, training materials, or other improvement activities or initiatives to address the remediation of identified corporate compliance problems identified through investigations or ongoing monitoring;
- Receiving, interpreting, and acting upon reports and recommendations from the Corporate Compliance Officer;
- Evaluating the overall performance of the Corporate Compliance Program and making recommendations accordingly; and
- Providing a forum for the discussion of ethical issues related to entity business functions.

VIII. Reporting of and Response to Violations

A. Reporting

If an employee becomes aware of any wrongdoing under the standards set forth in the Corporate Compliance Plan, whether committed by that employee or someone else, he or she must report the wrongdoing to the Corporate Compliance Team.

Any information related to a Corporate Compliance complaint will become part of a record that is protected through Client/Attorney privilege, as the Corporate Compliance Program may include investigations of conduct that may raise legal concerns, peer review and risk management, or occur in anticipation of potential litigation.

Any HealthWest employee or off-site contracted provider may contact the Corporate Compliance Team through one of the methods described below:

Telephone

Any staff member or contracted provider may call (231) 724-6575 to report a suspected compliance violation or pose compliance-related questions. This phone number is for confidential voicemails only. The Corporate Compliance Team can also be reached directly using contact information available on the cover sheet of the Corporate Compliance Plan. These calls can be made anonymously, but the caller must provide enough information that an investigation can be successfully completed. If the Corporate Compliance Team cannot conduct a successful investigation because of lack of information, the case may be closed.

HealthWest employees and Provider staff may also complete a [Corporate Compliance Report form](#) and submit it via internal mail to the Corporate Compliance Officer. Staff are encouraged to disclose their identity, but may choose to remain anonymous. If the employee chooses to remain anonymous, they must provide enough information so that an investigation can be successfully completed or the case will be closed.

Voice Mail

A confidential voicemail inbox can be reached by calling (231) 724-6575. The Corporate Compliance Team shall document reports made by voicemail.

Electronic Mail

A confidential email inbox is available at corporate.compliance@healthwest.net. Reports submitted by email shall be retained in the same manner as reports received via other methods.

Mail Delivery

Suspected compliance violations or questions can be mailed to:

HealthWest
Attn: Corporate Compliance Department
376 E. Apple Ave.
Muskegon MI 49442

In Person

Suspected corporate compliance violations or questions can be made in person to HealthWest's Corporate Compliance Team at the above address.

The Corporate Compliance Officer will make every effort to keep reports as confidential as possible through the designation of "Attorney/Client Privilege" on the documents.

If a report is filed in regard to the Corporate Compliance Team, it should be directed to the Executive Director. The Executive Director and the Board of Directors shall consult legal counsel as appropriate. The Executive Director will conduct an investigation of the Corporate Compliance Team and make recommendations to the Board of Directors or Executive Leadership. If a report is filed in regard to the Corporate Compliance Officer and the Executive Director, the report should be forwarded to the Corporate Compliance Officer of the County. The County Corporate Compliance Officer shall consult with legal counsel and the Board of Directors. Legal counsel and the Chairman of the Board of Directors shall jointly conduct the investigation.

Whistleblower Protections for HealthWest and Contracted Providers

Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below:

Under the *Federal False Claims Act* and the *Michigan Medicaid False Claims Act*, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The *Federal False Claims Act*, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides "whistle-blower" protection for those making good faith reports of statutory violations.

Under the *Michigan Medicaid False Claims Act*, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA 236, MCL §600.2591; or, (ii) planned, initiated, or participated in the conduct upon which the action is brought; or, (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who takes action against an employee in violation of the *Michigan Medicaid False Claims Act* is liable to the employee for all of the following:

- Reinstatement to the employee's position without loss of seniority;
- Two times the amount of lost back pay;
- Interest on the back pay;
- Compensation for any special damages; and,
- Any other relief necessary to make the employee whole.

Under the *Federal False Claims Act*, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

B. Response

Upon receipt of a report of wrongdoing, The Corporate Compliance Officer will determine whether the alleged activity was:

- A violation of the Corporate Compliance Plan,
- A violation of the Code of Ethics,
- A violation of Federal or State law, or
- Places HealthWest at risk of economic injury or injury to reputation.

The Corporate Compliance Officer will conduct a thorough investigation into the allegations. A prompt response to detected offenses is required; the Lakeshore Regional Entity defines prompt responses to mean action must be taken within 15 days of the allegation. If the investigation cannot be completed in a timely manner due to the complexity of the subject, a status report will be placed in the file. An ongoing status report will be available at any time during an investigation.

If the alleged wrongdoing is found not to be a compliance issue, the concern will be forwarded to the appropriate agency program for review.

If the Corporate Compliance Officer, Executive Director, and legal counsel conclude that reporting to governmental authorities is or may be appropriate, they shall inform the HealthWest Board of Directors. The Executive Director, in consultation with the HealthWest Board of Directors and legal counsel shall then be responsible for determining how a report shall be made to the appropriate governmental authorities on behalf of HealthWest.

Partly because of its status as a primary contracted agent performing delegated managed care functions and in order to minimize regional risk and harm, HealthWest will report suspected compliance issues promptly to the LRE Chief Compliance Officer when one or more of the following criteria are met:

- During an inquiry by the agency Corporate Compliance Officer there is determined to be (reasonable person standard) Medicaid fraud, abuse, or waste as defined by federal statute, Centers for Medicare and Medicaid Services (CMS), HHS Office of Inspector General (OIG), MDHSS and applicable Michigan statute or regulation; or
- Prior to any self-disclosure to any federal, state or Medicaid authority; or
- When a HealthWest knows or (reasonable person standard) suspects that an action or failure to take action in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

The Corporate Compliance Officer shall make modifications to the Program as needed to help prevent violations similar to any detected throughout the reporting system.

The Corporate Compliance Officer will report at least annually to the HealthWest Board of Directors regarding allegations of wrongdoing, the results of subsequent investigations and related disciplinary and/or remedial actions taken, and any corrective actions taken to prevent future wrongdoings.

IX. Availability of Corporate Compliance Policies, Guidelines and Standards

HealthWest is committed to the highest standards of ethics and compliance and expects all employees and contractors to follow these standards.

- All policies related to compliance are found on the agency employee website, and all staff are expected to be familiar with and follow them.
- Revised versions of the Corporate Compliance Plan will be distributed as needed. Each employee shall be required to sign and return an Acknowledgement Statement to verify receipt of the Plan and an understanding of changes therein.

X. Enforcement of Corporate Compliance Policies and Standards

Employees with a history of poor business practice and employees who have exhibited fraudulent practices will be placed under the disciplinary process. This process will be consistent with all Muskegon County policies.

Contractual agencies, if involved in fraudulent behavior, may have their contracts immediately terminated, unless a suitable corrective action is taken to address the behavior by the leadership of the contract agency.

Violators of the Agency's Corporate Compliance Plan and Code of Ethics/Code of Conduct can be subject to disciplinary action.

XI. Ongoing Monitoring and Auditing

Ongoing monitoring and auditing are crucial to the success of the Corporate Compliance Plan. In order to evaluate the effectiveness of the Plan, HealthWest will employ a variety of monitoring and auditing techniques, including but not limited to, the following:

- **Contract Monitoring:** Findings from audits will result in the submission of a corrective action plan. Fraudulent activities may result in termination of a contract.
- **Chart Reviews:** Findings will be shared with the program supervisor who in turn can share the findings with the employee. Documentation is a required competency for clinical staff. Recurrent inadequacies will be grounds for discipline.
- **Billing Audits:** Billing audits will be done on a monthly basis. Any billing errors will be corrected, or if this is not possible, the amount billed to the Medicaid program will be reverted to another funding source.
- **Medication Audits:** Records will be reviewed to assure proper documentation of medication services, side effects, and lab tests. System reviews are done by a licensed pharmacist.
- **Supervisory Review of Charts:** Supervisors will review a sample of their staff's records and address deficiencies with the individuals.
- **Licensing and Credentialing:** Human Resources staff will review all clinical staff licenses and credentials on an as needed basis and will submit that information to the Corporate Compliance Team.
- **Privileging:** The Network Management Department and Chief Clinical Officer will coordinate a review of all Licensed Independent Practitioners and present information to the Board of Directors pursuant to contract renewal requirements.
- **Certifications and Accreditation:** HealthWest will maintain necessary compliance with all Lakeshore Regional Entity and Michigan Department of Health and Human Services contractual and regulatory requirements and will maintain its licensing status.
- **Data Integrity:** Ongoing monitoring of Power BI Reports utilized to mitigate risk across departments.
- **Risk Management Plan:** The Risk management plan includes areas that pose possible risk to people in service, staff, or the community and is managed by the Corporate Compliance committee and is reviewed quarterly by department heads.

Errors in compliance discovered or observed during ongoing monitoring and auditing activities may be rooted in a number of causes. Frequently, the source is deficiencies in the systemic processes used by staff. Consistent with HealthWest's commitment to the principles of quality and performance improvement, the Corporate Compliance Officer will, as appropriate, coordinate system improvement efforts through these groups.

When compliance errors or lapses are determined to be rooted in individual behavior, the quality improvement process will likely not be appropriate. Such errors may be the result of insufficient information and training, individual carelessness, or willful acts. Each of these causes requires a different response. It is essential that the Corporate Compliance Officer conduct sufficient investigation to determine the source and cause of errors prior to determining the response.

XII. Records Confidentiality and Privacy

HealthWest will retain records in accordance with all applicable laws. However, many records related to the Corporate Compliance Program, including consumer records, are required by law to be confidentially maintained. Any employee faced with a request by someone outside HealthWest to obtain such records must contact the Privacy Officer and/or Corporate Compliance Officer, or Executive Director before releasing any records. In most situations, HealthWest will require a subpoena or other court order authorizing and requiring the release of records.

HealthWest is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in the current published Privacy Notice. Any Board member, staff member, contracted or subcontracted provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.

To ensure that all consumer information remains confidential, HealthWest personnel and all contracted and subcontracted providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA privacy regulations outlined below:

- Privacy Notice - A Notice of Privacy Practices will be given to each consumer at intake and will be further available upon request.
- Consent - Prior to treatment HealthWest will obtain a signed consumer consent for permission to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If consumer's Protected Health Information is disclosed to an individual or entity outside of HealthWest, a signed authorization will be obtained from the consumer consistent with the HIPAA Privacy Rule, MI Mental Health Code, and 42 CFR Part 2 requirements.
- Business Associate Agreement – HealthWest will obtain assurances from all Business Associates that Protected Health Information shared with them will be protected and appropriately safeguarded, consistent with all applicable State and Federal laws and requirements.
- HealthWest shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA Privacy and Security regulations.
- HealthWest will perform any necessary risk analyses or assessments to ensure compliance.

All HealthWest Board members, employees, contracted and subcontracted providers must conduct themselves so as to maintain the confidentiality of consumers' information, in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information.

If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, HealthWest Board members and staff should seek guidance from the Corporate Compliance Team and/or Privacy Officer, or anonymously through the agency Corporate Compliance hotline at (231) 724-6575.