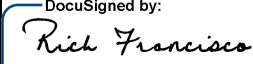




| Policy Title:<br>Provider Conflict of Interest   | Policy and Procedure #: 10-005   | <u>Review Dates</u>                     |  |
|--|--|---|--|
| <b>Category:</b> Provider Network<br><br><b>Subject:</b> To ensure, no undisclosed conflict of interest exists in any contractual relationship entered into by HealthWest.<br>It is important for HealthWest directors, officers, and staff to be aware that both real and apparent conflicts of interest or dualities of interest sometimes occur in the course of conducting the affairs of the agency and that the appearance of conflict can be troublesome even if there is in fact no conflict whatsoever. Conflicts are undesirable because they potentially or eventually place the interests of others ahead of the corporation's obligations to its purposes and to the public interest. The policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to government organizations. | <b>Prepared by:</b><br>Name: Jackie Farrar<br>Title: Provider Network Manager<br><br><b>Approved by:</b><br>DocuSigned by:<br><br>AA77BD49AB804A3<br>Rich Francisco, Executive Director | 7/24/2025                               |  |
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|  | <b>Effective Date:</b> 12/27/2001  | <b>Last Revised Date:</b><br>04/03/2024 |  |

### I. POLICY

It is the policy of HealthWest to assure all contracted Providers disclose actual and potential conflict of interest and, when actual or potential conflict of interest is identified, assure affected contracted Provider will refrain from further participation in matter(s) to which the conflict relates until the question of conflict has been resolved.

### II. APPLICATION

All contracted Providers of HealthWest.

### III. DEFINITIONS

Conflict of Interest: All business interests, affiliations, and/or relationships which could have an existing or potential financial or other interest which impairs or might appear to impair that person's independent unbiased judgement when performing responsibilities to HealthWest.

Interested Person: Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

Financial Interest: A person has a financial interest if the person has, directly or indirectly, through business, investment, or family: a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement, b. A compensation arrangement with the Organization or with any entity or individual with which the Organization

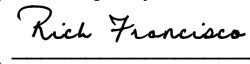
has a transaction or arrangement, or c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

#### IV. PROCEDURE

- A. HealthWest Network Development staff will assure contract requirements include disclosure of conflict of interest at the time of Provider application/re-application.
- B. HealthWest Administrative staff will:
  - 1. Review contract provider disclosure statements, and if a conflict is found,
  - 2. Obtain Executive Director and/or Corporate Counsel recommendation for disposition.
  - 3. If it is determined a Conflict of Interest exists, Executive Director with the assistance of Corporate Counsel will decide whether the partnership can occur with an alternative arrangement or should be denied. This determination decision will occur in writing by Executive Director.

Authors Initials JF/hb



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| <b>Policy Title:</b><br><b>Monitoring of Ownership and Control Interest of Providers for Exclusion from Participation in Federal Health Care Programs</b>  | <b>Policy#:</b> 10-014  | <b><u>Review Dates</u></b>              |  |
| <b>Category:</b> Provider Network<br><br><b>Subject:</b> To ensure that HealthWest does not contract or pay for items or services furnished by an individual or entity that has been excluded from participation in a Federal Health Care Program. | <b>Prepared by:</b><br>Name: Jackie Farrar<br>Title: Provider Network Manager<br><br><b>Approved by:</b><br>DocuSigned by:<br><br>Rick Francisco, Executive Director<br>Effective Date: 10/01/2008 | 7/24/2025<br><br><br><br><br><br>       |  |
|  |   | <b>Last Revised Date:</b><br>04/05/2024 |  |

I. POLICY

HealthWest will ensure that none of its contracted providers is an excluded entity, and that no one having an ownership or control interest in or having a management position with a contracted provider has been excluded from participation in a Federal Health Care Program.

II. APPLICATION

Applies to all HealthWest contracted providers.

III. DEFINITIONS

Ownership and Control Interests: An individual is considered to have an ownership or control interest in a provider entity if they have a direct or indirect ownership of 5% or more, or is a managing employee (e.g., a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity.

IV. PROCEDURE

- A. Providers will be required to identify anyone in their organization with an ownership or control interest.
  1. Providers will be required to identify individuals on the Lakeshore Regional Entity Disclosure of Ownership form.
  2. Providers will also be required to identify any person who has Ownership or Controlling Interest, or who is an Agent or Managing Employee of your Provider Entity, has ever been indicted or convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, CHIP, or Title XX programs.
- B. HealthWest will assist with collecting and sending any Disclosure of Ownership form to the

Lakeshore Regional Entity.

V. REFERENCES

42 CFR Section 1001,1001

Section 1128 of the Social Security Act

Section 1156 of the Social Security Act

Section 1892 of the Social Security Act

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