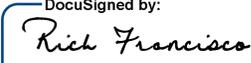




Policy Title: Corporate Compliance	Policy and Procedure #: 01-006	<u>Review Dates</u>	
Category: Leadership Subject: To establish and maintain a Corporate Compliance Program in strict conformance with laws and regulations governing administrative, business, clinical, financial, and marketing practices to prevent violations of any law, whether criminal or non-criminal for which HealthWest is, or would be, liable.	Prepared by: Name: Helen Dobb Title: Corporate Compliance Approved by: DocuSigned by:  Rich Francisco, Executive Director <small>AAZFFD48A8E04A3</small> Effective Date: 01/27/2006	03/03/2026 	
		Last Revised Date: 05/01/2025	

I. POLICY

It is the policy of HealthWest to conduct itself as a good organizational citizen with the utmost of professional integrity, ethics, and honesty. 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).

II. APPLICATION

All employees, volunteers, contractual employees or vendors of HealthWest.

III. DEFINITIONS

- A. Covered Individuals: Except as otherwise provided within the Corporate Compliance Plan, the term “Covered Individuals” refers to all of HealthWest employees and all of its contractors and individuals with responsibilities pertaining to the ordering, provision, marketing, documentation, coding or billing of services payable by a Federal or State program for which HealthWest seeks reimbursement.
- B. Off-Site Contractor Providers: Individuals/entities that contract with HealthWest (or who are employed by or sub-contract with a person or entity that contracts with HealthWest) to provide services at locations that are not owned or leased by HealthWest.
- C. Pre-Existing Contractors: Covered Individuals who are independent contractors with whom HealthWest has an existing contract on the effective date of any revisions to the Corporate Compliance Plan. Once HealthWest renegotiates, modifies, or renews a contract with an existing contractor, that contractor ceases to be a Pre-Existing Contractor and HealthWest will have full responsibility for the certification and training compliance obligations as pertains to that contractor.
- D. Corporate Compliance Plan: Procedural framework established to provide assurances that HealthWest is in compliance with all billing, collection, and medical records and other documentation requirements of all Federal or State programs with which the Agency does business. The Plan provides avenues for errors/problems in the system to be appropriately and timely identified and corrected.

- E. Corporate Compliance Officer: Leadership Executive team member selected by the Board of Directors to manage HealthWest's Corporate Compliance Plan. The Corporate Compliance Officer has necessary access to legal counsel, Board of Directors, and Director in order to enforce the Plan.
- F. Compliance Manager: Leadership team member that works in conjunction with the Corporate Compliance Officer to develop and manage the agency compliance department; including but not limited to, investigating compliance cases, reporting fraud, waste, and abuse, assisting in the management of the agency policies and procedures, and training staff to all compliance related agency expectations.
- G. Corporate Compliance Committee: Designated staff of HealthWest who have the responsibility to review and monitor risk, and all compliance related activity that impacts the staff, people in service, and the community.
- H. 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 cost to the Medicaid program. (42 CFR § 455.2)
- I. Fraud: 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 but not limited to the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
- J. 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.

IV. PROCEDURE

- A. The HealthWest Board of Directors will designate a Corporate Compliance Officer, who is responsible for oversight of the Corporate Compliance Program.
- B. The Corporate Compliance Officer in conjunction with the Compliance Manager and Corporate Compliance Committee will develop, implement, and revise the Corporate Compliance Plan as needed.
- C. The Code of Ethics will be reviewed on an annual basis and revised as necessary to meet any changes in regulations that would result in a change in the Corporate Compliance Plan.
- D. The Corporate Compliance Department will ensure employees are trained on the Corporate Compliance Plan and other pertinent information when they are first employed by HealthWest, with updates on an as needed basis. The Executive Director/Designee will assure the Corporate Compliance Officer is trained to perform his/her duties.

- E. The Corporate Compliance Department will continuously review all health care fraud alerts and other pertinent information for integration into the ongoing training program for HealthWest employees.
- F. The Corporate Compliance Department will distribute the Code of Ethics to “Covered Individuals” and “Off-Site Contractor Providers” and ensure by certification that such individuals and providers have received, read, understood, and will abide by the Code of Ethics.
- G. The Corporate Compliance Department will ensure that HealthWest employees have the opportunity to report any wrongdoing in several ways: telephone, internal mail, voice mail, and electronic mail.
- H. Once a complaint is received, the Corporate Compliance Department, in conjunction with legal counsel (if necessary) will investigate the complaint. The Corporate Compliance Department will either substantiate or not substantiate the complaint as a result of the investigation. If the complaint is substantiated, recommendations will be made and a plan of correction will be required.
- I. The Corporate Compliance Department will monitor the Plan of Correction. If the Plan of Correction is not implemented; the Executive Director will be notified for subsequent action to prevent future occurrences of the offense.
- J. Depending upon the nature of the complaint, the Board of Directors of HealthWest will be informed and if appropriate, the Corporate Compliance Department shall make a timely and thorough report to the appropriate governmental authorities on behalf of HealthWest.
- K. No retribution will be taken against any employee for merely reporting what the employee reasonably believed to be a violation of the Program.
- L. Adherence to and promotion of the Corporate Compliance Program will be a specific criterion used in performance evaluations of all levels of HealthWest employees.
- M. The Corporate Compliance Department will continuously review the effectiveness of the Corporate Compliance Plan.
- N. The Corporate Compliance Department will present a report to the Board of Directors on an annual basis, and more frequently, if necessary relative to the adherence to the Corporate Compliance Plan.

V. REFERENCES

Definitions of Fraud and Abuse – 42 CFR § 455.2
False Claims Act 31 U.S.C. § 3729
DOJ Guidance on the Use of the False Claims Act in Civil Health Care Matters
Federal Anti-Kickback Statute 42 U.S.C. § 1320a-7b (b)
False statements relating to healthcare matters 18 U.S.C. § 1035
Office of Inspector General Compliance Guidelines