



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

6:00 p.m.

Agenda



<b><u>Council Members</u></b> _____, Chairman Scott Jacobson, Vice Chairman _____, Treasurer Marisue Garganta, Member Chris Hooper, Member Salina Imam, Member Liz McCarty, Member Eileen Sullivan, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member	<b><u>AGENDA</u></b> <b>Valleywise Community Health Centers Governing Council</b>  <b>Mission Statement of the Federally Qualified Health Centers</b> Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.
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• Valleywise Health Medical Center •  
• 2601 East Roosevelt Street • Phoenix, Arizona 85008 •  
• Conference and Administration Center • Auditoriums 1 through 4 •

Wednesday, March 1, 2023  
6:00 p.m.

One or more members of the Valleywise Community Health Centers Governing Council may be in attendance by technological means. Council members attending by technological means will be announced at the meeting.

**Please silence cell phone, computer, etc., to minimize disruption of the meeting.**

6:00 **Call to Order**

**Roll Call**

**Call to the Public**

*This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.*

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

2/23/2023 10:08 AM

## General Session, Presentation, Discussion and Action:

- 6:15 1. Approval of Consent Agenda: 5 min  
*Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.*
- a. Minutes:
    - i. **Approve** Valleywise Community Health Centers Governing Council Meeting Minutes dated February 1, 2023
  - b. Contracts:
    - i. **Acknowledge** amendment #6 to the intergovernmental agreement (90-19-176-1-06) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for the Refugee Clinic, to replace the annual price sheet
  - c. Governance:
    - i. INTENTIONALLY LEFT BLANK
  - d. Medical Staff:
    - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials
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- End of Consent Agenda**
- 6:20 2. **Appoint** Michelle Barker, DHSc, as the Project Director/Chief Executive Officer of the Federally Qualified Health Centers effective February 27, 2023 10 min  
*Valleywise Community Health Centers Governing Council*
- 6:30 3. **Elect** a Chairman of the Valleywise Community Health Centers Governing Council for the Remainder of Fiscal Year 2023, Effective Immediately 5 min  
*Valleywise Community Health Centers Governing Council*
- 6:35 4. Presentation on the Southwest Center for HIV/AIDS 15 min  
*Jessyca Leach, Executive Director of Southwest Center for HIV/AIDS*  
*Pamela Schembs, Board Chair of Southwest Center for HIV/AIDS*
- 6:50 5. Discuss and Review the 2023 Federal Poverty Level Guidelines and Utilization of the Federally Qualified Health Centers Sliding Fee Discount Program; **Approve** Renewal of the Federally Qualified Health Centers Sliding Fee Discount Program/Policy Including the Schedule 20 min  
*Amanda De Los Reyes, MBA, CRCA, Vice President, Revenue Cycle*  
*Kathie Kirkland, Director, MBA, Patient Financial Services*
- 7:10 6. Annual Compliance Training and Conflict of Interest Education 30 min  
*L.T. Slaughter, CPA, MBA, Chief Compliance Officer*

**General Session, Presentation, Discussion and Action, cont.:**

- 7:40 7. Discuss and Review the Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report **20 min**  
*L.T. Slaughter, CPA, MBA, Chief Compliance Officer*
- 8:00 8. Maricopa County Special Health Care District Board of Directors Report **5 min**  
*Mary Rose Garrido Wilcox, Director, District 5, Maricopa County Special Health Care District Board of Directors*
- 8:05 9. Valleywise Health's President and Chief Executive Officer's Report **5 min**  
*Steve Purves, FACHE, President and Chief Executive Officer, Valleywise Health*
- 8:10 10. Chairman and Council Member Closing Comments/Announcements **5 min**  
*Valleywise Community Health Centers Governing Council*
- 8:15 11. Review Staff Assignments **5 min**  
*Melanie Talbot, Chief Governance Officer*
- Old Business:
- February 1, 2023**  
Provide insight as to what may be causing inconsistencies in patient satisfaction scores in certain FQHCs (next reporting May 2023)

8:20 **Adjourn**





# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 1.

Consent Agenda



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 1.a.i.

Minutes  
February 1, 2023

## Minutes

**Valleywise Community Health Centers Governing Council**  
**Valleywise Health Medical Center**  
**February 1, 2023**  
**6:00 p.m.**

**DRAFT**

**Members Present:**

Michelle Barker, DHSc, Chairman – *participated remotely*  
Scott Jacobson, Vice Chairman – *participated remotely*  
Chris Hooper, Member – *participated remotely*  
Salina Imam, Member – *participated remotely*  
Liz McCarty, Member – *participated remotely*  
Eileen Sullivan, Member – *participated remotely*  
Jane Wilson, Member – *participated remotely*

**Non-Voting Member  
Absent:**

Mary Rose Garrido Wilcox, Maricopa County Special Health Care District  
Board of Directors

**Others/Guest Presenters:**

Michael D. White, MD, MBA, Interim Federally Qualified Health Centers  
Chief Executive Officer – *participated remotely*  
Steve Purves, President and Chief Executive Officer, Valleywise Health –  
*participated remotely*  
Claire Agnew, Chief Financial Officer – *participated remotely*  
Melanie Talbot, Chief Governance Officer – *participated remotely*  
Matthew Meier, Vice President, Financial Services – *participated remotely*  
Crystal Garcia, Vice President, Specialty Services, Quality and Patient Safety  
– *participated remotely*

**Recorded by:**

Cynthia Cornejo, Deputy Clerk of the Board – *participated remotely*

**Call to Order:**

Chairman Barker called the meeting to order at 6:00 p.m.

**Roll Call**

Ms. Talbot called roll. Following roll call, she noted that six of the seven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam joined after roll call.

**NOTE:** Ms. Imam joined the meeting at 6:01 p.m.

**Call to the Public**

Chairman Barker called for public comment. There were no comments.

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda:

a. Minutes:

- i. Approve Valleywise Community Health Centers Governing Council Meeting Minutes dated January 4, 2023

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 1, 2023**

**General Session, Presentation, Discussion and Action, cont.:**

1. Approval of Consent Agenda, cont.:

b. Contracts:

- i. Accept amendment #1 to the intergovernmental agreement (90-22-255-1-01) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for the Well Woman Health Check Program grant which provides breast and cervical cancer screenings for the uninsured and underinsured

c. Governance:

- i. Appoint Marisue Garganta to the Valleywise Community Health Centers Governing Council
- ii. Acknowledge Valleywise Health's Federally Qualified Health Centers Service Area by Zip Code
- iii. Authorize staff to register Valleywise Community Health Centers Governing Council members for the Arizona Alliance for Community Health Centers (AACHC) Annual Conference in April 2023, in Scottsdale, Arizona, utilizing the Governing Council's seminar fees budget in an amount not to exceed \$1,800

d. Medical Staff:

- i. INTENTIONALLY LEFT BLANK

**MOTION:** Vice Chairman Jacobson moved to approve the consent agenda. Ms. Wilson seconded.

**VOTE:** 7 Ayes: Chairman Barker, Vice Chairman Jacobson, Mr. Hooper, Ms. Imam, Ms. McCarty, Ms. Sullivan, Ms. Wilson  
0 Nays  
**Motion passed.**

2. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2023

Mr. Meier presented the Federally Qualified Health Centers (FQHCs) financial statistics for the second quarter of fiscal year (FY) 2023.

Visits at Valleywise Community Health Centers were two percent better than budget and total operating revenues were near break-even. Total operating expenses had a negative six percent variance, resulting in a negative total operating margin of \$610,710. He explained the negative variance was attributed to increased costs in salaries and wages.

Outpatient behavioral health visits missed budget by nine percent, operating revenue had a negative 13% variance. Total operating expenses had a negative eight percent variance, resulting in a negative total operating margin of \$330,314.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 1, 2023**

**General Session, Presentation, Discussion and Action, cont.:**

2. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2023, cont.

Mr. Meier noted visits at FQHCs located within Valleywise Comprehensive Health Center-Phoenix were better than budget by one percent, total operating revenues were near break-even, however, total operating expenses had negative four percent variance, resulting in a negative total operating margin of \$157,439.

Visits at Valleywise Comprehensive Health Center-Peoria missed budget by five percent, total operating revenues had a negative 12% variance. Total operating expenses were one percent better, resulting in a negative total operating margin of \$166,806.

Dental clinic visits were better than budget by one percent, total operating revenues had a negative 13% variance, and total operating expenses had a negative four percent variance, resulting in a negative total operating margin of \$179,995.

For the quarter, visits at all clinics combined were near budget, missing the budget by 81 visits. Total operating revenue had a negative three percent variance and total operating expenses had a negative five percent variance, resulting in a negative total operating margin of \$1,445,264.

On a year-to-date basis, visits at all clinics were better than budget by four percent, total operating revenue was better than budget by two percent, however, there was a negative total operating margin of \$721,163.

Chairman Barker asked if there were plans in place to offset the increase expenses due to salaries and wages.

Mr. Meier stated that most expenses, outside of salaries and wages, were better than budget. Increased volumes would be an option to offset the increased expenses.

Dr. White stated that the organization was undergoing margin improvement efforts to develop plans to offset increased expenses.

Mr. Meier reviewed the six-month payer mix trend, noting month over month fluctuations in Medicaid covered patients. On a four-year trend, he noted a 5.5% decrease in Medicaid utilization since FY 2020.

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year 2022

Ms. Garcia provided an overview of the Uniform Data System (UDS) quality metrics for calendar year (CY) 2022. Of the 13 quality metrics, she noted nine metrics were meeting the established benchmarks. The two metrics that had not been met were controlling high blood pressure and screening for clinical depression and follow-up plan. The metric for ischemic vascular diseases was close to meeting the benchmark.

She highlighted the dramatic negative variance for childhood immunizations, stating a logic change impacted the overall score. She explained the logic no longer included vaccinations provided on the day of birth. She said a manual chart audit was conducted, using the original logic, and the organization was performing at 60% compliance, which was better than the 38.06% benchmark.

She recognized staff's efforts in improving body mass index screening and follow-up, resulting in the metric meeting the benchmark. She reviewed the action plans developed to improve results for a variety of metrics, including high blood pressure and depression screening and follow-up plan.

Chairman Barker congratulated staff on the achievement.

Mr. Hooper asked if the action plans in place to improve high blood pressure were strictly delegated to medical assistants.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 1, 2023**

**General Session, Presentation, Discussion and Action, cont.:**

3. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year 2022, cont.

Ms. Garcia said the action plans were multi-faceted. Medical assistants were tasked with re-checking the blood pressure if the original results were outside the established parameters. However, employees within the patient assistance center also reminded patients to take their blood pressure medications prior to their appointment. She noted the results for the metric were dependent on the patient's compliance with the treatment plan, as well as creating a calmer environment when the patient arrived at the clinic.

4. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2023

Ms. Garcia reviewed the patient safety report for the FQHCs for the second quarter of FY 2023. She reviewed the locations and service lines included in the report. The organization used a reporting system, CHEQ-IT, to collect, analyze and identify trends on where to focus. She noted all employees were encouraged to enter not only incidents, but any occurrence or process that may benefit from improvements.

She provided an overview of the types of occurrences entered and the locations where they happened. The most frequently reported type of events were health information management, behavioral events, safety and security, specimen handling, and falls.

Ms. Garcia explained how staff used the CHEQ-IT submissions to improve processes and identify trends. Notable occurrences were shared during daily leadership huddles. She outlined other tools used, including the Culture of Safety survey and results, to develop programs and education to encourage employees to communicate any concerns or questions related to processes or quality of care.

5. Discuss and Review Federally Qualified Health Centers National Research Corporation (NRC) RealTime Platform Patient Satisfaction Data for the Second Quarter of Fiscal Year 2023

Ms. Garcia explained how the organization used National Research Corporation (NRC) RealTime patient satisfaction survey results to gather feedback from patients of the FQHCs. She provided an overview of the survey results. In December 2022, there was an overall 27.5% survey response rate, with 72.9% of patients stating they would recommend the facility, which was better than the 72% benchmark.

She outlined the results for individual facilities as well and comments received from patients. Leaders received the results and comments on a weekly basis, which allowed them to review areas of concern and to develop action plans to improve.

Chairman Barker noted inconsistency in the results and asked if the results were dependent on the number of visits, or if there were actual issues within a specific clinic.

Ms. Garcia said that there could be a variety of reasons for the variation in results, however, a specific concern had not been identified.

Chairman Barker asked that the next report include insight on the locations performing better than the benchmark, as well as the clinics that missed the benchmark by a substantial variance.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 1, 2023**

**General Session, Presentation, Discussion and Action, cont.:**

6. Discuss and Review Valleywise Community Health Centers Governing Council's Committees' Effectiveness

Chairman Barker stated the Governing Council previously discussed the option to integrate the Finance Committee and Compliance and Quality Committee agenda items into the Governing Council agendas. The Governing Council just received several reports and presentations that would traditionally be presented at the committee level. She welcomed feedback on how that information was received.

Ms. Wilson, a relatively new member, stated the information received was very useful and well delivered.

Vice Chairman Jacobson agreed, however, he was concerned that the additional reports would not warrant time for external presenters to address the Governing Council.

Chairman Barker credited Ms. Talbot for creating a schedule for future reports, noting there were months throughout the year that would be appropriate to invite external presenters to provide information to the Governing Council.

Ms. McCarty said presenting the finance and quality reports to the Governing Council was beneficial, as all members would have the opportunity to be involved and informed.

Chairman Barker said that the Governing Council would continue to incorporate finance and quality items in the Governing Council agendas and would continue to gather feedback.

Ms. Sullivan agreed with Ms. McCarty, stating it was important for all Governing Council members to have and be aware of the information.

7. Update on Search for Federally Qualified Health Centers Chief Executive Officer

Dr. White informed the Governing Council that an external search firm was engaged to recruit an FQHC Chief Executive Officer (CEO). The search had yielded excellent candidates and staff was in the process of negotiating with the selected candidate. He was hopeful that an announcement would be made soon.

8. Maricopa County Special Health Care District Board of Directors Report

This item was not discussed.

9. Valleywise Health's President and Chief Executive Officer's Report

Mr. Purves provided an overview of Valleywise Health's priorities, including the planned opening of the new acute care hospital. He noted the various logistics involved in making the transition. He also mentioned the ongoing financial challenges related to workforce shortages and the ongoing impact of the COVID-19 pandemic.

He gave an update on the current legislative session, noting the organization's areas of focus, including the 340B program and monitoring the progress of the safety net designation initiative.

He expressed his appreciation to the Valleywise Health Foundation for their ongoing support of Valleywise Health. Ms. Lisa Hartsock was serving as the interim CEO while a search for a permanent CEO underway.

Mr. Purves highlighted Ms. Talbot's contribution to the organization, outlining her certifications and congratulating her on her 15 years of members in the Arizona Municipal Clerk's Association.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 1, 2023**

**General Session, Presentation, Discussion and Action, cont.:**

9. Valleywise Health's President and Chief Executive Officer's Report, cont.

Ms. Wilson asked what would happen to the existing hospital and administration building when the new acute care hospital opened later this year.

Mr. Purves stated the current acute care hospital, along with the Conference and Administration Center and Hogan Building, would be demolished and the space would be used for parking.

10. Chairman and Council Member Closing Comments/Announcements

Chairman Barker provided an update related to Governing Council member recruitment efforts, with multiple applications sent to interested individuals. She thanked all members that were involved in the interview process.

The next Governing Council meeting was scheduled for March 1, 2023 and would be in-person.

Mr. Hooper stated that he recently toured two Valleywise Health FQHCs and found the tours to be very educational.

11. Review Staff Assignments

Ms. Talbot reviewed the request that stemmed from the meeting.

**Adjourn**

**MOTION:** Vice Chairman Jacobson moved to adjourn the February 1, 2023 Valleywise Community Health Centers Governing Council Meeting. Ms. Sullivan seconded.

**VOTE:** 7 Ayes: Chairman Barker, Vice Chairman Jacobson, Mr. Hooper, Ms. Imam, Ms. McCarty, Ms. Sullivan, Ms. Wilson

0 Nays

**Motion passed.**

Meeting adjourned at 7:16 p.m.

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Cynthia Cornejo  
Deputy Clerk of the Board





# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 1.b.i.

Contracts  
90-19-176-1-06

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Tuesday, February 7, 2023 12:25 PM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment #6 (IGA) Refugee Clinic - Price Sheet Revision Arizona Department of Health Services (ADHS)

**CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.**

Do not click links or open attachments unless you recognize the sender and know the content is safe.





### Message Information

From [Purves, Steve](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Amendment #6 (IGA) Refugee Clinic - Price Sheet Revision Arizona Department of Health Services (ADHS)  
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

### Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - Amend 6.pdf
ADHS Amendment #6 - pending Board signature		File	 ADHS CTR050459 Amend 6 For signature.pdf
OIG - ADHS 2023		File	 OIG - Arizona Department of Health Services (ADHS) 2023.pdf
SAM - ADHS 2023		File	 SAM - Arizona Department of Health Services (ADHS) 2023.pdf

### Contract Information

Division Contracts Division  
Folder Amendments  
Status Pending Approval  
Title Amendment #6 (IGA) Refugee Clinic - Price Sheet Revision  
Contract Identifier Board - Amendment  
Contract Number 90-19-176-1-06 (ADHS# CTR050459)

Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Description Amendment #6 to ADHS CTR050459

Action/Background Approve Amendment #6 to the Intergovernmental (IGA) agreement between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health to replace the annual price sheet and revise and replace Exhibit One (1) for CTR050459. This Amendment #6 for the Sub-award Budget Period from June 30, 2022 through June 29, 2023 is effective upon signatures of all parties.

This agreement is 100% grant funded and allows a maximum of 10% of the current grant award for indirect costs. Both Valleywise Health and ADHS may terminate this IGA at any time with thirty (30) days' notice in writing specifying the termination date.

The continuing objective of this IGA is to address a variety of health conditions such as diabetes and prevention strategies designed to impact performance measure, and to promote behavior changes so that public health impact will be maximized. This IGA provides EMR enhancement that accommodates automatic referrals for refugee patients with an AIC>9. Valleywise Health funded Cultural Health Navigators, PCP, and Pharmacists plays a role in providing education and referrals to a certified Chronic Disease Self-Management Programs and other diabetes prevention programs. The term of this IGA is from February 1, 2019 to January 31, 2024.

Amendment #6 will increase the funding by \$1,200.00 for a total annual funding amount of \$31,200.00 and has been budgeted for operational funding to the Grants department.

This Amendment #6 is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category IGA

Effective Date

Term End Date 6/30/2023

Annual Value \$1,200.00

Expense/Revenue Revenue

Budgeted Travel Type No

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	
Melton, Christopher C.	Approved	Approved; please verify exhibit reference prior to document signing

Joiner, Jennifer L.	Approved
Landas, Lito S.	Approved
Demos, Martin C.	Approved
White, Michael	Approved
Agnew, Claire F.	Approved
Purves, Steve A.	Approved
Talbot, Melanie L.	Current



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 1.c.i.

Governance  
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# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 1.d.i.

Medical Staff Credentials

Recommended by Credentials Committee: December 6, 2022  
 Recommended by Medical Executive Committee: December 13, 2022  
 Submitted to MSHCDB: January 25, 2023

## VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Joseph Oluwafemi Aiyenowo, M.D.	Active	Internal Medicine / Pediatrics	2/1/2023 to 1/31/2025	
Sandeep Randhawa, M.D.	Active	Pediatrics	2/1/2023 to 1/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Marli Gabriel, D.O.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Ricardo Herrera, M.D.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.
Rex H. Ragsdale, M.D.	Family & Community Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Subdermal Contraceptive Capsule (Insertion/Removal) Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Linda R. Chambliss, M.D.	Active	Obstetrics / Gynecology	2/1/2023 to 1/31/2025	
Rex H. Ragsdale, M.D.	Active	Family & Community Medicine	2/1/2023 to 1/31/2025	
Thomas Q. Zheng, M.D.	Courtesy	Obstetrics / Gynecology	2/1/2023 to 1/31/2025	

Recommended by Credentials Committee: December 6, 2022

Recommended by Medical Executive Committee: December 13, 2022

Submitted to MSHCDB: January 25, 2023

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Aditya Paliwal, M.D.	Internal Medicine	<u>Addition</u> : 1. Critical Care Core Privileges; 2. Dialysis; 3. Percutaneous Dilatational Tracheostomy (PDT); 4. Point-of-Care Ultrasound; 5. Procedural Sedation; 6. Pulmonary Core Privileges; 7. Endobronchial/Intra-Thoracic Ultrasound (EBUS-TBNA)	FPPE: Retrospective review of cases (case number determined by privilege type/procedure).
Rex H. Ragsdale, M.D.	Family & Community Medicine	<u>Addition</u> : Addiction Medicine Privileges	FPPE: Retrospective review of at least 5 cases

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Tina Marie McKenzie, M.D.	Family & Community Medicine	Active to Courtesy	Reduction in hours

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Zerahlynn Maico Ballanca, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective October 15, 2022
Madeline Elizabeth Eells, M.D.	Obstetrics/Gynecology	Courtesy to Inactive	Resigned effective October 31, 2022

**Definitions:**

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.



**VALLEYWISE HEALTH  
CREDENTIALS AND ACTION ITEMS REPORT  
ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

<b>ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS</b>				
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PRIVILEGES/ SCOPE OF SERVICE</b>	<b>APPOINTMENT DATES</b>	<b>COMMENTS</b>
Nothing to report				

<b>INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>RECOMMENDATION EXTEND or PROPOSED STATUS</b>	<b>COMMENTS</b>
Debra Boucaud, A.N.P.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges.
Darna Khav Long, A.G.N.P.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges.
Jin Park, A.G.A.C.N.P.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Palliative Medicine Privileges.

<b>ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS</b>				
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PRIVILEGES/ SCOPE OF SERVICE</b>	<b>APPOINTMENT DATES</b>	<b>COMMENTS</b>
Patricia Lannon Johnson, D.N.P., N.N.P.	Pediatrics	Practice Prerogatives on file	2/1/2023 to 1/31/2025	
Edward Vidal, F.N.P.	Emergency Medicine / Family & Community Medicine	Practice Prerogatives on file	2/1/2023 to 1/31/2025	

<b>RESIGNATION (Information Only)</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>STATUS</b>	<b>REASON</b>
Nicole Helen Marie Hamilton, P.A.-C.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective October 21, 2022

**General Definitions:**

Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.

Allied Health Professional      An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.

Practice Prerogatives      Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

**Supervision Definitions:**

(1) General Supervision      The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.

(2) Direct Supervision      The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(3) Personal Supervision      A physician must be in the room during the performance of the procedure.

Recommended by Credentials Committee: January 3, 2023  
 Recommended by Medical Executive Committee: January 10, 2023  
 Submitted to MSHCDB: January 25, 2023

## VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Yehudi Ailynnette Monreal, M.D.	Courtesy	Family & Community Medicine	2/1/2023 to 1/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Juan Fernando Kamar Kharoufeh, M.D.	Internal Medicine	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
David E. Brodtkin, M.D.	Active	Pediatrics	2/1/2023 to 1/31/2025	Currently on Medical Leave of Absence
Tracy Anne Contant, M.D.	Active	Obstetrics / Gynecology	2/1/2023 to 1/31/2025	
Crista E. Johnson-Agbakwu, M.D.	Courtesy	Obstetrics / Gynecology	2/1/2023 to 1/31/2025	
Anil Nanda, M.D.	Active	Internal Medicine	2/1/2023 to 1/31/2025	
Fawad Rast, M.D.	Courtesy	Internal Medicine	2/1/2023 to 1/31/2025	
Suhair N. Stipho-Majeed, M.D.	Active	Internal Medicine	2/1/2023 to 1/31/2025	
Bruce A. Takahashi, D.O.	Active	Internal Medicine	2/1/2023 to 1/31/2025	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Tracy Anne Contant, M.D.	Obstetrics / Gynecology	<u>Withdrawal</u> : Robotic Surgery	Voluntary Relinquishment of Privileges due to non-utilization of privileges

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Kama Sibbell White, M.D.	Internal Medicine	Courtesy to Active	Increase in hours

Recommended by Credentials Committee: January 3, 2023  
 Recommended by Medical Executive Committee: January 10, 2023  
 Submitted to MSHCDB: January 25, 2023

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Dana Meredith Chase, M.D.	Obstetrics / Gynecology	Courtesy to Inactive	Resigned effective December 31, 2022
Victoria Tom-Wong Chew, D.O.	Family & Community Medicine	Active to Inactive	Resigned effective December 15, 2022

**Definitions:**

Active            ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees  
 Courtesy        < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees  
 Reappointments   Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.  
 FPPE             Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH  
CREDENTIALS AND ACTION ITEMS REPORT  
ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

<b>ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS</b>				
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PRIVILEGES/ SCOPE OF SERVICE</b>	<b>APPOINTMENT DATES</b>	<b>COMMENTS</b>
Amy Elizabeth Gaines, F.N.P.	Internal Medicine	Practice Prerogatives on file	2/01/2023 to 1/31/2025	

<b>INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>RECOMMENDATION EXTEND or PROPOSED STATUS</b>	<b>COMMENTS</b>
Yvonne Rae Downs, C.N.M., D.N.P.	Obstetrics / Gynecology	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Nurse Midwife Core Privileges.
Zarah Anne Mohindra, C.N.M.	Obstetrics / Gynecology	FPPE successfully completed	Chair / Designee has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Nurse Midwife Core Privileges.

<b>ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS</b>				
<b>NAME</b>	<b>DEPARTMENT</b>	<b>PRACTICE PRIVILEGES/ SCOPE OF SERVICE</b>	<b>APPOINTMENT DATES</b>	<b>COMMENTS</b>
Georgina Amaya, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	2/01/2023 to 1/31/2025	
Kimberley Anne Bickes, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	2/01/2023 to 1/31/2025	
Yvonne Rae Downs, C.N.M., D.N.P.	Obstetrics / Gynecology	Practice Prerogatives on file	2/01/2023 to 1/31/2025	
Zarah Anne Mohindra, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	2/01/2023 to 1/31/2025	
Danielle Lee Oas, F.N.P.	Emergency Medicine / Family & Community Medicine	Practice Prerogatives on file	2/01/2023 to 1/31/2025	
Sabina T. Szabala, N.N.P.	Pediatrics	Practice Prerogatives on file	2/01/2023 to 1/31/2025	

<b>CHANGE IN PRIVILEGES</b>			
<b>NAME</b>	<b>DEPARTMENT</b>	<b>ADDITION / REDUCTION / WITHDRAWAL</b>	<b>COMMENTS</b>
Rebecca George, F.N.P.	Emergency Medicine/Pediatrics	Addition: Pediatric Emergency Medicine – Nurse Practitioner Core Privileges	FPPE

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Jeanne D. Fulcher, N.N.P.	Pediatrics	Allied Health Professional to Inactive	Resigned effective November 5, 2022
Caitlin Emily McQuarie, P.A.-C	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective November 14, 2022
Alexis Elizabeth Sotis, P.A.-C	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective December 5, 2022

**General Definitions:**

Advanced Practice Clinician	An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
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(3) Personal Supervision	A physician must be in the room during the performance of the procedure.



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 2.  
No Handout

Appointment of FQHC  
CEO/Project Director



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

**Item 3.**  
No Handout

**Elect Governing Council  
Chairman**





# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 4.

Southwest Center for  
HIV/AIDS

## OUR VISION

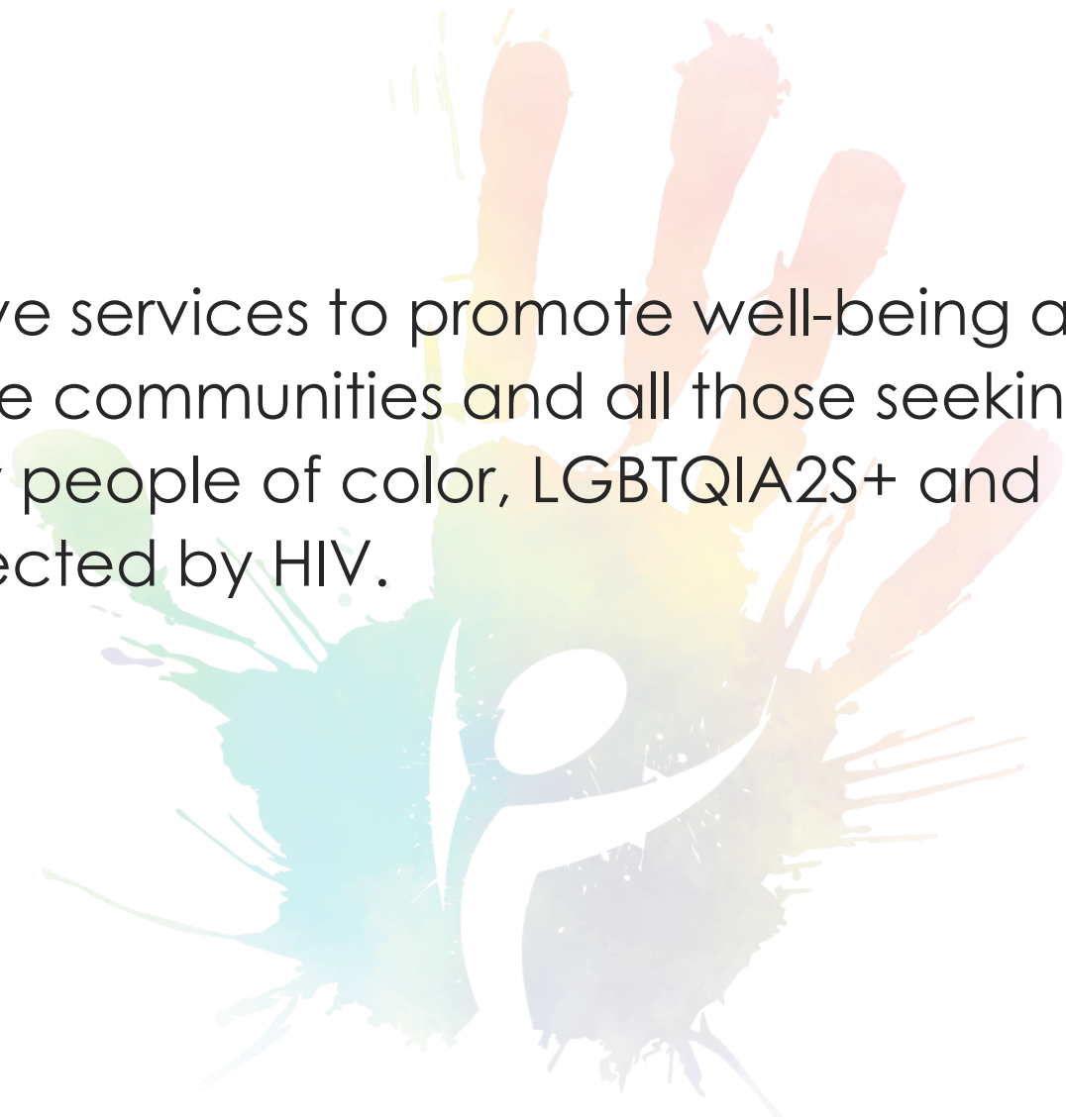
We envision a just and equitable world where who we are is embraced in all spaces—especially in barrier-free access to health and wellness—leading each of us to live a full, rich, and authentic life.



# Mission

## Mission

We provide affirming and inclusive services to promote well-being and advance health equity for diverse communities and all those seeking compassionate care—especially people of color, LGBTQIA2S+ and Queer individuals, and those affected by HIV.



# Values

## OUR VALUES

We are  
**PERSON-  
CENTERED**

We Integrate  
**INTERSECTIONALITY**

We Will  
Act With  
**INTEGRITY**

We Are  
Committed To  
**WELLNESS**

We Incorporate  
**HUMILITY**  
Into Our Services

**LEADERSHIP**  
Through  
Innovation

We Are  
Collaborative And  
**COMMUNITY -  
FOCUSED**

# History

- Founded in 1990 as the Phoenix Body Positive
- Moved to current location, The Parsons Center, in 2013
  - Expanded testing and prevention education
  - Increased access to treatment and support for at-risk populations







# Southwest Center Today

## WHAT WE DO

Removing obstacles in healthcare

## WHO WE SERVE

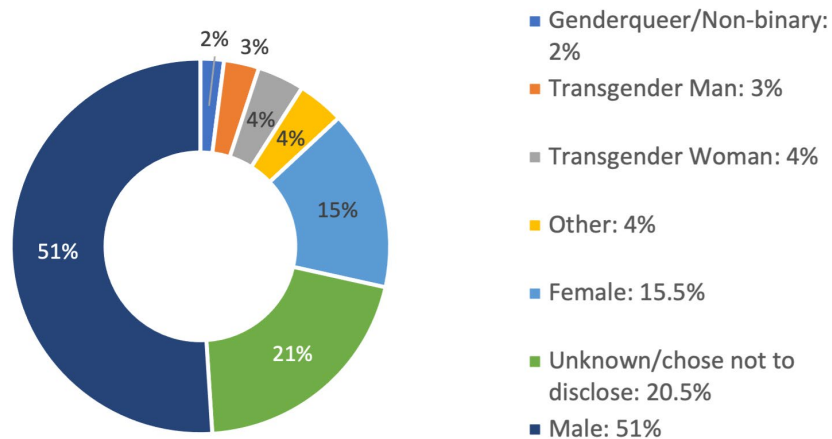
All people, especially those who have faced discrimination in healthcare such as LGBTQIA2S+ individuals, people of color, those affected by HIV, and the uninsured and underinsured.



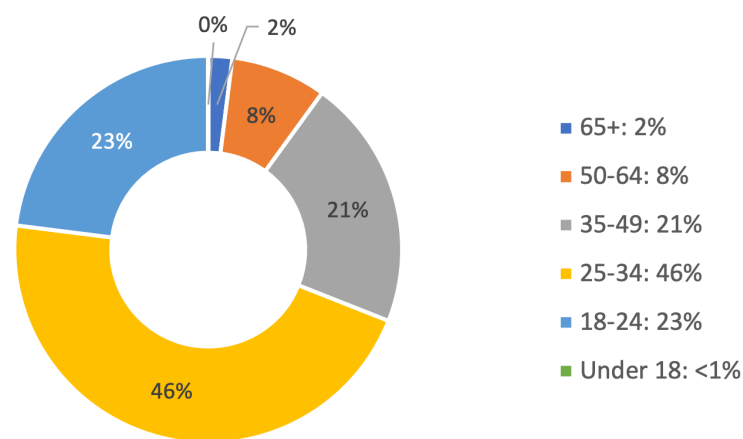
# Client Demographics

The Southwest Center serves an average of 30,000 individuals annually at our wellness center and through outreach across the Phoenix area. Client demographics show:

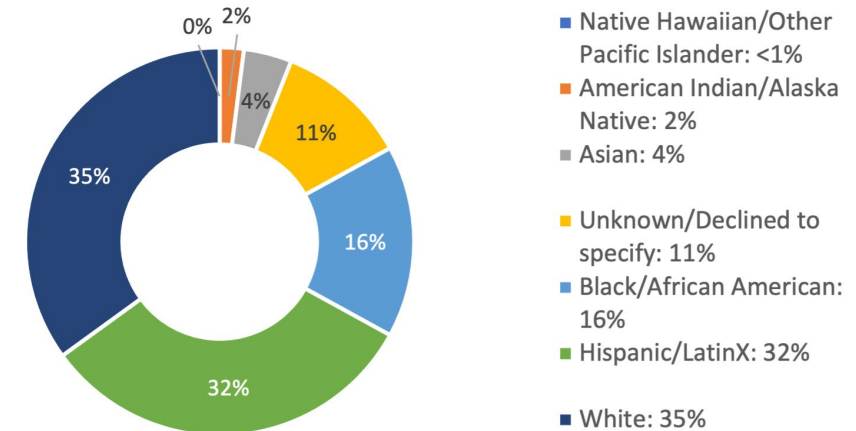
Gender Identity



Age



Race and Ethnicity



**80% of our clients are low income and nearly 50% live at or below the federal poverty level.  
One-third of our clients have experienced homelessness at some point in their lives.**

# Clinical Services

## Medical Services

- HIV/STI testing
- PrEP navigation
- Primary care services
- Gender affirming care
- Medical nutrition services
- Vitamin shop/ nutritional supplement distribution





# MENTAL AND SOCIAL WELLNESS

- Behavioral health outpatient clinic
- HIV medical case management
- Case management
- Gender affirming program





# Development and Community Engagement

- Education about health promotion, sexual and reproductive health, family planning, and mental health wellness.
- Bring free HIV testing to locations outside the clinic to eliminate a barrier to accessing this service.
- Condom bars providing thousands of condoms free of charge to individuals.





# Development and Community Engagement

## Nice Package Initiative

- Free condom distribution funded by the Arizona Department of Health Services.
- Serving the entire state of Arizona and southern Nevada.



# Strategic Priorities

- Increase Health Equity Through Expanded Services And Reach
- Improve Client Experience
- Proactively Collaborate W/ Other Partners On LGBTQIA2S+ Health And Wellness In AZ

# Looking ahead: 2023

Our focus for 2023 will be to strengthen core service lines to maximize efficiency and impact.

Areas for growth will include:

- Gender affirming care and navigation
- Reproductive health and family planning
- Naturopathic care
- Case management for low-income individuals at risk of HIV
- Community partnerships to address health inequities to improve health outcomes

# Thank You!

## Questions?



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Jessyca Leach (she/her, they/them)

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Executive Director

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[jleach@swcenter.org](mailto:jleach@swcenter.org) | P: 602.595.8115

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# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 5.

FQHC Sliding Fee Discount  
Program



## Chief Governance Officer

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 344-0892

DATE: March 1, 2023

TO: Valleywise Community Health Centers Governing Council

CC: Michelle Barker, CEO, Federally Qualified Health Center Clinics

FROM: Amanda De Los Reyes, Vice President Revenue Cycle  
Kathie Kirkland, Director Patient Financial Services

SUBJECT: Updated Federal Poverty Levels

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### 1. Introduction/Background/Problem Statement

The Health and Human Services Department (HHS) updates Federal Poverty Levels (FPL) annually and publishes on the Federal Register. The most recent update was made on 01/19/23

### 2. Summary of Changes

Federal Poverty Level Comparison 2022 to 2023			
	Poverty Guideline		
Persons in Household	2022	2023	Difference
1	13,590.00	14,580.00	990.00
2	18,310.00	19,720.00	1,410.00
3	23,030.00	24,860.00	1,830.00
4	27,750.00	30,000.00	2,250.00
5	32,470.00	35,140.00	2,670.00
6	37,190.00	40,280.00	3,090.00
7	41,910.00	45,420.00	3,510.00
8	46,630.00	50,560.00	3,930.00



### 3. Recommendation

The Federal Poverty Levels are used during the financial counseling process to determine the appropriate Sliding Fee Discount Category. The 2023 levels will be updated in the Epic system.

No additional changes to the Sliding Fee Discount Policy are recommended at this time.



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 5.

2023 Federal Poverty Level  
Guidelines

## 2023 Federal Poverty Levels

### HHS Poverty Guidelines for 2023

The 2023 poverty guidelines are in effect as of January 19, 2023.

[Federal Register: Annual Update of the HHS Poverty Guidelines](#)

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For families/households with more than 8 persons, add \$5,140 for each additional person.	



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 5.

Utilization of FQHC Sliding Fee  
Discount Program



## SLIDING FEES UTILIZATION - ANNUAL

		2022 (\$)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	-	-	-	-	-
601	SLIDING FEE CAT 1	87,886	152,522,117	148,649,064	2,890,575	982,478
602	SLIDING FEE CAT 2	23,944	41,637,626	39,796,160	1,202,327	639,138
603	SLIDING FEE CAT 3	4,469	7,583,813	7,059,970	315,011	208,832
604	SLIDING FEE CAT 4	8,000	15,079,184	13,651,397	638,598	789,189
605	SLIDING FEE CAT 5	39,390	122,563,014	101,420,305	2,762,858	18,379,851

		2021 (\$)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	-	-	-	-	-
601	SLIDING FEE CAT 1	80,831	135,224,718	130,901,910	2,784,504	1,538,304
602	SLIDING FEE CAT 2	18,278	32,446,390	30,511,020	955,741	979,629
603	SLIDING FEE CAT 3	2,996	5,977,484	5,468,140	201,111	308,232
604	SLIDING FEE CAT 4	5,872	17,039,754	15,191,194	533,639	1,314,920
605	SLIDING FEE CAT 5	31,388	101,544,211	85,365,620	2,303,628	13,874,963

		2022 vs. 2021 (\$)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	-	-	-	-	-
601	SLIDING FEE CAT 1	7,055	17,297,399	17,747,154	106,071	(555,826)
602	SLIDING FEE CAT 2	5,666	9,191,236	9,285,141	246,586	(340,491)
603	SLIDING FEE CAT 3	1,473	1,606,330	1,591,830	113,899	(99,400)
604	SLIDING FEE CAT 4	2,128	(1,960,570)	(1,539,797)	104,959	(525,732)
605	SLIDING FEE CAT 5	8,002	21,018,803	16,054,685	459,230	4,504,888

		2022 (%)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	0.0%	0.0%	0.0%	0.0%	0.0%
601	SLIDING FEE CAT 1	53.7%	44.9%	47.9%	37.0%	4.7%
602	SLIDING FEE CAT 2	14.6%	12.3%	12.8%	15.4%	3.0%
603	SLIDING FEE CAT 3	2.7%	2.2%	2.3%	4.0%	1.0%
604	SLIDING FEE CAT 4	4.9%	4.4%	4.4%	8.2%	3.8%
605	SLIDING FEE CAT 5	24.1%	36.1%	32.7%	35.4%	87.5%

		2021 (%)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	0.0%	0.0%	0.0%	0.0%	0.0%
601	SLIDING FEE CAT 1	58.0%	46.3%	48.9%	41.1%	8.5%
602	SLIDING FEE CAT 2	13.1%	11.1%	11.4%	14.1%	5.4%
603	SLIDING FEE CAT 3	2.1%	2.0%	2.0%	3.0%	1.7%
604	SLIDING FEE CAT 4	4.2%	5.8%	5.7%	7.9%	7.3%
605	SLIDING FEE CAT 5	22.5%	34.7%	31.9%	34.0%	77.0%

		2022 vs. 2021 (%)				
Plan Id	Plan Name	Enc_Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
600	PRIOR TO 02132020	0.0%	0.0%	0.0%	0.0%	0.0%
601	SLIDING FEE CAT 1	8.7%	12.8%	13.6%	3.8%	-36.1%
602	SLIDING FEE CAT 2	31.0%	28.3%	30.4%	25.8%	-34.8%
603	SLIDING FEE CAT 3	49.2%	26.9%	29.1%	56.6%	-32.2%
604	SLIDING FEE CAT 4	36.2%	-11.5%	-10.1%	19.7%	-40.0%
605	SLIDING FEE CAT 5	25.5%	20.7%	18.8%	19.9%	32.5%



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 5.

FQHC Sliding Fee Discount  
Policy and Schedule

## Valleywise Health Administrative Policy & Procedure

Effective Date: 05/15

Reviewed Dates: 03/23

Revision Dates: 01/18, 07/18, 09/18, 10/18, 02/20, 09/21, 08/22

Policy #: 23624 D

Policy Title: FQHC Sliding Fee Discount Program

Scope: ☐ District Governance (G)  
☐ System-Wide (S)  
☒ Division (D)  
☐ Multi-Division (MD)  
☐ Department (T)  
☐ Multi-Department (MT)  
☒ FQHC (F)

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**Purpose:** In accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, HRSA Valleywise Health's Federally Qualified Health Centers (FQHCs) established a sliding fee discount program that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria.

This policy establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at Valleywise Health's FQHC designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size.

### Definitions:

Allied Health Professional: A health care practitioner, other than a Medical Staff member, who is authorized to provide patient care services to patients of Valleywise Health and been granted clinical privileges.

Deposit: Initial payment applied toward the total fees due.

FQHC Sliding Fee Discount Program: A program which ensures that Valleywise Health's FQHC Health Center patients have access to all services that are available at the health center. The program seeks to provide its services to eligible patients and minimize financial barriers, all according to the following elements:

- + A schedule of fees for services.
- + A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income.

- + Board of Director and Valleywise Community Health Centers Governing Council (VCHCGC) approved policies and Valleywise Health's supporting operating policies and procedures, including billing and collections.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living / sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Income / Annual Household Income: Gross annual income before deductions include the following: Earnings, unemployment compensation, worker's compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.

Low Income: Annual income = less than or equal to 200% of the current Federal Poverty Level.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board of Directors of Valleywise Health. Medical Staff are also referred to as Attendings and for purposes of this policy is synonymous with Provider.

Nominal Fee / Nominal Charge: The amount charged for services to patients at or below 100% of the Federal Poverty Level (FPL). It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." The nominal fee must not impede the patient in accessing services due to their ability to pay.

Presumptive Eligibility Screening System: An automated software tool that predicts the likelihood of a patient to qualify for the Sliding Fee Program based on publicly available data sources. The tool provides estimates of the patient's household income and size.

Valleywise Health Clinic Manager: The Valleywise Health clinic manager is responsible for the supervision, direction, and coordination of the day to day operations of the assigned Valleywise Health clinic.

**Policy**: A Sliding Fee Discount Schedule (SFDS) is used to determine the nominal fee and /or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross annual household income and family size in the household. Under this policy, the patient is responsible for one hundred percent (100%) of the fees charged for the



services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

Valleywise Health recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Valleywise Health utilizes an automated, predictive scoring tool provided by our third-party vendor to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

## **Procedure:**

### **I. Eligibility**

- A. Valleywise Health will inform patients about the availability of the Sliding Fee Discount Program through signage, personal reminders and other methods of communication. As part of the preregistration or registration process, the Valleywise Health eligibility specialist or other front office staff will inform patients that are not informed of the SFDS.
- B. Patients whose income exceeds 200% of the FPL Guidelines are not eligible for discounts on the Sliding Fee Discount Program. (Appendix A)
- C. Valleywise Health uses two types of screening to determine eligibility for the Sliding Fee Discount Program: Presumptive and Traditional.
  - + Presumptive screening is the initial process used to determine a patient's eligibility for the Sliding Fee Discount Program.
  - + Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the Presumptive Eligibility Screening System.
- D. Patients applying via the Traditional screening for the Sliding Fee Discount Program must provide written verification of monthly income (see Appendix A).

Examples include:

  - + Previous year federal tax returns.
  - + Paycheck stubs for each adult working in the household.
  - + A signed statement from the patient's employer stating rate of pay, average number of hours worked weekly and hire date.
  - + Quarterly tax statement for those self-employed.
  - + Unemployment benefit letter.
  - + Benefit letter from Social Security showing monthly payment received for each person in the household.
  - + Documentation of child support and/or alimony (divorce paperwork, etc.)
  - + Copy of pension / retirement benefits.
  - + Copy of Veterans benefits.
  - + Full time unemployed students: Provide proof of student status.
  - + Federal or State support: Example: Food stamps, the packet received with approval is required, this includes start and stop dates and Food Stamp Summary page.
- E. Valleywise Health will verify patient eligibility, at minimum, on an annual basis.
- F. Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed

statement of income, and why he / she are unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income of the items in Appendix A, within 30 days following the one time visit in order to remain eligible to participate in the Sliding Fee Discount Program. The assigned category will be retroactive for 30 days. (Appendix B)

- G. Patients applying for the Sliding Fee Discount Program will be informed that they will need to contact Valleywise Health if their income or household status changes.
- H. Situational waivers can be approved based on catastrophic situations or significant changes in guarantor income.
  - + If during the process of discussing an outstanding balance with a patient or reviewing payment plan options a situation or change is brought up that would impact the ability to pay, a request will be forwarded to the Director of Patient Financial Services for review.
  - + After review of a guarantor's significant change in ability to pay an approval may be granted for a waiver of all or some of the guarantor's outstanding balance.
  - + Activities related to the review for waiver and approval, or declination will be documented in the patient accounting system.

## **II. Sliding Fee Discount Schedule**

- A. The Sliding Fee Discount Schedule and corresponding rates and policies for administration of the Sliding Fee Discount Program will be reviewed and updated annually.
- B. The updated FPL income guidelines will be obtained from the Federal Register annually. The Poverty Guidelines document and corresponding systems will be updated promptly following the federal update.
- C. Services covered by Sliding Fee Discount Program must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost procedures, elective procedures and lab tests with less expensive options are exempted from sliding fee discounts.

## **III. Billing and Collection Schedules**

- A. The patient will be advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event the patient is unable to pay at the time of service, the patient will be informed that they will be billed. Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a Valleywise Health financial counselor.
- B. An inability to pay will not impede access to care. Payment arrangements may be made through Patient Financial Services in accordance with policy #09003 S Revenue Cycle/Business Office: Payment Plans. This will be determined on an individual basis. Factors that may be considered in making this determination include large outstanding medical bills which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic

manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services.

- C. Refusal to pay will not impede access to care. Patients refusing to pay the nominal fee will not be denied care. Payment and/or payment arrangements may be made through Patient Financial Services in accordance with applicable policies.
- D. Insured patients qualifying for Sliding Fee after insurance will be billed for the lessor of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

#### **IV. Governing Body Oversight**

- A. Updates to the Sliding Fee Discount Program and proposed policy changes will be presented every 3 years to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.
- B. The Sliding Fee Discount Schedule will be presented annually to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.
- C. Sliding Fee Level Utilization information will be reviewed and discussed annually to ensure no barriers to care exist.

**References:** HRSA Health Center Program Compliance Manual, released August 2018  
CHC & FHC Internal and External Referrals Policy # 20006 S

**Valleywise Health Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY:** Valleywise Health Vice President of Revenue Cycle

**DEVELOPMENT TEAM(S):** Patient Financial Services, Valleywise Community Health Centers Administration, and Revenue Integrity Management

**Policy #:** 23624 D

**Policy Title:** FQHC Sliding Fee Discount Program

**e-Signers:** Amanda De Los Reyes, VP Revenue Cycle

**Place an X on the right side of applicable description:**

**New** -

**Retire** -

**Reviewed** - X

**Revised with Minor Changes** -

**Revised with Major Changes** -

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

**Required Approval:** Valleywise Community Health Centers  
Governing Council 03/23

**Required Approval:** Maricopa County Special Health Care  
District Board of Directors 03/23

**Required Approval:** Michelle Barker, Sr VP Ambulatory  
Services and CEO FQHC Clinics 03/23

**Required Approval:** Kathie Kirkland, Director  
Patient Financial Services 02/23

**Committee:**

**Other:**

## **Appendix A**

### **VALLEYWISE HEALTH FINANCIAL/DISCOUNTED POLICIES**

**Sliding Fee- Free Pregnancy Test- Prenatal Care-Maternity Agreements, Healthy (E)**

**AHCCCS Applications- Family Planning Program for Women**

**Thank you for your interest in Valleywise Health's medical programs. To assist you better please provide the following information at the time of your interview. Please provide documents from each of the following categories.**

**Proof of income for the past 30 days from interview date for EVERYONE in the household**

- ✓ Current award letter from DES if receiving cash assistance or food stamps
- ✓ Paycheck stubs (4) if paid weekly, (2) if paid bi-weekly
- ✓ Employer statements on letterhead / business card or notarized.
- ✓ Unemployment income
- ✓ Social Security award letter or copy of check for all household members
- ✓ Veteran's Benefits
- ✓ Pensions
- ✓ Workman's Compensation
- ✓ Child support/Alimony
- ✓ Record of earnings from self-employment or odd jobs (Income calendar if paid in cash)
- ✓ Grants, scholarships or educational benefit letters
- ✓ Current bank statements, **checking and savings** for all household members
- ✓ Statement of support from person **providing** support

**Self Employed Clients 30 days from interview date**

- ✓ Bank statements
- ✓ Check stubs
- ✓ Income vouchers or receipts
- ✓ Income statement from person/company paying for the services rendered
- ✓ Income calendar or any other documentation
- ✓ Statements/calendars must display dates and total amount of payment and current tax returns
- ✓ All business expenses

**Proof of Address/Monthly Household Monthly Expenses within 30 days from the interview date**

**(All that applies)**

- ✓ Rent or lease agreement/mortgage payment
- ✓ Utility receipt electric, gas, water, phone, cable, internet, car insurance, bank statement
- ✓ Letter from Landlord or a neighbor if utility bills under someone else's name
- ✓ Current registration for school aged children

**Proof of dependents/relationship**

- ✓ Children's birth or baptismal certificates (**Even if child is already insured**)
- ✓ Marriage License
- ✓ Proof of Pregnancy (if applicable)
- ✓ Receipt from social security administration

**Proof of Identity (Not required and inability to provide will not disqualify for Sliding Fee)**

- ✓ Birth or Baptismal Certificate
- ✓ Naturalization/Citizenship Certificate
- ✓ Driver's license/Photo ID for everyone over 18 years of age
- ✓ Lawful Permanent Resident Card

*Once Printed This Document May No Longer Be Current*

- ✓ Employment Authorization Card
- ✓ Passport Visa
- ✓ Passport-INS-194

## **Appendix A**

### **PÓLIZAS FINANCIERAS/DE DESCUENTOS DE VALLEYWISE HEALTH**

**Programa de Descuento - Pruebas de embarazo sin costo - Cuidado prenatal - Acuerdos de maternidad - Solicitudes para Healthy (E) AHCCCS - Programa de planificación familiar para mujeres**

Gracias por su interés en los programas médicos de Valleywise Health. Para asistirle mejor, por favor traiga la siguiente información el día de su entrevista. Por favor proporcione documentos para cada una de las siguientes categorías.

**Comprobante de ingresos de los últimos 30 días antes de la fecha de su entrevista de TODOS los que viven en la casa.**

- ✓ Carta más reciente del Departamento de Servicios Económicos (DES) si recibe asistencia económica en efectivo, o estampillas de comida
- ✓ Talones de cheque (4) si el pago es semanal, (2) si el pago es cada dos semanas
- ✓ Una declaración por escrito del empleador en papel con el membrete/tarjeta del negocio o notariada
- ✓ Información sobre ingresos de desempleo
- ✓ Carta de aceptación o copia de cheques del Seguro Social para todos los que viven en su casa
- ✓ Beneficios de veterano
- ✓ Pensiones
- ✓ Información de ingresos del seguro de compensación laboral
- ✓ Manutención de hijos/pensión alimenticia
- ✓ Registro de ingresos de trabajo por cuenta propia/o trabajos ocasionales
- ✓ Cartas de subsidios, becas u otros beneficios educacionales
- ✓ Estados actuales de cuenta bancaria, de ahorros y cheques para todos los que viven en su casa
- ✓ Carta de apoyo de la persona que lo mantiene

**Clientes con Trabajo por Cuenta Propia Comprobante de los 30 días antes de la Entrevista**

- ✓ Estados de cuenta bancaria
- ✓ Talones de cheque
- ✓ Vales o recibos de ingresos
- ✓ Declaración de ingresos de la persona/compañía que paga por los servicios proporcionados
- ✓ Calendario de ingresos o cualquier otro documento
- ✓ Las/los declaraciones/calendarios deben mostrar fechas y cantidad total del pago y devoluciones de impuestos actuales
- ✓ Todos los gastos del negocio

**Comprobante de domicilio/gastos mensuales del hogar: Debe incluir los gastos dentro de los 30 días antes de la fecha de la entrevista (todo lo que corresponda).**

- ✓ Recibo de pago o contrato de renta/hipoteca
- ✓ Recibos de luz, gas, agua, teléfono, cable, Internet, seguro del carro, cuenta de banco.
- ✓ Carta del arrendador o de un vecino si los recibos de servicios públicos están a nombre de alguien más
- ✓ Comprobante de la inscripción escolar actual de los niños

**Comprobante de dependientes/parentesco**

- ✓ Acta de nacimiento o certificado de bautismo de los niños (incluso si el menor ya tiene Seguro médico)
- ✓ Acta de matrimonio
- ✓ Prueba de embarazo (si corresponde)

**Prueba de identidad (No es obligatorio y si no puede proporcionarlo, no será descalificado de los programas de descuento)**

- ✓ Acta de nacimiento o certificado de bautismo
- ✓ Certificado de naturalización/ciudadanía
- ✓ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ✓ Tarjeta de residencia permanente legal
- ✓ Tarjeta de permiso para trabajar
- ✓ Pasaporte visado
- ✓ Pasaporte-INS-194

Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550



**Appendix B**

**MRN:**

**SELF-DECLARATION/DECLARACION:**

**DATE/FECHA:**

\_\_\_\_\_

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SIGNATURE/FIRMA: \_\_\_\_\_  
Revised 02/2012

## Appendix C

**Valleywise Health**  
**Federally Qualified Health Center Sliding Fee Discount Schedule**  
**Effective 05/15 Reviewed/Revised 03/23**

**Medical**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	

**Dental**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services *See Grid Below	\$50 Nominal Charge	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	\$50 Nominal Charge	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount

Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$90.00	\$98.00	\$105.00	\$112.00	No Discount
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	No Discount
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	No Discount
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	No Discount
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	No Discount



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 6.

Annual Compliance Training/  
Conflict of Interest Education

# FY2023 Valleywise Health Community Health Centers Governing Council - Compliance Training

Reporting Group: Compliance and Internal Audit

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

Reporting period: FY2023

Chief Compliance Officer/Privacy Officer

## Two Compliance Words for 2023:

- Inertia: Objects in motion tend to stay in motion, while objects at rest tend to stay at rest.
- Excellence (see the next slide).



# What is Excellence?

Definition: “the quality of being outstanding or extremely good”

## Our Excellence Value:

We are committed to delivering breakthrough quality and service that exceeds expectations, improves outcomes and provides exceptional patient care.



# What is Compliance?

- Compliance is adhering to the laws, rules, regulations, policies and procedures that govern the job we perform.
- It is the responsibility of ***all the employees*** of the organization.



# Excellence and Compliance produce the best results!

Healthcare companies with an effective compliance program, effective quality program and strong internal controls have these attributes:

- Significantly less errors;
- Significantly less rework;
- Higher patient quality scores;
- Higher employee and patient satisfactions; and
- Are more profitable!





# Expectations for Board Oversight of Compliance Program Functions

- A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.

## Expectations for Board Oversight of Compliance Program Functions

- The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

# OBJECTIVES

In this training, you will learn about our approach:

- ❑ Understand the Your Business - Overview of Valleywise Health (including the FQHC Structure)
- ❑ Understand the Healthcare Environment - Key Regulations and Trends
- ❑ Risk Assessment Process - Identification and Prioritization of Risks
- ❑ Risk Mitigation Process - Board Oversight, Conflict of Interest, Management Oversight, FAC Committee, Compliance Program, Internal Audit, Revenue Cycle, Performance Excellence, etc.

# **METHODOLOGY AND APPROACH**

# Our Methodology and Approach

## 1 ***Understand the Business***

- Conducted interviews with various members of Valleywise Health Management and Healthcare Industry leaders;
- Considered whether any key initiatives or changes to Valleywise Health' strategic plan may impact the risk profile of the organization;
- Reviewed the audit and compliance work plans and priorities of other health systems to determine current areas of focus by others in the industry.

## 2 ***Risk Assessment***

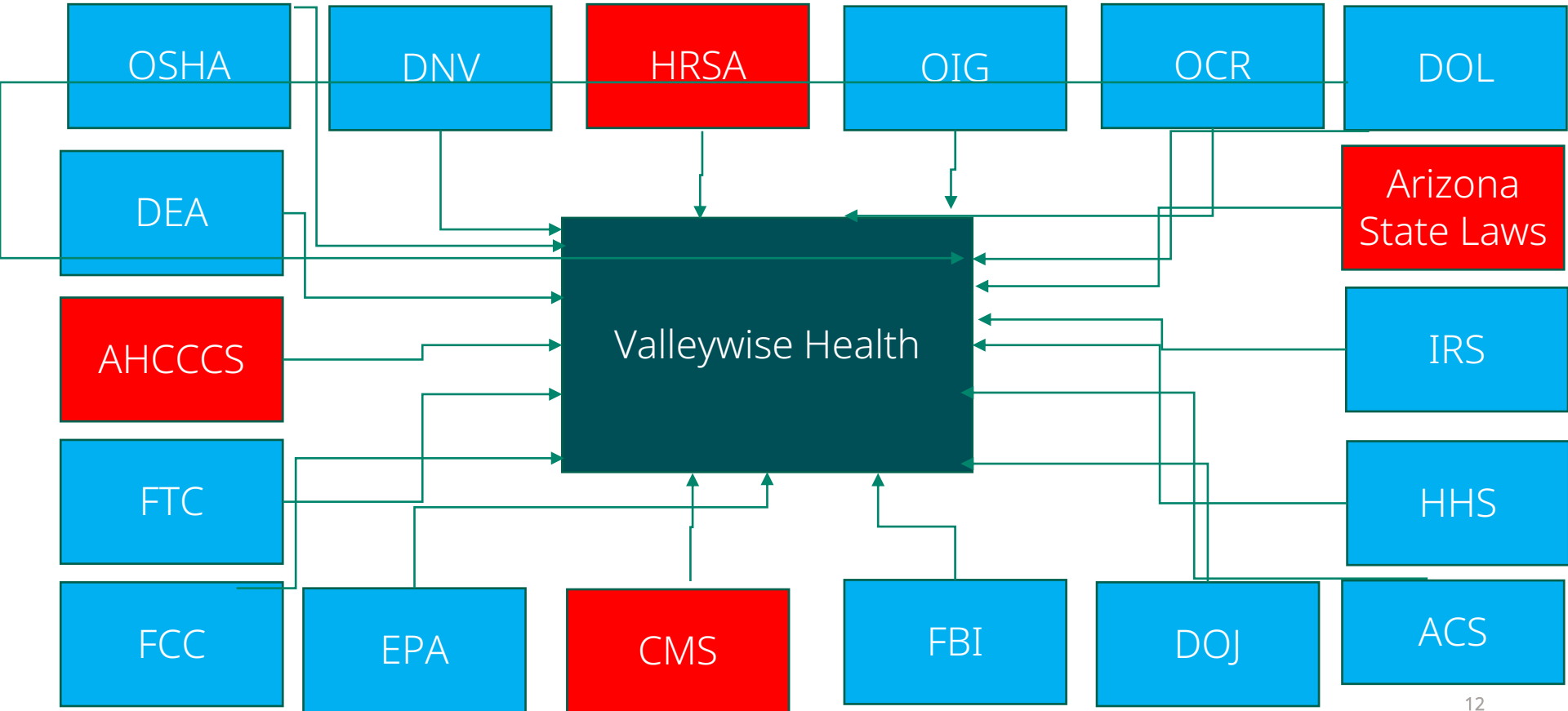
- Prioritized risks and areas of concern based on the importance to business performance, impact to the organization and the likelihood of control /process issues;
- Considered the prior year risk assessments and work completed in FY20 & FY21 and the findings from previous internal audit and compliance activities.

## 3 ***Prioritized Internal Audit and Compliance Plan***

- Proposed a list of compliance and internal audit projects focused on the risks identified and areas of concern to be completed in FY2022. These will be reassessed quarterly.

# UNDERSTAND THE HEALTHCARE ENVIRONMENT

# Healthcare Regulation/Quality Oversight Bodies



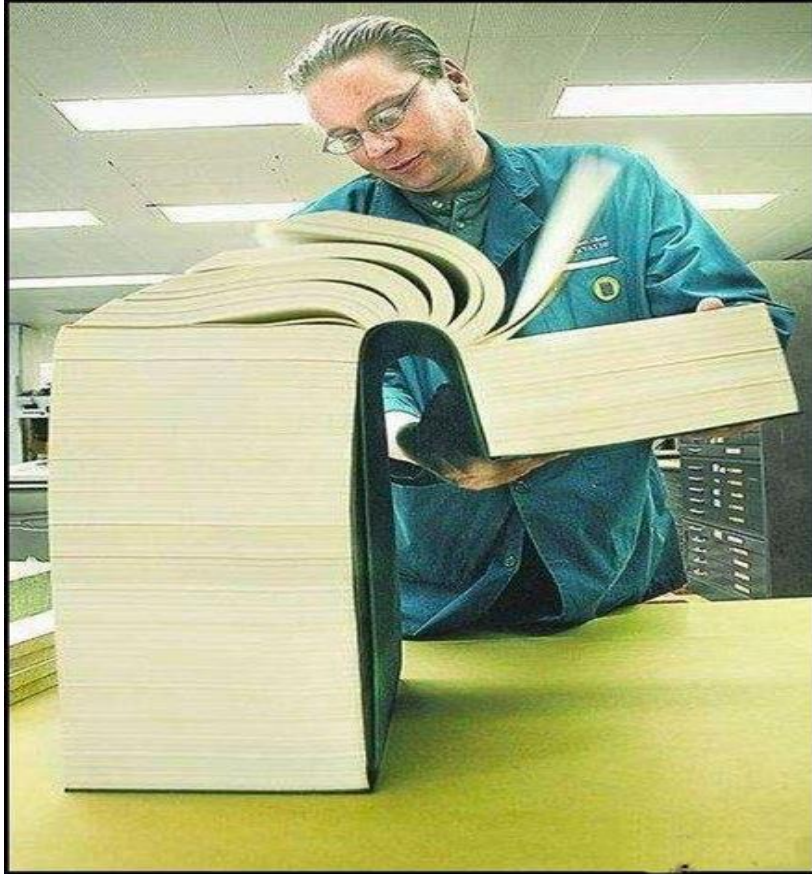
# Healthcare Regulation Oversight Bodies

- ☐ Arizona Healthcare Cost Containment System (AHCCCS)
- ☐ Center for Medicare and Medicaid Services (CMS)
- ☐ Health Resources and Services Administration (HRSA)
- ☐ United States Department of Justice (DOJ)
- ☐ Office of Inspector General (OIG)
- ☐ Office for Civil Rights (OCR)
- ☐ Valleywise Health District policies
- ☐ Internal Revenue Service (IRS)
- ☐ Food and Drug Administration (FDA)
- ☐ Many Others (OSHA, FCC, DEA, etc.)



## Top Risks Changes for Valleywise Health in 2023

1. Pandemic Hangover (Burnout, vacancy rates, etc.) (Increased)
  2. Tower Move (Increased)
  3. Cybersecurity (Increased)
  4. Telehealth Explosion/Ending Public Health Emergency (Increased)
  5. Supply Chain (Increased)
  6. Grant Audits (Increased)
  7. Price Transparency (Increased)
  8. Forecasting Difficulties (Increased)
  9. Clinical Quality (Increased)
  10. Physician Alignment and Contracting (Increased)
  11. Patient Safety (Increased)
  12. Emergency Preparedness (Increased)
  13. Third-party Vendor Management (Increased)
  14. Case Management (Increased)
- And many more!



# Changes to current healthcare regulations

## Below are some risks that may affect how you do your oversight

1. AHCCCS State Medicaid Plan
2. HRSA (Regulates Federally Qualified Health Center (FQHC))
3. Affordable Care Act (MACRA)
4. Anti-Kickback Statutes
5. Emergency Medical Treatment and Active Labor Act (EMTALA)
6. HIPAA (Health Insurance Portability and Accountability Act) and HITECH.
7. Medicare Rules – Condition of Participation
8. Care Re-imagined
9. False Claims Act and the Federal Sentencing Guidelines
10. Deficit Reduction Act of 2005
11. OSHA, FDA, and EPA Laws (DNV, Occupational Safety and Health Administration, Food and Drug Administration, Environmental Protection Agency).
12. Others (Arizona State Regulations, LEP 1557, Payment Suspensions, 60 Day Rule, etc.)

# UNDERSTAND THE BUSINESS

# Understand the Business – Valleywise Health's Main Business Units



## Valleywise Health

A - Acute  
Care  
Hospital

B – Creighton  
Alliance  
(Residency  
Program)

C - FQHC

D -  
CHC

E -  
Behavioral  
Health

F - DMG  
(District Medical  
Group)

G - ACO  
(ACN)

H – Grants  
and  
Research

I – Care Re-  
imagined

# Understand the Business – Valleywise Health's Major Payers/Revenue

## Valleywise Health

1 – AHCCCS  
(60%)

2 – Ad Valorem  
Tax

3 -  
Commercial

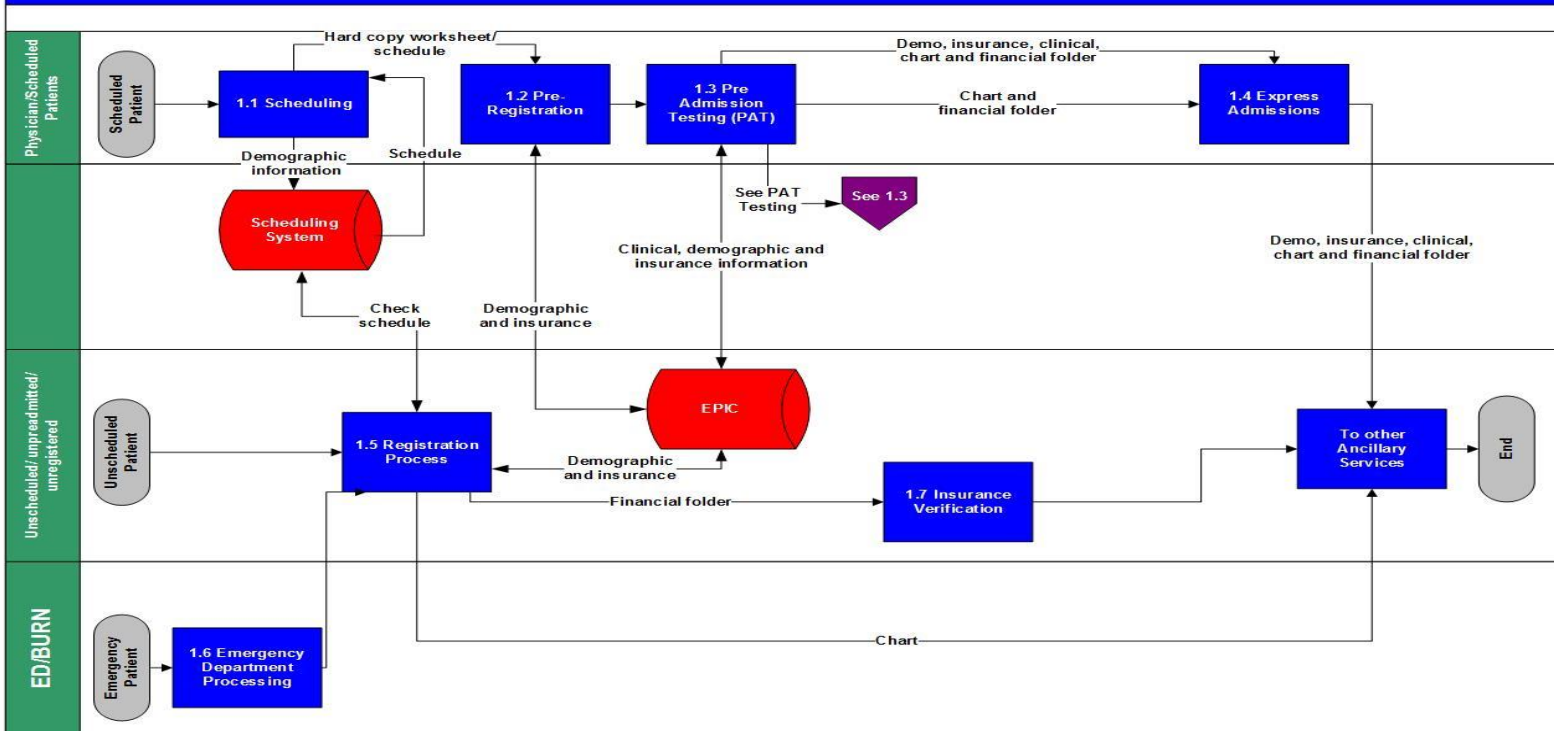
4 - Medicare

5 - Grants

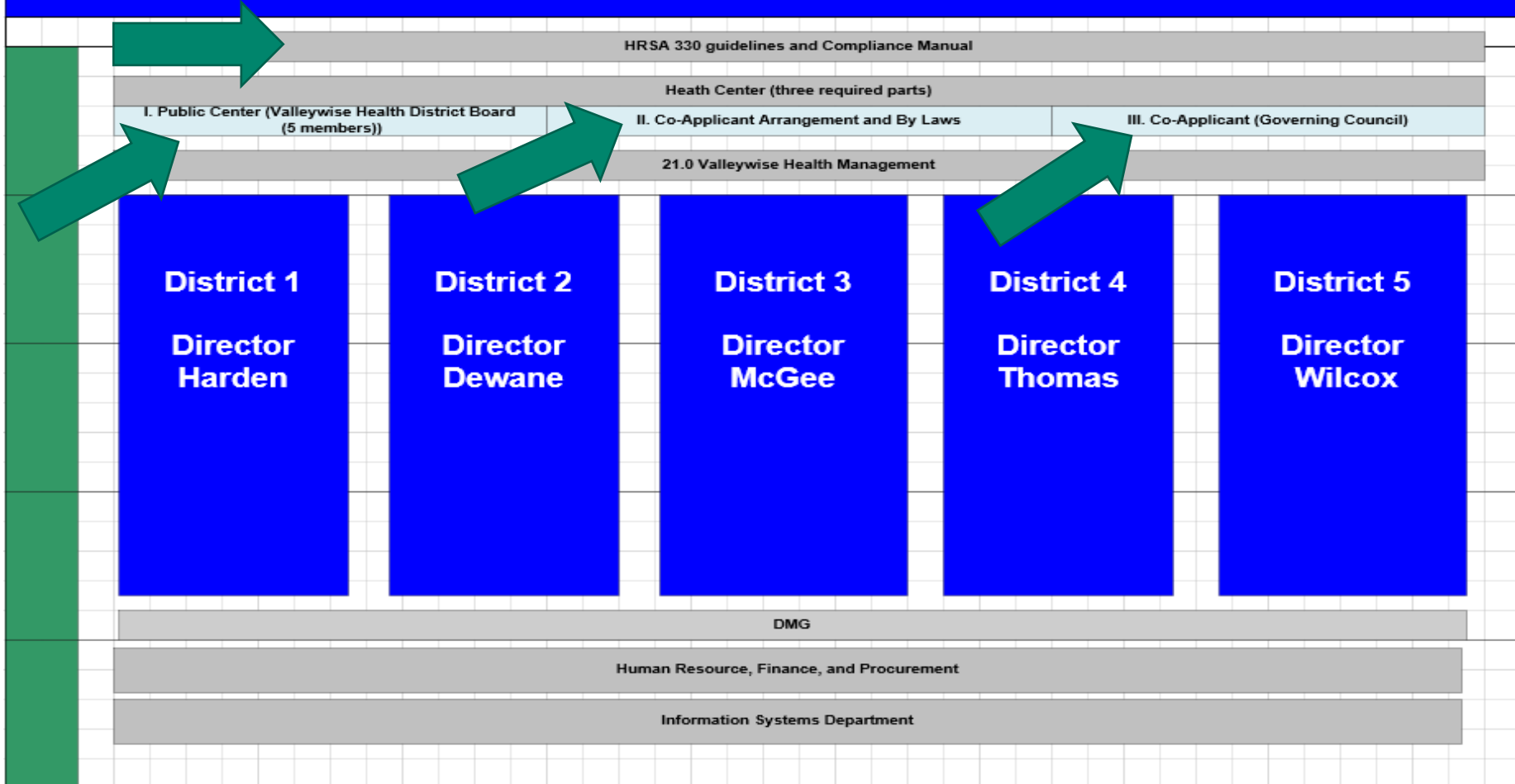
6 - Self  
Pay

## Overview of the Revenue Cycle: EXAMPLE

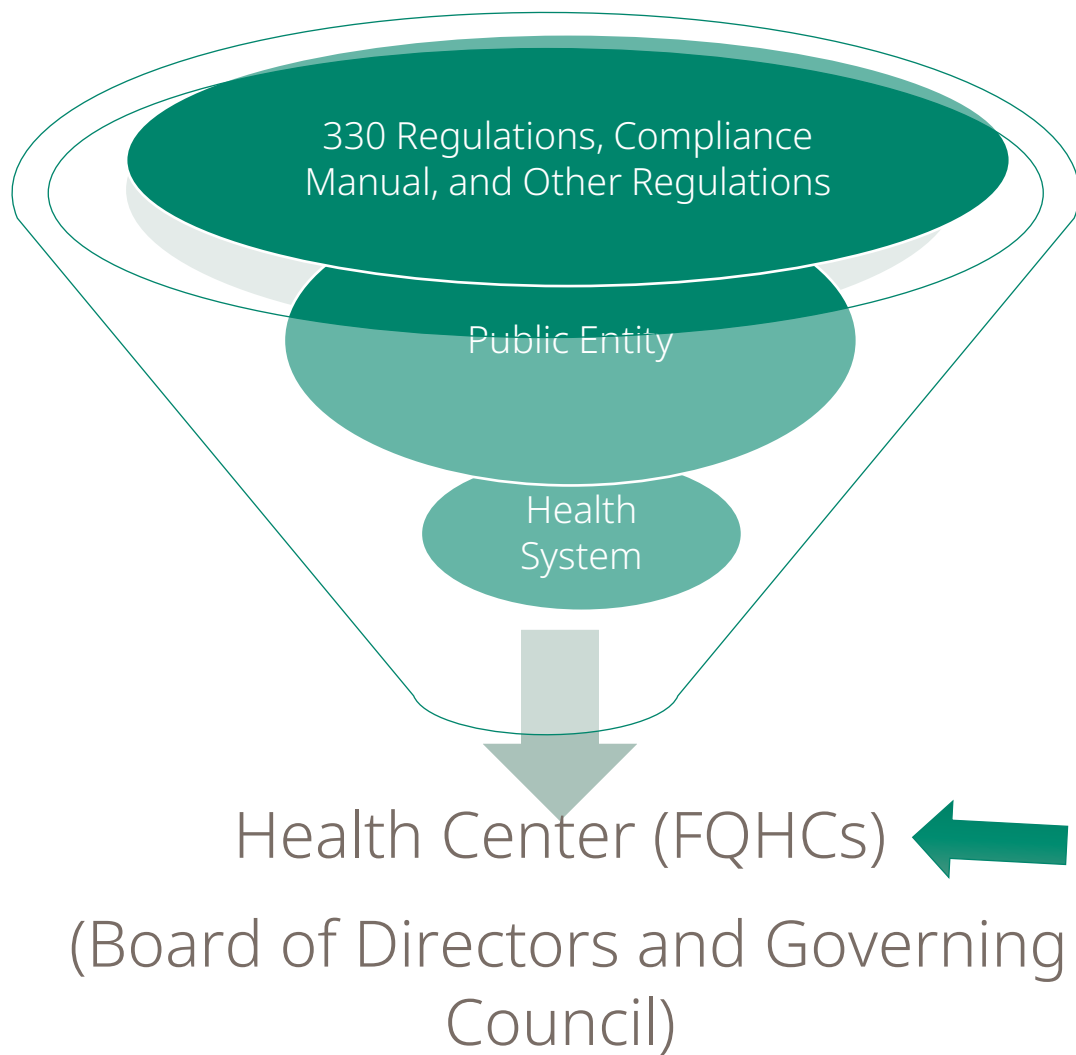
### 1.0 Admissions



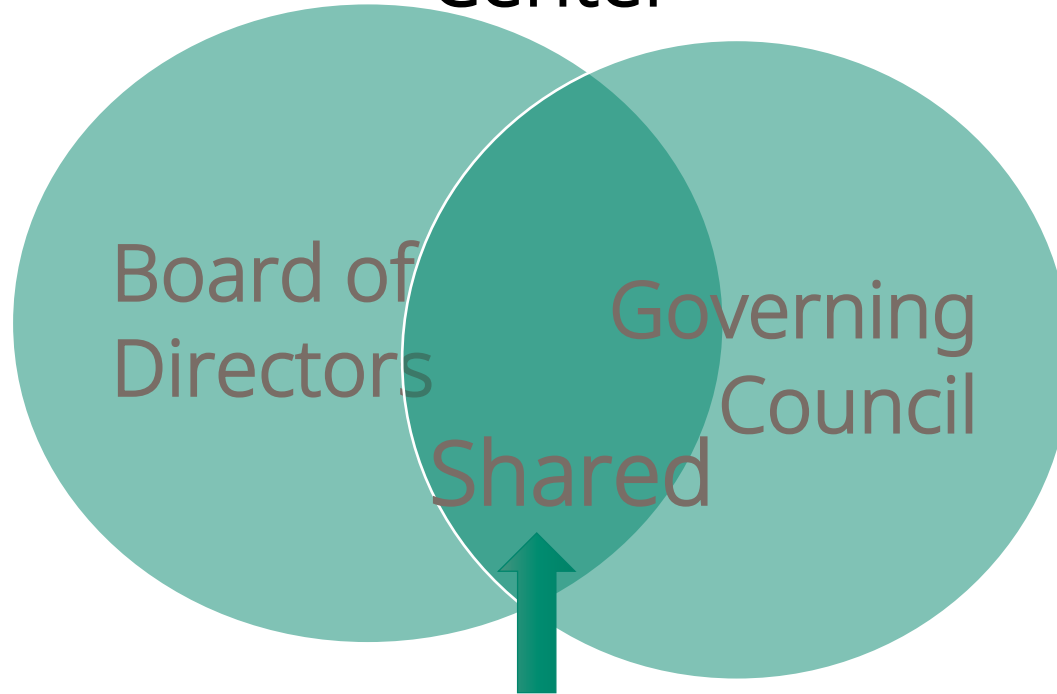
# Valleywise Health - District Board and Governing Council Overview - 2023







# Responsibilities of the Health Center



CO-APPLICANT OPERATIONAL ARRANGEMENT  
Between the  
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT  
and the  
VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL

See Co-Applicant Arrangement

# Health Center Program Compliance Manual Overview and Operational Site Visit (OSV) Guidance



The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is responsible for effective and efficient oversight of the Health Center Program. This includes ensuring that health centers comply with applicable statutory and regulatory requirements for the Health Center Program. The Health Center Program Compliance Manual serves as a streamlined and consolidated resource to assist health centers in understanding and demonstrating compliance with Health Center Program and Federal Torts Claims Act program requirements.

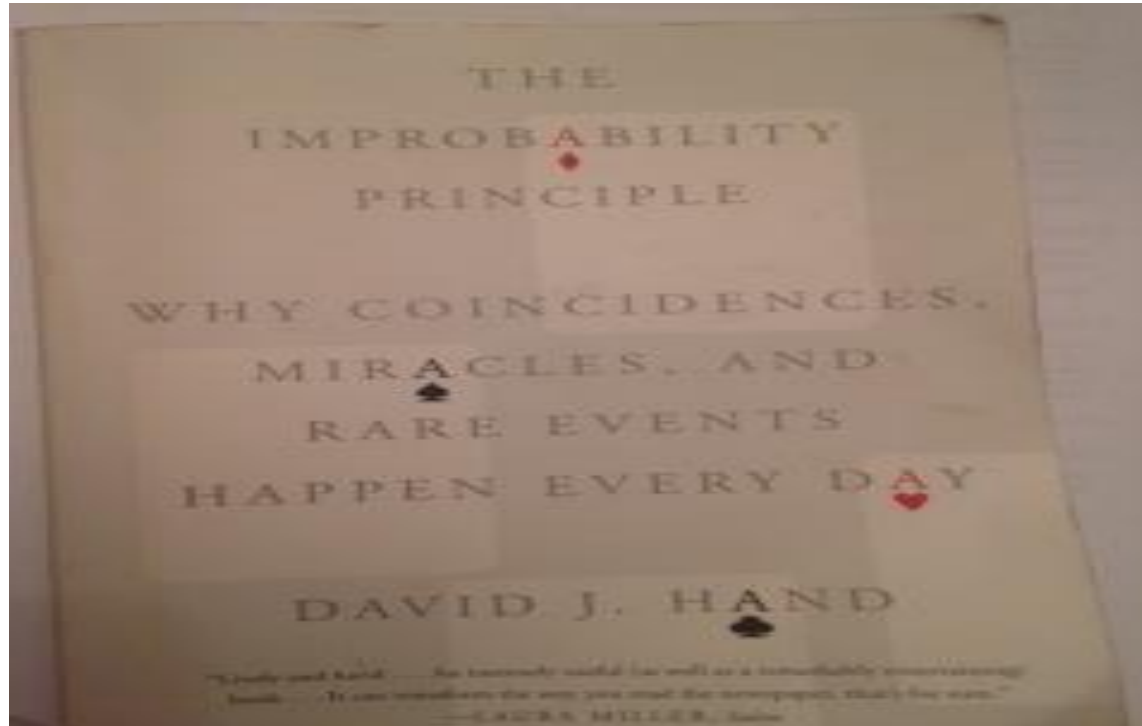
## FQHC TIMELINE:

- 10/2018 - First site visit in nine years was a successful... achieving 90/93 Elements (97%)
- 9/2019 - We received full FQHC status in September 2019.
- 2/2020 - Technical Assistance Review
- 8/2021 – Operational Site Visit (OSV) – 93/93 Elements!!

**\*\*Next OSV is in 2024. OSVs are conducted every three years.**

# RISK ASSESSMENT

# The Improbability Principle

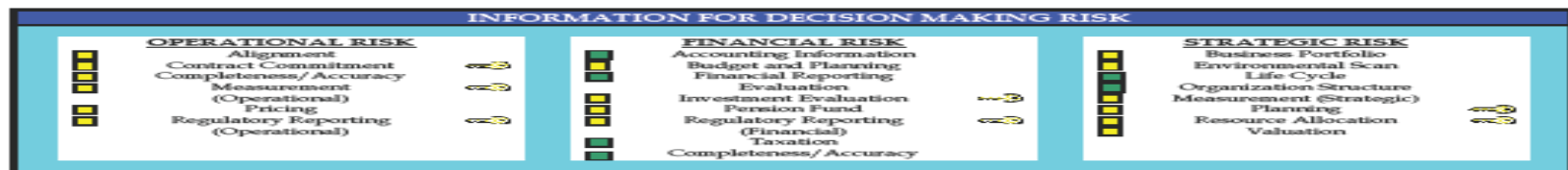
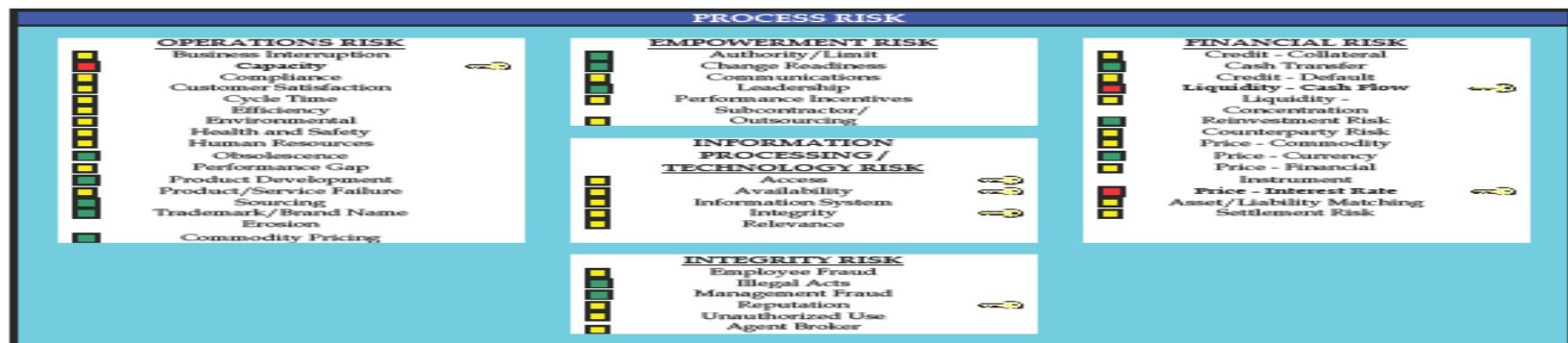


# *The Enterprise Risk Management Process*

The ERM process includes the following major components:

- Risk identification
- Prioritization and scoring of risks
- Risk response - This involves developing and implementing an action plan to avoid, accept, reduce or finance risks

## Enterprise Risk Management Prepared By L.T. Slaughter



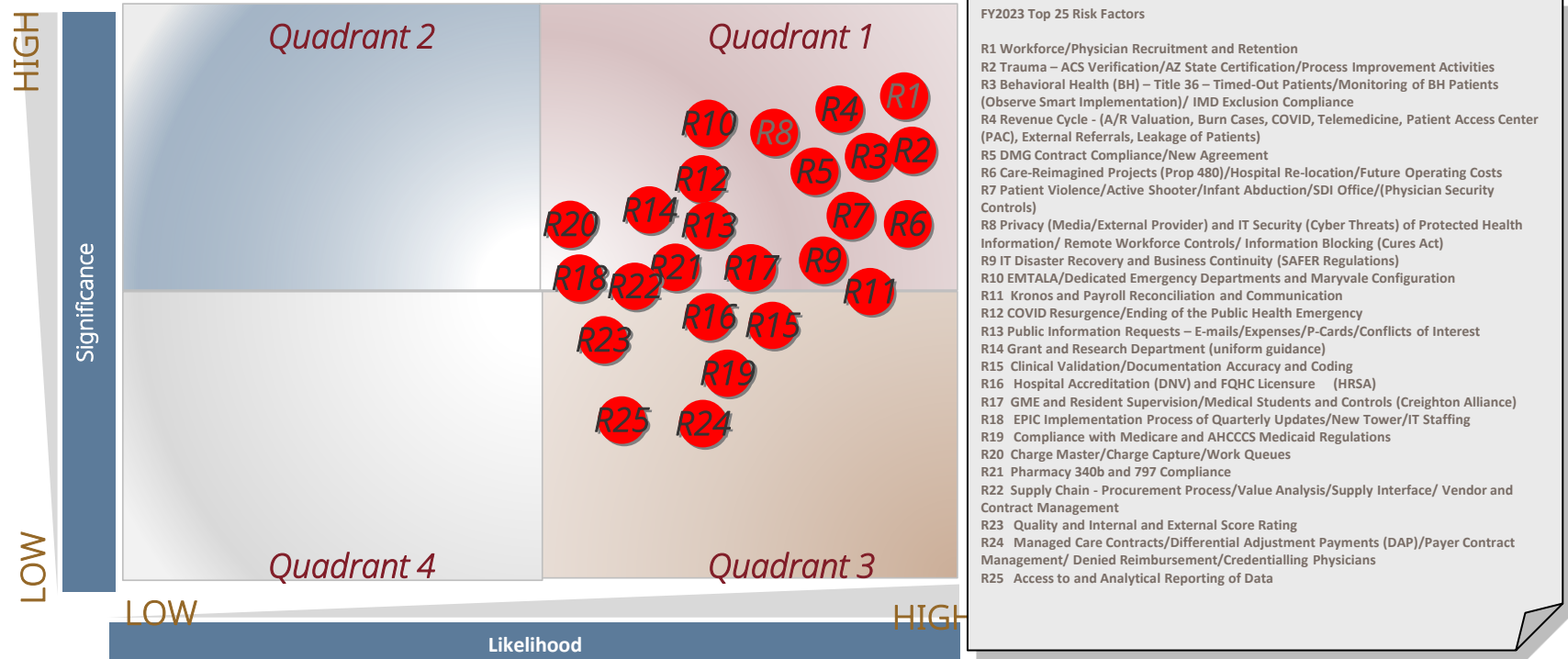
Enterprise Risk: ■ High ■ Medium ■ Low

 Key Enterprise Risk

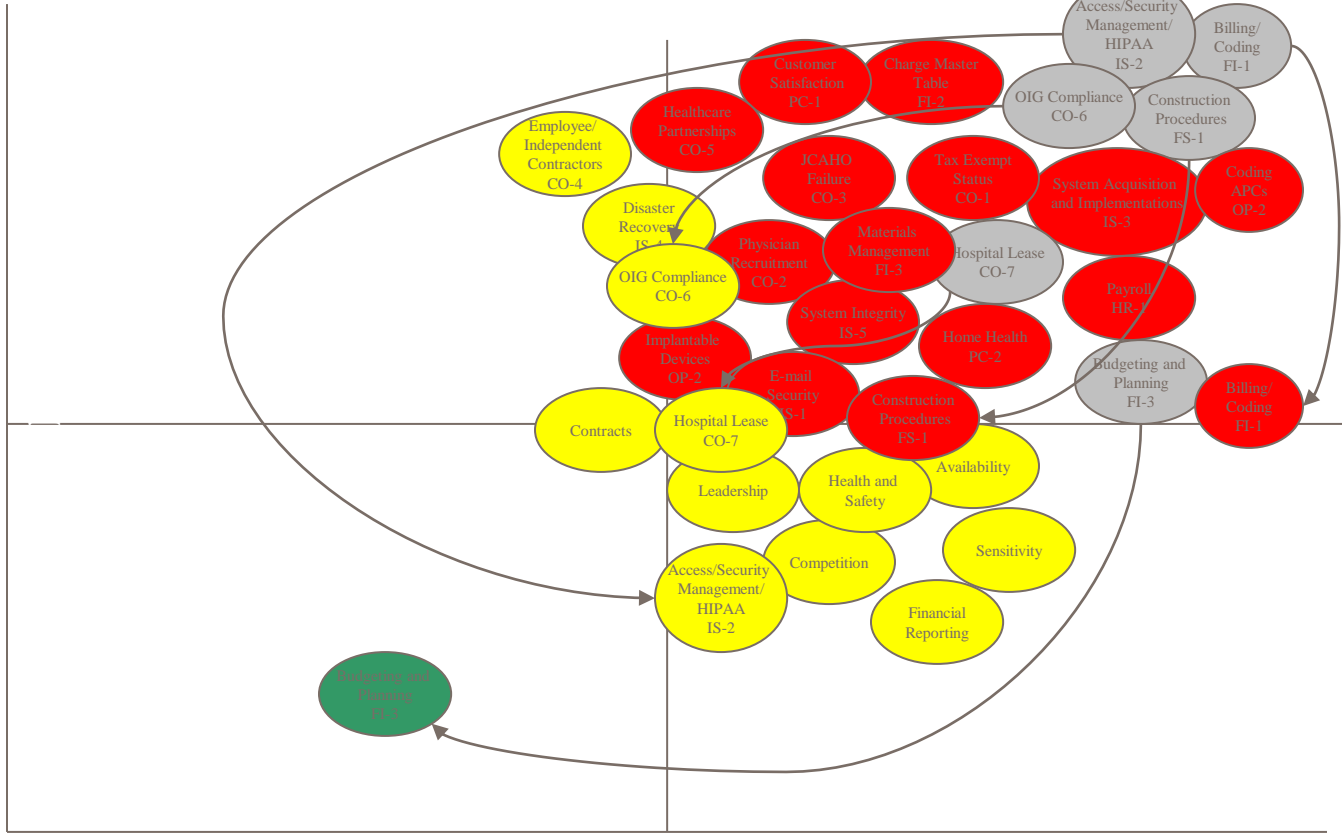


# Risk Assessment Process– Prioritization Map

The map below depicts the highest rated risks based on feedback from interviews and other data gathering. The risks are plotted based on their individual significance to the business along with the likelihood that issues and / or improvement opportunities currently exist. The highest risk areas are shown in Quadrant 1 and generally include those risks that are inherently high for the industry or are a known concern to Valleywise Health.



# Example Residual “Net” Risk Map



# Internal Audit

# Internal Control

- In 2013, the **Committee of Sponsoring Organizations of the Treadway Commission (COSO)** updated their model for evaluating internal controls.
- This model has been adopted as the generally accepted framework for internal control.
- The COSO model defines internal control as: a process, effected by an entity's board of directors, management and other personnel, designed to provide "reasonable assurance" regarding the achievement of objectives in the following categories:
  - Effectiveness and efficiency of operations
  - Reliability of financial reporting
  - Compliance with applicable laws and regulations



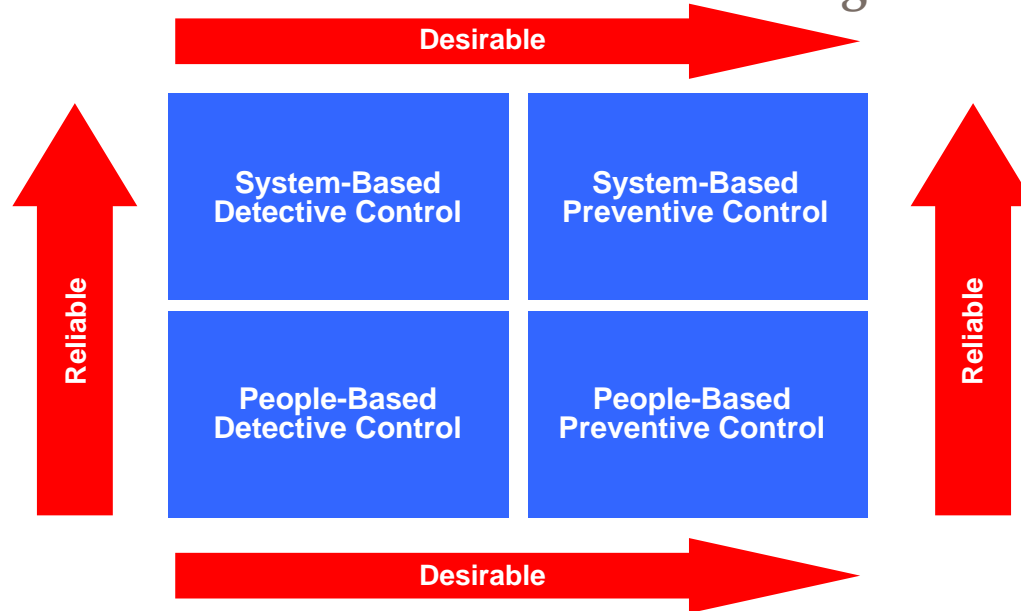
# Types of Internal Controls

- **Preventive** - controls that prevent the loss or harmful event from occurring.
  - Segregation of duties minimizes the chance an employee can issue fraudulent payments (i.e. one person submits a payment request, but a second person must authorize it).
- **Detective** - controls that monitor activity to identify instances where practices or procedures were not followed.
  - An exception report that detects and lists incorrect or invalid entries or transactions.
- **Corrective** - controls that restore the system or process back to the state prior to a harmful event.
  - A full restoration of a system from backup tapes after evidence is found that someone has improperly altered the payment data.

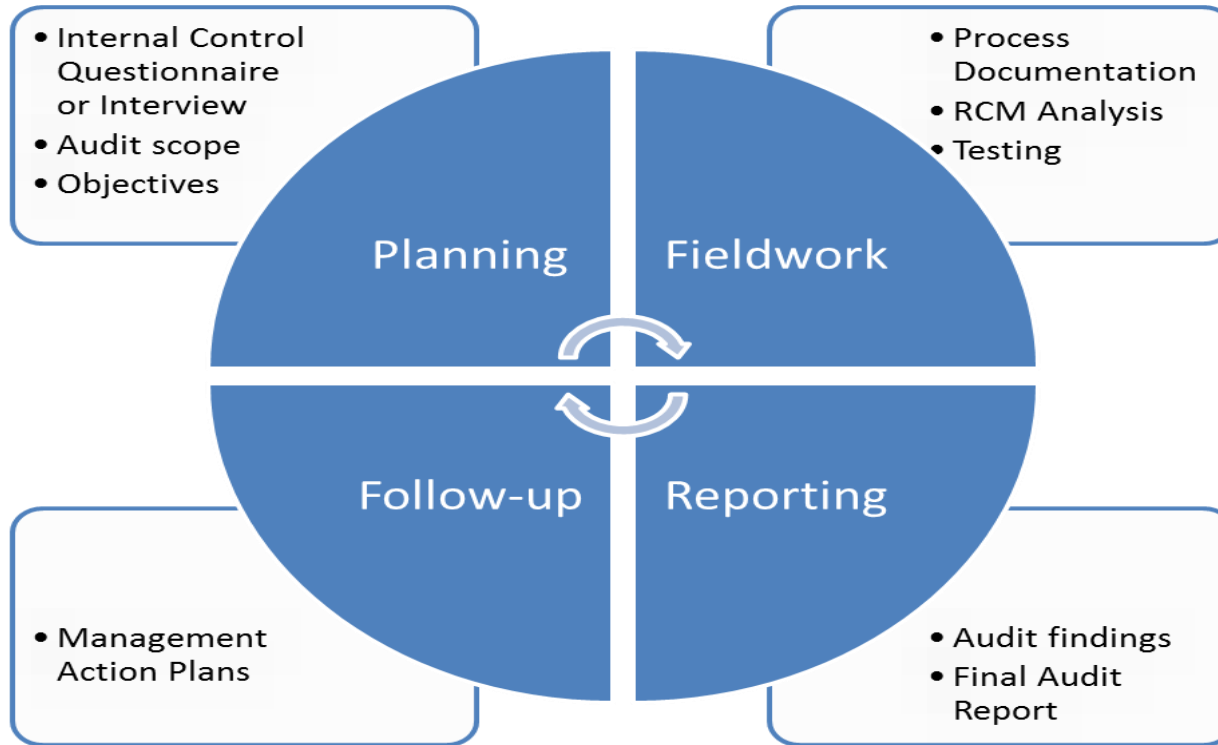
## Determine Controls that Mitigate Risks

**CONTROL** / kun-'trol (*noun*): to reduce the incidence or severity of, especially to innocuous levels.

### Control Types Evaluate Controls Design



# The Internal Audit Process



# Compliance Program and Code of Conduct and Ethics

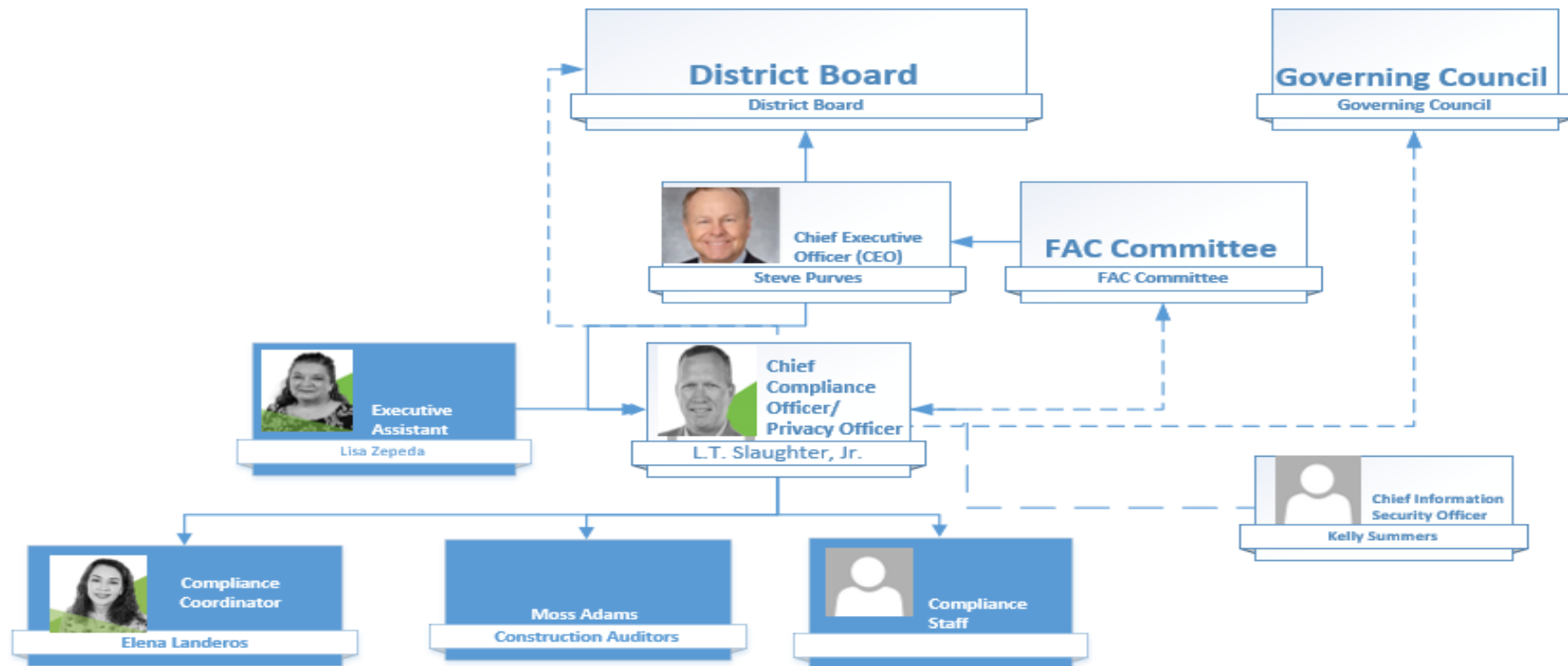


# Valleywise Health's Compliance Plan

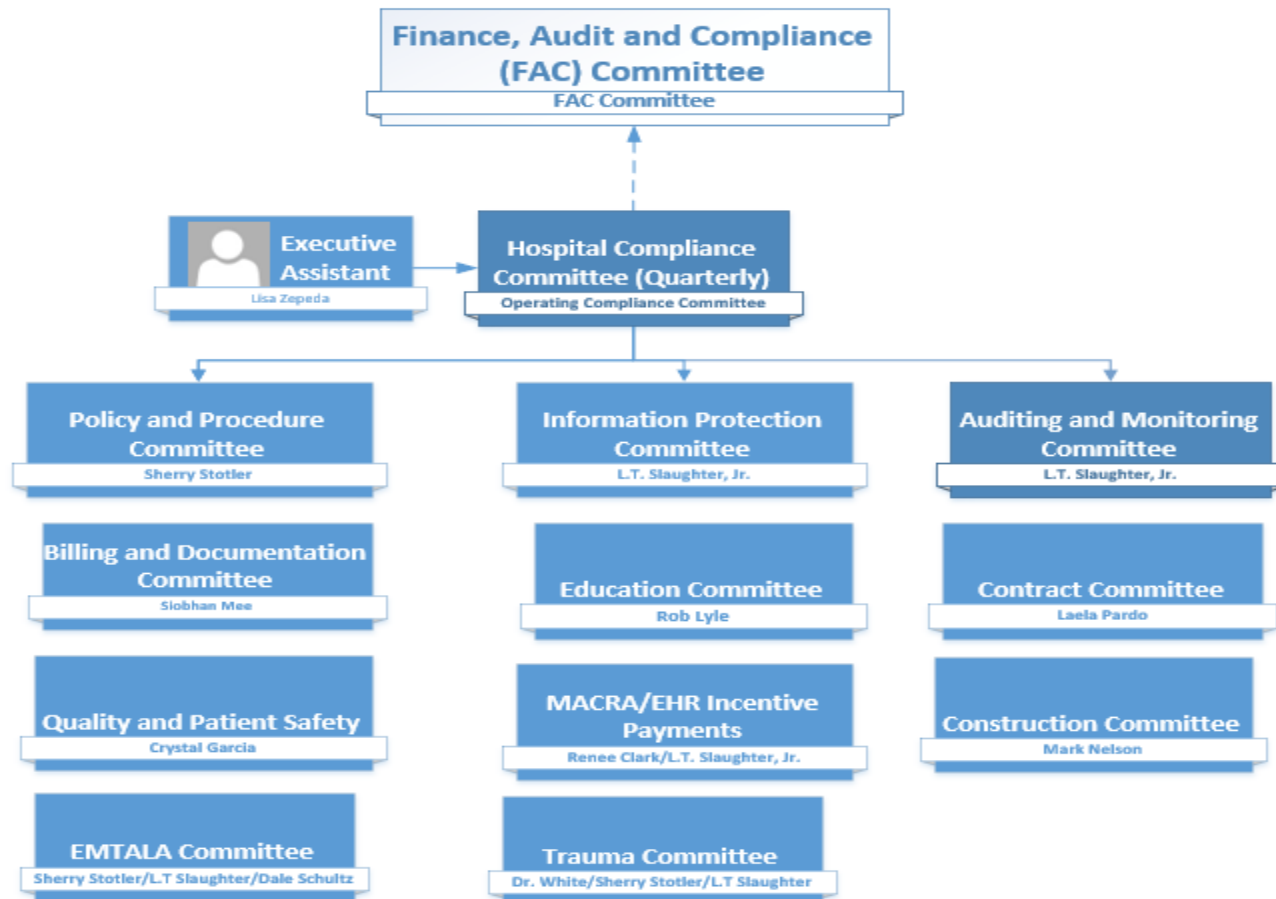
To help the organization follow rules and be ethical, the Office of Inspector General (OIG) has listed seven elements that facilities should include in their corporate compliance plan. Valleywise Health has used the OIG's guideline as a model, and it is the responsibility of all employees to understand ours



# Valleywise Health Compliance Department Organization Chart and Reporting Structure



## Valleywise Health Compliance Committee Structure



# Element One: Code of Conduct and Ethics (“The Code”) and Policies and Procedures

## THE CODE

*“The Code” has been adopted by Valleywise Health to provide standards by which the Board of Directors, employees, officers, medical staff and agents will conduct themselves to protect and promote organization-wide integrity and to enhance Valleywise Health’s ability to achieve its organizational mission.”*

## *Policies and Procedures*

*All policies and procedures are located on the Vine and are contained in Compliance 360 (our online policy and procedure management system).*

Compliance 360° Policies/Forms

# Valleywise Health

## Code of Conduct and Ethics

### 2023\*

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Dept. \_\_\_\_\_

\*We are requesting that you sign this today

# Standards of Conduct and Ethics – “THE CODE”



- T - **Treat** all Patients with respect and dignity – Providing High Quality Services
- H - **Healthcare** Legal and Regulatory Compliance – Full Compliance with applicable laws.
- E - Avoid **Every** Conflict of Interest – maintain a duty of loyalty to Valleywise Health
  
- C - Relationships with Payers and Government - Satisfy the **Conditions** of Payment Required to Payers
- O – **Oversight** of Relationships with Physicians and other Providers
- D - Respect for Our Culture – Recognize our **Diverse** workforce
- E – **Electronic** Information Systems – Information is used appropriately and safeguarded zealously.

# E AVOID **EVERY** CONFLICT OF INTEREST

We maintain the highest standard of integrity and objectivity in dealing with suppliers and service providers. We are prohibited from accepting or giving gifts or tips. Under no circumstances will we accept or give kickbacks in return for improperly obtaining, influencing or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.



# Board Conflict of Interest



Policy #: 01291 S

Policy Title: Compliance: Conflicts of Interest and Gift Policy

## **II. THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD OF DIRECTORS CONFLICT OF INTEREST AND GIFT POLICY**

The Maricopa County Special Health Care District Board of Directors shall comply with all federal and state conflict of interest laws, including but not limited to the provisions **of A.R.S. § 38-501** et. seq. in addition, any such person who has such a conflict of interest shall make such conflict known to the Clerk of the Board, and it shall be recorded in the meeting minutes, and in the conflict of interest disclosure file maintained by the Clerk of the Board. Such person shall refrain from voting upon or participating in any such matter. If, at any time a Board member develops a potential conflict of interest, such potential conflict shall be disclosed to the Clerk of the Board. Any Board member may consult Board Counsel to resolve any possible conflict of interest question.



## Element Two: Oversight & Accountability - Chief Compliance Officer

Valleywise Health has designated **L.T. Slaughter, Jr.** to be the **Chief Compliance Officer**. You can reach him directly at (602) 344-5915 or submit a questions through the Vine at “ask the Compliance Officer”.



## Element Three: Effective Training

*We provide all new hires and existing employees as well as medical staff, residents, contractor and other agents APEX computerized training for the annual requirement. We will also be issuing awareness trainings that will cover compliance, privacy and IT security topics. Lastly, we have developed specific resources, tools and reference materials that are available in the Compliance page of the Vine.*

*What if training is not completed?*

*If the required training is not completed by year-end, then there are disciplinary policies and procedures for employees, medical staff, residents, contractor and other agents.*

*We achieved 99% (rounded) completion rate in FY2017 through FY2022 (all physicians, courtesy, residents, agents and employees ....over 4,100 individuals )*



## Element Four: Lines of Communication

The Compliance Hot Line (Ethics Line) is intended to supplement existing internal communication channels. It is not intended to replace your management team, senior management or other corporate resources. The Compliance Hot Line (Ethics Line) is available when you believe that you have exhausted normal Valleywise Health channels or feel uncomfortable about bringing an issue to your supervisor or a higher-level supervisor.

The Compliance Hot Line (Ethics Line) is available 24 hours a day, seven days a week.

1-866-333-6447



# Element Five: Policies, Procedures and Disciplinary Guidelines

*We have a progressive disciplinary policy provided by Human Resources. This policy is available on the Vine and in Compliance 360 our online policy and procedure portal.*

*"We have a zero tolerance for non-compliance".*

*Steve Purves President and CEO*

*L.T. Slaughter, Jr., Chief Compliance Officer*

Compliance **360**<sup>®</sup>

## Element Six: Auditing and Monitoring

*We utilize a risk-based auditing and monitoring approach. We focus on the highest risks and also implement monitoring tools throughout the organization to provide a span on controls and to identify issues as quickly as possible.*



## Element Seven: Corrective Actions

*When an issue has been identified, the Compliance Department will work closely with management to recommend corrective action and may assist with the implementation of the plan and future monitoring for effectiveness.*



# Element Eight: Monitoring Effectiveness of the Plan

*The Finance, Audit and Compliance (FAC) Committee monitors the effectiveness of the internal audit and compliance program. They report their findings to the CEO quarterly and this get reported to the Board of Directors.*



# Audit and Compliance Plan Examples



# FY2023 Compliance Work Plan – Example

The FY2023 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY 2023 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
<b>Risk Assessment and Selection Q1</b>						
CQ1.1 Trauma - ACS Verification/AZ State Certification (R2)	Q1	150 Hours	Weekly meetings to prepare for the Trauma Reverification.	On-going	5	3.5
CQ1.2 Behavioral Health - Timed Out Patients/Monitoring of Patients (OBSERV Smart Implementation) (R3)(R16)	Q1	100 Hours	Monitoring implementation	On-going	5	3.5
CQ1.3 Telehealth and E&M Compliance Training (R4)(R17)(R19)	Q1	100 Hours	Completed primary care and OB training.	Completed	5	3
CQ1.4 Public Information Requests (R13)	Q1	75 Hours	Reviewed the VWH policies on public information requests.	Completed. Recommending education to management staff.	5	3
<b>Risk Re-assessment and Selection Q2</b>						
CQ1.1 Trauma - ACS Verification/AZ State Certification (R2)(R19)	Q2	150 Hours	Completed	Successful ACS review.	5	2
CQ2.2 Violent Patients/Active Shooter/Infant Abduction/SDI Center (R7)	Q2	100 Hours	Completed	Completed the yellow belt project	5	3
CQ2.3 Accounts Receivable Valuations and Burn Cases/External Referrals (R4)(R19)(R20)	Q2	100 Hours	On-going	On-going external referral monitoring	5	4

. ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

Medicare PPS – Medicare Prospective Payment System – A fixed based Medicare payment model.

MACRA – The Medicare Access and CHIP Reauthorization Act – Created a quality payment program.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

# FY2023 Internal Audit Work Plan - Example

The FY2023 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2023 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
<b>Risk Assessment and Selection Q1 (Current State Assessment)</b>						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R6)	Q1	100 Hours	Monitoring the documentation with the Director Financial and Operation Planning and are monitoring the high-risk areas.	On-going	5	2
IQ1.2 Privacy - Media and External Providers (R8)	Q1	150 Hours	Conducted a review of the Media and Marketing Department. Discussed and reviewed the relevant HIPAA regulations.	Completed	5	3
IQ1.3 DMG Contract Review (R5)	Q1	150 Hours	Monitoring the DMG agreement and reconciliations. Reviewing futures structures.	On-going	5	3
<b>Risk Re-assessment and Selection Q2</b>						
IQ2.1 Grants and Research Reviews (R14)	Q2	100 Hours	Completed Exclusion Checking for Grants	Completed	5	2
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R6)	Q2	100 Hours	On-going monitoring	Completed	5	2
IQ2.3 EMTALA/Dedicated Emergency Departments and Maryvale Configuration (R10) (R16)	Q2	100 Hours	On-going monitoring	Completed	5	3
IQ2.4 Business Continuity Assessment and SAFER Guidelines (R9)	Q2	100 Hours	Completed SAFER guidelines	Completed	5	2

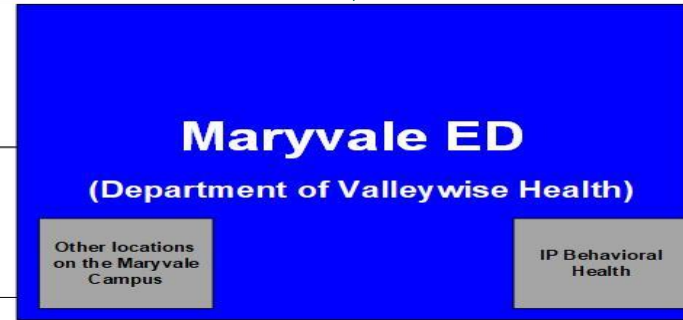
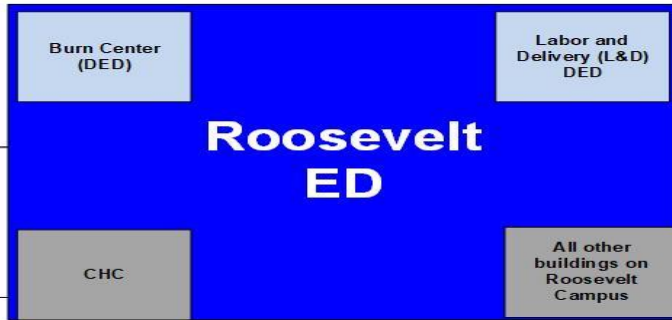
# Compliance Regulations and Other Key Issues


# The Emergency Medical Treatment and Labor Act (EMTALA), is also known as the Patient Anti-Dumping Law.

- ☐ All clinical facilities must meet or exceed the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) in providing emergency medical treatment to all patients
- ☐ When an individual arrives alone or with another person at a clinical facility, and a request is made on the individual's behalf for a medical examination or for treatment, a clinical facility must provide for an appropriate medical screening examination within the capability of the facility's emergency department, to determine whether an emergency medical condition exists, or with respect to a pregnant woman having contractions, whether the woman is in labor.
- ☐ The facility must not delay an examination or treatment to inquire about the method of payment or the individual's insurance status
- ☐ If a medical emergency exists, or a woman is in labor, the clinical facility must treat and stabilize the patient before transferring to another facility.

# The Emergency Medical Treatment And Labor Act (EMTALA), is also known as the Patient Anti-Dumping



## 20.0 Valleywise Health EMTALA Responsibilities



-  Dedicated Emergency Department (DED) with EMTALA Responsibilities
-  EMTALA Responsibilities
-  250 Yard Rule on Presenting to the ED

# Emergency Medical Treatment and Labor Act (EMTALA)

- **The Emergency Medical Treatment and Labor Act (EMTALA) is triggered when one of two events occur:**

1. **Patient Presents:** Individual comes to the 1) **Maryvale ED** 2) **Roosevelt ED or to our Dedicated Emergency Departments (DED) at Roosevelt Campus (i.e., Burn and Labor & Delivery)** or 3) **on the either campus/property** and a request is made for examination/treatment for an emergency medical condition ("EMC") (or based on appearance, prudent layperson observer would believe individual needs an exam); or 
2. **Transfer Requested:** A transfer request is made for an unstable ED patient where the transferring hospital lacks specialized capability or capacity to treat individual at the time of the request and the recipient hospital has capability and capacity to treat at the time of the request. 

# Emergency Medical Treatment and Labor Act (EMTALA)

- **1) INDIVIDUAL PRESENTS:**

- **1.1) LOG**

- **1.2) SCREEN**

- **1.3) STABILIZE**

- **(EVERY INDIVIDUAL EVERY TIME)**





# Fraud, Waste and Abuse:





*Pete Stark –  
CA Congressman*

## Stark Law – known as “Physician Self Referral Law”

Enacted 1992

- ❑ Physician may not make a referral to an entity for which Medicare payment may be made if the physician or an immediate family member that has a financial relationship with the entity
- ❑ Can be liable for civil penalties of up to **\$15,000**
- ❑ **3 X, the amount of improper payment** received from the Medicare program;
- ❑ Exclusion from the Medicare / Medicaid programs
- ❑ Payment of civil penalties of up to **\$100,000** for each circumvention scheme.

# Laws and Statutes

## The Anti-Kickback Statute – Enacted 1987

- ❑ Prohibits making or accepting payment to induce or reward for referring, recommending or arranging for the purchase of any item for which payment may be made under a federally-funded health care program.
- ❑ Prohibits outright bribes, offering inurement or remuneration when its purpose is the inducement of a physician to refer patients for services or Research Studies that will be reimbursed by a federal healthcare program.
- ❑ Both sides of an impermissible kickback relationship are liable
- ❑ Violations can lead to criminal and civil penalties.



# False Claims Act (Lincoln's Law)



## Enforcement

Imposes liability on persons and companies who defraud government programs

- ❑ Results in both criminal and civil liabilities
- ❑ 7 types of misconduct
- ❑ Knowledge requirement
- ❑ **"Deliberate Ignorance"**, and **"Reckless Disregard"**, increased civil fines, increased rewards for whistleblowers, employment protection.

## Examples of False Claims

- ❑ Billing for a service that was not medically necessary
- ❑ Billing and inflating costs in order to be reimbursed
- ❑ Billing for services that are research-only services
- ❑ Billing Medicare or Medicaid for services that are paid for by the Study Sponsor

# FCA Implications

What could be the impact on the hospital?

- ❑ Criminal & Civil Liability\*
- ❑ Cost associated with investigating the alleged fraud
- ❑ Impact to revenue
- ❑ Damaged reputation
- ❑ Corporate Integrity Agreement

An agreement usually for 5 years with strict audit, reporting and compliance program activities must be conducted – strictly monitored by Office of Inspector General

**\*Any person knowingly submits false claims is liable for treble damages and penalties per claim from \$5,000 to \$11,000**



# Deficit Reduction Act (DRA)

## Deficit Reduction Act of 2005 (signed 2006) and the Employee Whistleblower Protection 2013

- ☐ Requires we teach about whistleblowing, includes employees may not be demoted, discriminated against or discharged for disclosing information.
- ☐ The DRA is driven by amount of Medicaid dollars.
- ☐ **5 million dollars** or more in a given period in a calendar year
- ☐ Requires whistleblower to have followed internal reporting process
- ☐ NOTE: We were audited by AHCCCS in FY 2019 and they found we were 100% compliant.



# From the Office of Inspector General (2021-2022) Example Cases

## **Medical Equipment Company Owners Sentenced to More Than 12 Years for \$27 Million Fraud Scheme (December 2021)**

A Texas woman and an Austrian national were sentenced yesterday to 151 months in prison for a \$27 million Medicare kickback conspiracy.

## **Lab Owner Pleads Guilty to \$6.9 Million Genetic Testing & COVID-19 Testing Fraud Scheme (Jan 2022)**

A Florida man pleaded guilty today in the Southern District of Florida to a \$6.9 million conspiracy to defraud Medicare by paying kickbacks and bribes to obtain doctors' orders for medically unnecessary lab tests that were then billed to Medicare.

# Deficit Reduction Act Policy 01111S



We were audited by AHCCCS in 2019 and 2021 and achieved a 100% compliance rating.

**Effective Date:** 10/06

**Reviewed Dates:** 11/11, 11/17, 09/18

**Revision Dates:** 02/08, 01/10, 06/15, 09/15, 11/17

**Policy #: 01111 S**

**Policy Title: Compliance: False Claims Act**

**Scope:** ☐ District Governance (G)  
☒ System-Wide (S)  
☐ Division (D)  
☐ Multi-Division (MD)  
☐ Department (T)  
☐ Multi-Department (MT)

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## **Purpose:**

The purpose of this policy is to provide guidance to personnel, including employees, Medical Staff, contractors, and agents ("Personnel"), on the False Claims Act; the Administrative Remedies under the Act; and the legal protection under Federal/State law(s) given to personnel who report incidents of false claims to regulatory agencies ("whistleblower protection"), as required by the Deficit Reduction Act of 2005.



# **HIPAA Privacy and Security**

# Privacy vs Security

The **privacy** rules identify **what information** is protected. They also define **when and how** that information may be used or disclosed. The **security** rules identify **steps to take to secure PHI** that is in **electronic** format. These rules help to make sure processes are in place to protect the information covered by the privacy rules.

# Respect of the Patient's Health Information (PHI)

Eight main areas to watch out for at Valleywise Health:

1. **E-MAILS and TEXTING** – E-mailing or texting unencrypted PHI or clicking inappropriate links.
2. **PHI ON DEVICES** - Unencrypted Devices with PHI – Loss of thumb drives, computers, cell phones, etc.
3. **PICTURES AND VIDEOS**- Taking Pictures of PHI with a non-Valleywise Health camera.
4. **SOCIAL NETWORKS** – Posting information on social networks.
5. **FAXES** (make sure you verify the number).
6. **TRASH** (do not throw away IV bags, stickers, etc. with patient identifiers on them).
7. **DISCUSSION WITH PEERS or PATIENTS** (Peers - Dining Room, elevators, home, etc. – Patients - Inappropriate Setting.)
8. **MAILING/PROVIDING CORRESPONDENCE** - Providing patients with paperwork related to their care.



# Breach and Obligations

Where a covered entity knows of a material breach or violation by the business associate of the contract or agreement, the covered entity is required to take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, to terminate the contract or arrangement.

If termination of the contract or agreement is not feasible, a covered entity is required to report the problem to the Department of Health and Human Services (HHS) Office for Civil Rights (OCR)



## VALLEYWISE HEALTH'S PROACTIVE RESPONSE:

- ✓ Implemented a Compliance Program (Seven Elements)
- ✓ Keep in motion!
- ✓ Risk Management Plan (Risk Assessment)
- ✓ Compliance and Internal Audits
- ✓ Policies and Procedures Reviews
- ✓ Education Training General and Specific
- ✓ Designate a Compliance Officer, Privacy Officer and Information Security Officer
- ✓ Discipline and Corrective Actions
- ✓ Communication and Team Work
- ✓ Expect to be Excellent!

# Questions?







# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 6.

Valleywise Health Code of  
Conduct and Ethics





**Maricopa County Special Health Care District**  
**Code of Conduct and Ethics**  
**2023**

**Summary of Approvals**

**Approval Signatures:**

A handwritten signature in blue ink, reading "Mary Rose Garrido Wilcox", written over a horizontal line.

Chairman, Board of Directors  
Maricopa County Special Health Care District

November 22, 2022

Date

A handwritten signature in black ink, reading "Steven A. Duran", written over a horizontal line.

President and Chief Executive Officer  
Valleywise Health

November 22, 2022

Date

A handwritten signature in black ink, reading "L.T. Slawter", written over a horizontal line.

Chief Compliance Officer  
Valleywise Health

November 22, 2022

Date

## **Code of Conduct and Ethics**

### **Effective November 22, 2022**

#### **I. PURPOSE**

This Code of Conduct and Ethics (Code) has been adopted by the Maricopa County Special Health Care District d/b/a Valleywise Health to provide standards by which the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff and agents will conduct themselves to protect and promote organization-wide integrity and to enhance Valleywise Health's ability to achieve its organizational mission. The Code is intended to serve as a guide to assist the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff, and agents to make sound decisions in carrying out their day-to-day responsibilities.

#### **II. RESPONSIBILITIES UNDER THE CODE OF CONDUCT and ETHICS**

##### ***Who must comply with the District's Code of Conduct and Ethics?***

The Code applies to all members of the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff, agents of Valleywise Health and Valleywise Health's Business Partners. Valleywise Health recognizes the different missions and services that each Business Partner provides in developing policies and procedures to achieve the standards and goals set forth in the Code while maintaining each Business Partners unique mission and services.

##### ***What are your responsibilities as a Valleywise Health employee with regard to the Code of Conduct and Ethics?***

*Foster and support an atmosphere of compliance by:*

- Reading the Standards of Conduct and Ethics contained in the Code and think about their application to your work. You should have a basic understanding of issues covered by each Standard and the supplemental compliance policies that apply to your job function.
- Seeking assistance from your supervisor(s), the Administration, the Chief Compliance Officer, the General Counsel or other Valleywise Health leadership resources when you have questions about the application of the standards and other Valleywise Health policies to your work.
- Understanding the numerous options that Valleywise Health makes available to you for raising conduct or ethical concerns and promptly raise such concerns. You should raise such concerns with your immediate supervisor or Valleywise Health's Chief Compliance Officer or its General Counsel. If you prefer to raise your concerns anonymously, call the Valleywise Health Compliance Hotline Line 1-866-333-6447 and/or you can file a concern on the Valleywise Health website under "Report a Compliance Concern".
- Cooperating in Valleywise Health's investigations concerning potential violations of law, government payer regulations and rules, the Code, the Valleywise Health Compliance Program and Valleywise Health's policies and procedures.
- Completing all required compliance training.

- Understanding that accessing their personal health information (PHI) in EPIC would be a violation of our privacy policies. Employees should only use MyChart to access their PHI. Additionally, employees should not access relatives or anyone else's PHI where they are not involved in their care (See Policy 01261 S).

***What are your responsibilities as Valleywise Health's officers, managers and other supervisors?***

*Build and maintain a culture of compliance by:*

- Leading by example, using your own behavior as a model for all employees.
- Knowing, understanding and following the statutes, rules and regulations that govern your area(s) of responsibility.
- Encouraging employees to raise conduct and ethical questions and concerns.
- Ensuring that all employees, volunteers and contractors complete all required compliance training.

*Prevent compliance problems by:*

- Identifying potential compliance risks and proposing appropriate policies, procedures and actions to address such risks.
- Identifying employees whose activities involve issues covered by Valleywise Health's policies and procedures.
- Providing education, role playing and counseling to assist employees to understand the Code, Valleywise Health policies and procedures and applicable law, and government payer regulations and rules.

*Detect compliance problems by:*

- Maintain appropriate controls to monitor compliance and mechanisms that foster the effective reporting of potential compliance issues.
- Promoting an environment that permits employees to raise concerns without fear of retaliation.
- Arranging periodic compliance reviews that are conducted with the assistance of the Valleywise Health Chief Compliance Officer to assess the effectiveness of Valleywise Health's compliance measures and to identify methods of improving them.

*Respond to compliance problems by:*

- Pursuing prompt corrective action to address weaknesses in compliance issues.
- Applying corrective action(s) and disciplinary plans when necessary.
- Consulting with Valleywise Health's Chief Compliance Officer so that compliance issues are

promptly and effectively addressed.

***What are your responsibilities as the District's Board of Directors or as Valleywise Community Health Centers Governing Council Members?***

*Build and maintain a culture of compliance by:*

- Reading the Standards of Conduct and Ethics contained in the Code, thinking about them and their application to your work.
- Leading by example, using your own behavior as a model for others.
- Making decisions that are in the best interest of Valleywise Health and that are not affected by conflicts of interest.
- Being knowledgeable about the Valleywise Health Compliance Program and exercise governance and oversight over it.
- Requiring appropriate reports from management concerning the status of the Valleywise Health Compliance Program, the resources required to maintain its vitality and Valleywise Health's response to identified compliance deficiencies.
- Receiving and acting on compliance issues, upon advice from management, including Valleywise Health's Chief Executive Officer, General Counsel, and Chief Compliance Officer.
- Assuring that the Compliance Program is free from undue restraints and influences through direct reporting by the Chief Compliance Officer to the Board of Directors regarding compliance issues that promote the integrity of the Compliance Program and raising any concerns with the Chief Compliance Officer or General Counsel.
- Maintaining the confidentiality of all compliance-related information provided to them, subject to the requirements of applicable law.
- Complete required compliance training.

***What are your responsibilities as medical staff?***

*Assist Valleywise Health to foster an atmosphere of compliance by:*

- Reading the Standards of Conduct and Ethics contained in the Code and think about their application to your work. You should have an understanding of issues covered by each Standard and the supplemental compliance policies that apply to the services you furnish to Valleywise Health and our patients.
- Actively participating in compliance activities as requested by Valleywise Health's administration.
- Maintaining the confidentiality of information provided to you relating to compliance issues.

- Assisting Valleywise Health in identifying possible compliance issues and in developing possible solutions to address those issues.
- Understanding the various options that Valleywise Health makes available for raising conduct or ethical concerns and promptly raise such concerns. You should raise such concerns with Valleywise Health's Chief Compliance Officer or General Counsel. If you prefer to raise your concerns anonymously, call the Valleywise Health Compliance Hotline 1-866- 333-6447 and/or you can file a concern on the Valleywise Health website under "Report a Compliance Concern".
- Cooperating in Valleywise Health investigations concerning potential violations of law, the District's Code of Conduct and Ethics, the Valleywise Health Compliance Program and Valleywise Health's policies and procedures.
- Completing required compliance training.
- Understanding that accessing their personal health information (PHI) in EPIC would be a violation of our privacy policies. Medical Staff should only use MyChart to access their PHI. Additionally, Medical Staff should not access relatives or anyone else's PHI where they are not involved in their care (See Policy 01261 S).

***What are your responsibilities as agents and other committee members?***

*Agents are responsible to participate in the Valleywise Health compliance program by:*

- Understanding and applying the Standards of Conduct and Ethics contained in the Code and think about their application to the services you furnish to Valleywise Health. You should have an understanding of issues covered by each standard and the supplemental compliance policies that apply to the services you furnish to Valleywise Health.
- Actively participating in compliance activities, such as education, role playing and training, as requested by Valleywise Health.
- Understanding the various options that Valleywise Health makes available for raising conduct or ethical concerns and promptly raise such concerns. You should raise such concerns with Valleywise Health's Compliance Officer or General Counsel. If you prefer to raise your concerns anonymously, call the Valleywise Health Compliance Hotline 1-866-333-6447 and/or you can file a concern on the Valleywise Health website under "Report a Compliance Concern".
- Cooperating in Valleywise Health investigations concerning potential violations of law, the District Code of Conduct and Ethics, the Valleywise Health Compliance Program and Valleywise Health policies and procedures.
- Completing required compliance training.

### ***How May the Code of Conduct and Ethics Be Revised?***

This Code may be amended, modified, or waived only after a review by the Chief Executive Officer and the approval of the District Board of Directors.

### ***How Frequently will the Compliance Program Be Reviewed?***

The Compliance Program (including the Code of Conduct and Ethics) will be reviewed annually by the Finance, Audit & Compliance Committee to foster its effectiveness and at such times when changes to it are necessitated by changes in laws and regulations applicable to Valleywise Health. Suggested changes to the Valleywise Health Compliance Program will be presented to the District Board of Directors for approval.

## **III. STANDARDS OF CONDUCT AND ETHICS**

***Patient Relationships: We are committed to providing a high quality of healthcare and services to our patients, their families, visitors and the community. We treat all patients with respect and dignity and provide care that is necessary and appropriate.***

### **Principles:**

- We will recognize the right of our patients to receive quality and appropriate services provided by competent individuals in an efficient, cost effective and safe manner.
- We will continually monitor the clinical quality of the services we provide and will endeavor to improve the quality of the services provided.
- We will support every patient's right to be free from all types of abuse and will not tolerate patient abuse in any form.
- We will apply our admission, treatment, transfer and discharge policies equally to all patients based upon identified patient needs and regardless of a patient's ability to pay.
- We will listen to our patients, families and visitors to understand any concerns or complaints and will involve patients in the decision-making process about their care.
- We will demonstrate our commitment to patient safety by continuously reviewing systems, processes and policies to detect and prevent medical errors.
- We will provide treatment and medical services in accordance with the U.S. Equal Employment Opportunity Commission (EEOC) and the protected discrimination types, such as age, disability, equal pay/compensation, genetic information, harassment, national origin, pregnancy, race/color, religion, retaliation, sex, sexual harassment, sexual orientation and gender identity.
- We will remain sensitive to our position as a regional leader in tertiary and specialty care and research, and to our consequent obligation as a health care leader to all segments of our community.

- We will maintain policies and procedures (i.e., EMTALA policies ) to complete logging in the central log, performing a medical screening exam and stabilizing all patients presenting to our Emergency Department (ED) [i.e., Roosevelt (including trauma) and Maryvale] and at our Dedicated Emergency Departments (DED) [i.e., Burn, Labor and Delivery].
- We will fully and fairly evaluate requests to transfer patients to our care from our colleagues and providers in outlying areas and will accept such transfers as clinically appropriate (i.e., EMTALA transfers-in). Additionally, we will fully and fairly transfer patients to external entities (i.e., EMTALA transfers-out) as clinically appropriate as directed by our physician staff.
- We will maintain licensure and credentialing standards to further the provision of clinical services by properly trained and experienced practitioners.
- We will perform background checks of existing and potential Valleywise Community Health Centers Governing Council members, other Valleywise Health committee members (as appropriate) employees, medical staff members, contractors, agents, and consultants to verify credentials and to assess whether such individuals and entities have ever been excluded from participation in any of the federal or state health care programs, including the Medicare, Medicaid, and AHCCCS programs.
- We will respect the privacy of our patients, and we will treat all patient information with confidentiality, in accordance with all applicable laws, regulations and professional standards.

***General Legal and Regulatory Compliance: Valleywise Health will continuously and vigorously promote full compliance with applicable laws.***

Principles:

- We will continuously study our legal obligations and create policies and procedures that facilitate compliance by our District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff and agents with such legal obligations.
- We will recognize the critical role of research in improving the health status of our community, and we are committed to conducting all research activities in compliance with the highest ethical, moral, and legal standards.
- We will engage in open and fair competition and marketing practices, based on the needs of our community and consistent with the furtherance of our mission.
- We will treat our employees with respect and will engage in human relations practices that promote the personal and professional advancement of each employee.
- We will recognize that our employees work in a variety of situations and with a variety of materials, some of which may pose a risk of injury. We are committed to providing a safe work environment and will maintain and monitor policies and procedures for workplace safety that are designed to comply with federal and state safety laws, regulations, and workplace safety directives.



- We will recognize that the provision of health care may in some instances produce hazardous waste products or other risks involving environmental impact. We are committed to compliance with applicable environmental laws and regulations and will follow proper procedures with respect to handling and disposing of hazardous and bio-hazardous waste.
- We will expect our Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff and agents to understand the basic legal obligations that pertain to their individual job functions or services they furnish to Valleywise Health and our patients, and will require that they strive to make certain that their decisions and actions are conducted in conformity with such laws, regulations, policies and procedures.
- We will support educational and other training sessions to teach the District's Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, and as warranted medical staff and agents, about the impact of the law on their duties and to promote compliance with our collective legal obligations.
- We will support and maintain multiple resources for District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff and agents to voice any questions about the proper interpretation of a particular law, regulation, policy or procedure.

***Avoidance of Conflicts of Interest: District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff, agents and other committee members maintain a duty of loyalty to Valleywise Health and to all of the citizens of Maricopa County and, as a result, must avoid any activities that may involve (or may appear to involve) a conflict of interest or that may influence or appear to influence the ability of the District Board member, Valleywise Health Centers Governing Council member, employee, officer, medical staff member, agent and other committee members to render objective decisions in the course of their job responsibilities, or other services they furnish to Valleywise Health.***

Principles:

- We will maintain policies and procedures that make clear when an individual's private interests may inappropriately interfere with Valleywise Health's interests; and will provide support through which the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, officers, medical staff, agents, and other committee members may pose questions about whether a particular activity or relationship could be construed as a conflict of interest or otherwise improper.
- We will articulate expectations of the conduct that must be demonstrated by the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members in the performance of services for Valleywise Health and will require that such individuals remain free of conflicts of interest in the performance of their responsibilities and services to Valleywise Health.
- The Valleywise Health Conflicts of Interest and Gift Policy establishes the policy and procedure for the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members to evaluate, analyze, and properly remediate potential and apparent conflicts of interest.



- We will require the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members to inform Valleywise Health of personal business ventures and other arrangements that could be perceived as conflicts of interest and will provide for policies and procedures for doing so.
- We will not permit the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members to use any proprietary or non-public information acquired as a result of a relationship with Valleywise Health for person gain or for the benefit of another business opportunity.
- We will render decisions about the purchase of outside services and goods based on the supplier's ability to best satisfy Valleywise Health's needs and not based on personal relationships.
- District Board of Directors, Valleywise Community Health Centers Governing Council members, Valleywise Health officers, management, and employees shall not use their official position for personal gain. Public influence and confidential or "inside" information must never be used for personal advantage. Conflict of interest laws, A.R.S. § 38-501 *et. seq.* must be scrupulously observed. The conflict of interest laws prohibit participation by public officers, elected officials, management, or employees in a decision or contract in which they have a direct or indirect pecuniary or proprietary interest.

***Relationship with Payers: Valleywise Health will consistently strive to satisfy the conditions of payment required by the payers with which Valleywise Health transacts business.***

- We will promote compliance with laws governing the submission and review of bills for our services and will deal with billing inquiries in an honest and forthright manner.
- We will maintain reasonable measures to prevent the submission or filing of inaccurate, false or fraudulent claims to payers.
- We will utilize systematic methods for analyzing the payments we receive and will reconcile inaccurate payments in a timely manner after discovery and review.
- When warranted, we will investigate potential or reported inaccurate billings and payments to determine whether changes to current protocol or other remedial steps are necessary.
- We will maintain documentation systems sufficient to create and maintain complete and accurate documentation of services provided.
- We will review cost reports to be filed with the federal and state health care programs to determine whether such reports accurately and completely reflect the operations and services provided to beneficiaries and to confirm that such reports are completed in accordance with applicable federal and state regulations and Valleywise Health's policies and procedures.
- We will, as necessary, rely on internal and external sources to help improve Valleywise Health's billing and coding protocol and to identify potential areas of noncompliance.

- We will compensate billing and coding staff and consultants for services rendered, in a manner that is permitted under law and will not compensate such persons in any way related to collections or maximization of revenues.

***Relationship with Physicians and Other Providers: Valleywise Health will monitor its business dealings to structure relationships in ways that satisfy the needs of the community.***

- We will maintain relationships with physicians and other referral sources based only on the needs of our community and consistent with our mission.
- We will treat referral sources fairly and consistently, and will not provide remuneration that could be considered payment for referrals, including:
  - Free or below-market rents; Administrative or staff services at no- or below-cost;
  - Grants in excess of amounts for *bona fide* research or other services rendered;
  - Interest-free loans; or
  - Gifts, “perks” or other payments intended to induce referrals.
- We will maintain policies, procedures and other protocol which require fair market value determinations for services rendered by referral sources and for services rendered by Valleywise Health.
- We will maintain procedures to require all agreements with referral sources to be reduced to writing and reviewed and approved as appropriate under law and Valleywise Health’s policies and procedures.
- We will train the appropriate personnel on the primary laws and regulations governing the referral of patients and other legal restrictions on the manner in which Valleywise Health transacts business, including the penalties that may result for violations of such laws.

***Respect for Our Culture: We recognize that a diverse workforce enriches the life experience of all employees and our community and will promote diversity consistent with Valleywise Health’s Diversity Plan.***

- We will provide equal employment opportunities to employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, political belief, age, veteran status, or disability, in accordance with applicable law.
- We will maintain policies and procedures that promote compliance with laws governing nondiscrimination in personnel actions, including recruiting, hiring, training, evaluation, transfer, workforce reduction, termination, compensation, counseling, discipline, and promotion of employees.
- We will promote diversity with respect to individuals with disabilities and will make reasonable accommodations to any individual as required by law.

- We will recognize the right of our employees to a workplace free of violence and harassment and will not tolerate any form of harassment or violence toward our employees.
- We will maintain policies and procedures that promote appropriate conduct in the workplace and prohibit unwanted or hostile interaction, including degrading or humiliating jokes, physical or verbal intimidation, slurs, or other harassing conduct.
- We will not tolerate any form of sexual harassment, either overt, such as request for sexual favors in return for promotions, or less obvious forms of harassment, such as sexual comments.
- We will maintain policies and procedures prohibiting workplace violence, including robbery, stalking, assault, terrorism, hate crimes, or violence against any employees.
- We will maintain policies, procedures, and practices prohibiting retaliation in any form for reporting.

***Information Systems: We recognize that the provision of healthcare services generates business, financial, and patient-related information that requires special protection. We will establish systems that ensure such information is used appropriately and safeguarded zealously.***

- We are committed to the security and integrity of documents and records in our possession, and will develop systems, policies and procedures sufficient to safeguard the security and integrity of our documents and records, including systems, policies and procedures to:
- Establish retention periods and protocols for business, financial, and patient records in the Valleywise Health system. We will maintain required documentation to meet all record retention standards, including but not limited to Medicare Parts A, B, C (ten years), D and Medicaid.
- Prevent the altering, removal, or destruction of records or documents except according to our records retention policy and applicable ethical and legal standards.
- Promote the accurate, thorough, detailed, and complete documentation of all business, financial, and patient transactions.
- Control and monitor access to Valleywise Health's information system, communications systems, electronic mail, internet access, and voicemail to ensure that such systems are accessed appropriately and used in accordance with Valleywise Health's policies and procedures.
- Protect the privacy and security of patient medical, billing, and claims information by maintaining sufficient physical, systemic, and administrative measures to prevent unauthorized access to or use of patient information, and to track disclosures of such information as required by law.
- Provide access to medical, billing, and claims information for our patients and their legal representatives as required by law.
- Safeguard the personal and human resources information of our employees, including salary,

benefits, medical, and other information retained within the human resources system as required by law.

#### **IV. VIOLATIONS OF THE CODE OF CONDUCT AND ETHICS**

Valleywise Health is committed to providing the District Board of Directors, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members with a means of raising questions and concerns, and reporting any conduct that the District Board member, Valleywise Community Health Centers Governing Council member, management, employee, officer, medical staff member, agent or other committee member suspects is in violation of this Code. District Board members, Valleywise Community Health Centers Governing Council members, employees, management, officers, medical staff, agents, and other committee members are expected and required to communicate any suspected, detected or reported violations of the Code to a direct supervisor, the Chief Compliance Officer, or General Counsel, as applicable. If you prefer, you can anonymously call the Valleywise Health Compliance Hotline 1-866-333-6447 and/or you can file a concern on the Valleywise Health website under “Report a Compliance Concern”. The Chief Compliance Officer will maintain primary responsibility for investigating reports received on this hotline.

The following list, while not exhaustive, describes the type of concerns and questions that you should raise with your supervisor, the Chief Compliance Officer, General Counsel or through the Valleywise Health Compliance Hotline:

- Allegations, discrimination or retaliation.
- The possible submission of false, inaccurate or questionable claims to Medicare, Medicaid, AHCCCS or any other payer.
- The provision or acceptance of payments, discounts or gifts in exchange for referrals of patients.
- The utilization of improper physician recruitment techniques under applicable law.
- Situations that could raise conflict-of-interest concerns.
- Potential breaches of confidentiality or privacy.

## PERSONAL COMMITMENT AND CERTIFICATION

I acknowledge and certify that I have received and read the Maricopa County Special Health Care District d/b/a Valleywise Health's Code of Conduct and Ethics and I understand my obligations to comply with the Code.

I agree to comply with the Maricopa County Special Health Care District d/b/a Valleywise Health's Code of Conduct and Ethics.

**Board of Directors and Valleywise Community Health Centers Governing Council:** I understand that compliance with this Code is essential to my service on the Board of Directors of the Maricopa County Special Health Care District or my service on the Valleywise Community Health Centers Governing Council. I hereby attest that I have performed my duties as a member of the Board of Directors or Valleywise Community Health Centers Governing Council in a manner consistent with the current version of the Co-Applicant Operational Arrangement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council.

**Initials:** \_\_\_\_\_

**Employees, Management, and Officers:** I understand that compliance with this Code is a condition of my continued employment. I further understand that violation of the Code of Conduct and Ethics may result in disciplinary action up to and including termination.

**Initials:** \_\_\_\_\_

**Medical Staff:** I understand that compliance with this Code is a condition to my ability to practice my profession at Valleywise Health. I further understand that violation of the Code of Conduct and Ethics may result in disciplinary action as provided in the Bylaws of the Medical Staff.

**Initials:** \_\_\_\_\_

**Agents and Other Committee Members:** I understand that compliance with this Code is a condition of my continued ability to furnish services to Valleywise Health. I further understand that violation of the Code of Conduct and Ethics may result in a termination by Valleywise Health of any relationship I have with Valleywise Health.

**Initials:** \_\_\_\_\_

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Dept: \_\_\_\_\_



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 7.

FQHC Compliance, Internal  
Audit and Ethics Line Reports

# Q2 FY2023 FQHC Compliance and Internal Audit Work Plan Update - Valleywise Health Community Health Center Governing Council



Reporting Group: Compliance and Internal Audit

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

or Elena Landeros, Compliance Coordinator

Reporting period: Q2 FY2023

Chief Compliance Officer/Privacy Officer

# Q2 FY2023 Compliance and Internal Audit Work Plan Update – FQHC

- 1.0 – Q2 FY2023 Compliance Work Plan - FQHC
- 2.0 – Q2 FY2023 Internal Audit Work Plan - FQHC
- 3.0 - Ethics Line Reports - FQHC



# 1.0 – Q2 FY2023 Compliance Work Plans – FQHC

## Data Dictionary for the Compliance and Internal Audit Work Plan

ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.  
AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

E&M – Evaluation and Management Services – Use for coding professional physician services.

HIE - Health Information Exchange – Allows access to and securely shares patient health information.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

340b – A HRSA sponsored discount drug program.

SER – Schedulable EPIC Resources

# 1.1 Q2 FY2023 Compliance Work Plan – FQHC

The FY2023 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY2023 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
<b>Risk Assessment and Selection Q1</b>						
CQ1.1 HIPAA Electronic Referrals and SER table	Q1	100 Hours	Reviewed the Health Information Exchange (HIE) and EPIC Care Everywhere processes. Monitored the direct address pilot project.	On-going	5	3.5
CQ1.2 E&M and Telemedicine Training	Q1	150 Hours	Re-trained the providers on the E&M leveling, modifiers and diagnosis codes.	Completed	5	3
<b>Risk Re-assessment and Selection Q2</b>						
CQ2.1 Women's Clinic Review and New Facilities	Q2	150 Hours	Performed FQHC walk-throughs for HIPAA controls.	On-going	5	3
CQ2.2 Resident Model Compliance	Q2	100 Hours	Resident training coordination completed	Completed	5	2

# 2.0 – Q2 FY2023 Internal Audit Work Plans – FQHC

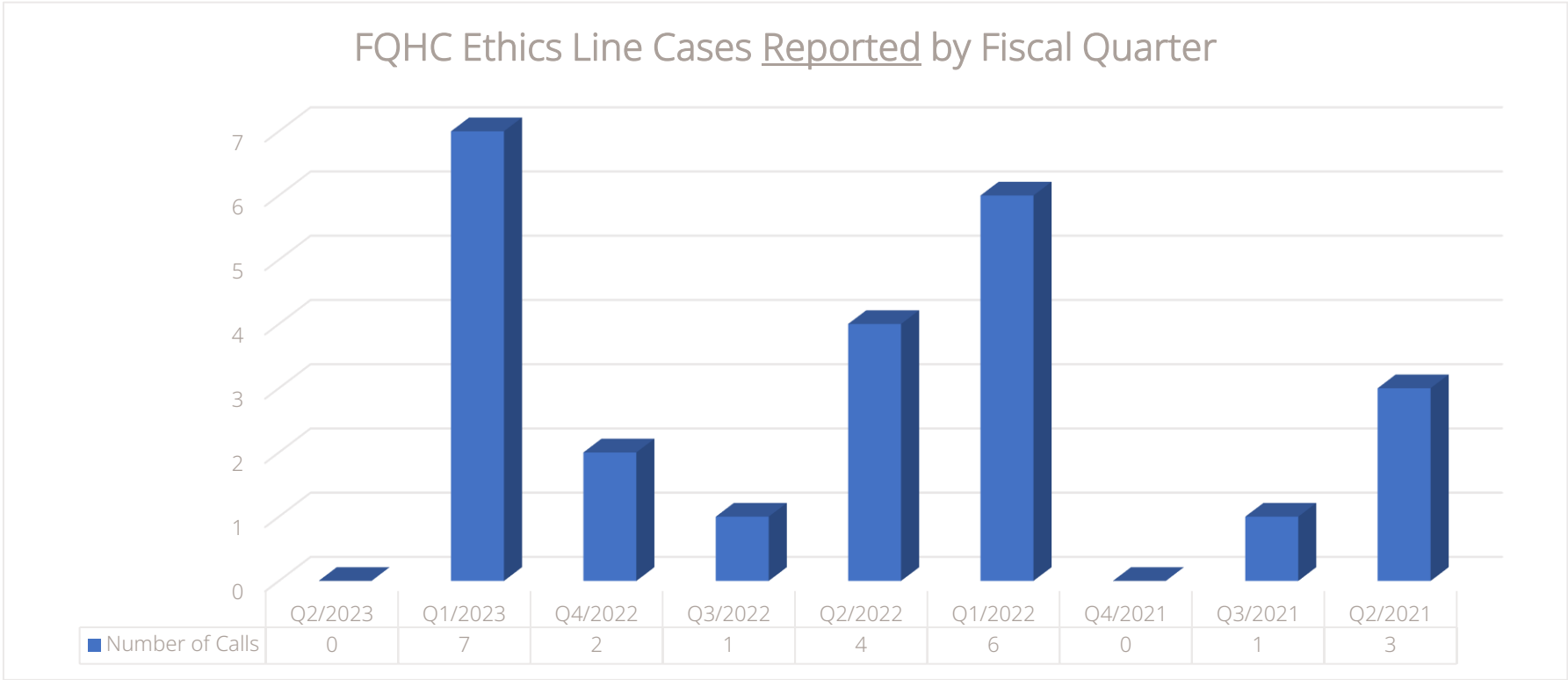
## 2.1 Q2 FY2023 Internal Audit Work Plan – FQHC

The FY2023 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2023 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
<b>Risk Assessment and Selection Q1 (Current State Assessment)</b>						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q1	150 Hours	Monitoring the Care-Reimagined construction controls.	On-going	5	2.5
IQ1.2 E&M and Telemedicine Auditing	Q1	150 Hours	Completed the E&M leveling and telemedicine audit.	Completed	5	3
<b>Risk Re-assessment and Selection Q2</b>						
IQ2.1 FQHC Grants Reviews	Q2	200 Hours	Reviewed the exclusion checking process.	Completed	5	2
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q2	100 Hours	Monitoring construction controls and reconciliations.	On-going	5	2

# 3.0 – Q2 FY2023 Ethics Line Reports (010/01/2022 through 12/31/2022) – FQHC Only

# 3.1 – FQHC Ethics Line Report (Three-Year Trending by Quarter)



Average of 2 Calls per Quarter

## 3.2 – Q2 FY2023 Issue Type, Alert Status and Primary Outcome Report

*NO FQHC CASES REPORTED IN Q2  
FY2023.*



### 3.3 – Q2 FY2023 (FQHC Only) Average Days to Close (Cases Closed - Same Quarter & Two Previous Years)

#### Benchmark:

Average Days to Close Benchmark = 30 days or less

#### Results:

Q2 FY2023 Average Days to Close = 32

#### Comparable:

Q2 FY2022 Average Days to Close = 35

Q2 FY2021 Average Days to Close = 14

# Previous Quarter's Indicators (Supplemental Data)

# Q1 FY2023 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome	Column Label <input type="button" value="v"/>	
Row Labels <input type="button" value="v"/>	Green	Grand Total
Compliance with Laws and Standards	1	1
Environment, Health and Safety	1	1
Harassment - Workplace	2	2
Inappropriate Behavior	2	2
Patient Care	1	1
<b>Grand Total</b>	<b>7</b>	<b>7</b>

## Legend of Terms:

**Referred** - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller

**Unsubstantiated** - After investigation of the case the allegation was not supported by evidence

**Substantiated** - After investigation of the case the allegation was supported by evidence

## Alert Level Definition (All Alert Levels for the Quarter are Listed Above)

**Green** - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization  
(Green Example - A call about an employee not agreeing with their evaluation)

**Yellow** - Expedited investigation required and moderate regulatory or monetary impact to the organization  
(Yellow Example - A call about a potential medium level HIPAA violation or patient safety)

**Red** - Immediate Investigation required and potential high regulatory or monetary impact to the organization  
(Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)

# Q1 FY2023 Relevant Issue Definitions

**Compliance with Laws and Standards** - Statements or actions discharging, demoting, suspending, threatening, harassing or discriminating against an employee because of any lawful act taken by such employee in connection with reporting a violation of law or policy, filing a complaint, or assisting with an investigation or proceeding.

**Environment, Health and Safety** - Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.

**Harassment/Workplace** - Persistent statements, conduct or actions that are uninvited, degrading, offensive, humiliating or intimidating and create an unpleasant or hostile environment.

**Inappropriate Behavior** - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.

**Patient Care** - Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

# Q4 FY2022 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome		Column Labels ▾	
Row Labels ▾	Green	Grand Total	
Health Insurance Portability and Accountability Act (HIPAA)	1	1	
Unfair Employment Practices	1	1	
<b>Grand Total</b>	<b>2</b>	<b>2</b>	
<b>Legend of Terms:</b>			
<b>Referred</b> - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller			
<b>Unsubstantiated</b> - After investigation of the case the allegation was not supported by evidence			
<b>Substantiated</b> - After investigation of the case the allegation was supported by evidence			
<b>Alert Level Definition (All Alert Levels for the Quarter are Listed Above)</b>			
<b>Green</b> - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)			
<b>Yellow</b> - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)			
<b>Red</b> - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)			

# Q4 FY2022 Relevant Issue Definitions

**Health Insurance Portability and Accountability ACT (HIPAA)** – This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information. Protected Health Information is information that:

(1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) for which there is a reasonable basis to believe the information can be used to identify the individual.

**Unfair Employment Practices** - Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business-related decisions.

# Q3 FY2022 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome		Column Labels				
Row Labels		Green	Grand Total			
Inappropriate Behavior		1	1			
Grand Total		1	1			
Legend of Terms:						
Referred - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller						
Unsubstantiated - After investigation of the case the allegation was not supported by evidence						
Substantiated - After investigation of the case the allegation was supported by evidence						
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)						
Green - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)						
Yellow - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)						
Red - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)						

# Q3 FY2022 Relevant Issue Definitions

**Inappropriate Behavior** - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.



# Q2 FY2022 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome		Alert Level					
Row Labels		Green	Grand Total				
Unsubstantiated		4	4				
Discrimination		1	1				
Inappropriate Behavior		2	2				
Unfair Employment Practices		1	1				
Grand Total		4	4				
Legend of Terms:							
<b>Referred</b> - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller							
<b>Unsubstantiated</b> - After investigation of the case the allegation was not supported by evidence							
<b>Substantiated</b> - After investigation of the case the allegation was supported by evidence							
Alert Level Definition (All Alert Levels for the Quarter are Listed Above)							
<b>Green</b> - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)							
<b>Yellow</b> - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)							
<b>Red</b> - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)							

# Q2 FY2022 Relevant Issue Definitions

**Discrimination** – Statements or actions based on age, race, color, national origin, sexual orientation, gender, disability or religion that are the basis for employment, promotion or compensation decisions.

**Inappropriate Behavior** - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.

**Unfair Employment Practices** - Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business-related decisions.

# Q1 FY2022 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome	Alert Level				
Row Labels	Green	Grand Total			
<input checked="" type="checkbox"/> In Process	2	2			
Harassment - Workplace	1	1			
Unfair Employment Practices	1	1			
<input checked="" type="checkbox"/> Insufficient Information	1	1			
Unfair Employment Practices	1	1			
<input checked="" type="checkbox"/> Unsubstantiated	3	3			
Inappropriate Behavior	1	1			
Unfair Employment Practices	2	2			
<b>Grand Total</b>	<b>6</b>	<b>6</b>			
<b>Legend of Terms:</b>					
<b>Referred</b> - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller					
<b>Unsubstantiated</b> - After investigation of the case the allegation was not supported by evidence					
<b>Substantiated</b> - After investigation of the case the allegation was supported by evidence					
<b>Alert Level Definition (All Alert Levels for the Quarter are Listed Above)</b>					
<b>Green</b> - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)					
<b>Yellow</b> - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)					
<b>Red</b> - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)					

# Q1 FY2022 Relevant Issue Definitions

**Harassment/Workplace** - Persistent statements, conduct or actions that are uninvited, degrading, offensive, humiliating or intimidating and create an unpleasant or hostile environment.

**Inappropriate Behavior** - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.

**Unfair Employment Practices** - Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business-related decisions.

# Q4 FY2021 Issue Type, Alert Status and Primary Outcome Report

No FQHC Cases Reported in Q4 FY2021 !!!

# Q3 FY2021 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome	Alert Level								
Row Labels	Green	Grand Total							
<input checked="" type="checkbox"/> Harassment - Workplace	1	1							
Substantiated	1	1							
<b>Grand Total</b>	<b>1</b>	<b>1</b>							
<b>Legend of Terms:</b>									
<b>Referred</b> - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller									
<b>Unsubstantiated</b> - After investigation of the case the allegation was not supported by evidence									
<b>Substantiated</b> - After investigation of the case the allegation was supported by evidence									
<b>Alert Level Definition (All Alert Levels for the Quarter are Listed Above)</b>									
<b>Green</b> - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization (Green Example - A call about an employee not agreeing with their evaluation)									
<b>Yellow</b> - Expedited investigation required and moderate regulatory or monetary impact to the organization (Yellow Example - A call about a potential medium level HIPAA violation or patient safety)									
<b>Red</b> - Immediate Investigation required and potential high regulatory or monetary impact to the organization (Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)									

# Q3 FY2021 Relevant Issue Definitions

**Harassment/Workplace** - Persistent statements, conduct or actions that are uninvited, degrading, offensive, humiliating or intimidating and create an unpleasant or hostile environment.

# Q2 FY2021 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Case Outcome		Alert Level							
Row Labels		Green	Grand Total						
[-] Inappropriate Behavior		2	2						
Substantiated		1	1						
Unsubstantiated		1	1						
[-] Unfair Employment Practices		1	1						
Substantiated		1	1						
Grand Total		3	3						
<b>Legend of Terms:</b>									
<b>Referred</b> - These cases are sent to Risk Management or Human Resources for low risk or a repeat caller									
<b>Unsubstantiated</b> - After investigation of the case the allegation was not supported by evidence									
<b>Substantiated</b> - After investigation of the case the allegation was supported by evidence									
<b>Alert Level Definition (All Alert Levels for the Quarter are Listed Above)</b>									
<b>Green</b> - Need to address in normal investigation cycle and low regulatory or monetary impact of the organization									
(Green Example - A call about an employee not agreeing with their evaluation)									
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(Yellow Example - A call about a potential medium level HIPAA violation or patient safety)									
<b>Red</b> - Immediate Investigation required and potential high regulatory or monetary impact to the organization									
(Red Example - A call about a large HIPAA violation, a large theft or fraud/abuse or a major patient safety issue)									



# Q2 FY2021 Relevant Issue Definitions

**Inappropriate Behavior** - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.

**Unfair Employment Practices** - Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business-related decisions.







# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 8.  
No Handout

District Board of Directors  
Report



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 9.  
No Handout

Valleywise Health's Chief  
Executive Officer Report



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 10.

No Handout

Closing  
Comments/Announcements



# Valleywise Community Health Centers Governing Council Meeting

March 1, 2023

Item 11.

No Handout

## Staff Assignments