



<p><b><u>Council Members</u></b> Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member William O’Neill, Member Essen Otu, Member Wayne Tormala, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><b>AMENDED <u>AGENDA</u></b> <b>Valleywise Community Health Centers Governing Council</b></p> <p><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.</p>
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• Virginia G. Piper Charitable Trust Pavilion •  
• 2609 East Roosevelt Street • Phoenix, Arizona 85008 •  
• 2<sup>nd</sup> Floor • Auditoriums 1 and 2 •

Wednesday, March 6, 2024  
5:30 p.m.

Access to the meeting room will start at 5:20 p.m., 10 minutes prior to the start of the meeting.

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.**

5:30 **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 at Valleywise Community Health Centers and at Valley Comprehensive Health Centers, 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, Virginia G. Piper Charitable Trust Pavilion, 2609 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.

2/29/2024 3:58 PM

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

- 5:35 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 7, 2024](#)
  - b. Contracts:
    - i. **Acknowledge** amendment #3 to the contract ([90-22-255-1-03](#)) between Arizona Department of Health Services and 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 uninsured and underinsured
  - c. Governance:
    - i. **Approve** revisions to [policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff](#)
  - 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**

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- 5:40 2. Mission Moment – A Patient Story 5 min - NO HANDOUT  
*Rebecca Birr, Director Health Sciences Library & Family Resource Centers Medical Library*
- 5:45 3. Overview of the [Valleywise Health Foundation](#) 15 min  
*Nicole Rivet, President & Chief Executive Officer, Valleywise Health Foundation*
- 6:00 4. Annual [Compliance Training and Conflict of Interest Education](#) 20 min  
*L.T. Slaughter, CPA, MBA, Chief Compliance Officer*
- 6:20 5. Discuss and Review the [Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report](#) 10 min  
*L.T. Slaughter, CPA, MBA, Chief Compliance Officer*

6:30 **Motion to Recess General Session and Convene in Executive Session**

**Executive Session:**

- 6:35 E-1 Personnel Matters; A.R.S. § 38-431.03(A)(1): Discussion or consideration of employment, dismissal, or resignation of a public officer; [Michelle Barker, Chief Executive Officer, Federally Qualified Health Centers, performance evaluation for calendar year 2023](#) 20 min

6:55 **Recess Executive Session and reconvene in General Session**

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

7:00 6. Consideration, Discussion and **Possible Action** on the Performance Evaluation of Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers, for Calendar Year 2023 **5 min - NO HANDOUT**  
*Valleywise Community Health Centers Governing Council*

7:05 7. Federally Qualified Health Centers' Chief Executive Officer's Report including [Ambulatory Operational Dashboards](#) **10 min**  
*Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers*

7:15 8. Maricopa County Special Health Care District Board of Directors Report **5 min - NO HANDOUT**  
*Mary Rose Garrido Wilcox, Director, Board of Directors*

7:20 9. Valleywise Health's President and Chief Executive Officer's Report **5 min - NO HANDOUT**  
*Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health*

7:25 10. Concluding Items **5 min**

a. Old Business: - **NO HANDOUT**

**February 7, 2024**

Add the number of encounters to the patient safety report

Provide total behavioral health revenues for the last few fiscal years

**January 2024**

Future presentation on behavioral health services offered at Valleywise Community Health Center-McDowell

Future presentation on effectiveness of depression interventions

**December 6, 2023**

Future presentation on Marketing/Communications – *(scheduled for April May)*

b. Governing Council Member Closing Comments/Announcements - **NO HANDOUT**

7:30 **Adjourn**

**1.a.i. Minutes**  
**- Meeting minutes dated February 7, 2024**

**Minutes**

**Valleywise Community Health Centers Governing Council Meeting  
Virginia G. Piper Charitable Trust Pavilion  
2609 East Roosevelt Street, Phoenix, AZ 85008  
2<sup>nd</sup> Floor, Auditoriums 1 and 2  
February 7, 2024, 5:30 p.m.**

DRAFT

**Members Present:** Scott Jacobson, Chairman  
Eileen Sullivan, Vice Chairman  
Nelly Clotter-Woods, Member – *participated remotely, then in-person*  
Chris Hooper, Member  
Salina Imam, Member  
Norma Muñoz, Member  
William O’Neill, Member  
Essen Otu, Member  
Wayne Tormala, Member  
Jane Wilson, Member

**Members Absent:** Earl Arbuckle, Treasurer

**Non-Voting Member Absent:** Mary Rose Garrido Wilcox, District Board

**Others/Guest Presenters:** Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers  
Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health  
Michael D. White, MD, MBA, Chief Clinical Officer – *participated remotely*  
Claire Agnew, CPA, MBA, Chief Financial Officer  
Melanie Talbot, Chief Governance Officer  
Ijana M. Harris, JD, General Counsel  
Kelly Nightingale, Manager, Internal Medicine, Valleywise Comprehensive Health Center-Phoenix  
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety  
Matthew Meier, MBA, Vice President, Financial Services

**Recorded by:** Cynthia Cornejo, Senior Deputy Clerk of the Board

**Call to Order:**

Chairman Jacobson called the meeting to order at 5:31 p.m.

**Roll Call**

Ms. Talbot called roll. Following roll call, she noted that eight of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Dr. Clotter-Woods joined the meeting after roll call. Ms. Imam arrived after roll call.

**Call to the Public**

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

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 7, 2024**

**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 3, 2024
  - b. Contracts:
    - i. Acknowledge a new agreement (MCO-24-002-MSA) between Blue Cross and Blue Shield of Arizona, Inc, and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
    - ii. Acknowledge addendum #7 to the contract (90-19-192-1-07) between GE Precision Healthcare LLC, a GE HealthCare Business, and Maricopa County Special Health Care District dba Valleywise Health, to add GE XR Service at Valleywise Community Health Center-Avondale from February 1, 2024, through August 31, 2024
    - iii. Acknowledge a new grant agreement (90-24-184-1) between the Arizona Early Childhood Development and Health Board Phoenix South Regional Partnership Council, and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for Family Resource Center services at the Valleywise Community Health Centers-West Maryvale
    - iv. Acknowledge amendment #3 to the sub-recipient agreement (90-23-13-1-03) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alterations and renovations at Valleywise Community Health Center-Chandler
    - v. Acknowledge amendment #3 to the sub-recipient agreement (90-23-14-1-03) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility renovations at Valleywise Community Health Center-Guadalupe
  - c. Governance:
    - i. Approve revisions to policy 06503 S: HRSA Legislative Mandate Compliance Policy
    - ii. Acknowledge a grant award from CVS Health Foundation to increase access to care and improve health outcomes for Valleywise Community Health Centers-South Central and South Phoenix/Laveen patients with diabetes
    - iii. Acknowledge a grant award from Delta Dental of Arizona Foundation to provide oral health education and outreach through Valleywise Health’s Dental Clinics
    - iv. Approve registration fee for Valleywise Community Health Centers Governing Council members’ Earl Arbuckle and Norma Muñoz, to attend the Arizona Alliance for Community Health Centers (AACHC) Annual Conference April 10-11, 2024, in Scottsdale, Arizona utilizing the Governing Council’s seminar fees budget

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 7, 2024**

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

1. Approval of Consent Agenda:

d. Medical Staff:

i. INTENTIONALLY LEFT BLANK

Ms. Talbot noted that agenda item 1.a.i., Valleywise Health Community Health Centers Governing Council meeting minutes, would be removed from the consent agenda and voted on separately.

**MOTION:** Mr. Tormala moved to approve the consent agenda minus consent agenda item 1.a.i. Vice Chairman Sullivan seconded.

**VOTE:** 8 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Hooper, Ms. Muñoz, Mr. O’Neill, Mr. Otu, Mr. Tormala, Ms. Wilson  
0 Nays  
3 Absent: Mr. Arbuckle, Dr. Clotter-Woods, Ms. Imam  
**Motion passed.**

**MOTION:** Mr. Otu moved to approve consent agenda item 1.a.i., Valleywise Community Health Centers Governing Council meeting minutes dated January 3, 2024, with a correction on page 6, second paragraph. The new sentence to read: ‘The new plan would be for years 2024, 2025, and 2026 and would be connected to the CHNA.’ Ms. Wilson seconded.

**VOTE:** 8 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Hooper, Ms. Munoz, Mr. O’Neill, Mr. Otu, Mr. Tormala, Ms. Wilson  
0 Nays  
3 Absent: Mr. Arbuckle, Dr. Clotter-Woods, Ms. Imam

2. Mission Moment – A Patient Story

Ms. Nightingale informed the Council of an employee that went above and beyond after hours, to assist a patient when the patient’s motorized wheelchair battery had died. The employee enlisted the help of Security Services to ensure the patient made it safely to their destination.

**NOTE:** Dr. Clotter-Woods joined the meeting at 5:39 p.m.

3. Overview of Arizona Caregivers Summit

Mr. Tormala provided an overview of resources available for caregivers assisting family members with Alzheimer’s and dementia. He outlined Arizona’s statistics as it related to the Alzheimer’s disease, noting in calendar year (CY) 2023 over 200,000 Arizonans had Alzheimer’s, with more than 3,000 deaths a year caused by the disease, and at least 500 million hours of unpaid care provided by family and friends of those diagnosed.

**NOTE:** Ms. Imam arrived at 5:44 p.m.

Mr. Tormala stated that over half of the familial caregivers were also living with a chronic disease, with many caregivers passing away before the family member with Alzheimer’s.

The purpose of Arizona Caregivers Summit was to provide resources and support to caregivers, and presenting information about support groups, specifically with stress and anxiety management.

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

3. Overview of Arizona Caregivers Summit, cont.

Mr. Otu stated that it was becoming more common for individuals under the age of 65 to be diagnosed with dementia.

Mr. Tormala clarified that there was an increase in diagnosis for individuals as young as 40 years old.

Mr. Otu asked if more resources were becoming available, such as respite care.

Mr. Tormala said the Arizona Caregiver Coalition had grown over the years and there were more options for memory care centers. He mentioned that there was a fear of getting tested for Alzheimer's or dementia, which may skew the statistics he previously outlined.

Mr. Hooper asked if there were government programs available to assist patients with Alzheimer's financially.

Mr. Tormala said there was some funding available, however, it was insufficient.

**NOTE:** Dr. Clotter-Woods arrived at 5:53 p.m.

Mr. Tormala stated the goal of the summit was to normalize how difficult it was to be a caregiver.

Ms. Muñoz requested a list of resources and summit information.

Mr. Tormala provided information on how to find additional resources and announced when the next summit would be held.

4. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for Calendar Year End 2023

Ms. Garcia provided an overview of the quality metrics for calendar year ending (CYE) 2023, noting all but one metric was within the established benchmark: controlling high blood pressure. The action plans to improve the results included sharing the results with clinic leadership, conducting audits, and analyzing the results for individual clinics.

The Uniform Data System (UDS) quality metrics were tracked and measured on a calendar-year basis, and the focus areas for 2024 would be to improve screening for depression and follow-up plan if the screen was positive, controlling high blood pressure, diabetes/hemoglobin A1c poor control, and screening for colorectal cancer.

She reviewed the members of the quality task force focus teams and the areas of their focus.

Chairman Jacobson asked if cannabis could be used to lower blood pressure.

Dr. White stated the use of cannabis had not been shown to lower blood pressure.

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2024

Ms. Garcia reviewed the patient safety report for the FQHCs for the second quarter of FY 2024. She outlined the locations and service lines included in the report. Valleywise Health used a reporting system, CHEQ-IT, to collect, analyze and identify trends on where to focus improvement or educational efforts. She noted all employees were encouraged to enter not only incidents, but any occurrence or process that may benefit from improvements.



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

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the Second Quarter of Fiscal Year 2024, cont.

Ms. Garcia provided an overview of the types of occurrences, or event classes, reported and the locations where they happened. The locations with the highest number of occurrences were reported were Valleywise Community Health Centers-South Phoenix Laveen, South Central, and Avondale, and within Valleywise Comprehensive Health Centers-Phoenix and Peoria. The most frequently reported event classes were safety and security, health information management, behavioral events, and specimen handling.

She provided examples of events for each specified class, noting the majority of behavioral events included individuals leaving against medical advice. She explained that the patient may not have felt well and did not want to wait for treatment. The specimen handling events were being reviewed and further details would be provided next quarter.

Ms. Wilson noted that the examples of behavioral events stated that the patient was transferred to Banner University and asked why the patient was not transferred to Valleywise Health.

Ms. Garcia explained that the patient was transferred to the nearest hospital. She provided additional detail related to the types of events categorized as health information management, medication, and fall events. A review of notable occurrences was included in the daily leadership huddles and staff continued to track and trend the events to develop action plans as needed.

Mr. Otu stated that based on the number of patient encounters throughout all the FQHCs, the number of events reports were very small.

Ms. Garcia said that she would attempt to revise the report to add the total number of patient encounters.

6. Discuss and Review Federally Qualified Health Centers National Research Corporation (NRC) RealTime Platform Patient Experience Data for the Second Quarter of Fiscal Year 2024

Ms. Garcia reviewed the National Research Corporation (NRC) RealTime patient satisfaction survey results for the second quarter of FY 2024. The response rate was 29.2%, with 20,940 responses received. In December 2023, 75.1% of respondents indicated that they would recommend the facility, which was better than the 72% benchmark.

She outlined the results for individual facilities, highlighting the fluctuations between locations from month to month.

Ms. Muñoz asked if there were specific reasons for those fluctuations.

Ms. Garcia said that staff reviewed the comments that accompanied the surveys and there were no trends identified, however, specific locations were monitored to ensure the results improved month over month. There were also plans to improve overall scores. The Patient Experience Improvement Collaborative was developed to implement action plans across the organization. A priority matrix was used to identify the question or area that would have the greatest impact on the net promoter score. It was determined that staff would focus on improving the 'registration staff was helpful' question. As a result, registration leadership was invited to attend the meetings to provide input and suggestions.

While the ultimate goal was to reach the NRC benchmark of 78.7%, staff would recognize the small wins while working toward improvements. The action plan process had been revised to outline the goal, assign an accountable leader, determine expected outcomes, and establish a deadline.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 7, 2024**

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

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2024

Mr. Meier presented the financial statements for the FQHCs for the second quarter of FY 2024.

Visits at Valleywise Community Health Centers missed budget by two percent. Total operating revenues were at budget, total operating expenses were two percent better than budget, resulting in a positive operating margin, before overhead allocation, variance of \$239,296.

Outpatient behavioral health visits were 12% better than budget. Total operating revenues were 16% better than budget, while total operating expenses had a negative 32% variance, resulting in a negative total operating margin, before overhead allocation, variance of \$50,670.

Visits at the FQHCs located within Valleywise Community Health Center-Phoenix were two percent better than budget. Total operating revenues missed budget by two percent, total operating expenses missed budget by four percent, resulting in a negative total operating margin, before overhead allocation, variance of \$198,637.

Visits at Valleywise Comprehensive Health Center-Peoria missed budget by eight percent, which led to total operating revenues to have a 12% negative variance. Total operating expenses had an eight percent negative variance, resulting in a negative total operating margin, before overhead allocation, variance of \$288,175.

Dental clinic visits fell short of meeting budget by three percent, total operating revenues missed budget by 15%, and total operating expenses had a one percent negative variance. The total operating margin, before overhead allocation, had a negative variance of \$151,104.

While the mobile health unit was not operational, the revenues and expenses associated with the unit were tracked and monitored.

For the quarter, Mr. Meier stated that visits at all clinics combined missed budget by one percent. Total operating revenues were near budget, total operating expenses had a negative two percent variance, resulting in a negative total operating margin, before overhead allocation, variance of \$399,008.

On a year-to-date basis, visits at all clinics missed budget by one percent, or 869 visits. Total operating revenues were near budget, with a shortfall of \$99,302. Total operating expenses had a negative \$463,647 variance, or one percent, resulting in a negative total margin, before overhead allocation, variance of \$562,949 or approximately one percent.

Mr. Meier reviewed the six-month payer mix trend, noting the December 2023 percentages of Medicaid and self-pay payer sources had decreased from July 2023. However, the percentage of commercial payer source increased during that same time.

Since FY 2023 there was a 3.1% decrease in Medicaid, a 2.6% increase self-pay, and a 0.7% increase in commercial insurance utilization.

Ms. Muñoz asked why the Medicaid utilization had decreased.

Ms. Agnew said that there may be various factors but stated that when patients had difficulty obtaining an appointment, they may choose to seek care elsewhere. Staff would be focusing on patient scheduling, patient experience and quality metrics.

Mr. O'Neill shared his experiences in seeking care at Valleywise Health locations. When referring individuals, the response was that new patients were not being taken due to lack of staff.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 7, 2024**

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

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the Second Quarter of Fiscal Year 2024, cont.

Dr. Barker appreciated the feedback and said that there was an ongoing focus on improving access to care.

Mr. Hooper asked if it was possible to receive behavioral health revenue for the past four years.

Mr. Meier said that he could gather that information and distribute it.

Mr. O'Neill asked if there was a list of other outpatient behavioral health providers.

Dr. Barker stated that there were 26 other FQHC providers in Arizona and the information for primary care and integrated behavioral health services were included in the Uniform Data System (UDS) report. The UDS report, which would be available in March or April, will also provide information including the number unduplicated patients and specific patient demographics. However, she was unaware of any data specific to specialty behavioral health services.

Ms. Imam commented that commercial insurance utilization was less than 20% and questioned why it was so low, as the FQHCs were new and appealing for all.

Dr. Baker agreed and said that the low percentage of commercial payers was not due to lack of patients, but instead, the lack of providers to serve the patients.

Mr. Purves acknowledged the growth of commercial payers since FY 2021 but mentioned that Valleywise Health did not have many contracts with commercial insurance companies. Staff was making progress in securing those contracts.

8. Federally Qualified Health Centers' Chief Executive Officer's Report including Ambulatory Operational Dashboards

Dr. Barker pointed out that there were inaccuracies on the FQHC measures dashboard provide to the Governing Council. She planned on revising the metrics and would present new information going forward.

She announced that Health Resources and Services Administration (HRSA) would be conducting an audit pertaining to Ryan White grants at Valleywise Community Health Center-McDowell. She had begun distributing the Clinic of the Year plaques to the dental clinics.

She provided an update on the strategic planning process. She would be meeting with the consultant in the coming week; however, she reminded the Governing Council that it would take several months to complete the new strategic plan.

The mobile health unit was licensed and ready to begin treating patients. Unfortunately, there was a vacancy in the driver position, however, there were active recruitment efforts underway. The ribbon-cutting ceremony had been postponed until May 1, 2024.

The new acute care hospital was scheduled to open on April 11, 2024. A number of grand opening celebrations were scheduled, including a community event on April 6, 2024.

Dr. Barker stated that Ms. Addy Munoz had been promoted to Project Manager and Ms. Denzil Juarez was now her executive assistant.

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

This item was not discussed.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 7, 2024**

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

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

Mr. Purves mentioned that staff was actively preparing for the April 11, 2024, opening of the new acute care hospital, with mock moves and day in the life activities. Those activities included staff running through various scenarios to ensure a smooth transition.

Employee forums were held throughout the organization the prior week, with leaders visiting all FQHCs to provide information and hear employee questions or concerns. He mentioned the improvement in employee retention, with the number of employment applications doubling over prior year.

A movie that chronicled Valleywise Health's over 140-year history was produced. The premier was scheduled for February 8, 2024.

11. Concluding Items

a. Old Business:

**January 2024**

Future presentation on behavioral health services offered at Valleywise Community Health Center-McDowell

Future presentation on effectiveness of depression interventions

**December 6, 2023**

Future presentation on Marketing/Communications – *(scheduled for April)*

b. Governing Council Member Closing Comments/Announcements

Ms. Talbot reviewed old business and reiterated the requests made throughout the meeting.

**Adjourn**

**MOTION:** Mr. Hooper moved to adjourn the February 7, 2024, Valleywise Community Health Centers Governing Council Meeting. Ms. Muñoz seconded.

**VOTE:** 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Dr. Clotter-Woods, Mr. Hooper, Ms. Imam, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson  
0 Nays  
1 Absent: Mr. Arbuckle  
**Motion passed.**

Meeting adjourned at 7:06 p.m.

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Cynthia Cornejo  
Senior Deputy Clerk of the Board

## **1.b.i. Contracts - 90-22-255-1-03**

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Tuesday, February 13, 2024 2:59 PM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding 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, Stephen](#)

To [Talbot, Melanie](#);





Subject Contract Approval Request: Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding 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 3.pdf
OIG ADHS Feb 2024.pdf		File	 OIG ADHS Feb 2024.pdf
SAM ADHS Feb 2024.pdf		File	 SAM ADHA Feb 2024.pdf
ADHS Amend #3 - pending Board sig		File	 ADHS CTR059657 WWHCP Valleywise Health A3 Draft For Signature 2.9.24.pdf

### Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding

Contract Identifier Board - Amendment

Contract Number 90-22-255-1-03

Primary Responsible Party Tymczyna, Katherine

Departments Grants - Well Women Health Check St

Product/Service Description Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding

Action/Background Approve Amendment #3 to the Contract between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health for the Well Woman Health Check Program (WWHP) Grant (CTR059657). ADHS, a Division of Public Health Services (PHS), receives funding through a cooperative agreement with the CDC and the State of Arizona to provide a statewide breast and cervical cancer screening and quality improvement program, known locally as the WWHP for uninsured or underinsured Women.

Amendment #3 will extend the current contract through February 14, 2024 and revises and replaces the Price Sheet and Exhibit Three (3) to reflect the period of June 30, 2023 through February 14, 2024 providing additional funding in the amount of \$84,500.00, for a total funding amount of \$472,500.00 which has been budgeted for operational funding to the Grants department. Although the Valleywise Health Board meeting is after the expiration date, ADHS has been authorized to honor those invoices that cover the budget needs leading up to the expiration date.

All other provisions shall remain in their entirety.

This Amendment #3 is sponsored by Dr. Michael White, EVP and 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 Other

Effective Date

Term End Date 2/14/2024

Annual Value \$84,500.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

## Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	

Purves, Stephen A.  
Talbot, Melanie L.

Approved  
Current



# **1.c.i. Governance - Policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff**

## Valleywise Health Administrative Policy & Procedure

Effective Date: 10/18  
Reviewed Dates: 07/21, 10/23  
Revision Dates: 02/20, 05/22, 03/24

DRAFT

Policy #: 20075 MT

Policy Title: FQHC Credentialing and Privileging of Clinical Staff

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

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**Purpose: Clinical staff is defined as: Licensed Independent Practitioners, Other Licensed or Certified Practitioners, and Other Clinical Staff.**

### Definitions:

Advanced Practice Clinicians (APCs): 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 Professionals (AHPs): 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.

Clinical Privileges or Privileges: The authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

House Staff: Includes residents, fellows, and Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board. Medical Staff are also referred to as Attendings.

Provider: A Medical Staff Member with Clinical Privileges, Resident, Advanced Practice Clinician or Allied Health Professional.

Licensed Independent Practitioners (LIP): All clinic physicians, Dentists, -Nurse Practitioners, Licensed Professional Counselors, and Licensed Clinical Social Workers who have been appointed to the Medical Staff or Allied Health Professional Staff by the District Board. Medical Staff are also referred to as Attendings.

Other Licensed or Certified Practitioners (OLCP): Pharmacists, Physician Assistants, RNs, Certified Medical Assistants, and Behavioral Health Staff.

Other Clinical Staff: Non-Licensed and Non-Certified Medical Assistants, Community Health Workers, and Behavioral Health Staff.

Clinical Privileges: The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

CVO: Credentialing Verification Organization. Comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence. CVO includes the verification from a primary source.

### Policy:

Credentialing and privileging of ~~L~~icensed or ~~C~~ertified ~~H~~health ~~C~~enter ~~P~~ractitioners, along with ~~O~~ther ~~C~~linical ~~S~~taff, is an important component ensuring quality care. Initial appointment and re-appointment ensures that licensed or certified practitioners, and ~~e~~Other ~~C~~linical ~~s~~taff ~~S~~taff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information are maintained for all ~~L~~icensed or ~~C~~ertified ~~H~~health ~~C~~enter ~~P~~ractitioners and ~~O~~ther ~~C~~linical ~~S~~taff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other ~~e~~Clinical ~~S~~taff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for ~~e~~Other ~~C~~linical ~~S~~taff. Medical Staff Credentialing actions shall be submitted to the Maricopa County Special Health Care District Board of Directors for its final approval and to the Valleywise Health Centers Governing Council for FQHC providers and staff.

Clinical staff members of the Federally Qualified Health Center (FQHC) must possess qualifications and competencies to carry out the activities of providing quality care services. All Clinic Staff member's qualifications and competencies will be validated prior to providing patient care services.

The validation of the LIP's qualifications and competencies will be verified through the credentialing procedures as delineated in the Medical Staff Credentials Policy, Allied Health Professional Policy, Operational Credentialing Policy #39026 T, and policy regarding Focused Professional Practice Evaluation to Confirm Practitioner Competencies.

The validation of the OLCP's and Other Clinic Staff's qualifications and competencies will be verified through the established procedures of the Human Resources Department. The validation of licensure and/or certification is achieved through primary source verification (licensing and/or certification boards) upon hiring. Thereafter, the Human Resources Department will conduct ongoing monitoring to ensure valid/current licensure and/or certification status. In addition, the OLCP must meet the qualifications of the job description upon hiring. Thereafter, an annual performance evaluation will be conducted to validate continued competencies and licensing requirements.

**Purpose:**

To assure that a fundamental level of safe, quality patient care is provided to FQHC patients; to avoid potential liability for negligent hiring or retention of a Licensed or Certified Health Care Practitioner and Other Clinical Staff.

**Scope:**

All Licensed or Certified Health Care Practitioners and Other Clinical Staff, employed, contracted, or volunteer, at all FQHC health center sites.

**Credentialing:**

1. The Medical Staff Services and Human Resource Department will use primary source verification for all licensed independent practitioners (LIP) and Other Licensed or Certified Practitioners (OLCP). ~~FQHC completes verifications for other clinical staff.~~
  - a. The Medical Staff Services and Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):
    - i. Current License, including any actions on license.
    - ii. Education, Training and Experience
      1. Assessment of relevant education and training at initial appointment
      2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment.

3. Peer evaluation for current competence is verified and documented for all LIPs.
  4. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.
- iii. Current competence
1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff.
  2. LIPs follow Valleywise Health bylaws for Medical Staff competency requirements.
  3. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.
- iv. Fitness for duty
1. LIP's fitness for duty (i.e., the ability to perform the duties of the job in a safe, secure, productive, and effective manner) is validated through Medical Staff Services credentialing policies and procedures. [Immunization and communicable diseases susceptibility is verified by either Valleywise Health Employee Health or District Medical Group Employee Health.](#)
  2. Valleywise Health OLCPs' and Other Clinical Staff's [fitness for—duty.](#) immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
- b. The CVO will also verify the following secondary source verification:
- i. DEA Registration, including any actions on registration.
  - ii. Hospital/clinic affiliations and privileges.
  - iii. Government issued photo identification.
  - iv. Immunization and TB screening status.
  - v. American Heart Association Basic Life Support for Health Care Providers (if applicable).
  - vi. National Practitioner Data Bank Inquiry.
  - vii. Specialty Board Certification.
- viii. CME Updates
- ix. Proof of current Medical Liability Insurance.
- x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity.
- xi. Liability Claims History, including history of refusal or cancellation of coverage.
- xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations.
- xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board.

- xiv. Disclosure of any Medicare/Medicaid sanctions.
  - xv. Conviction of a criminal offense (other than minor traffic violations).
  - xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant's ability to provide high-quality patient care and professional services.
  - xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.
- c. New Hire/Onboarding Education for other clinical staff
- i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources.
  - ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence.
    - 1. Didactic through APEX learning modules a. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.
    - 2. Observation and verification of clinical skills (not all inclusive):
      - a. Clinical skill check off or simulation.
        - Height, weight, length, head circumference
        - Vital sign automatic and manual, pulse oximetry
        - 12 Lead EKG
        - Spirometer
        - Hearing and vision screening
        - Oxygen delivery devices and oxygen tanks
        - Using an otoscope
        - Liquid Nitrogen (JHA)
        - Point-of-Care testing (testing not covered in CLEO, based on clinic use)
        - Medication Safety and Administration

### **Privileging for Practitioners:**

Valleywise Health Medical Staff Services completes all requirements for all new and recredentialing of practitioners and for the process of denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty (see Valleywise Health Credentialing Policy).

### **Removal of Privileges for other Clinical Staff:**

Valleywise Health follows Human Resource policy and procedures (reference Merit Rules).

### **References:**

Valleywise Health Merit Rules  
Valleywise Health Medical Staff Credentialing Policy 39020 T  
Valleywise Health Medical Staff Bylaws of the Medical Staff Policy31200 T

Valleywise Health HR Policy 78250 S Verification of Required Licenses, Registrations and Certifications

Valleywise Health HR Employee Health and Wellness:

- Employee Health and Wellness Preplacement Consent Form # 44147
- Human Resources Occupational Health Drug and Alcohol Testing for Valleywise Health Employees #77506 S
- Infection and Control: Tuberculosis Prevention and Control #62571 S
- Health and Wellness Respiratory Protection Plan #77507 S
- Exposure Control Plan (Infection Prevention and Control) #06686 S
- Influenza Vaccination Program #77513 S

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

**POLICY RESPONSIBLE PARTY:** Susan Willars, Senior Vice President & Chief Human Resources Officer, Michelle Barker, DHSc\_Senior Vice President - Ambulatory Services; and Kristine Trulock, Director Medical Staff Services

**DEVELOPMENT TEAM(S):** Human Resources, Ambulatory Leadership, Regulatory, and Medical Staff Services

**Policy #:** 20075 MT

**Policy Title:** FQHC Credentialing and Privileging of Clinical Staff

**e-Signers:** Susan Willars, Senior Vice President & Chief Human Resources Officer  
Michelle Barker, DHSc, Senior Vice President - Ambulatory Services  
Michael D. White, Executive Vice President & Chief Clinical Officer

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

**New** -

**Retire** -

**Reviewed** --\*

**Revised with Minor Changes** -

**Revised with Major Changes** -**X**

**Please list revisions made below:** ~~(Other than grammatical changes or name and date changes)~~ [Added under policy summary "Medical Staff Credentialing actions shall be submitted to the Maricopa County Special Health Care District Board of Directors for its final approval and to the Valleywise Health Centers Governing Council for FQHC providers and staff."](#).

[Removed from credentialing section 1: "FQHC completes verifications for other clinical staff"](#).

[Added for credentialing section 1-iv-1 Fitness for Duty: "Immunizations and communicable diseases susceptibility is verified by either Valleywise Health Employee Health or District Medical Group Valleywise Health"](#)

[Added for credentialing section 1- iv-2 Fitness for Duty " Valleywise health OLCP's and Other Clinical Staff's fitness for duty..."](#)

**List associated form(s):** (If applicable)



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

**Committee:** Credential Committee

~~04/22~~[12/23](#)

**Committee:** Medical Executive Committee

~~04/22~~[01/24](#)

**Reviewed for EPIC:**

00/00

**Other:** Valleywise Community Health Centers Governing Council

~~10/23~~[03/24](#)

**Other:** Maricopa County Special Health Care District Board of Directors

~~04/22~~[02/24](#)

## **1.d.i. Medical Staff - Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician-Allied Health Professional Staff Credentials**

Recommended by Credentials Committee: December 5, 2023  
 Recommended by Medical Executive Committee: December 12, 2023  
 Submitted to MSHCDB: January 24, 2024

## 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.

<b>INITIAL MEDICAL STAFF APPOINTMENT</b>				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Alyssa Michelle Bernardi, D.O.	Active	Pediatrics	02/01/2024 to 01/31/2026	
Nneka Safiya Edwards-Jackson, M.D.	Active	Pediatrics	02/01/2024 to 01/31/2026	
Lauren Alyssa Engler, M.D.	Courtesy	Obstetrics & Gynecology	02/01/2024 to 01/31/2026	
Greg Lewis Epstein, M.D.	Courtesy	Obstetrics & Gynecology	02/01/2024 to 01/31/2026	
Denise Kathrine Gentles-Ford, M.D.	Courtesy	Obstetrics & Gynecology	02/01/2024 to 01/31/2026	

<b>INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION</b>			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Santiago Garcia Ortiz, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Mohammad Khatib, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.

Recommended by Credentials Committee: December 5, 2023  
 Recommended by Medical Executive Committee: December 12, 2023  
 Submitted to MSHCDB: January 24, 2024

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Shelly Sood, M.D.	Active	Obstetrics & Gynecology	02/01/2024 to 01/31/2026	
Michael M. Wahbah, D.D.S.	Active	Dentistry	02/01/2024 to 01/31/2026	

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nothing to report			

**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.

Recommended by Credentials Committee: January 2, 2024  
 Recommended by Medical Executive Committee: January 9, 2029  
 Submitted to MSHCDB: January 24, 2024

## 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	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Jill Diane Gibson, M.D.	Courtesy	Obstetrics & Gynecology	2/1/2024 to 1/31/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Lisa Michelle Boucek, M.D.	Pediatrics	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pediatric and Adolescent Core Privileges.
Kimberly P. Walters, D.M.D.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileged and Pedodontics Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Lisa Michelle Boucek, M.D.	Active	Pediatrics	2/1/2024 to 1/31/2026	
Vickie Pinder Clennon, M.D.	Courtesy	Obstetrics & Gynecology	2/1/2024 to 1/31/2026	
Kathleen M. Norman, M.D.	Active	Obstetrics & Gynecology	2/1/2024 to 1/31/2026	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Rex H. Ragsdale, M.D.	Family & Community Medicine	<u>Addition:</u> In-Patient Core Adult Cognitive and Adult Procedural Privileges	Unsupervised (10 proctored cases completed)

Recommended by Credentials Committee: January 2, 2024

Recommended by Medical Executive Committee: January 9, 2029

Submitted to MSHCDB: January 24, 2024

**RESIGNATIONS**

*Information Only*

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nothing to report			

**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>
Kaisa Theresa Jacobsen, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2024 to 01/31/2026	

<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>
Nothing to report				

<b>RESIGNATION (Information Only)</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>STATUS</b>	<b>REASON</b>
Debra Boucaud, A.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective September 29, 2023

**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.

**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>
Rachel Ellen Snyder, P.A.-C.	Internal Medicine	Practice Prerogatives on file	2/1/2024 to 1/31/2026	

<b>INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>RECOMMENDATION EXTEND or PROPOSED STATUS</b>	<b>COMMENTS</b>
Casey Lynn Runkle, F.N.P.	Obstetrics & Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Surgical Clinical 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>
Brandie Nicole Burckhard, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	2/1/2024 to 1/31/2026	

<b>RESIGNATION (Information Only)</b>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>STATUS</b>	<b>REASON</b>
Kay Anne Rutledge, F.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective January 31, 2024

**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.



## **3. Valleywise Health Foundation**

# 2023-2024 Overview of the Valleywise Health Foundation

*Valleywise Health Foundation –  
Philanthropy fueling the mission of Valleywise Health*

*ALL IN for a healthier Arizona*

**Valleywise Community Health  
Centers Governing Council Meeting  
Wednesday, March 6, 2024**

**Nicole Rivet, M.ED., CFRE**  
Valleywise Health Foundation  
President & CEO



# 2023 Wins

- \$3M to support First Episode Centers
- \$2.1M CVS Health Zone grant
- \$1M to establish The Herbert Johnson Louis, M.D. Faculty and Resident Education Endowment
- A Night in the Valley raised \$1M+
- 2023 Revenue will exceed \$15M
- \$10.8M provided in support to Valleywise
- Surpassed all Benchmarks
- ALL IN Campaign: More than \$54M



Valleywise Rocks Support at 'A Night in the Valley' and Raises over \$1M



# 2024 Board of Directors

## Board Officers:

- Patti Gentry, Board Chair – President, Patricia B. Boyd and Associates
- Warren Whitney, Board Vice Chair - Sr. Vice President Government Affairs, Valleywise Health
- Sel Nutor, Board Treasurer – Director/Arizona Market Executive, Capital One Bank
- Charles Brown, Board Secretary – Founder and Chief Executive Officer, Impact Diversity Solutions Corporation

## Board Members:

- Liz Agboola, Chief Executive Officer, Trinity Integrated Care
- Claire Agnew, Chief Financial Officer, Valleywise Health
- Betsey Bayless, President Emeritus, Valleywise Health
- Jodi P. Carter, MD, Pediatric Department Chair, District Medical Group
- Mark G. Dewane, Vice-Chair, District 2, Maricopa County Special Health Care District
- Jill Krigsten, Media Consultant, Cox Media
- Tim Louis, Chief Executive Officer, Desert Capital Investments, LLC
- Alicia Nuñez, Interim President and Chief Executive Officer, Chicanos Por La Causa
- Josh Nuñez, Founder and Chief Executive Officer, Nuñez Law Firm
- David Pugh, SVP/Market Manger, Audacy
- Steve Purves, President and Chief Executive Officer, Valleywise Health
- Albert Roh, MD, Vice Chair of Radiology, District Medical Group
- Anne C. Stupp, Healthcare Advocate and Community Volunteer
- Marci Zimmerman-White, Principal, Themis Holdings

# 2024 Organizational & Budget Goals

Continue to build operational processes that reflect industry best practices

Increased alignment and collaboration with health system

## \$13.9M Total Revenue

- \$10.7M in new commitments
- \$3.2M in previous pledges

## \$11.2M In Support to Valleywise Health

- Hybrid Operating Room (OR) capital support
- First Episode Center operating support

**Cost Per Dollar Raised:** \$0.27

**ROI for System:** For every \$1 Valleywise Health invests in us, they receive \$10 in return

# Thank You



## **4. Compliance Training and Conflict of Interest Education**

# FY2024 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: FY2024

Chief Compliance Officer/Privacy Officer



## Two Compliance Words for 2024:

- Push: a vigorous effort to do or obtain something.
  
- 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***

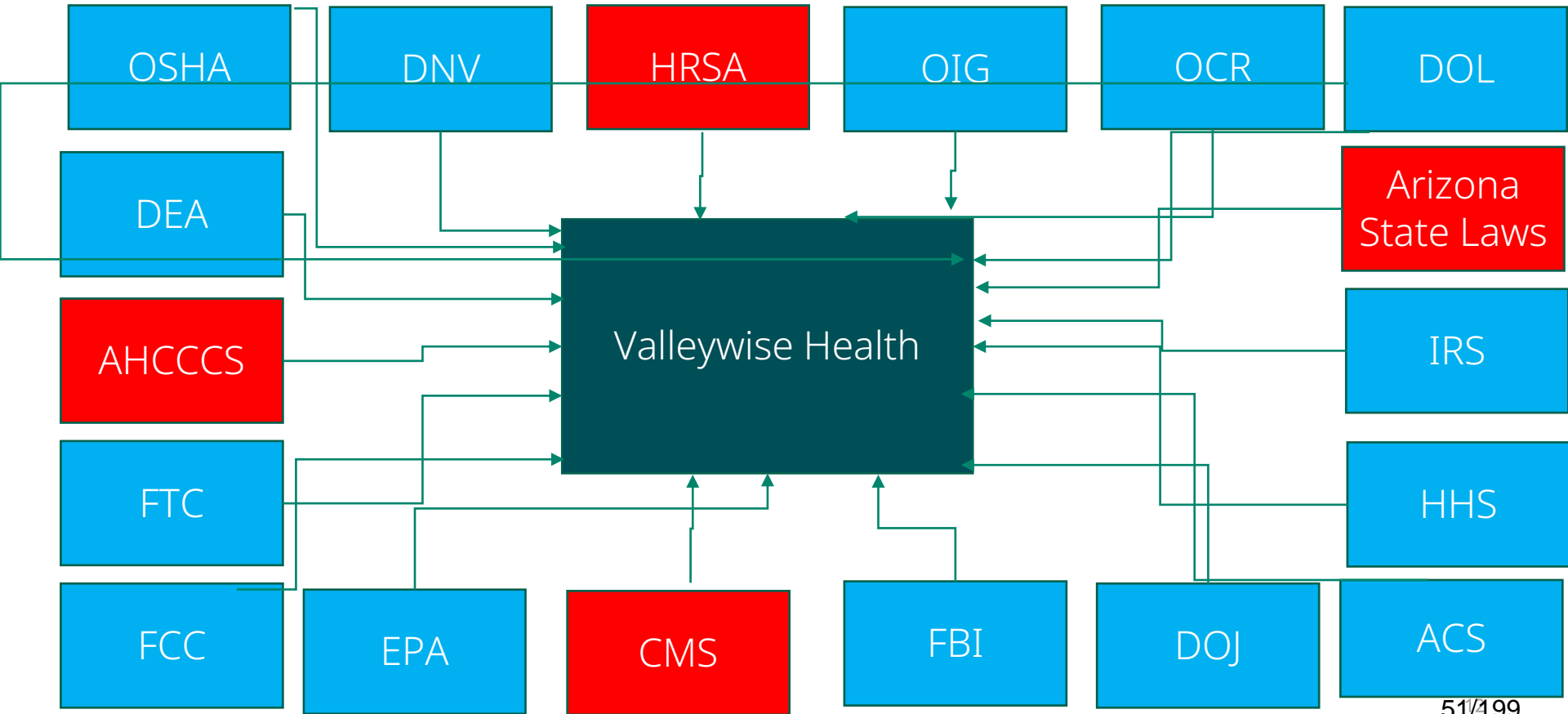
- Prioritized risks and areas of concern based on the importance to business performance, impact to the organization and the likelihood of control /process issues;
- Considered the prior year risk assessments and work completed in FY22 & FY23 and the findings from previous internal audit and compliance 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 FY2024. These will be reassessed quarterly.

# UNDERSTAND THE HEALTHCARE ENVIRONMENT

# Healthcare Regulation/Quality Oversight Bodies

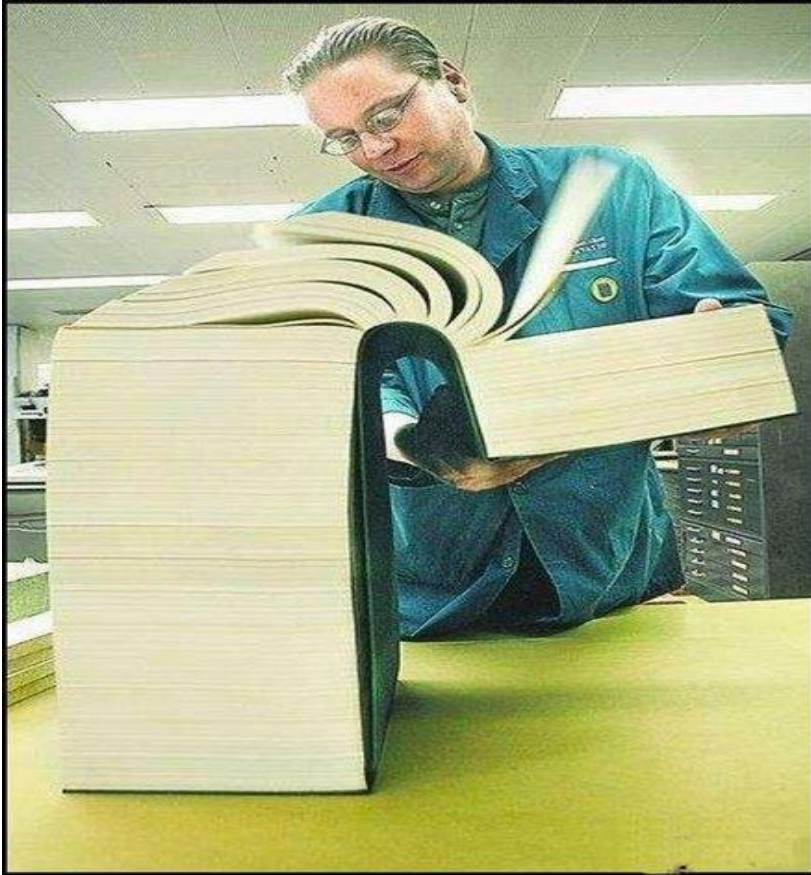


# Healthcare Regulation Oversight Bodies

- 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 2024

1. Hospital Move (Increased)
  2. Pandemic Hangover (Burnout, vacancy rates, etc.) (Increased)
  3. Cybersecurity (Increased)
  4. Kronos to ADP Implementation (Increased)
  5. DMG Contracting (Increased)
  6. Grant Audits (Increased)
  7. Price Transparency/Machine Readable Information (Increased)
  8. Emergency Preparedness (Increased)
  9. Behavioral Health Services (Increased)
  10. Patient Violence (Increased)
  11. Speed of Data Being Sent to Patients (Increased)
  12. Patient Safety (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

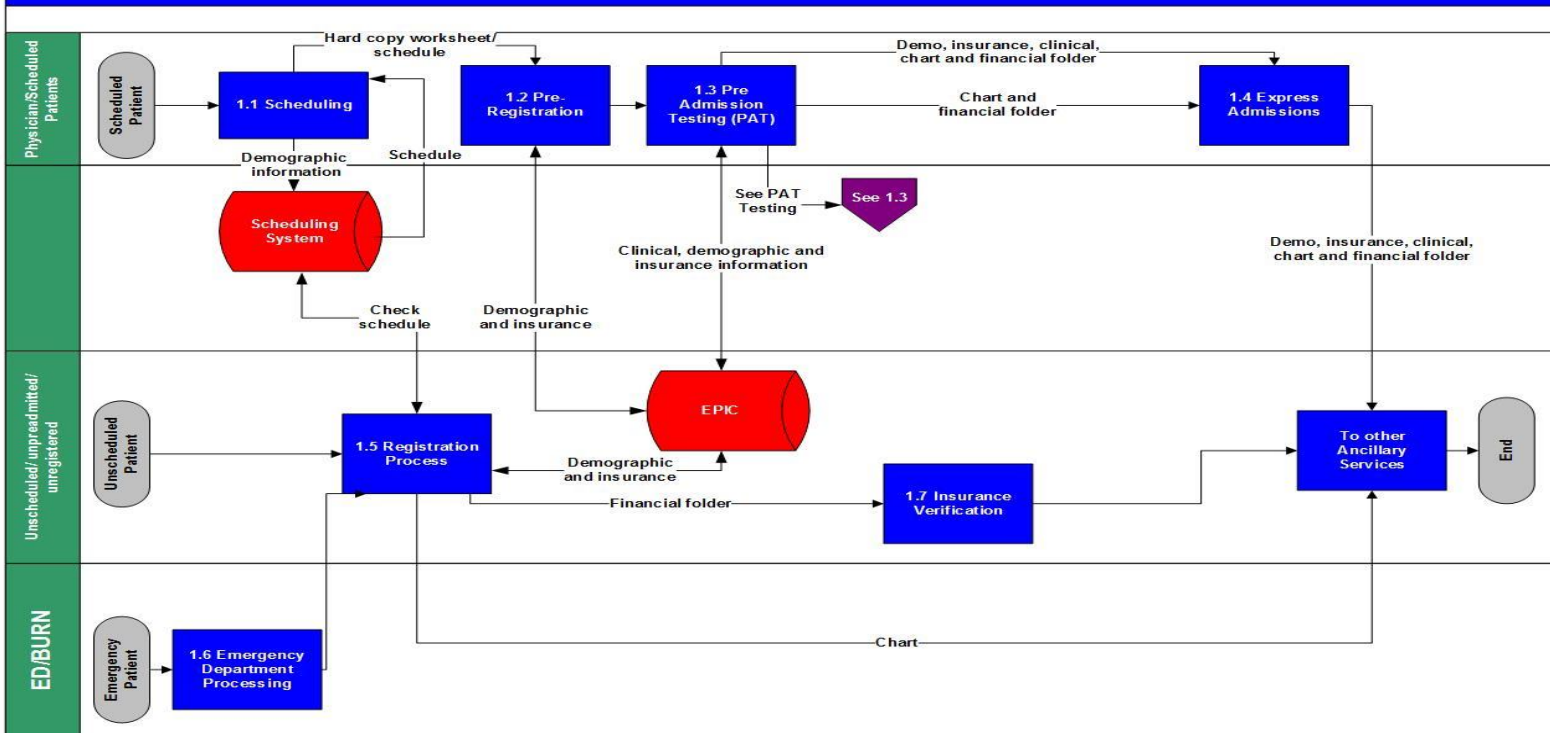
4 - Medicare

5 - Grants

6 - Self  
Pay

## Overview of the Revenue Cycle: EXAMPLE

### 1.0 Admissions



HRSA 330 guidelines and Compliance Manual

Heath Center (three required parts)

I. Public Center (Valleywise Health District Board  
(5 members))

II. Co-Applicant Arrangement and By Laws

III. Co-Applicant (Governing Council)

21.0 Valleywise Health Management

**District 1**

**Director  
Harden**

**District 2**

**Director  
Dewane**

**District 3**

**Director  
McGee**

**District 4**

**Director  
Thomas**

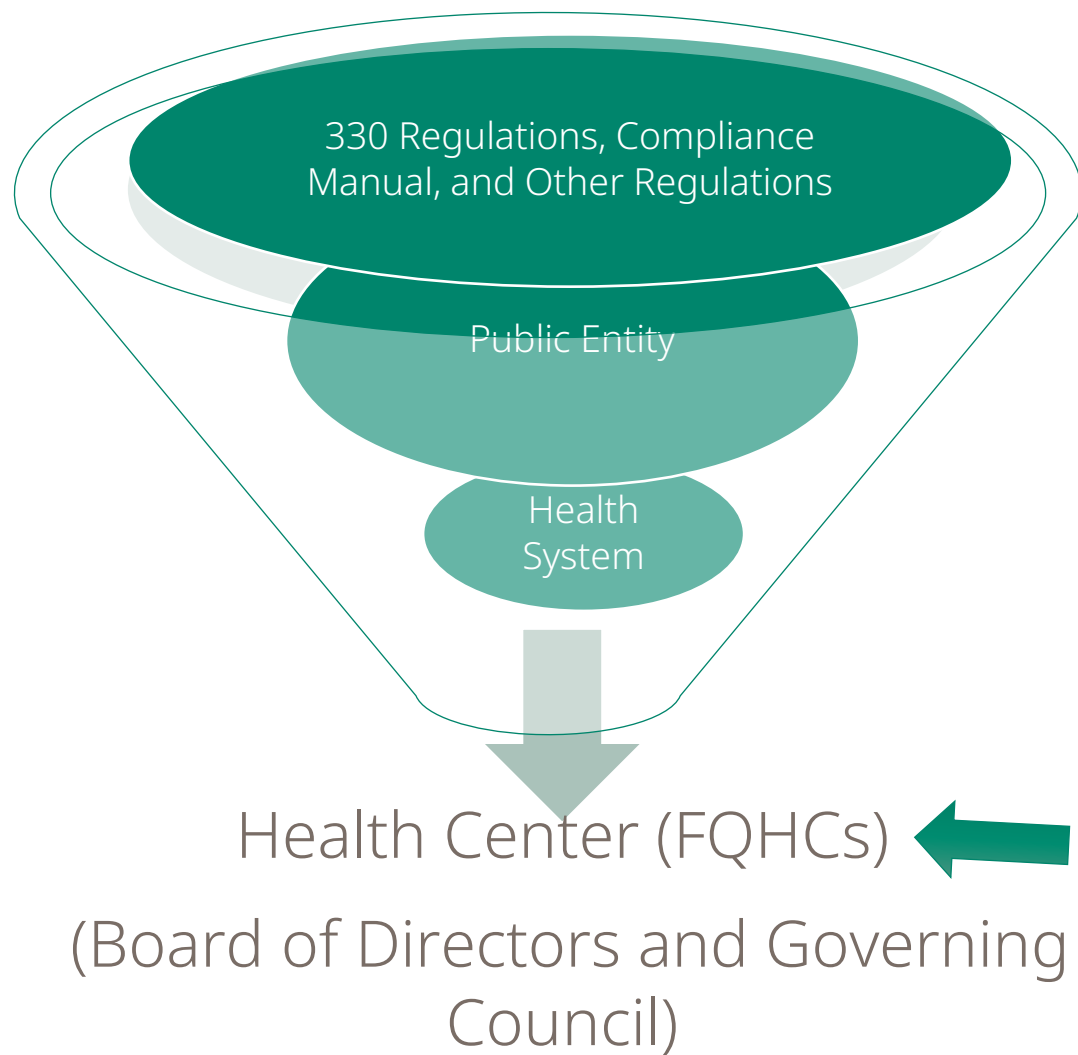
**District 5**

**Director  
Wilcox**

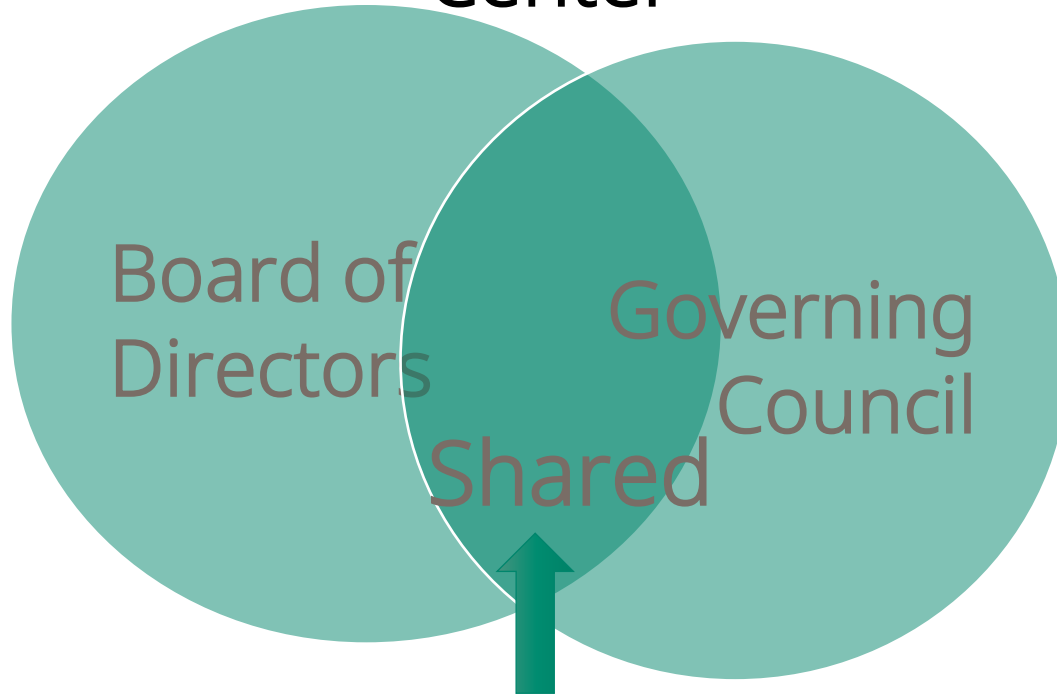
DMG

Human Resource, Finance, and Procurement

Information Systems Department



# 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:



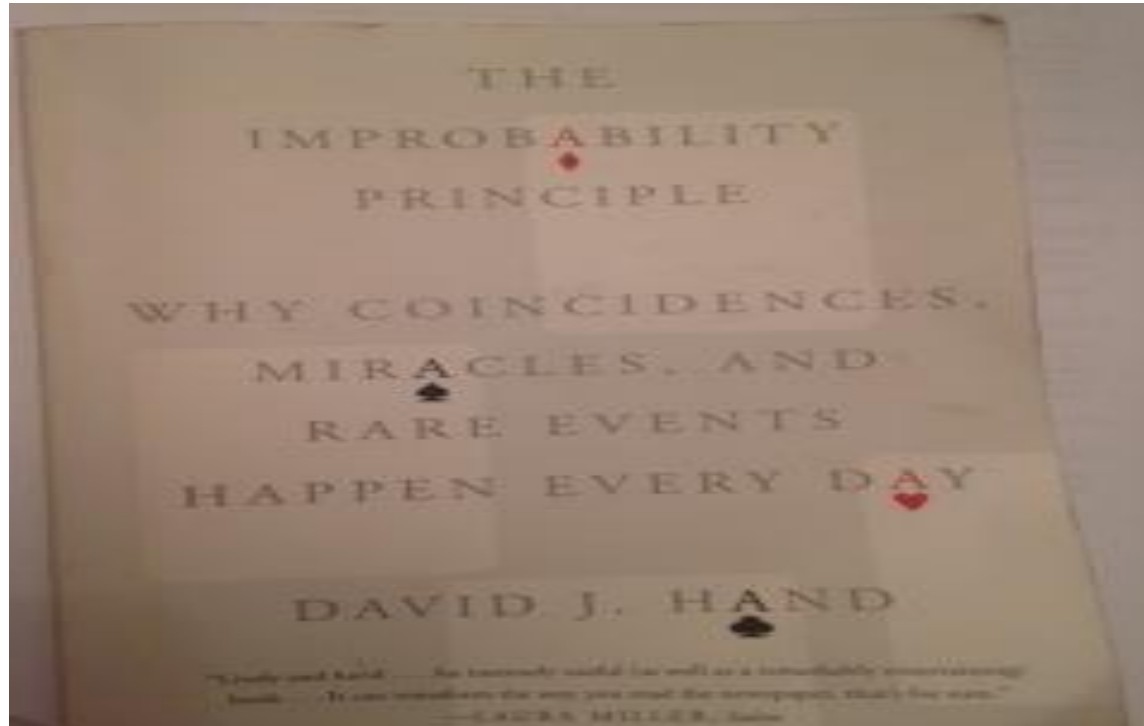
- 10/2018 - **First** site visit in nine years was a successful... achieving 90/93 Elements (97%)
- 9/2019 - We received full FQHC status in September 2019.
- 2/2020 - Technical Assistance Review
- 8/2021 – Operational Site Visit (OSV) – 100%!!
- 11/2023 – Operational Site Visit (OSV) – 100%!!

\*\*Next OSV is in 2026. 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

**VALLEYWISE HEALTH**  
**Enterprise Risk Management**  
 Prepared By L.T. Slaughter  
 FY2024

**ENVIRONMENT RISK**

Capital Availability	Catastrophic Loss	Competitor	Financial Markets	Industry
Legal	Regulatory	Sensitivity	Board of Director Relations	Sovereign/Political
		Rating Agency	Reinsurance	

**PROCESS RISK**

<p><b>OPERATIONS RISK</b></p> <ul style="list-style-type: none"> <li> Patient Satisfaction</li> <li> Human Resource</li> <li> Service Development</li> <li> Efficiency</li> <li> Capacity</li> <li> Performance Gap</li> <li> Cycle Time</li> <li> Compliance (Regulatory and Other)</li> <li> Business Interruption</li> <li> Service Failure</li> <li> Environmental</li> <li> Health and Safety</li> <li> Trademark/Brand Name Erosion</li> </ul>	<p><b>EMPOWERMENT RISK</b></p> <ul style="list-style-type: none"> <li> Authority/Limit</li> <li> Change Readiness</li> <li> Communications</li> <li> Leadership</li> <li> Performance Incentives</li> <li> Subcontractor/Outsourcing</li> </ul>	<p><b>FINANCIAL RISK</b></p> <ul style="list-style-type: none"> <li> Currency</li> <li> Cash Transfer</li> <li> Credit - Default</li> <li> Liquidity - Cash Flow</li> <li> Liquidity - Concentration</li> <li> Reinvestment Risk</li> <li> Counterparty Risk</li> <li> Price - Commodity</li> <li> Price - Currency</li> <li> Price - Financial</li> <li> Instrument</li> <li> Price - Interest Rate</li> <li> Asset/Liability Matching</li> <li> Settlement Risk</li> </ul>
	<p><b>INFORMATION / PROCESSING / TECHNOLOGY RISK</b></p> <ul style="list-style-type: none"> <li> Access</li> <li> Availability</li> <li> Information System</li> <li> Integrity</li> <li> Relevance</li> </ul>	
	<p><b>INTEGRITY RISK</b></p> <ul style="list-style-type: none"> <li> Employee Fraud</li> <li> Illegal Acts</li> <li> Management Fraud</li> <li> Reputation</li> <li> Unauthorized Use</li> <li> Agent Broker</li> </ul>	

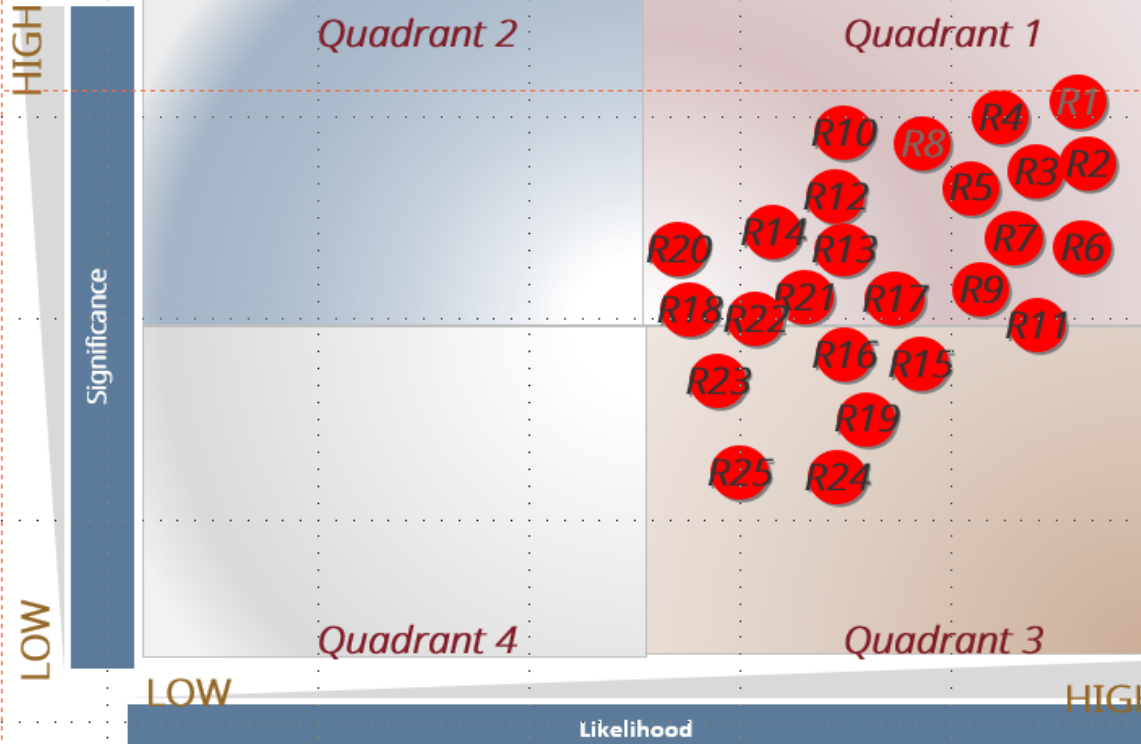
**INFORMATION FOR DECISION MAKING RISK**

<p><b>OPERATIONAL RISK</b></p> <ul style="list-style-type: none"> <li> Alignment</li> <li> Contract Commitment</li> <li> Completeness/Accuracy</li> <li> Measurement (Operational)</li> <li> Pricing</li> <li> Regulatory Reporting (Operational)</li> </ul>	<p><b>FINANCIAL RISK</b></p> <ul style="list-style-type: none"> <li> Accounting Information</li> <li> Budget and Planning</li> <li> Financial Reporting</li> <li> Evaluation</li> <li> Investment Evaluation</li> <li> Retirement Fund</li> <li> Regulatory Reporting (Financial)</li> <li> Taxation</li> <li> Completeness/Accuracy</li> </ul>	<p><b>STRATEGIC RISK</b></p> <ul style="list-style-type: none"> <li> Business Portfolio</li> <li> Environmental Scan</li> <li> Life Cycle</li> <li> Organization Structure</li> <li> Measurement (Strategic)</li> <li> Planning</li> <li> Resource Allocation</li> <li> Valuation</li> </ul>
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Enterprise Risk: High    Medium    Low    Key Enterprise Risk

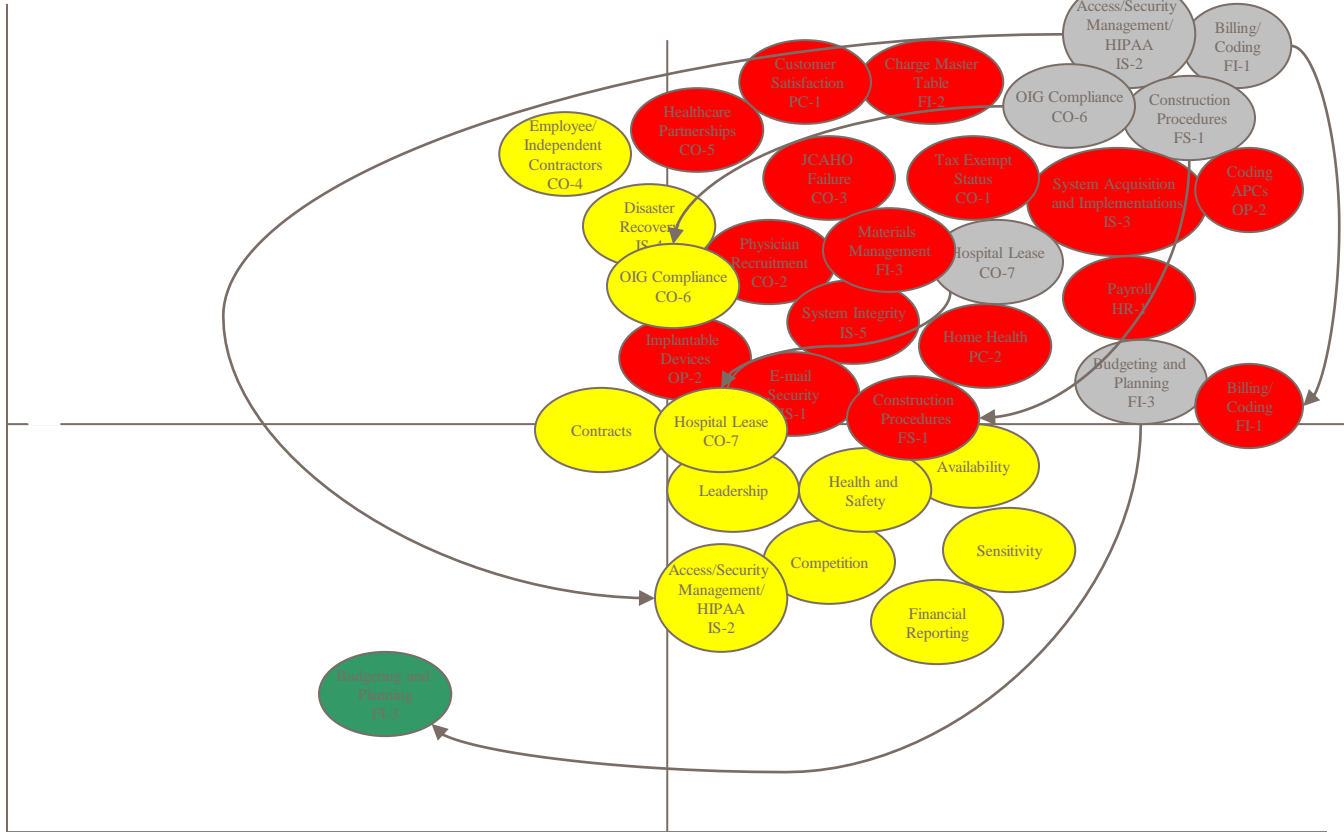
# Risk Assessment Process— Prioritization Map

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.



- FY2024 Top 25 Risk Factors
- R1 Workforce/Physician Recruitment and Retention
  - R2 Behavioral Health (BH) – Title 36 – Timed-Out Patients/Monitoring of BH Patients (Observe Smart Implementation)/IMD Exclusion Compliance
  - R3 Kronos to ADP Payroll Implementation
  - R4 Care-Reimagined Projects (Prop 480)/Hospital Re-location/Future Operating Costs.
  - R5 Trauma – ACS Verification/AZ State Certification/Process Improvement Activities
  - R6 Revenue Cycle - (A/R Valuation, Burn Cases, COVID, Telemedicine, Patient Access Center (PAC), External Referrals, Leakage of Patients)
  - R7 DMG Contract Compliance/New Agreement
  - R8 Patient Violence/Active Shooter/Infant Abduction/SDI Office/(Physician Security Controls)
  - R9 Privacy (Media/External Provider) and IT Security (Cyber Threats) of Protected Health Information/ Hospital Move/Information Blocking (Cure's Act)
  - R10 IT Disaster Recovery and Business Continuity (SAFER Guidelines)
  - R11 Grant and Research Department (uniform guidance).
  - R12 COVID Resurgence/Ending of the Public Health Emergency
  - R13 EMTALA/Dedicated Emergency Departments/New Tower
  - R14 Public Information Requests
  - R15 Hospital Accreditation (DNV) and FQHC Licensure (HRSA)
  - R16 Clinical Validation/Documentation Accuracy and Coding
  - R17 GME and Resident Supervision/Medical Students and Controls (Creighton Alliance)
  - R18 EPIC Implementation Process of Quarterly Updates/New Tower/IT Staffing
  - R19 Compliance with Medicare and AHCCCS Medicaid Regulations
  - R20 Charge Master/Charge Capture/Work Queues
  - R21 Pharmacy 340b and 797 Compliance
  - R22 Supply Chain - Procurement Process/Value Analysis/Supply Interface/ Vendor and Contract Management
  - R23 Quality and Internal and External Score Rating/Patient Harm Events
  - R24 Managed Care Contracts/Differential Adjustment Payments (DAP)/Payer Contract Management/ Denied Reimbursement/Credentiaing Physicians
  - R25 Information Blocking/Price Transparency/No Surprise Act

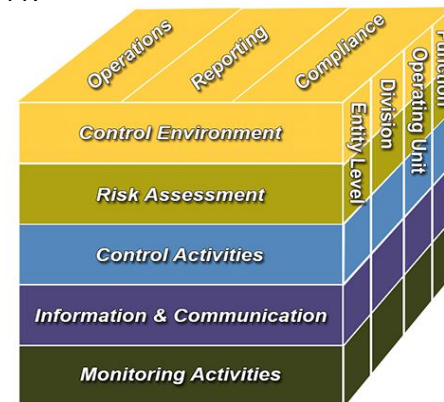
# Example Residual “Net” Risk Map



# 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





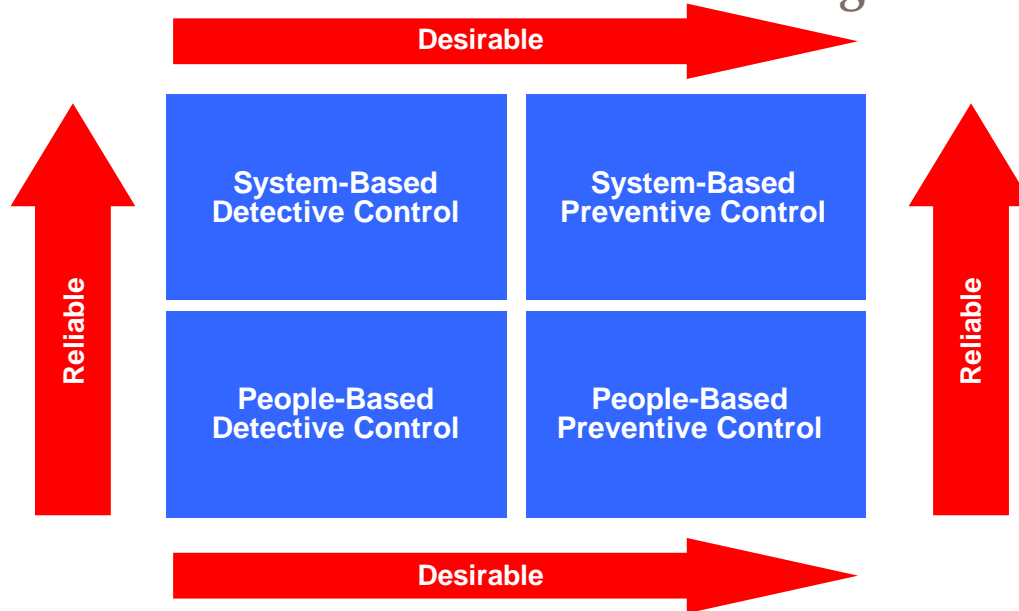
# Types of Internal Controls

- **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.

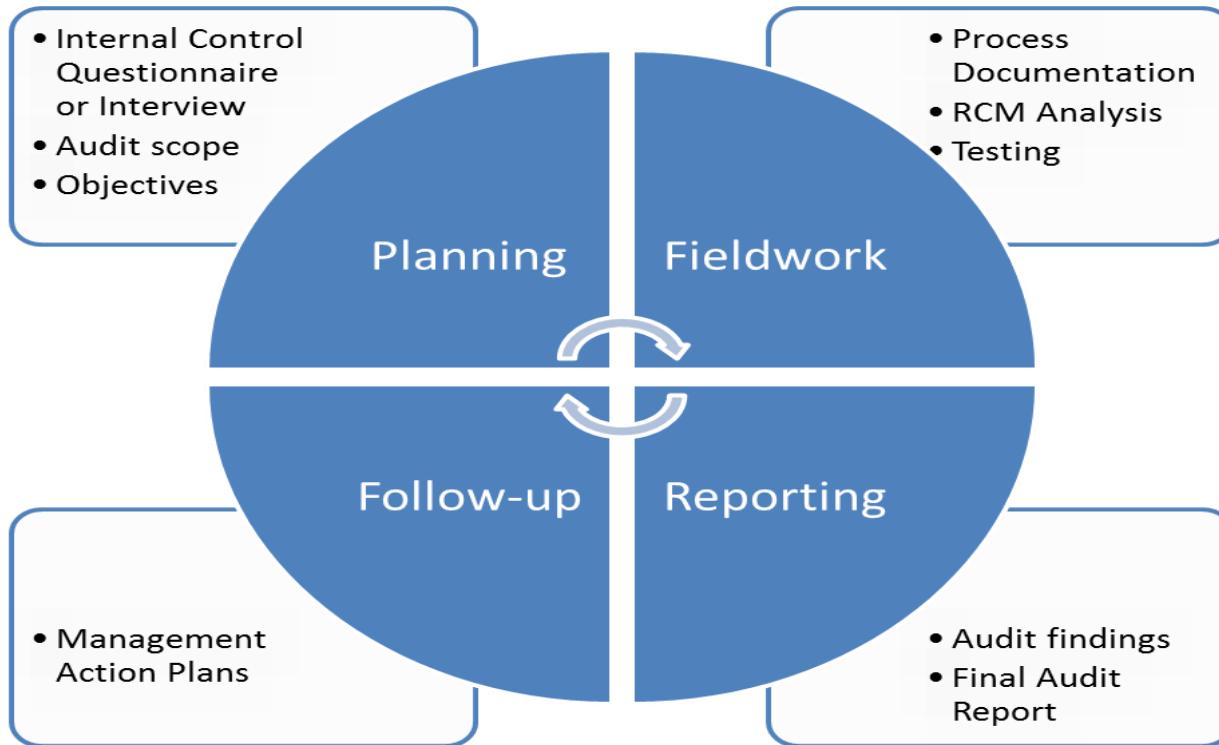
# Determine Controls that Mitigate Risks

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

## Control Types Evaluate Controls Design



# The Internal Audit Process



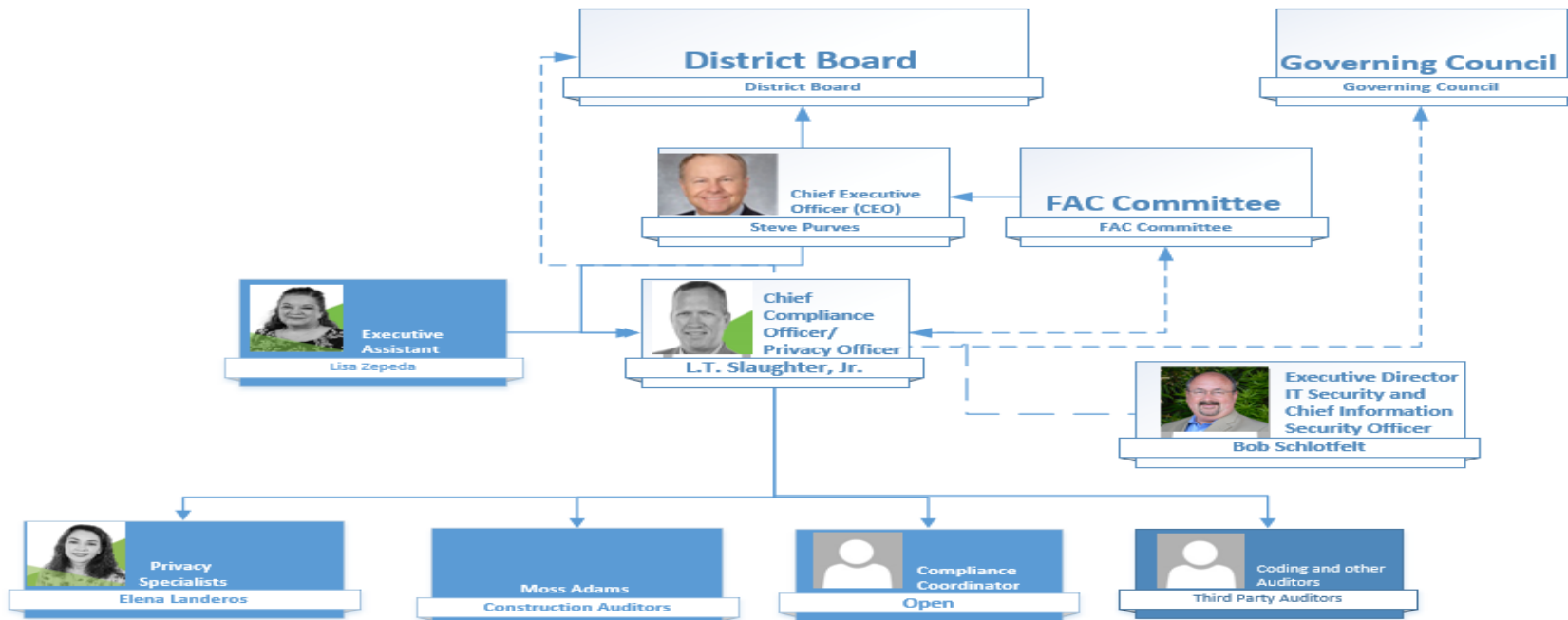
# Compliance Program and Code of Conduct and Ethics

# Valleywise Health's Compliance Plan

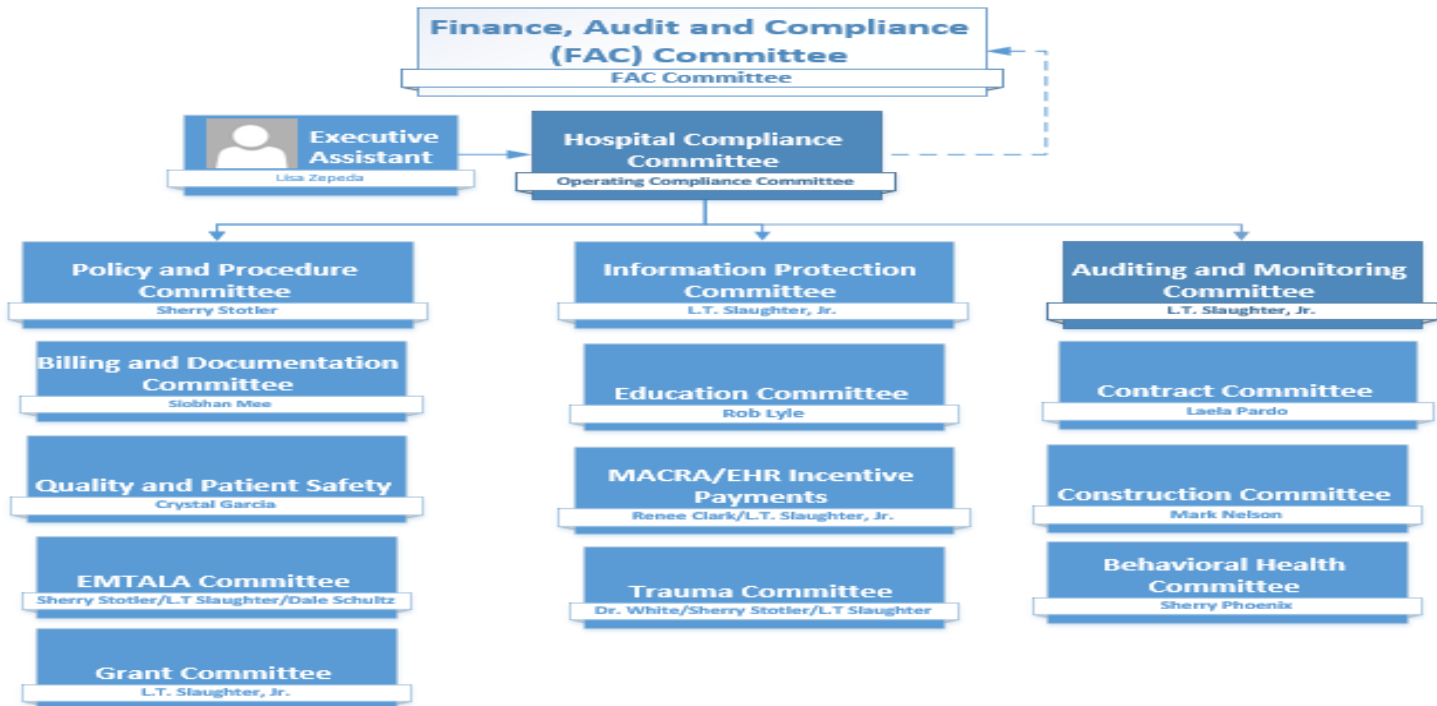
To help the organization follow rules and be ethical, the Office of Inspector General (OIG) has listed seven elements that facilities should include in their corporate compliance plan. Valleywise Health has used the OIG's guideline as a model, and it is the responsibility of all employees to understand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

This Code of Conduct and Ethics (“The Code”) has been adopted by the Maricopa County Special Health Care District, d/b/a Valleywise Health (“Valleywise Health”), Board of Directors (“District Board”) to provide standards by which the District Board, Valleywise Community Health Centers Governing Council (“Governing Council”), Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members 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 our online policy and procedure management system).*

Compliance **360°** **Policies/Forms**





**Maricopa County Special Health Care District**  
**Code of Conduct and Ethics**  
**November 21, 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 - Evaluate** Conflict of Interests – See Policy 99305 G.
  
- 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 EVALUATE CONFLICT OF INTERESTS

Valleywise Health has adopted the Conflict of Interest and Gift Policy – 01291 S.



# Conflict of Interest and Gift Policy



## **Valleywise Health Administrative Policy & Procedure**

**Effective Date:** 08/10, 11/17

**Reviewed Dates:** 03/15, 11/17, 05/19

**Revision Dates:** 08/12, 11/17, 12/19, 12/21, 12/23

**Policy #: 01291 S**

**Policy Title: Compliance: Conflicts of Interest and Gift Policy**

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

# Conflict of Interest



- 3. Gifts:** Workforce Members may accept Gifts of Nominal Value (under \$25); however, Workforce Members may not accept any Gift in the form of cash or cash equivalents (including gift cards or gift certificates) from Vendors, Contractors or patients. The total value of Nominal Value Gifts accepted in any 12-month period from a single individual or entity may not exceed \$250.

# Conflict of Interest Form - 44239



## **Valleywise Health Conflict of Interest Disclosure Form**

Prior to completion of this form, you should be familiar with Valleywise Health's Conflict of Interest Policy which defines many terms used within this disclosure form. You should disclose all actual and potential conflicts of interest. In the event you have questions, please consult the Conflict of Interest Policy or contact the Valleywise Health Chief Compliance Officer, at (602) 344-5915.

## 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 FY2023 (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>o</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

# FY2024 Compliance Work Plan – Example



The FY2024 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 2024 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 Hospital Accreditation (DNV) and FQHC structure (HRSA) (R15) (R23)	Q1	100 Hours			5	
CQ1.2 Behavioral Health - Timed Out Patients/Monitoring of Patients (OBSERV Smart Post-Implementation)/Electronic Filing (R2)(R16)	Q1	150 Hours			5	
CQ1.3 Pharmacy 340b and 797 Compliance (R21)	Q1	100 Hours			5	
CQ1.4 Public Information Requests (R14)	Q1	75 Hours			5	
<b>Risk Re-assessment and Selection Q2</b>						
CQ2.1 New Tower - EPIC Updates/Supply Chain/Audio Visual Controls/Accreditation DNV (R9)(R15)(R18) (R22)	Q2	150 Hours			5	
CQ2.2 Ending of the Public Health Emergency (PHE) (R12)(R19)	Q2	100 Hours			5	
CQ2.3 Revenue Cycle/External Referrals/Information Blocking/Price Transparency/No Surprise Act (R6)(R19)(R20) (R25) (R24)	Q2	100 Hours			5	

# Data Dictionary for the Compliance and Internal Audit Work Plan



ACS – American College of Surgeons - Entity that verifies level one trauma center's processes and quality.

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

DNV – (Det Norske Veritas, Inc.) Acute care Medicare accreditation organization.

EMTALA – Emergency Medical Treatment and Labor Act – Log, Screen and Stabilize patients that present to a dedicated emergency department.

EPIC – Electronic medical record system used by Valleywise.

FQHC – Federally Qualified Health Centers – Primary care entities that are granted this status by HRSA.

GME – Graduate Medical Education – is a formal hospital-based training program for individuals that have completed medical school.

HRSA – Health Resources & Services Administration – Governmental entity that regulates 340b, Ryan White and FQHCs.

Information Blocking – Cures Act regulation requiring medical information systems to communicate with other systems.

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

No Surprise Act – Regulation that establishes federal prohibitions against certain surprise medical bills.

Observe Smart – Behavioral health patient rounding monitoring system.

Price Transparency Rules – Rules that help Americans know the cost of covered medical services.

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.

PHE - Public Health Emergency – U.S. Department of Health and Human Services can declare a public health emergency under Section 319 of the Public Services Act.

SAFER Guidelines – A set of self-assessment tools aimed at helping healthcare organizations evaluate their electronic health record safety practices, identify potential risks and mitigate those risks.

Uniform Guidance – A government-wide framework for grant management, rules and requirements.

340b – A HRSA sponsored discount drug program (797 is compounding regulations).



# FY2024 Internal Audit Work Plan - Example



The FY2024 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 FY2024 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 (R4)	Q1	100 Hours			5	
IQ1.2 Grants (Uniform Guidance) and Research Reviews (R11)	Q1	200 Hours			5	
IQ1.3 DMG Contract Review (R7)	Q1	100 Hours			5	
<b>Risk Re-assessment and Selection Q2</b>						
IQ2.1 Kronos to ADP Payroll Controls (R3)	Q2	150 Hours			5	
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4)	Q2	100 Hours			5	
IQ2.3 Trauma/EMTALA/Dedicated Emergency Department/New Tower (R5) (R13)	Q2	100 Hours			5	
IQ2.4 IT Disaster Recovery/Business Continuity Assessment and SAFER Guidelines (R10)	Q2	100 Hours			5	

# Compliance Regulations and Other Key Issues

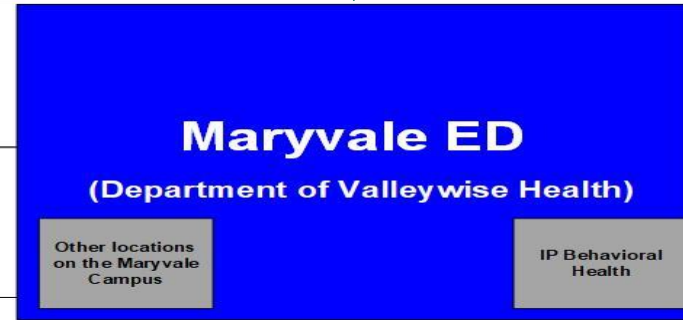
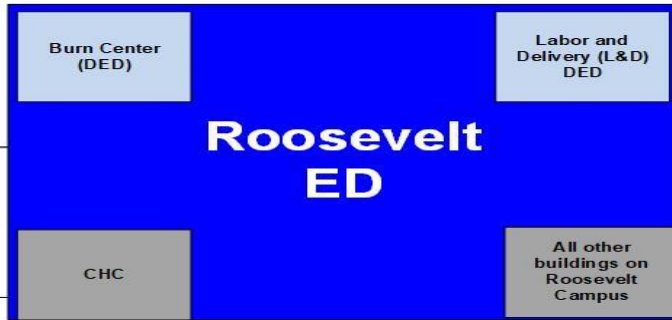
# The Emergency Medical Treatment and Labor Act (EMTALA), is also known as the Patient Anti-Dumping Law.






- 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**

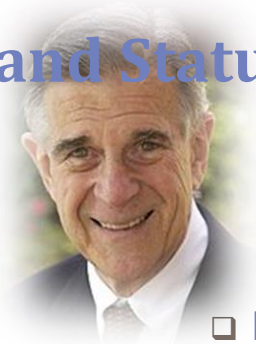
- **1.3) STABILIZE**

- **(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.



# 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)
- ✓ Push!
- ✓ 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?






# Reference\_ Code of Conduct and Ethics



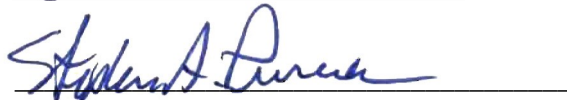
**Maricopa County Special Health Care District**  
**Code of Conduct and Ethics**  
**November 21, 2023**

**Summary of Approvals**

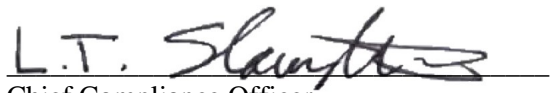
**Approval Signatures:**

  
\_\_\_\_\_  
Chairman, District Board  
Maricopa County Special Health Care District

November 21, 2023  
Date

  
\_\_\_\_\_  
President and Chief Executive Officer  
Valleywise Health

November 21, 2023  
Date

  
\_\_\_\_\_  
Chief Compliance Officer  
Valleywise Health

November 21, 2023  
Date

## Code of Conduct and Ethics Effective November, 21 2023

### 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 (“Valleywise Health”), Board of Directors (“District Board”) to provide standards by which the District Board, Valleywise Community Health Centers Governing Council (“Governing Council”), Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members 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, Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members 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, Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors, and other Valleywise Health committee members. Valleywise Health recognizes the different missions and services that each of these entities provide in developing policies and procedures to achieve the standards and goals set forth in the Code while maintaining each of their unique missions and services.

#### **Definitions:**

**Administration:** Executive leadership (including President and Chief Executive Officer, Executive Vice Presidents, and Senior Leadership including Senior Vice Presidents and Vice Presidents, and Chief Compliance Officer) of Valleywise Health.

**Advanced Practice Clinicians (APCs):** Individuals other than Medical Staff members or AHPs 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 Professionals (AHPs):** 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.

**Board of Directors** – The five publicly elected officials that serve on the Maricopa County Special Health Care District, d/b/a Valleywise Health, for Maricopa County, Arizona.

**Clinical Privileges or Privileges:** The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and the District Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

**Contractors:** A person or entity who is not employed by Valleywise Health and who is performing specific services as defined in their contract.

**Finance, Audit and Compliance Committee (FACC):** An advisory committee to assist Valleywise Health’s President and Chief Executive Officer (“CEO”) with oversight responsibilities related to compliance and financial matters, and internal and external audit functions.

**Governing Council:** Governing body that maintains oversight of the Federal Qualified Health Center (FQHC).

**House Staff:** Includes residents, fellows, and individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital’s professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of a member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

**Management – Valleywise Health Employees who provide supervision to other Valleywise Health Employees.**

**Medical Staff:** All physicians, dentists, oral surgeons, and podiatrists who have been appointed to the Medical Staff by the District Board.

**Provider:** A Medical Staff member with Clinical Privileges, a House Staff member, an Advanced Practice Clinician, or an Allied Health Professional.

**Vendor:** Any person or entity under contract with Valleywise Health to provide goods.

**Workforce Member:** Governing Council members, Valleywise Health Employees, Providers, Agents, and other Valleywise Health committee members whether or not they are paid by Valleywise Health.

***What are your responsibilities as a Valleywise Health employee with regard to the Code?***

*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 guidance from your supervisor(s), Administration, Management, the Chief Compliance Officer or other Valleywise Health leadership resources when you have questions about the application of the standards and other Valleywise Health policies related to your work.
- Understanding the options that Valleywise Health makes available to you for conduct or ethical concerns and promptly raise such concerns with your immediate supervisor or Valleywise Health’s Chief Compliance Officer or 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 internal website (i.e., The Vine) under “Report a Compliance Concern”.
- Cooperating in Valleywise Health’s investigations concerning potential violations of the 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 a patient’s personal health information (PHI), where you are not involved in their care, would be a violation of Valleywise Health’s privacy policies. Employees should only use MyChart to access their own PHI. Additionally, Employees should not access their relatives or anyone else’s PHI where they are not involved in their care (See Policy 01261 S). Taking pictures with a personal camera or cell phone (especially in a treatment area) is a violation of Valleywise Health’s policies and will result in immediate disciplinary actions.

***What are your responsibilities as Valleywise Health’s Administration and Management?***

*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 federal, state, and local statutes, rules and regulations that govern your area(s) of responsibility.
- Encouraging Employees to raise conduct and ethical questions and concerns.
- Ensuring that all Workforce Members (within your areas of responsibility) complete all required annual compliance training.

*Prevent compliance problems by:*

- Identifying potential compliance risks and proposing appropriate policies, procedures, and actions to address such risks.
- Identifying Workforce Member’s whose activities have compliance risks and that are covered by Valleywise Health’s policies and procedures.
- Providing education, role playing and counseling to assist Workforce Members to understand the Code, Valleywise Health policies and procedures, applicable laws, and government payer regulations and rules.

*Detect compliance problems by:*

- Maintaining appropriate controls to monitor compliance and mechanisms that foster the effective reporting of potential compliance issues.
- Promoting an environment that permits Workforce Members to raise concerns without fear of retaliation.
- Arranging periodic compliance reviews that are conducted with the assistance of Valleywise Health’s Chief Compliance Officer to assess the effectiveness of Valleywise Health’s Compliance Program and related policies and procedures, and to identify methods of improving them.

*Respond to compliance problems by:*

- Pursuing prompt corrective action to address weaknesses in internal controls.

- Applying corrective action(s) and disciplinary plans when necessary.
- Consulting with Valleywise Health's Chief Compliance Officer to ensure compliance issues are promptly and effectively addressed.

***What are your responsibilities as the District's Board of Directors***

*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 role.
- 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 (See the District Board Conflicts of Interest and Gift Policy - 99305 G).
- Being knowledgeable about the Valleywise Health Compliance Program (as taught in the new District Board member training and in the annual compliance training) and exercise governance and oversight over it.
- Requiring appropriate reports from Administration 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 Valleywise Health's President and Chief Executive Officer, District Board Counsel, General Counsel, and/or Chief Compliance Officer.
- Assuring that the Compliance Program is free from undue restraints and influences through direct reporting by the Chief Compliance Officer regarding compliance issues that promote the integrity of the Compliance Program and raising any concerns with the Chief Compliance Officer, District Board Counsel and General Counsel.
- Maintaining the confidentiality of all compliance-related information provided to you, subject to the requirements of applicable law.
- Complete required compliance training.

***What are your responsibilities as Provider?***

*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 a basic 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.

- Maintaining the confidentiality of information provided to you relating to compliance issues subject to applicable laws.
- Assisting Valleywise Health in identifying potential compliance issues and in developing possible solutions to address issues identified.
- Understanding the options that Valleywise Health makes available for you to report ethical concerns and to promptly 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’s internal website (i.e., The Vine) under “Report a Compliance Concern”.
- Cooperating in Valleywise Health investigations concerning potential violations of the law, government payer regulations and rules, the Code, the Valleywise Health Compliance Program and Valleywise Health’s policies and procedures.
- Completing required compliance training.
- Understanding that accessing a patient’s personal health information (PHI), where you are not involved in their care, would be a violation of Valleywise Health’s privacy policies. Providers should only use MyChart to access their own PHI. Additionally, Providers should not access their relatives or anyone else’s PHI where they are not involved in their care (See Policy 01261 S). Taking pictures with a personal camera or cell phone (especially in a treatment area) is a violation of Valleywise Health’s policies and will result in immediate disciplinary action.

***What are your responsibilities as Governing Council Member, Agents, Contractors, Vendors or other Valleywise Health committee member (e.g., FACC member)?***

Governing Council Members, Agents, Contractors, Vendors and other Valleywise Health committee members 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 or have equivalent requirements in their contract.
- 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’s internal website (i.e., The Vine) 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 required compliance training.

### ***How May the Code Be Revised?***

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

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

The Code will be reviewed annually by the FACC and District Board 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 for approval, as necessary.

## **III. STANDARDS OF CONDUCT AND ETHICS (THE STANDARDS)**

***Patient Relationships: Valleywise Health (We) through our Administration, Clinical Departments, Providers and Quality Department (and other departments as needed) 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 state and federal laws which provide that an individual shall not be excluded from participation in, be denied the benefits of, or subjected to discrimination on prohibited grounds, such as age, disability, genetic information, national origin, pregnancy, race/color, religion, sex, 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 (e.g., Emergency Medical Treatment and Labor Act (EMTALA) policies) to complete logging in the central log, performing a medical screening exam and stabilizing all patients presenting to our Emergency Department (ED) [e.g., Roosevelt Campus (including trauma) and Maryvale Campus] and at our Dedicated Emergency Departments (DED) [e.g., 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 Medical 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 Governing Council members, other Valleywise Health committee members (as appropriate), Employees, Providers, Agents, and Contractors. We will also assess whether such individuals and entities (including Vendors) have ever been excluded from participation in any of the federal or state health care programs, including the Medicare, Medicaid, and Arizona Health Care Cost Containment System (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 (We) through our Legal Department, Regulatory Department, Compliance Department and Administration (and other departments as needed) 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 educating the District Board, Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members of their 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 assist our District Board, Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors, and other Valleywise Health Committee members with understanding the basic legal obligations that pertain to their individual job functions or services they furnish to Valleywise Health and our patients. We will also encourage them 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 Board, Governing Council members, Employees, Administration, Agents, and Providers and, as warranted, Contractors and Vendors, 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 the District Board, Governing Council members, Employees, Administration, Providers, Agents, Contractors, and Vendors to voice any questions about the proper interpretation of a particular law, regulation, policy, or procedure while performing services for Valleywise Health.

***Avoidance of Conflicts of Interest for the Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members.***

***Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health 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, Governing Council member, employee, Administration, Providers, agent, Contractors, Vendors and other Valleywise Health committee members to render objective decisions in the course of their job responsibilities, or other services they furnish to Valleywise Health (See the Valleywise Health Conflict of Interest and Gift Policy (See 01291 S).***

Principles:

Valleywise Health (We) through Administration and the Compliance Department (and other departments as needed) 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 Governing Council members, Employees, Administration, Providers, Agents, Contractors, and Vendors, and other Valleywise Health committee members (See the Valleywise Health Conflict of Interest and Gift Policy (See 01291 S) may disclose and have an evaluation about whether a particular activity or relationship could be construed as a conflict of interest or otherwise improper.

- We will provide examples of the conduct that must be demonstrated by the Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members (See 01291 S) in the performance of services for Valleywise Health and will require that such individuals to evaluate and report conflicts of interest in the performance of their responsibilities and services to Valleywise Health.

- We will educate the Governing Council members, Employees, management, Administration, Providers, Agents, Contractors, Vendors, and other Valleywise Health committee members (See 01291 S about informing 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 educate the Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members (See 01291 S) about the 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 educate the Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members about the purchase of outside goods based on the Vendor’s ability to best satisfy Valleywise Health’s needs and not based on personal relationships.
- We will educate the Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members about the purchase of outside services based on the Contractor’s ability to best satisfy Valleywise Health’s needs and not based on personal relationships.
- The Governing Council members, Employees, Administration, Providers, Agents, Contractors, Vendors and other Valleywise Health committee members (See 01291 S) 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, Administration or Employees in a decision or contract in which they have a direct or indirect pecuniary or proprietary interest, as required by A.R.S. §38-502.

### ***Avoidance of Conflicts of Interest for the District Board***

#### Principles

***Valleywise Health (We) through the District Clerk’s Office, the Legal Department and the Compliance Department (and other departments as needed), will maintain policies and procedures that make clear when a District Board members private interests may inappropriately interfere with Valleywise Health’s interests; and will provide support through which the District Board (See the District Board Conflicts of Interest and Gift Policy (See 99305 G), ) may disclose and have an evaluation about whether a particular activity or relationship could be construed as a conflict of interest or otherwise improper.***

- The District Board Conflicts of Interest and Gift Policy (See 99305 G) (hereafter “See 99305 G”) establishes the policy and procedure for the District Board and defines a Gift as well as District Board conflicts of interest and will require that District Board members to evaluate and report conflicts of interest in the performance of their responsibilities and services to Valleywise Health.
- We will educate the District Board (See 99305 G) about informing 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 educate the District Board (See 99305 G) about the 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 educate the District Board (See 99305 G) about the purchase of outside goods based on the Vendor's ability to best satisfy Valleywise Health's needs and not based on personal relationships.
- We will educate the District Board (See 99305 G) about the purchase of outside services based on the Contractor's ability to best satisfy Valleywise Health's needs and not based on personal relationships.
- The District Board (See 99305 G) 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, Administration or Employees in a decision or contract in which they have a direct or indirect pecuniary or proprietary interest, as required by A.R.S. §38-502.

***Relationship with Payers: Valleywise Health (We) through our Health Management Information (HIM), Revenue Cycle, Compliance Providers and Clinical Departments (and other departments as needed) 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.
- 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 notify impacted plan administrators and third parties within a reasonable time (including but not limited to, Medicare Part C entities) of any detected fraud, waste or abuse activities or other violations (including HIPAA privacy or security, etc.), advise of actions taken, and will work with them if necessary to implement or adjust timely corrective actions.



- We will maintain all Medicare Part C documentation (including training, exclusion checks, and other compliance documentation for at least 10 years).
- We will compensate billing and coding staff and billing/coding 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 Providers: Valleywise Health (We) through our Administration, Management, Compliance and Legal Department (and other departments as needed) will monitor its business dealings to structure relationships in ways that satisfy the needs of the community.***

- We will maintain relationships with Providers 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 (See 01291 S) 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. (See policies 01111 S False Claims and 01119 S Anti-Kickback Statue)
- 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. (See policies 01111 S False Claims and 01119 S Anti-Kickback Statue)
- 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: Valleywise Health (We) through our Human Resources Department, Administration, and Management (and other departments as needed) recognize that a diverse workforce enriches the life experience of all Employees and our community and will promote diversity.***

- 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: Valleywise Health (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 privacy, security and integrity of documents and records in our possession, and will develop systems, policies, and procedures sufficient to safeguard the privacy, 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 (i.e., ten years), D and Medicaid.
  - Prevent the altering, removal, or destruction of records or documents except according to Valleywise Health's 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, Governing Council members, Employees, Administration, Providers, Contractors, Vendors, Agents, and other Valleywise Health committee members with a means of raising questions and concerns and reporting any conduct that is suspected to be in violation of this Code. District Board members, Governing Council members, Employees, management, Administration, Providers, Contractors, Vendors, Agents, and other Valleywise Health 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, Human Resources 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’s internal website (i.e., The Vine) 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, Human Resources, 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 (See 01291 S) 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.



**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.

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

**Maricopa County Special Health Care District - District Board**

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

**Governing Council**

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

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

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

**Providers:** 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 may result in disciplinary action as provided in the Bylaws of the Medical Staff/Providers.

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

**Agents, Contractors, Vendors and Other Valleywise Health Committee Members (including FACC):** 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 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: \_\_\_\_\_

# Reference\_ 01291 S Conflicts of Interest and Gift Policy

## Valleywise Health Administrative Policy & Procedure

**Effective Date:** 08/10, 11/17

**Reviewed Dates:** 03/15, 11/17, 05/19

**Revision Dates:** 08/12, 11/17, 12/19, 12/21, 12/23

**Policy #: 01291 S**

**Policy Title: Compliance: Conflicts of Interest and Gift Policy**

**Scope:** [ ] District Governance (G)  
[X] System-Wide (S)  
[ ] Division (D)  
[ ] Multi-Division (MD)  
[ ] Department (T)  
[ ] Multi-Department (MT)  
[ ] FQHC (F)

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### Definitions:

**Administration:** Executive leadership (including Chief Executive Officer and President, executive vice presidents, senior vice presidents and vice presidents) of Valleywise Health.

**Advanced Practice Clinicians (APCs):** 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 Professionals (AHPs):** 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.

**Board of Directors** – The five publicly elected officials that serve on the Maricopa County Special Health Care District, d/b/a Valleywise Health, Board of Directors for Maricopa County, Arizona.

**Clinical Privileges or Privileges:** The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and the District Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

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**Finance, Audit and Compliance Committee (FACC)**: An advisory committee to assist Valleywise Health’s President and Chief Executive Officer (“CEO”) with oversight responsibilities related to compliance and financial matters, and internal and external audit functions.

**Gift**: Any payment, distribution, expenditure, advance, deposit or donation of money, any intangible personal property or any kind of tangible personal or real property including travel and dinners.

**Governing Council**: Governing body that maintains oversight of the Federal Qualified Health Center (FQHC).

**Management** – Valleywise Health employees that provide supervision to other Valleywise Health employees.

**Medical Staff**: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the District Board.

**Provider**: A Medical Staff member with Clinical Privileges, a House Staff member, an Advanced Practice Clinician or an Allied Health Professional.

**House Staff**: Includes residents, fellows, and individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital’s professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of a member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

**Workforce Member**: Governing Council members, Valleywise Health employees, Providers, agents, and other Valleywise Health committee members whether or not they are paid by Valleywise Health (this includes the FACC).

**Strategic Item**: – A Strategic Item is considered to be any material whose purpose is directed toward meeting Valleywise Health’s mission and will directly increase revenue, reduce expenses or provide support for Valleywise Health contract negotiations.

**Vendor**: Any person or entity under contract with Valleywise Health to provide goods or services.

**Contractors**: A person or entity who is not employed by Valleywise Health and who is performing specific services as defined in their contract.

**I. WORKFORCE MEMBER CONFLICT OF INTEREST AND GIFT POLICY:**

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- 1. Solicitation:** Workforce Members are prohibited from soliciting any Gift, compensation arrangement, or investment or ownership interest from a Vendor, Contractor or a patient.
- 2. Exception for Charitable Contributions**
  - a) Solicitation and acceptance of charitable contributions by the Valleywise Health Foundation (hereinafter referred to as the Foundation) are governed in accordance with the Foundation's policies and procedures. The Foundation may solicit or accept donations from Vendors or Contractors that are unrestricted; are for a designated fund approved by the Foundation's Board of Directors; or, are otherwise approved by the President of the Foundation or its Board of Directors. The President of the Foundation has the authority to reject any contribution from a Valleywise Health Vendor or Contractor which he or she believes will inure to the benefit of any individual Valleywise Health employee or Provider or is designated for reimbursement or payment of specific employee or medical staff travel, meals, entertainment, or educational expenses, or specific Valleywise Health department operating expenses or capital expenditures. This provision does not preclude the Foundation from using Vendor or Contractor donated funds to pay for its own administrative or operating expenses.
  - b) Valleywise Health employees and Providers, other than Foundation personnel, may not solicit or accept charitable contributions from Vendors or Contractors. Valleywise Health Workforce Members may not direct Vendors or Contractors to make donations to the Foundation as a method of circumventing this restriction. If a Vendor or Contractor informs a Workforce Member of his or her desire to make a donation, the Workforce Member may suggest that the Vendor or Contractor contact the Foundation to discuss Gift giving opportunities. Valleywise Health will not predicate the awarding of business contracts on donations or contributions from Vendors or Contractors to Valleywise Health, or its subsidiaries, affiliates, and supporting charitable organizations.
  - c) Solicitations authorized by the Valleywise Health Administration to benefit outside charitable organizations and/or their beneficiaries or victims of tragic events are not prohibited under this policy. Examples of such solicitations include, but are not limited to, the United Way Campaign, the March of Dimes Campaign, The Arizona Foundation for Burns and Trauma, and solicitation of sponsorships, clothing, toys and other gifts for burn victims or victims of other tragedies.
- 3. Gifts:** Workforce Members may accept Gifts of Nominal Value (under \$25); however, Workforce Members may not accept any Gift in the form of cash or cash equivalents (including gift cards or gift certificates) from Vendors, Contractors or patients. The total value of Nominal Value Gifts accepted in any 12-month period from a single individual or entity may not exceed \$250. Occasionally, Vendors, Contractors or patients will send a small amount of cash or a gift card in the mail to a Workforce Member. If it is impractical to return such gifts, they should be donated to the Foundation or shared with the entire unit/department.



- 4. Promotional Items:** Promotional items such as coffee mugs, pens and toys, may be accepted from a Vendor or Contractor on an occasional basis if such items are of Nominal Value. Workforce Members are expected to exercise good judgment and avoid accepting or displaying promotional items that detract from Valleywise Health's professional image or give the impression that Valleywise Health is endorsing or promoting a Vendor's or Contractor's products or services.
- 5. Gifts from Patients:** Patients sometimes show their appreciation by giving Gifts of food, flowers, and trinkets to employees and Providers. When such a Gift is received, the patient should be thanked and the Gift shared with the entire department or donated to a charitable organization. Tips cannot be accepted from patients and should be graciously refused. If a patient provides a non-perishable Gift which is believed to exceed Nominal Value, and the Gift cannot be politely returned or refused without causing offense or embarrassment, the Gift should be donated to a charitable organization.
- 6. Gifts to Patients:** Workforce Members may not offer or provide Gifts to patients as a means of inducing patients to obtain services from Valleywise Health or rewarding patients for receiving services from Valleywise Health. In general, Gifts to patients are limited to items with a value of no more than \$10 per item or \$50 in the aggregate per patient per year. Gifts of cash or cash equivalents are not permitted. At times, Workforce Members may desire to assist a needy patient by paying for part of a patient's treatment or some other need. While this is commendable, care should be taken to follow Valleywise Health patient Gift giving policies to ensure that Gifts provided to patients do not appear to be an inducement or reward for the patient's use of Valleywise Health.
- 7. Purchasing Decisions:** Under no circumstances may a Workforce Member solicit or accept any Remuneration from a Vendor or Contractor in exchange for promoting, recommending or purchasing the Vendor's or Contractor's products or services. A Workforce Member is prohibited from directly or indirectly influencing any decision regarding the purchase of any item or service from a Vendor or Contractor if such Workforce Member has a Financial Interest in the Vendor or Contractor. Directly or indirectly influencing a decision includes making recommendations, providing evaluations, voting on or promoting the purchase of an item or service. For example, a physician may not promote, evaluate or make a recommendation on a Vendor's product if he or she has accepted or has agreed to accept consulting fees, advisory board fees, royalties, free travel and entertainment, or Gifts of more than Nominal Value from the Vendor.
- 8. Vendor and Contractor Restrictions:** Vendors and Contractors are strictly prohibited from offering or providing any Remuneration, including Gifts, to a Workforce Member other than Remuneration that a Workforce Member may accept pursuant to this policy. Under no circumstances may a Vendor or Contractor offer or provide any remuneration to a Workforce Member with the

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intent of influencing, inducing or rewarding the Workforce Member's recommendation or decision to purchase any of the Vendor's or Contractor's products or services. Vendors and Contractors are prohibited from offering or making charitable contributions to the Valleywise Health Foundation as a means of circumventing this restriction. Vendors and Contractors are prohibited from making any charitable contribution that will inure to the benefit of any Workforce Member who is in a position to influence (i.e., Administration or Management) any decision concerning the Vendor or Contractor.

**9. Vendor and Contractor Promotions:** In general, Workforce Members may not allow Vendors or Contractors to display or promote their products on Valleywise Health property or at a Valleywise Health function. This is not intended to prevent Valleywise Health managers from having meetings with Vendors or Contractors to discuss their products where the products are presented to management or to purchasing teams for evaluation.

**10. Vendor and Contractor Paid Meals, Travel, Entertainment and Educational Expenses:**

- a) Workforce Members may accept a meal of nominal value from a current Vendor or Contractor during business meetings. If an item is considered to be a Strategic Item (see Definition) and is approved by the Valleywise Health President & CEO (or District Counsel for the President & CEO) on the "Strategic Items Declaration and Approval Form" (see Attachment One), the Workforce Member may exceed the limits in this section. The Strategic Item Declaration and Approval Forms will be monitored by the Compliance Department.
- b) Vendors and Contractors may provide meals or other perishable items to a department or group, but in no case may a Workforce Member solicit such Gifts from a Vendor or Contractor. The value of these items must be less than \$50 per person per event. Workforce Members should exercise proper judgment in accepting meals and other perishable items as the continual acceptance of these items can lead to an appearance of impropriety. Departments and groups must track the number of meals and perishable items are provided by an individual Vendor or Contractor if more than three gifts are provided in any 12-month period.
- c) Workforce Members may attend Vendor or Contractor paid social events in order to further develop business relationships where the cost or fair market value of the event does not exceed \$50 per person per event; however, Workforce Members may not attend sporting events or accept payment or reimbursement of any travel related expenses, including overnight lodging. Workforce Members should be mindful of avoiding the appearance of a conflict of interest and exercise good judgment in limiting the number of such events and choosing the most appropriate setting for discussing Valleywise Health business.
- d) Unless specified per contract, workforce members may attend Vendor or Contractor sponsored training or educational events, but a Workforce Member may not accept payment or reimbursement from the Vendor or Contractor for any travel related expenses, including overnight lodging, or

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fees, stipends or honorariums for participating in the event. If registration fees are charged to the public for attendance at these events, Valleywise Health will pay these fees. These restrictions do not apply to payments or reimbursements made by a trade or professional association for a Workforce Member's attendance at the association's event or for industry sponsored research.

- e) Workforce Members may not accept payment or reimbursement of travel related expenses, including overnight lodging, associated with site visits or other travel related to reviewing and evaluating a Vendor's or Contractor's products or services.

Workforce Members may not solicit payments or donations from Vendors or Contractors for sponsoring educational events administered by Valleywise Health; however, Vendors and Contractors may, if they offer to do so, sponsor educational events administered by Valleywise Health that conform with the ACCME's Standards to Ensure the Independence of CME Activities, regardless of whether CME credit is given through the event or if participants include non-physicians. For such events,

- Vendors or Contractors may not, in any way, control or have the ability to influence the speakers or educators,
- Vendors or Contractors may not select, provide, control, or have the ability to influence the speakers or educators,
- Vendors or Contractors may not display or promote their products or services, or distribute information concerning their products or services;
- Vendors or Contractors may not provide any Gifts to participants, attendees or event administrators before, during or after the event;
- Vendors or Contractors may not pay or reimburse directly to any individual any travel related expenses, including overnight lodging;
- Vendors or Contractors may not pay for meals subject to the limitation for Vendor paid meals to a department or group, i.e. meals valued at less than \$50 per person per event;
- Speakers and educators must disclose to Valleywise Health and the participants any conflicts of interest, including, but not limited to, any Financial Interest in a sponsoring Vendors or Contractors if the speaker or educator will be referring to or discussing any of the Vendor's or Contractor's products or services as part of his or her presentation; and,
- Employees must ensure that all costs associated with the event regardless of any Vendor or Contractor payment contribution, and/or donation have been pre-approved as part of the employee's annual operating budget.

## **11. Vendor and Contractor Paid Capital Expenditures and Operating Expenses:**

Workforce Members, other than Foundation personnel, may not solicit or accept payments, contributions or donations from Vendors or Contractors to pay for a Valleywise Health department's capital expenditures or operating expenses (except as otherwise provided in this policy for Vendor sponsored educational events and meals). Charitable contributions made by a Vendors or Contractors to the Foundation are distributed to Valleywise Health departments through restricted or unrestricted funds established by the Foundation's Board of

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Directors and as authorized solely by the Foundation's policies and procedures or its Board of Directors. Valleywise Health employees or Providers may not establish or control restricted or unrestricted funds at the Foundation.

**12. Use or Disclosure of Intellectual Property or Confidential Information:**

- a) Workforce Members shall only use or disclose Valleywise Health Intellectual Property or Confidential Information solely for the purpose of carrying out business activities as part of their authorized duties for Valleywise Health. Such use or disclosure must be consistent with Valleywise Health policy. (See, e.g. Valleywise Health Policy 42007 S "Research: Intellectual Property"). Use or disclosure of Intellectual Property or Confidential Information in exchange for Remuneration or for any personal gain or advantage, or with the intent of causing harm to Valleywise Health, a Workforce Member or a patient, is an abuse of a Workforce Member's position, creates a serious conflict of interest for the Workforce Member, may violate confidentiality laws, may constitute intellectual property infringement, and may be considered theft of Valleywise Health property. Such use or disclosure may be subject to civil legal action, criminal prosecution and/or disciplinary action up to and including termination.
- b) The provision above is not intended to prevent Workforce Members from sharing best practices or policies and procedures with other professionals in the healthcare industry for the purpose of improving healthcare operations. Such exchanges of ideas would not usually create a conflict of interest, but Workforce Members should exercise good judgment and share mainly information which represents ideas and not information specific to Valleywise Health.

**13. Special Rules Regarding Referring Providers:**

- a) Remuneration provided to a referring Provider or the Providers' employer may not vary based on the volume or value of referrals to, or other business generated for, Valleywise Health.
- b) Remuneration may not be provided to a referring Provider or the Provider's employer with the intent of inducing or rewarding the Provider's referrals to Valleywise Health.
- c) Non-cash Compensation, including Gifts, with an aggregate value of up to \$489 may be provided by Valleywise Health to a referring Provider during any calendar year as long as the Compensation is not solicited by the Provider or the Provider's employer and the amount of Compensation is not determined in a manner which takes into account the volume or value of referrals or other business generated by the referring physician. Examples of non-cash Compensation include holiday gift baskets, restaurant meals, and tickets to sporting or social events.
- d) Medical staff incidental benefits, such as cafeteria meals and parking, may be provided to referring Provider if:
  - the value of each benefit does not exceed \$30 per occurrence and per physician;

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- the benefits are provided to all Providers in the same specialty without regard to the volume or value of referrals or other business generated between the parties;
  - the benefits are provided only during periods when the Providers are making rounds or are engaged in other services or activities that benefit the hospital or its patients;
  - the Compensation is reasonably related to the provision of, or designed to facilitate directly or indirectly the delivery of, medical services at the hospital; and,
  - the benefits are provided by the hospital and used by the Providers only on the hospital's campus. Benefits, including, but not limited to, internet access, pagers, or two-way radios, used away from the campus only to access hospital medical records or information or to access patients or personnel who are on the hospital campus, as well as the identification of the Provider on a hospital web site or in hospital advertising, will meet the "on campus" requirement.
- e) Free or discounted compliance training may be provided to referring Provider as long as the training is held in the local community or service area.

**14. Research Activities:** Disclosure of Significant Financial Interest

- a) All individuals responsible for the design, conduct, or reporting of the results of work performed or to be performed under a Public Health Service (PHS) sponsored project, an industry sponsored research study, or other research activity, referred to as "**Investigator.**" This includes, but is not limited to, the Principal Investigator, other investigators, Research Assistants or Coordinators, and any other individuals (including personnel from other institutions) who are involved in accomplishing project objectives. It may include students (graduate and undergraduate) and other personnel listed as authors on project results, even if they are not paid from the project.
- b) What is a "Significant Financial Interest"?
1. With regard to **Publicly-Traded Entities**, Payments or value exceeding \$5,000 (when aggregated for an Investigator and the Investigator's spouse and dependent children) from a single entity during the prior 12 months. This includes any salary, consultant payments, honoraria, paid authorship, equity interest (stock, stock option or other ownership interest).
  2. With regard to **Privately Held Entities**, Payments or value exceeding \$5,000 (when aggregated for an Investigator and the Investigator's spouse and dependent children) from a single entity during the prior 12 months or when the Investigator and the investigator's spouse/domestic partner and dependent children hold any equity interest (stock, stock option, or other ownership interest).
  3. With regard to **Intellectual Property**, Intellectual property rights and interests (patents, copyrights) upon receipt of income related to such rights and interests.
  4. With regard to **Travel Reimbursements**, any reimbursed or sponsored travel related to the Investigator's Institutional Responsibilities during the

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- prior 12 months (with the exception of travel that is reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education).
5. The term "Significant Financial Interest" **does not include**: salary, royalties, or other remuneration paid by Valleywise Health to the Investigator if the Investigator is currently employed or otherwise appointed, including intellectual property rights assigned to the Institution and agreements to share royalties related to such rights; income from investment vehicles, such as mutual funds and retirement accounts; income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute affiliated with an institution of higher education.
- c) **What are "Institutional Responsibilities?"** An Investigator's Institutional Responsibilities means the Investigator's professional responsibilities on behalf of the Institution, including activities such as research, teaching, clinical or other professional practice, academic activities, scholarly events, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.
- d) **Review Process and Guidelines-** The Valleywise Health Department of Compliance in conjunction with the Valleywise Health Research Department will review the Investigator's Detailed Disclosure Form to ensure completeness and consistency with prior disclosures (if applicable). The form, along with any supporting documentation shall be forwarded to the Oversight Committee on Conflict of Interest (OCCI) for review. The OCCI will consider whether any of the disclosed Significant Financial Interests of the Investigator are related to the project and whether the financial interest could directly and significantly affect the design, conduct, or reporting of the project.
- For example, a direct effect would occur when the project results would be directly relevant to the development, manufacturing, or improvement of the products or services of the entity in which the Investigator has a Significant Financial Interest, or when the entity is a proposed subcontractor or participant in the project. A significant effect on the financial interest is one that will materially affect the value of the entity, its earnings, or sales of its products. The following are examples of when an Investigator would be deemed to have a financial conflict of interest (FCOI): (i) if the Investigator (together with Investigator's spouse or domestic partner and dependent children) has a Significant Financial Interest in an entity that could be affected by the research results from a proposed PHS-funded grant or contract, or an industry sponsored contract, based on an analysis of the scope and subject matter of the proposed project described in the

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application, or (ii) the Investigator (together with Investigator's spouse or domestic partner and dependent children) has a Significant Financial Interest in an entity that licenses technology from Valleywise Health which has resulted in license income and that technology is the subject of a proposed PHS-funded award, or other funded award. In making this determination, the designated institutional official(s) may consult with all appropriate institutional and governmental officials.

If the OCCI determines that an identified FCOI was not disclosed or reviewed in a timely fashion, the OCCI will develop and implement a Mitigation Plan for the FCOI.

For disclosures of Significant Financial Interest greater than \$5,000 but less than \$10,000 the OCCI will review the information and make a determination of whether a conflict exists. Disclosures of Significant Financial Interests of amounts in excess of \$10,000 shall be submitted to the Valleywise Health Chief Compliance Officer, with a recommendation from the OCCI for review and approval, or continuing management.

**15. Arizona's Conflict of Interest Laws**

- a) Workforce Members are obligated to comply with the provisions set forth in this Policy as well as the provisions contained in Arizona's Conflict of Interest Laws, A.R.S. 38-501 through 38-511.
- b) In the event that there is a conflict between the provisions of this policy and the provisions in Arizona's Conflict of Interest Laws, the more restrictive and more limiting provision shall control.

**16. Disclosure of Conflicts of Interest:**

- a) Employees
  - All employees must complete the Valleywise Health disclosure statement at the time of employment. The recruiter will consult with the Chief Compliance Officer concerning any new hire that has a conflict of interest prior to the new hire's start date.
  - All employees at or above the Unit Manager level and all Purchasing department employees and Facilities Development/Engineering management staff must complete a disclosure statement annually (in the Code of Conduct and Ethics). The disclosure statement is recorded in the Learning Management System.
- a) Providers and Medical Staff Researchers
  - All Providers must complete the Valleywise Health Code of Conduct and Ethics Form annually during annual compliance education. The Director of Medical Staff Services will consult with the Chief Compliance Officer (CCO) if a potential conflict of interest is disclosed during the initial appointment or at any reappointment.
  - Medical Staff Researchers will complete the Valleywise Health Conflict of Interest Disclosure Form annually. The CCO and the Director of Research will review and will manage and maintain disclosure statements in accordance with guidelines listed in #14 above.

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- Providers and Medical Staff Researchers will re-submit a disclosure statement as any additional financial interest arises.
  - Medical Staff Services will maintain disclosure statements in the Medical Staff's credentialing file.
- b) Purchasing Decisions
- All Workforce members who participate in purchasing decisions must disclose any conflicts of interest prior to participation. Participation may include, but is not limited to, performing evaluations of a product or service, recommending the purchase of a product or service, contract negotiation, voting to purchase a product or service or including a medication in the Valleywise Health formulary.
  - Workforce Members who have a conflict of interest must recuse themselves from participation in the decision-making process. If a manager or chairman of a purchasing or product evaluation committee believes extenuating circumstances exist that would allow an individual with a conflict of interest to participate in the decision-making process, the CCO should be consulted for a decision.
- c) It is the duty of every workforce member to seek guidance from the Valleywise Health CCO or District Counsel prior to engaging in any activity which might lead to a conflict of interest or perception of same with Valleywise Health.
- d) Workforce Members who fail to comply with this procedure will be subject to disciplinary action, up to and including termination.

## **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 the District Board Conflict of Interest and Gift Policy (See 99305 G).

### **References:**

Arizona Revised Statutes 38-501 - 38-511  
Form #44239 Valleywise Health Conflict of Interest Form  
The District Board Conflict of Interest and Gift Policy (See 99305 G)



Once Printed This Document May No Longer Be Current

**Attachment One  
Strategic Item Declaration and Approval Form**

<b>I. Strategic Item Declaration</b>		
<b>No.</b>	<b>Item</b>	<b>Item Information</b>
<b>1</b>	<b>Name of Workforce Member</b>	
<b>2</b>	<b>Strategic Item Name</b>	
<b>3</b>	<b>Strategic Item Description</b>	
<b>4</b>	<b>Linkage to Strategic Plan</b>	
<b>II. Strategic Item Approval</b>		
<p><b>This item is deemed a Strategic Item and meals and travel expenses related to the above item can be accepted by the Workforce Member that exceed section 10 of the Conflict of Interest and Gift policy. (Gifts are not included in this approval).</b></p> <p>X _____ CEO/ or District Legal Counsel (If for the CEO)</p> <p>X _____ Chief Compliance Officer</p>		
<b>III. Tracking of Strategic Items</b>		
<b>No</b>	<b>Item/Meeting Date</b>	
<b>1</b>		
<b>2</b>		
<b>3</b>		

Once Printed This Document May No Longer Be Current

Valleywise Health Policy & Procedure - Approval Sheet

(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY: Chief Compliance Officer**

**DEVELOPMENT TEAM(S):**

**Policy #: 01291 S**

**Policy Title: Compliance: Conflict of Interest**

**e-Signers: L.T. Slaughter, Jr., Chief Compliance Officer**

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

**New -**

**Retire -** -

**Revised with Minor Changes -**

**Revised with Major Changes -**

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

Updated definition of Gift, Vendor and referenced the new District Board of Directors Conflict of Interest and Gift Policy (Draft)\_\_\_\_\_.

**List associated form(s):** (If applicable)

Form #44239 Valleywise Health Conflict of Interest Form

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

**Committee: System-wide P&P** 12/23

**Committee:** 00/00

**Committee:** 00/00

**Reviewed for EPIC:** N/A

**Other:** 00/00

**Other:** 00/00

# Reference\_ Form 44239 Conflict of Interest Form



**Valleywise Health  
Conflict of Interest Disclosure Form**

Prior to completion of this form, you should be familiar with Valleywise Health's Conflict of Interest Policy which defines many terms used within this disclosure form. You should disclose all actual and potential conflicts of interest. In the event you have questions, please consult the Conflict of Interest Policy or contact the Valleywise Health Chief Compliance Officer, at (602) 344-5915.

**A. Financial Relationships with Outside Organizations (Refer to Section 14 of the Valleywise Health Conflicts of Interest Policy)**

**1 Did you, or an immediate family member, during the past 12 months:**

- a. receive a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding \$100.00), discounts, gift certificates, cash, or any other payments from any vendor or advisory board that is related or potentially related to your job responsibilities?  YES  NO
- b. receive funding in any form, cash or in kind, directly or indirectly, for any research activities from a vendor, contractor or agent which conducts business with Valleywise Health?  YES  NO
- c. have any ownership interest in any business entity, the business operations of which are related to or potentially related to your job responsibilities at Valleywise Health?  YES  NO
- d. enter into or participate in executing a contract between Valleywise Health and an entity which you or an immediate family member have/has a business or financial relationship?  YES  NO

**2. Do you, or an immediate family member, anticipate in the upcoming 12 months:**

- a. receiving a salary, royalties, consulting fees, speaking fees, honoraria, gifts (including meals exceeding \$100.00), discounts, gift certificates, cash, or any other payments from any vendor or advisory board that is related or potentially related to your job responsibilities?  YES  NO
- b. receiving funding in any form, cash or in kind, directly or indirectly, for any research activities from a vendor, contractor or agent which conducts business with Valleywise Health?  YES  NO
- c. having any ownership interest in any business entity greater than \$5,000 (excluding owning mutual funds which own stock in the company), the business operations of which are related to or potentially related to your job responsibilities at Valleywise Health?  YES  NO
- d. entering into or participating in executing a contract between Valleywise Health and an entity which you or an immediate family member have/has a business or financial relationship?  YES  NO

**Valleywise Health  
Conflict of Interest Disclosure Form**

**B. Fiduciary and Management Activities.**

During the past 12-month period, have you or an immediate family member had or expect to have in the next 12-month period, a fiduciary or management role such as but not limited to Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Director, Trustee, or Board Member:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. with/for any pharmaceutical manufacturer?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. with/for any manufacturer of durable medical equipment?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. with/for any provider of healthcare supplies?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. with/for provider of healthcare consultant services?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. with/for any other Valleywise Health vendor, contractor, or agent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**C. Other Conflicts**

Do you have any other potential or actual conflict(s) of interest?  YES  NO

**If you have identified above any actual or apparent conflict of interest related to your job responsibilities at Valleywise Health, you must complete Section E, Conflict of Interest Management Plan. Please use additional paper if necessary.**

**D. Acknowledgement**

I acknowledge that the information I have provided in this form is accurate as of the date of my signature, and should any question arise as to a possible conflict of interest, I will promptly report the same to the Valleywise Health. I commit to providing an updated form whenever a material change occurs in the information I have provided. I understand that as a public servant I am subject to the laws of the State of Arizona concerning conduct by public servants. Neither I nor any member of my immediate family have used or disclosed information relating to the Valleywise Health's business for personal profit or advantage for myself or any immediate family member. Further, I have received a copy of the Valleywise Health's conflict of interest policy and procedure.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee ID Number (If Applicable): \_\_\_\_\_

**IF YOU HAVE RESPONDED "YES" TO ANY OF THE AFOREMENTIONED  
QUESTIONS PLEASE CONTINUE ON TO SECTION E – PAGE 3**

**Valleywise Health  
Conflict of Interest Disclosure Form**

**E. Conflict of Interest Management Plan**

I have identified an actual or apparent conflict of interest related to my job responsibilities at Valleywise Health arising from my or an immediate family member's financial relationship, or my fiduciary relationship.

List all actual or potential conflicts of interest for you or any member of your immediate family. Include the names of all respective Valleywise Health parties (e.g., you or your immediate family member), the name of the person or entity with which the potential or actual conflict of interest arises (e.g., name of vendor, contractor or agent conducting business with Valleywise Health), and explain why this is a potential or actual conflict of interest. Use additional paper if necessary.

You/Immediate Family Member	Entity (Name of vendor, contractor, agency, etc.)	Explain Conflict

This is my conflict of interest management plan: (circle one or both)

1. I will recuse myself from participating in any negotiation, voting, decision-making or product recommendation or evaluation with respect to any transaction with, or on behalf of, Valleywise Health that involves any of the listed companies or organizations.
2. In consultation with the Valleywise Health Compliance Officer, I have also agreed on the following specific actions that I will take to manage the conflict(s) of interest(s) effectively.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee ID Number (If Applicable): \_\_\_\_\_

# Reference\_ 01261 S - Access Use Sale and Disclosure of PHI

## Valleywise Health Administrative Policy & Procedure

**Effective Date:** 01/10

**Reviewed Dates:** 11/11, 02/17, 3/19, 01/20, 12/21

**Revision Dates:** 03/12, 11/13, 02/17, 12/23

**Policy #: 01261 S**

**Policy Title: Compliance/HIPAA: Access, Use, Sale, and Disclosure of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations**

**Scope:** [ ] District Governance (G)  
[X] System-Wide (S)  
[ ] Division (D)  
[ ] Multi-Division (MD)  
[ ] Department (T)  
[ ] Multi-Department (MT)  
[ ] FQHC (F)

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### **Purpose:**

This policy sets forth the circumstances in which Valleywise Health and its personnel may or may not access, use, sell, and disclose protected health information ("PHI") for treatment, payment, and health care operations, and when patient authorization is required to do so.

### **Definitions:**

Advanced Practice Clinicians (APCs): 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 Professionals (AHPs): 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.

Clinical Privileges or Privileges: The authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.



House Staff: Includes residents, fellows, and Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board. Medical Staff are also referred to as Attendings.

Provider: A Medical Staff Member with Clinical Privileges, Resident, Advanced Practice Clinician or Allied Health Professional.

Sale of PHI Means: a disclosure of protected health information by Valleywise Health or any business associate of Valleywise Health, where Valleywise Health or any business associate of Valleywise Health directly or indirectly receives remuneration from or on behalf of the recipient of the protected health information in exchange for the protected health information.

Treatment Means: the provision, coordination, or management of health care and related services by Valleywise Health or other health care providers. This includes consultation with other health care providers relating to a patient and referring patients to other health care providers.

Payment: includes: such activities as obtaining premiums, determining eligibility or coverage, coordination of benefits, adjudication or subrogation of health benefit claims, risk adjusting amounts, billing, claims management, collection activities, obtaining payment under a contract for reinsurance, related health care data processing, medical necessity or coverage review, utilization review—regardless of when it is performed, and disclosure of certain information to consumer reporting agencies.

Health Care Operations Includes: a wide range of day-to-day activities that support the conduct of business at Valleywise Health. To fall within the definition of health care operations, an activity must fall within one of the following specific provisions:

1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines. Such projects should be submitted to the Valleywise Health Institutional Review Board (IRB) in order to obtain a letter of exemption from IRB review.
2. Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives, and related functions that do not include treatment of patients.
3. Reviewing the competence or qualifications of health care professionals or evaluating practitioner and provider performance.

4. Evaluating health plan performance.
5. Conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, or training of non-health care professionals.
6. Accreditation, certification, licensing, or credentialing activities.
7. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care—including stop-loss insurance and excess loss insurance.
8. Conducting or arranging for medical review, legal services, and auditing functions—including fraud and abuse detection and compliance programs.
9. Business planning and development, such as conducting cost-management and planning related analyses related to managing and operating Valleywise Health, including formulary development and administration, development, or improvement of methods of payment or coverage policies; and
10. Business management and general administrative activities of Valleywise Health, including, but not limited to:
  - A. Management activities relating to implementation of and compliance with the HIPAA Privacy Standards.
  - B. Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.
  - C. Resolution of internal grievances.
  - D. The sale, transfer, merger or consolidation of all or part of Valleywise Health with another organization that must comply or will be required to comply with the HIPAA Privacy Standards and due diligence related to the sale, transfer, merger or consolidation.
  - E. Creating de-identified health information; and
  - F. Fund raising for the benefit of Valleywise Health
11. Workforce member means: employees, contractors, subcontractors, volunteers, trainees, medical staff, dental staff, allied health professionals, students, residents, and other persons whose conduct or performance at

Valleywise Health is under the direct control of Valleywise Health, whether or not they are paid by Valleywise Health.

12. Activities preparatory to research:

- A. Accessing Valleywise Health databases to determine if sufficient eligible subjects are available for a potential research study.
- B. Reviewing a small sample of medical records (10 records or less) to determine if the data needed for a potential study are available for retrieval. The information reviewed may be in hard copy or electronic form.

13. Research means: Activities whose primary purpose is to produce generalizable knowledge. Research activities other than those listed in (12) above are *not* considered to be Health Care Operations under the HIPAA rules, but rather are considered to be Research and therefore must be submitted to the Valleywise Health IRB for review. Upon receiving IRB approval, study personnel may access and/or disclose patient records for the purposes of the specific study protocol. Questions about whether a given activity should be considered Research, or should be considered Health Care Operations, should be referred to the Valleywise Health Institutional Review Board prior to commencement.

**Procedure:**

**1. Valleywise Health Use of PHI**

- A. If Valleywise Health personnel are authorized to have access to a patient's PHI; they may use that PHI within Valleywise Health for purposes that meet the definition of "treatment, payment, or health care operations."
- B. Valleywise Health personnel use of PHI for purposes that do not meet the definition of "treatment, payment, or health care operations" are addressed by other policies dealing with those specific uses or disclosures.
- C. Valleywise Health personnel must follow Valleywise Health's policy on verifying the identity and authority of the recipient. (See Policy: Verifying Identity and Authority of Requestor of Protected Health Information)
- D. Valleywise Health personnel will use only the minimum amount of PHI necessary for the purpose. (See Policy: Using, Disclosing and Requesting the Minimum Necessary Amount of Protected Health Information).

**2. Sale of PHI**

- A. Neither Valleywise Health nor any business associate of Valleywise Health may sell PHI without obtaining a valid authorization for the sale of PHI. This authorization must state that disclosure will result in remuneration to Valleywise Health.
- B. Sale of protected health information does not include a disclosure of protected health information:

- (1) For public health purposes or for the use of a limited data set;
- (2) For research purposes or in the use of a limited data set, where the only remuneration received by the covered entity or business associate is a reasonable cost-based fee to cover the cost to prepare and transmit the protected health information for such purposes.
- (3) For treatment and payment purposes.
- (4) For the sale, transfer, merger, or consolidation of all or part of Valleywise Health and for related due diligence.
- (5) To or by a business associate of Valleywise Health for activities that the business associate undertakes on behalf of Valleywise Health, or on behalf of a business associate in the case of a subcontractor, and the only remuneration provided is by the covered entity to the business associate, or by the business associate to the subcontractor, if applicable, for the performance of such activities.
- (6) To an individual, when requested.
- (7) Required by law; and
- (8) For any other purpose permitted by and in accordance with the applicable requirements of this subpart, where the only remuneration received by Valleywise Health or any business associate of Valleywise Health is a reasonable, cost-based fee to cover the cost to prepare and transmit the protected health information for such purpose or a fee otherwise expressly permitted by other law.

### **3. Disclosure of PHI outside Valleywise Health for Treatment, Payment and Health Care Operations.**

#### **A. Activities to Assist Valleywise Health.**

Valleywise Health personnel may disclose PHI to a third party to assist in Valleywise Health's activities that meet the definition of "treatment, payment or health care operations." Before disclosing PHI to the third party to assist Valleywise Health, Valleywise Health personnel will determine that Valleywise Health has a business associate agreement in place with the third party if one is required by Valleywise Health policy. (See Policy: Business Associate Agreements).

#### **B. Disclosure of PHI to other institutions or third party for "Research" purposes is not covered under these operations and is subject to oversight by the IRB and Department of Research**

#### **C. To Other Health Care Providers.**

1. Valleywise Health personnel may disclose PHI to another health care provider to support the patient's treatment.

- (1) Where possible and practical, an authorization signed by the patient or the patient's personal representative should be requested. However, when it is not possible or practical to obtain an authorization to release the medical record, personnel shall provide the minimum PHI necessary to

accommodate the request. In some cases, the minimum necessary information may include the entire medical record.

2. Valleywise Health personnel may disclose PHI to another health care provider to support the other provider's payment, to the extent that the PHI pertains to the provided treatment. The other health care provider must submit a written request for the patient's records. This written request may take any form, including e-mail. Valleywise Health personnel will retain this written request in the patient's record.
3. Valleywise Health personnel may disclose PHI to another health care provider to support the health care operations of the other provider if the following criteria are met:
  - (1) The other provider has a present or past relationship with the patient.
  - (2) The information sought pertains to the treatment the other provider gave to the patient.
  - (3) Valleywise Health personnel confirm that the provider is a "covered entity" under HIPAA and is required to comply with the HIPAA Privacy Standards.
  - (4) The disclosure is limited to the types of health care operations listed in paragraphs (1)-(6) in the definition of "health care operations," plus fraud and abuse detection and compliance programs.
  - (5) The other health care provider submits a written request for the patient's records. This written request may take any form, including e-mail. Valleywise Health personnel will retain this written request in the patient's record.

**D. To Health Plans.**

Valleywise Health personnel may disclose PHI to a health plan in the following circumstances:

- (1) The patient has signed the consent in the Conditions of Admission form permitting Valleywise Health to disclose PHI for payment, or if the payer provides Valleywise Health with the patient's written authorization to disclose medical record information to the payer; or
- (2) The disclosure is to obtain payment for treatment; or
- (3) The disclosure is for the health care operations of the payer listed in paragraphs (1)-(6) in the definition of "health care operations," plus fraud and abuse detection and compliance programs.
- (4) Valleywise Health personnel will not disclose PHI to a health plan if the patient informs Valleywise Health that he/she will pay for the service out-of-pocket and does not want their insurance company to be billed.

**E. Verifying Identity and Authority of Recipient.**

Valleywise Health personnel will verify the identity and authority of the recipient of the PHI. (See Policy: Verifying Identity and Authority of Requestor of Protected Health Information)

**F. Disclosing the Minimum Necessary Amount of PHI**

Valleywise Health personnel will disclose only the minimum amount of PHI necessary for the purpose. (See Policy: Using, Disclosing and Requesting the Minimum Necessary Amount of Protected Health Information).

**4. Disclosure of Special Types of Medical Records.**

Disclosure of communicable disease information (including HIV/AIDS information), mental health records, genetic testing information and drug and alcohol abuse records are more sensitive and are not governed by this policy. (See Policy: Use and Disclosure of Mental Health Information; Policy: Use and Disclosure of Protected Health Information Relating to Communicable Diseases; Policy: Use and Disclosure of Protected Health Information Relating to Genetic Testing; and Policy: Use and Disclosure of Alcohol and Drug Abuse Records).

**5. Workforce member accessing their own (or a friend, family members, or a coworker/colleague) electronic or paper medical record**

No workforce member shall access his/her own paper medical record or electronic medical record. For example, a workforce member is prohibited from accessing ChartMaxx to view his/her own medical record. Furthermore, a workforce member should not access the paper or electronic medical record of a family member, friend, or colleague/co-worker. All requests for access to medical records (other than viewing records via the MyChart application) must be submitted to the Health Information Management Department pursuant to Valleywise Health Policy 01287S: "Patient Requests for Records". This policy does not apply to workforce members who access their own medical records using the MyChart program from Epic.

**6. Sanctions for violating this policy.**

Valleywise Health will discipline all employees and other workforce members for any violation of Valleywise Health HIPAA policies or procedures to a degree appropriate for the gravity of the violation. These sanctions include, but are not limited to, re-training, verbal coaching, written warnings, suspension without pay, and immediate termination of employment.

**References:**

45 C.F.R. 164.506;

Valleywise Health Administrative Policies and Procedures: Using, Disclosing, and Requesting the Minimum Necessary Amount of Protected Health Information; Verifying Identity and Authority of Requestor of Protected Health Information; Business Associate Agreements; Use and Disclosure of Mental Health Information; Use and Disclosure of Protected Health Information Relating to Communicable Diseases; Use and Disclosure of Protected Health Information Relating to Genetic Testing; Use and Disclosure of Alcohol and Drug Abuse Records; Conditions of Admission.

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

**POLICY RESPONSIBLE PARTY: Chief Compliance Officer**

**DEVELOPMENT TEAM(S): Office of Corporate Compliance**

**Policy #: 01261 S**

**Policy Title: Compliance/HIPAA: Access, Use, Sale, and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operations**

**e-Signers: L.T. Slaughter, Jr., Chief Compliance Officer**

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

**New -**

**Retire -**

**Reviewed -**

**Revised with Minor Changes - X**

**Revised with Major Changes -**

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

**List associated form(s):** (If applicable)

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

**Committee: System-wide P&P** **12/21**

**Committee:** **00/00**

**Committee:** **00/00**

**Reviewed for EPIC:** **N/A**

**Other:** **00/00**

**Other:** **00/00**

**Other:** **00/00**



## **5. Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report**

# FY2024 (Q1-Q2) 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, Privacy Specialist

Reporting period: FY2024 (Q1-Q2)

Chief Compliance Officer/Privacy Officer

# FY2024 (Q1-Q2) Compliance and Internal Audit Work Plan Update – FQHC

- 1.0 –FY2024 (Q1-Q2) Compliance Work Plan - FQHC
- 2.0 –FY2024 (Q1-Q2) Internal Audit Work Plan - FQHC
- 3.0 –FY2024 (Q1-Q2) Ethics Line Reports - FQHC

# 1.0 –FY2024 (Q1-Q2) 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.

Information Blocking Rules – Under Section 4004 of the Cures Act, information blocking is any practice by a healthcare provider, health IT developer, or health information network that interferes, prevents, discourages, or otherwise obstructs an individual’s access, use, or exchange of their electronic health information (EHI).

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.

Provider Based – Billing as a hospital outpatient department

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 FY2024 (Q1-Q2) Compliance Work Plan – FQHC

The FY2024 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 FY2024 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 Break-The-Glass Implementation for Employees, Volunteers and DMG Providers	Q1	100 Hours	Implemented Break-the-Glass for Volunteers (pilot) and are monitoring the results.	Phase-one completed	5	2.5
CQ1.2 E&M and Telemedicine Training	Q1	150 Hours	Re-trained the necessary providers on E&M Coding.	Completed	5	3
<b>Risk Re-assessment and Selection Q2</b>						
CQ2.1 Public Health Emergency (PHE) Transition	Q2	150 Hours	Monitoring the ending of the PHE.	Ongoing	5	3
CQ2.2 Referrals and SER table	Q2	100 Hours	Monitoring the referral process and Patient Assistance Center's process improvements.	Ongoing	5	3.5

# 2.0 – FY2024 (Q1-Q2) Internal Audit Work Plans – FQHC

# 2.1 FY2024 (Q1-Q2) Internal Audit Work Plan – FQHC

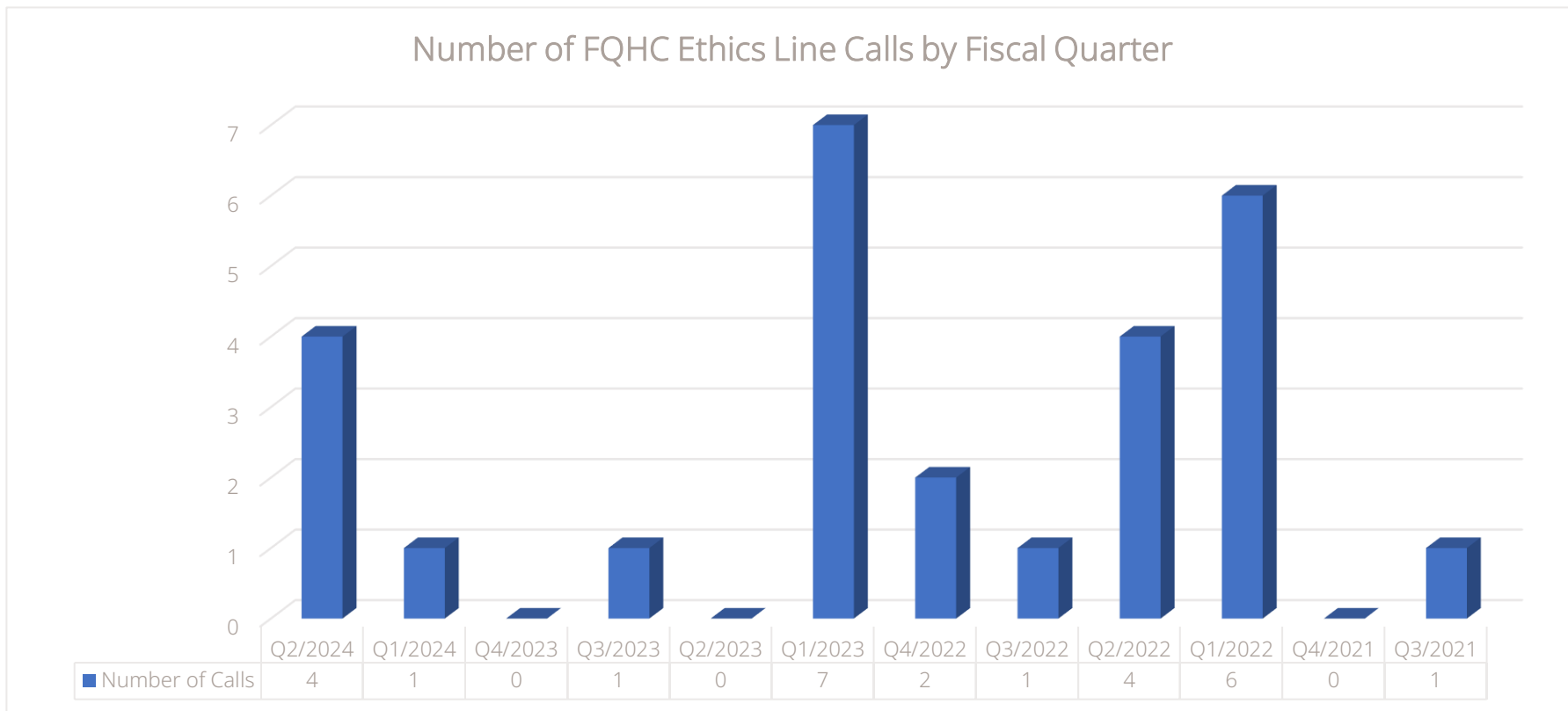
The FY2024 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2024 audit plan represents audits based on the results 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	Expenditure testing complete and monitoring the opening of the hospital.	Completed	5	2
IQ1.2 FQHC Grants Reviews	Q1	150 Hours	Monitoring the Schedule of Expenditures and Federal Awards (SEFA) and specifically the Sign-On and Retention (SOAR) Program and Capital Expenditure Requests that are related to federal funds.	On-going	5	3
<b>Risk Re-assessment and Selection Q2</b>						
IQ2.1 Patient Violence/Physical Security	Q2	200 Hours	Reviewing the consolidated reporting of these events and process improvements.	On-going	5	3.5
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q2	100 Hours	Monitoring this quarter's expenditures for opening of the main hospital.	On-going	5	2



# 3.0 –FY2024 (Q1-Q2) Ethics Line Reports (07/01/2023 thru 12/31/2023) – FQHC Only

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



Average of 2 Calls per Quarter

# 3.2 –FY2024 (Q1-Q2) Issue Type, Alert Status and Primary Outcome Report

Q1 FY2024

Count of Primary Case Outcome	Column Labels	
Row Labels	Green	Grand Total
HIPAA, Privacy, Security	1	1
<b>Grand Total</b>	<b>1</b>	<b>1</b>

Q2 FY2024

Count of Primary Case Outcome	Color	Labels
Row Labels	Green	Grand Total
Discrimination	1	1
Health Insurance Portability and Accountability Act (HIPAA)	1	1
Patient Care	1	1
Unfair Employment Practices	1	1
<b>Grand Total</b>	<b>4</b>	<b>4</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)

## 3.2 FY2024 (Q1-Q2) 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.

**HIPAA, Privacy, Security** - 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.

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

**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.

### 3.3 –FY2024 (Q1-Q2 )(FQHC Only) Average Days to Close (Cases Closed - Same Quarter & Two Previous Years)

#### Benchmark:

Average Days to Close Benchmark = 30 days or less

#### Q1 Results:

Q1 FY2024 Average Days to Close = 26

Q1 FY2023 Average Days to Close = 32

Q1 FY2022 Average Days to Close = N/A (No cases closed)

#### Q2 Results:

Q2 FY2024 Average Days to Close = 12

Q2 FY2023 Average Days to Close = 33

Q2 FY2022 Average Days to Close = 36

# Previous Quarter's Indicators (Supplemental Data)

# Q4 FY2023 Issue Type, Alert Status and Primary Outcome Report

No FQHC Cases Reported in Q4 FY2023

# Q3 FY2023 Issue Type, Alert Status and Primary Outcome Report

Count of Primary Issue		Column Labels
Row Labels	Green	Grand Total
Health Insurance Portability and Accountability Act (HIPAA)	1	1
<b>Grand Total</b>	<b>1</b>	<b>1</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)

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(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)



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

No FQHC Cases Reported in Q2 FY2023

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

Count of Primary Case Outcome	Column Label	
Row Labels	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)

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**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)







# Agenda Item Intentionally Omitted

## 7. Ambulatory Operational Dashboards


# FQHC Measures

## Access

<p>Average of Appointment Fill Rates FYTD</p>  <p>90.4%</p>	<p>New Patient Availability (Days)</p>  <p>15.9</p>
<p>No Show Rate FYTD</p>  <p>16.7%</p>	<p>Referrals Ready to Book in ≤ 3 Days by Percentage (MTD)</p>  <p>92.6%</p>

## Patient Satisfaction

Net Promoter Score FYTD



73.9



## Quality

Quality measures at or Above Target CYTD

Meet or Exceeding Target Goal	38%
Within 10% of the Target Goal	23%
>10% Outside target Goal	38%

\* Data resets January 1st

## Financial

<p>% Variance of Revenue FYTD</p>  <p>0.0%</p>	<p>% Variance of Expenses FYTD</p> <p>-2%</p>	<p>% Variance of Visits MTD</p>  <p>-0.6%</p>
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### Community Health Centers

PATIENT EXPERIENCE - Ambulatory												
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥73.0	74.4	71.6	67.0	80.2	68.9	75.3	74.7	72.9	81.6	87.3	74.3
n-size		1,579	1,965	539	1,052	1,763	1,963	1,842	1,504	1,491	79	13,777

ACCESS - Ambulatory												
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
Appointments Scheduled FYTD		17,337	20,688	8,404	19,050	20,006	21,631	22,836	15,298	24,392	1,267	170,909
Appointment Fill Rate FYTD		87.8%	92.3%	91.2%	92.2%	92.3%	97.5%	94.6%	91.2%	94.4%	90.2%	92.1%
Scheduled Appointment No-Shows FYTD		2,112	2,833	1,483	3,221	3,407	4,084	4,494	2,704	5,348	256	29,942
No Show Rate FYTD	<18%	12.2%	13.7%	17.6%	16.9%	17.0%	18.9%	19.7%	17.7%	21.9%	20.2%	17.5%

FINANCE - Ambulatory												
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD
In-Person Visits FYTD		10,053	10,559	3,641	10,204	10,346	10,294	12,093	8,249	8,931	562	84,932
Virtual Visits FYTD		845	968	604	470	799	1,485	758	351	2,342	111	8,733
Total Actual Visits (includes Nurse Only Visits) FYTD		10,898	11,527	4,245	10,674	11,145	11,779	12,851	8,600	11,273	673	93,665
Budgeted Visits FYTD		9,978	12,881	5,049	10,930	11,652	12,426	12,334	9,450	9,894	582	95,176
Variance FYTD		920	(1,354)	(804)	(256)	(507)	(647)	517	(850)	1,379	91	(1,511)
Variance by % FYTD		9.2%	-10.5%	-15.9%	-2.3%	-4.4%	-5.2%	4.2%	-9.0%	13.9%	15.6%	-1.6%
Total Number of Patients seen by provider FYTD		10,489	11,148	4,036	9,799	10,721	11,335	12,578	8,174	9,581	519	88,380

BEHAVIORAL HEALTH - Ambulatory												
Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry	BH FYTD
In-Person Visits FYTD		340	320	171	288	708	447	66	151		114	3,580
Virtual Visits FYTD		1,502	923	965	716	1,860	758	1,582	918		2,428	13,707
Total Actual Visits FYTD		1,842	1,243	1,136	1,004	2,568	1,205	1,648	1,069		2,542	17,287
Budget Visits FYTD		1,804	1,031	953	897	2,188	791	2,383	1,023		1,676	15,555
Variance FYTD		38	212	183	107	380	414	(735)	46		866	1,732
Variance by % FYTD		2.1%	20.6%	19.2%	11.9%	17.4%	52.3%	-30.8%	4.5%		51.7%	11.1%

DENTAL - Ambulatory												
Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry	Dental FYTD
Actual Visits FYTD		1,632	1,705							1,895		13,724
Budget Visits FYTD		1,429	1,487							2,184		13,761
Variance FYTD		203	218							-289		-37
% Variance FYTD		14.2%	14.7%							-13.2%		-0.3%

### Other FQHC Clinics

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total
73.7	73.3	75.5	83.7	72.4	74.3	73.6	73.9
1,574	1,489	233	98	1,763	843	6,000	17,680

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total
27,318	22,877	9,902	2,749	18,765	16,346	97,957	268,866
86.0%	90.7%	100.0%	n/a	96.1%	76.2%	86.9%	90.4%
3,779	3,355	863	654	3,181	3,180	15,012	44,954
13.8%	14.7%	8.7%	23.8%	17.0%	19.5%	15.3%	16.7%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
13,378	11,760	6,371	777	10,654	9,995	52,935		155,171
1,835	202	15	8	185	15	2,260		24,700
15,213	11,962	6,386	785	10,839	10,010	55,195		179,871
16,668	11,567	5,503	846	11,491	10,349	56,424		180,916
(1,455)	395	883	(61)	(652)	(339)	(1,229)		(1,045)
-8.7%	3.4%	16.0%	-7.2%	-5.7%	-3.3%	-2.2%		-0.6%
14,757	10,817			10,657	9,578	45,809	134,189	

PEC	PXC
400	575
2,055	0
2,455	575
2,538	271
(83)	304
-3.3%	112.2%

PEC	PXC
2,969	5,523
2,915	5,746
54	-223
1.9%	-3.9%

**LEGEND:**  
Not in Target  
5% less than the target  
Target ≥ 95%

\*\* Specialty HIV Community Health Center  
 \*\*\* Specialty HIV Community Health Clinic - McDowell Services  
 \*\*\*\* Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs  
 \*\*\*\*\* FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

## FQHC Grand Total Actual vs Budgeted Visits FY 2024 Trend

30,000  
25,000  
20,000  
15,000  
10,000  
5,000  
0

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYTD Actual Visits	22,371	28,071	25,108	27,666	25,472	23,095	28,088
FYTD Budgeted Visits	23,039	27,639	25,218	26,692	26,040	23,871	28,417



# Ambulatory Care

Reporting Program  
2022 UDS National Average  
2021 UDS National Average  
CYTD 2022  
Desired Direction  
Jan 2023  
Feb 2023  
Mar 2023  
Apr 2023  
May 2023  
June 2023  
Jul 2023  
Aug 2023  
Sep 2023  
Oct 2023  
Nov 2023  
Dec 2023  
YTD

## Quality /Regulatory Metrics

Unified Data System																				
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 61.04%	> 61.32%	66.13%	↑	✓ 89.54%	✓ 91.66%	✓ 92.88%	✓ 93.32%	✓ 93.53%	✓ 93.69%	✓ 93.79%	✓ 93.93%	✓ 92.11%	✓ 92.14%	✓ 92.20%	✓ 92.28%	✓ 92.31%		
Numerator						10,145	15,782	23,877	29,014	33,454	37,711	40,393	43,747	46,251	48,689	51,114	52,785	52,820		
Denominator						11,330	17,218	25,707	31,092	35,767	40,250	43,068	46,575	50,211	52,842	55,436	57,199	57,223		
Cervical Cancer Screening	HRSA	> 53.99%	> 52.95%	53.62%	↑	✓ 54.68%	✓ 54.81%	✓ 54.76%	✓ 54.84%	✓ 55.10%	✓ 55.59%	✓ 55.83%	✓ 56.38%	✓ 56.45%	✓ 56.45%	✓ 56.73%	✓ 56.93%	✓ 57.20%		
Numerator						3,969	5,732	8,060	9,516	10,814	12,130	12,918	14,018	14,766	15,470	16,290	16,836	16,922		
Denominator						7,259	10,458	14,718	17,351	19,625	21,821	23,137	24,865	26,158	27,403	28,717	29,571	29,582		
Childhood Immunization Status (CIS)	HRSA	> 33.23%	> 38.06%	9.40%	↑	✗ 3.13%	⚠ 36.63%	✓ 38.85%	✓ 40.77%	✓ 39.78%	✓ 39.51%	✓ 39.72%	✓ 39.07%	✓ 38.40%	✓ 38.63%	✓ 38.06%	✓ 37.74%	✓ 37.62%		
Numerator						11	200	312	373	397	416	431	436	442	452	456	457	456		
Denominator						352	546	803	915	998	1,053	1,085	1,116	1,151	1,170	1,198	1,211	1,212		
Colorectal Cancer Screening	HRSA	> 42.82%	> 41.93%	51.39%	↑	⚠ 37.75%	✗ 33.64%	✗ 35.97%	⚠ 37.79%	⚠ 38.80%	⚠ 39.90%	⚠ 40.89%	⚠ 42.43%	✓ 43.24%	✓ 44.24%	✓ 45.34%	✓ 46.06%	✓ 46.18%		
Numerator						2,222	3,712	5,666	6,988	8,078	9,164	9,910	10,937	11,642	12,387	13,171	13,694	13,733		
Denominator						5,886	11,034	15,750	18,494	20,820	22,969	24,237	25,777	26,927	28,000	29,049	29,731	29,740		
Controlling High Blood Pressure	HRSA	> 63.40%	> 60.15%	53.68%	↑	✗ 46.59%	✗ 48.74%	✗ 51.35%	✗ 53.49%	⚠ 55.36%	⚠ 56.29%	⚠ 58.15%	⚠ 59.19%	⚠ 59.10%	⚠ 59.03%	⚠ 58.65%	⚠ 58.07%	⚠ 58.07%		
Numerator						2,337	3,618	5,467	6,690	7,757	8,695	9,291	9,786	9,979	10,150	10,233	10,233	10,236		
Denominator						5,016	7,423	10,647	12,506	14,012	15,448	15,977	16,532	16,886	17,194	17,449	17,622	17,628		
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 30.42%	< 32.29%	30.28%	↓	✗ 61.15%	✗ 53.74%	✗ 45.41%	✗ 40.59%	✗ 37.29%	⚠ 34.46%	⚠ 32.94%	⚠ 31.56%	⚠ 30.76%	✓ 30.30%	✓ 30.05%	✓ 30.13%	✓ 29.87%		
Numerator						2,128	2,764	3,356	3,496	3,570	3,607	3,618	3,662	3,741	3,820	3,913	4,015	3,982		
Denominator						3,480	5,143	7,390	8,612	9,574	10,467	10,983	11,605	12,160	12,607	13,021	13,327	13,333		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 76.83%	> 78.25%	75.07%	↑	⚠ 74.29%	⚠ 75.78%	⚠ 76.58%	⚠ 76.74%	⚠ 76.87%	⚠ 77.07%	⚠ 76.87%	⚠ 76.53%	✓ 76.83%	✓ 76.85%	✓ 76.98%	✓ 76.88%	⚠ 76.08%		
Numerator						526	782	1,076	1,237	1,386	1,529	1,592	1,683	1,738	1,796	1,876	1,919	1,902		
Denominator						708	1,032	1,405	1,612	1,803	1,984	2,071	2,199	2,262	2,337	2,437	2,496	2,500		
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 70.02%	> 67.42%	54.67%	↑	✗ 48.25%	✗ 50.16%	✗ 52.84%	✗ 55.06%	✗ 58.36%	⚠ 62.93%	⚠ 65.53%	⚠ 68.52%	✓ 70.21%	✓ 71.91%	✓ 73.44%	✓ 74.71%	✓ 73.77%		
Numerator						5,466	8,347	12,821	15,980	19,407	23,547	26,303	29,801	32,400	34,953	37,470	39,343	38,861		
Denominator						11,328	16,642	24,265	29,022	33,252	37,418	40,136	43,490	46,147	48,605	51,019	52,662	52,678		
Tobacco Use: Screening and Cessation Intervention	HRSA	> 84.60%	> 82.34%	88.88%	↑	✓ 85.29%	✓ 86.69%	✓ 87.81%	✓ 88.43%	✓ 88.77%	✓ 89.03%	✓ 89.29%	✓ 89.61%	✓ 89.49%	✓ 89.74%	✓ 89.91%	✓ 90.09%	✓ 90.12%		
Numerator						2,707	6,160	11,639	15,999	20,038	24,367	27,457	31,389	34,567	37,340	40,126	42,117	42,150		
Denominator						3,174	7,106	13,254	18,093	22,572	27,369	30,750	35,027	38,627	41,608	44,631	46,748	46,772		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 69.81%	> 68.72%	78.55%	↑	✗ 51.04%	✗ 54.62%	✗ 58.55%	✗ 60.81%	⚠ 63.25%	⚠ 67.00%	✓ 70.29%	✓ 73.96%	✓ 74.47%	✓ 75.20%	✓ 76.70%	✓ 78.08%	✓ 78.14%		
Numerator						932	1,796	3,115	4,014	4,858	5,950	6,944	8,243	8,848	9,489	10,239	10,815	10,824		
Denominator						1,826	3,288	5,320	6,601	7,681	8,881	9,879	11,145	11,881	12,619	13,350	13,851	13,852		
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 76.07%	> 73.10%	71.68%	↑	✓ 76.56%	✓ 77.44%	✓ 77.70%	✓ 77.41%	✓ 77.19%	✓ 77.00%	✓ 76.74%	✓ 76.83%	✓ 76.63%	✓ 76.71%	✓ 76.85%	✓ 76.81%	⚠ 75.29%		
Numerator						3,492	5,031	7,204	8,344	9,295	10,183	10,666	11,313	11,697	12,128	12,596	12,872	12,602		
Denominator						4,561	6,497	9,272	10,779	12,041	13,224	13,898	14,725	15,264	15,811	16,390	16,759	16,738		
Breast Cancer Screening	HRSA	> 50.28%	> 46.29%	59.89%	↑	✓ 51.10%	✓ 51.68%	✓ 54.03%	✓ 56.03%	✓ 56.79%	✓ 57.83%	✓ 58.79%	✓ 59.93%	✓ 60.17%	✓ 60.61%	✓ 61.02%	✓ 61.25%	✓ 61.32%		
Numerator						1,675	2,465	3,626	4,363	4,908	5,465	5,825	6,291	6,556	6,831	7,106	7,269	7,281		
Denominator						3,278	4,770	6,711	7,787	8,642	9,450	9,908	10,498	10,896	11,271	11,646	11,868	11,874		
HIV Screening	HRSA	> 43.82%	> 38.09%	63.40%	↑	✓ 69.14%	✓ 68.38%	✓ 68.00%	✓ 67.91%	✓ 67.88%	✓ 67.86%	✓ 67.74%	✓ 67.66%	✓ 67.55%	✓ 67.48%	✓ 67.44%	✓ 67.44%	✓ 67.50%		
Numerator						8,707	12,621	18,066	21,472	24,466	27,419	29,292	31,665	33,327	35,092	36,894	38,123	38,175		
Denominator						12,594	18,457	26,567	31,620	36,043	40,408	43,239	46,797	49,334	52,000	54,708	56,531	56,556		

‡ -

\*\*Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✗

### Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
<b>PATIENT EXPERIENCE - Ambulatory</b>				
<b>Net promoter score (Would recommend facility)</b>	<p>A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)</p> <p>*Scores are limited to include only FQHC departments by clinic <u>cost center</u> on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105*</p> <p>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</p>	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
<b>ACCESS - Ambulatory</b>				
<b>Appointments Scheduled FYTD</b>	<p>All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p> <p>*Note: For active providers only - FYTD does not account for historical provider information</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>Appointment Fill Rate FYTD</b>	<p>Provider schedule utilization metric calculated by number of patients to appointment slots available. *For FYTD.</p>	Provider Schedule Utilization - All Clinics (Prior Month) Report *last modified by Jim Trulock 9/29/2020 *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>Scheduled Appointment No-Shows FYTD</b>	<p>All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
<b>No Show Rate FYTD</b>	<p>Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.</p>	Amanda Jacobs	Monthly	Formula
<b>FINANCE - Ambulatory</b>				
<b>In-Person Visits FYTD</b>	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
<b>Virtual Visits FYTD</b>	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
<b>Total Actual Visits (includes nurse only visits) FYTD</b>	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
<b>Total Number of Patients seen by provider</b>	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
<b>Grand Total FQHC</b>	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
<b>FYTD FQHC</b>	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula

### Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
<b>FINANCE - BEHAVIORAL HEALTH</b>				
<b>In-Person Visits FYTD</b>	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
<b>Virtual Visits FYTD</b>	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
<b>Total Actual Visits FYTD</b>	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
<b>FINANCE-DENTAL</b>				
<b>Actual Visits FYTD</b>	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

### Federally Qualified Health Centers

Data Source		Owner	Frequency	System
<b>QUALITY - Ambulatory</b>				
Quality /Regulatory Metrics	Required by:	Quality	Monthly	
<b>Body Mass Index (BMI) Screening and Follow-Up</b>	CMS69v11	<p><b>Description:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters</p> <p><b>Numerator:</b> Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period</p> <p><b>Denominator:</b> All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms069v11</a></p>	Quality	EPIC/UDS
<b>Cervical Cancer Screening</b>	CMS124v11	<p><b>Description:</b> Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</p> <p><b>Numerator:</b> Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test</p> <p><b>Denominator:</b> Women 24-64 years of age by the end of the measurement period with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms124v11</a></p>	Quality	EPIC/UDS
<b>Childhood Immunization Status (CIS)</b>	CMS117v11	<p><b>Description:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday</p> <p><b>Numerator:</b> Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday</p> <p><b>Denominator:</b> Children who turn 2 years of age during the measurement period and who have a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms117v11</a></p>	Quality	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Colorectal Cancer Screening	CMS130v11	<p><b>Description:</b> Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer</p> <p><b>Numerator:</b> Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:                      * Fecal occult blood test (FOBT) during the measurement period                      * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period                      * Colonoscopy during the measurement period or the nine years prior to the measurement period                      * FIT-DNA during the measurement period or the two years prior to the measurement period                      * CT Colonography during the measurement period or the four years prior to the measurement period</p> <p><b>Denominator:</b> Patients 45-75 years of age by the end of the measurement period with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11</a></p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v11	<p><b>Description:</b> Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period</p> <p><b>Numerator:</b> Patients whose most recent blood pressure is adequately controlled (systolic blood pressure &lt; 140 mmHg and diastolic blood pressure &lt; 90 mmHg) during the measurement period</p> <p><b>Denominator:</b> Patients 18-85 years of age by the end of the measurement period who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11</a></p>	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v11	<p><b>Description:</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c &gt; 9.0% during the measurement period</p> <p><b>Numerator:</b> Patients whose most recent HbA1c level (performed during the measurement period) is &gt;9.0% or is missing, or was not performed during the measurement period.</p> <p><b>Denominator:</b> Patients 18-75 years of age with diabetes with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11</a></p>	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	<p><b>Description:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p><b>Numerator:</b> Patients who had an active medication of aspirin or another antiplatelet during the measurement year</p> <p><b>Denominator:</b> Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html">https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html</a></p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
Screening for Clinical Depression and Follow Up Plan	CMS2v12	<p><b>Description:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p><b>Numerator:</b> Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p><b>Denominator:</b> All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12">https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12</a></p>	Quality	Monthly	EPIC/UDS
Tobacco Use: Screening and Cessation Intervention:	CMS138v11	<p><b>Description:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p> <p><b>Numerator:</b> *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p> <p><b>Denominator:</b> Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11</a></p>	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v11	<p><b>Description:</b> Percentage of patients 3–17* years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of height, weight, and body mass index (BMI) percentile documentation, who had documentation of counseling for nutrition, and who had documentation of counseling for physical activity during the measurement period</p> <p><b>Numerator:</b> Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period</p> <p><b>Denominator:</b> Patients 3 through 17 years of age by the end of the measurement period, with at least one outpatient visit with a PCP or OB/GYN during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms155v11</a></p>	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source	Description	Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v6	<p><b>Description:</b> Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> <li>*All patients with an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or ever had an ASCVD procedure; OR</li> <li>*Patients aged &gt;= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level &gt;= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</li> <li>*Patients aged 40-75 years with a diagnosis of diabetes</li> </ul> <p><b>Numerator:</b> Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period</p> <p><b>Denominator:</b> All patients who have an active diagnosis of clinical ASCVD or ever had an ASCVD procedure. Patients aged &gt;= 20 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C &gt;=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes.</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms347v6">https://ecqi.healthit.gov/ecqm/ec/2023/cms347v6</a></p>	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v11	<p><b>Description:</b> Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period</p> <p><b>Numerator:</b> Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period</p> <p><b>Denominator:</b> Women 52-74 years of age by the end of the measurement period with a visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms125v11">https://ecqi.healthit.gov/ecqm/ec/2023/cms125v11</a></p>	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v5	<p><b>Description:</b> Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)</p> <p><b>Numerator:</b> Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday</p> <p><b>Denominator:</b> Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period</p> <p><b>Exclusions/Exceptions Outlined via eCQI Resource Center:</b> <a href="https://ecqi.healthit.gov/ecqm/ec/2023/cms349v5">https://ecqi.healthit.gov/ecqm/ec/2023/cms349v5</a></p>	Quality	Monthly	EPIC/UDS