



Compliance Plan For Peak Vista Community Health Centers

Adopted by the Board of Directors

On

July 31, 2002

Revised and Restated:

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COMPLIANCE PLAN
FOR
PEAK VISTA COMMUNITY HEALTH CENTERS (PVCHC)

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COMPLIANCE PLAN
FOR
PEAK VISTA COMMUNITY HEALTH CENTERS (PVCHC)

STANDARDS OF CONDUCT

INTEGRATION WITH MISSION, VISION AND VALUES STATEMENTS OF PVCHC

PVCHC is a private, non-profit, Federally Qualified Health Center and believes that integrity is paramount and a dedication to high ethical standards and compliance with all applicable laws and regulations is essential to its mission. The Standards of Conduct provide guidance to all PVCHC colleagues and assist in carrying out daily activities within appropriate ethical and legal standards. These obligations apply to relationships with Board members, patients, affiliated healthcare providers, third-party payors, subcontractors, independent contractors, vendors, consultants, and other employees.

MISSION:

To provide exceptional healthcare for people facing access barriers.

VISION:

Peak Vista Community Health Centers will be recognized as an organization focused on enhancing the health of people and the community-at-large through a professional, caring staff who are motivated, enthusiastic, respectful, energetic and committed to strategic partnerships.

VALUES:

People are important.
Learning is essential.
Timing is critical.
Integrity is paramount.

STATEMENT OF PURPOSE

It is the policy of PVCHC that all of its business practices be conducted in compliance with all applicable laws and regulations of the United States, the State of Colorado, applicable local laws and ordinances, and the ethical standards/practices of the industry and the organization.

The Standards of Conduct are established to:

- Preserve the integrity of decision making;
- Promote appropriate conduct by Board members, employed contracted healthcare providers, PVCHC employees, consultants, and anyone else doing business with PVCHC (hereinafter "Employees or Contractors"); and
- Ensure that they will act in the best interest of the organization and not use their positions for personal gain.

The Plan is, therefore, intended as a guide to help implement policies of compliance with all applicable standards. The laws, regulations and ethical rules that govern healthcare are too numerous to list in the Plan. Fundamentally, all parties (as defined above) related to PVCHC are expected to conduct business activities honestly and fairly and in the best interests of PVCHC. Each Employee or Contractor is responsible for his/her/its own conduct in complying with the Plan's content.

The Plan shall be monitored and reviewed on a regular basis by the employee(s) with compliance monitoring responsibility and the designated Board Committee. The employee(s) with compliance monitoring responsibility may add or delete subjects as and if warranted as directed by the Board of Directors, who has ultimate responsibility for PVCHC's Compliance Plan.

STATEMENT OF GENERAL RESPONSIBILITIES

PVCHC's Standards of Conduct are a statement or an outline of the broad ethical principles that will govern the organization. By conveying the specific legal and ethical duties and responsibilities that will guide Board members and employees, the Standards of Conduct are a framework against which everyone in the organization can measure his or her business conduct, and the health center can publicly comply with the law. PVCHC will live by the tenets of its Standards of Conduct and communicate them to all levels, from the frontline employee to the top executive and the Board to facilitate implementation and maintenance of its compliance program.

A. Duties of Board Members and Employees

Board Members

Board members have a fiduciary duty because they are entrusted with the governance of PVCHC and they agree to accept the trust placed in them by acting in the best interests of PVCHC. To perform the fiduciary duty, a Board member must maintain the confidentiality of health center information and has the following three specific duties:

- The Duty of Care - to act in good faith, using the degree of care a customarily careful person would use in making a decision;
- The Duty of Loyalty - to have undivided allegiance to the PVCHC rather than making decisions based on one's personal interests; and
- The Duty of Obedience - requires each Board member to observe and be faithful to the organizational mission of PVCHC when making decisions for the health center.

Employees

While not bound by fiduciary duties, employees and contract personnel owe a duty of loyalty to their employer -- the duty to act in PVCHC's best interests rather than making decisions based on one's personal or departmental interests and maintain the confidentiality of health center information.

B. Political Activities and Lobbying

PVCHC does not engage in political campaigns or contribute to political campaigns, nor are solicitations for campaign contributions allowed during work hours. Board members, officers, employees or contractors are not permitted to do any kind of fundraising or solicitation for a political party or candidate using PVCHC's name, facilities, equipment, supplies or any other PVCHC resource.

Lobbying activities are allowed so long as the activity is insubstantial in relation to all of PVCHC's activities. However, no Federal grant dollars may be used to support such lobbying activities.

Section 1.1 FRAUD AND ABUSE, ANTI-KICKBACK, AND SELF-REFERRAL LAWS

PVCHC, as a participant in the Medicare and Medicaid programs and a recipient of Federal funds, is subject to numerous Federal and State laws regulating practices and relationships within the health care industry. These laws are designed to prevent fraud in the Medicare and Medicaid programs and abuse of public funds supporting the programs, regulate patient referrals, and prohibit false statements to the government. PVCHC is committed to compliance with the Medicare and Medicaid rules, as well as other Federal, state, and local laws and regulations. All employees should be aware of these laws and notify the employee(s) responsible for compliance activities of any suspected potential violations by PVCHC, its Board members, employees, or contractors.

A. Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b).

No PVCHC employee or contractor will knowingly and willfully offer, pay, solicit or receive any remuneration, directly or indirectly, in return for referrals or to induce referrals, or to arrange for or recommend goods, facilities, services or items for which payment may be made under a Federal health care program. Under the safe harbor, the goods, items, services, donations or loans must contribute to the health center's ability to maintain or increase the availability, or enhance the quality of services available to a medically underserved population.

The fraud and abuse statute has been interpreted to cover arrangements where one purpose of the remuneration is to induce referrals, even though other business purposes may exist. A number of statutory and regulatory exceptions exist. Legal counsel should be consulted before asserting that certain conduct or a relationship falls within a safe harbor.

B. The Ethics in Patient Referrals Act ("Stark Statute"), 42 U.S.C. § 1395nn.

The Stark Statute provides that if a healthcare provider (or a family member) has a "financial relationship" with an entity, then the provider is prohibited from referring patients to that entity for "designated health services" that are paid for by Medicare or Medicaid, unless an exception applies. A "financial relationship" includes direct or indirect ownership or investment interests and direct or indirect compensation arrangements between a provider (or a provider's family member) and an entity that provides designated health services. PVCHC's provider employment and independent contractor agreements are based on fair market value and are not based on the volume or value of business referred.

"Designated Health Services" ("DHS") includes:

1. clinical laboratory services;
2. physical therapy services;
3. occupational therapy services;
4. radiology or other diagnostic services;
5. radiation therapy services;
6. durable medical equipment and supplies;
7. parenteral and enteral nutrients, equipment, and supplies;
8. prosthetics, orthotics and prosthetic devices and supplies;
9. home health services;
10. outpatient prescription drugs; and
11. inpatient and outpatient hospital services.

Counsel should be consulted when a provider or provider group is claiming that a referral for certain services falls within one of the Stark exceptions such as "group practice" or "ancillary services" because there is liability regardless of intent and each element of the exception must be met. Generally, a "group practice" for the purpose of a Stark exception, consists of two or more providers in a legally organized entity and each provider member of the group practice must provide the full range of services the provider routinely provides through the shared office, equipment and personnel of the group, and "substantially all" (75%) of the services of provider members of the group practice must be provided through the group and billed under the group's provider number. Under Stark regulations, providers who contract with a healthcare group as independent contractors do not qualify as "members" of that group practice.

C. The False Claims Act (31 U.S.C. ' 3729 et seq.)

The False Claims Act is a statute that imposes civil liability on any person or entity who:

- knowingly submits a false claim to the Federal government for payment;
- knowingly makes or uses a false record or statement to obtain payment or approval of a claim by the Federal government; or
- knowingly uses a false statement to decrease an obligation to the Federal government.

(Definition of knowingly: a) actual knowledge of the truth or falsity of a claim or statement; b) acting recklessly; or c) acting with deliberate ignorance of the truth or falsity of the claim.)

Note: for Claim definition, go to Exhibit J.

Section 1.2 **CONTRACTING FOR SERVICES**

All business relations with vendors, contractors and other third-parties, including providers and other clinicians, are to be conducted at arm's length fair market value.

Section 1.3 **FINANCIAL ACCOUNTING RECORDS; INTEGRITY AND ACCURACY**

All financial reports, accounting records, research reports, expense accounts, time sheets, and other financial documents shall accurately represent the performance of operations. PVCHC's employees shall be trained and work shall be monitored to assure proper maintenance of information to comply with PVCHC's policy, accreditation standards, and any other such laws, statutes, or regulations.

PVCHC shall establish procedures to assure a system of internal controls providing reasonable assurance that financial records are executed and retained consistent with local, State, and Federal regulatory requirement and accounting industry guidelines. And, PVCHC shall assure that all records are prepared timely, properly supported, and appropriately retained.

Section 1.4 **CLAIMS DEVELOPMENT AND SUBMISSION; BILLING AND COLLECTIONS**

PVCHC owes an obligation to its patients, third party payors, and the State and Federal governments to exercise diligence, care, and integrity when submitting claims for payment for services rendered. To uphold this obligation, PVCHC shall maintain honest, fair, and accurate billing practices. All individuals involved in billing functions on behalf of PVCHC, including its clinical staff, shall have experience and knowledge training to perform billing functions in accordance with Federal, State, and local law.

PVCHC maintains detailed written billing policy and procedure manuals to provide guidance to billing and coding staff. It includes job descriptions, duties, minimum experience, and educational requirements for each position in the billing department. With respect to reimbursement claims, PVCHC's written policies and procedures reflect and reinforce current Federal and State statutes and regulations regarding the submission of claims. These policies must create a mechanism for the billing or reimbursement staff to communicate effectively and accurately with the clinical staff.

PVCHC's billing policies and procedures emphasize the following:

1. Bill third-party payors only for necessary services provided, as supported by healthcare record documentation;
2. Bill only for covered services and notify patients when coverage by Medicare is uncertain through the use of Advance Beneficiary Notices;
3. Use only the provider numbers of the person providing the service;
4. Avoid billing for unbundled services;
5. Use appropriate coding modifiers;
6. Do not up-code;
7. Do not duplicate billings to create overpayment;
8. Provide for proper and timely documentation of the services of health care providers;
9. Emphasize that claims should be submitted only when appropriate documentation supports the claims and only when such documentation is maintained and available for review;
10. Provide that the compensation for any employee or contractor, including the billing coders and billing consultants, should not provide any financial incentive to improperly up-code claims; and

11. Coding should reflect the current reimbursement principles set forth in the applicable regulations and be developed in tandem with private payor and organizational standards. Particular attention should be paid to issues of healthcare necessity and appropriate diagnosis.

No professional services will be billed by PVCHC or any contracting healthcare provider unless the provider has certified that the services were provided and coding, billing and healthcare documentation completed in compliance with Federal and State laws and regulations and PVCHC internal guidelines.

When a provider or anyone else submits charges, they are certifying that there is supporting documentation to support that claim and that: (1) all services reported on this form were personally provided and/or personally supervised (or directly supervised as required by law or regulation for billing) by him/her, (2) such healthcare services were necessary and appropriate for the patient's condition and diagnosis and are approved for billing, (3) he/she understands that the patient's healthcare record must be timely, accurately, and legibly documented for these services, and (4) the rendering of these services, the coding or charging for these services, and documenting the patient's healthcare record have all been performed in accordance with Federal and State laws and regulations and PVCHC guidelines and policies.

Section 1.5 **REASONABLE AND NECESSARY SERVICES**

Providers may bill only for reasonable and necessary services. Providers may not sign a certification, order, or prescription for any equipment or services when they know, or should know, the information in the certification, order, or prescription to be false, or if they do not know it to be true.

Therefore, PVCHC will bill for services that PVCHC believes are necessary and were ordered by a provider or other appropriately licensed individual. Upon request, PVCHC will provide documentation to support the necessity of a service (or re-certification) that PVCHC has provided.

Section 1.6 **CONFLICTS OF INTEREST**

PVCHC recognizes that conflicts of interest often arise in the course of normal business activities, however, employees of PVCHC should make every effort to avoid all potential conflicts of interest.

Definitions:

1. **Interest.** A person has an "Interest" if he or she has, directly ,or indirectly through an immediate family member:
 - A business relationship (e.g., an actual or forthcoming contractual or employment compensation arrangement) with (1) PVCHC; (2) an entity with which PVCHC has entered (or is negotiating to enter) a transaction or arrangement; or (3) an entity that is a competitor or potential competitor of PVCHC;
 - A financial relationship (e.g., a controlling or material ownership, or investment interest) with: (1) an entity with which PVCHC has entered (or is negotiating to enter) a transaction or arrangement; or (2) an entity that is a competitor or potential competitor of PVCHC;
 - A fiduciary relationship (e.g., board member, director, trustee, or officer) with: (1) an entity with which PVCHC has entered (or is negotiating to enter) a transaction or arrangement; (2) an entity that is a competitor or potential competitor of PVCHC; or
 - A personal relationship with an individual who has a business, financial, or fiduciary relationship as defined above. A personal relationship means a relationship based on family, friendship or romance.
 - Any interest in a company through publicly-traded stocks, bonds, or mutual funds available to the general public shall not constitute an Interest, provided the ownership or investment interest is less than one percent of the company's shares.
2. **Conflict of Interest.** A "conflict of interest" arises whenever the Interest of a person competes with or has the potential to compete with the best interests of PVCHC. A conflict is presumed to exist if a person with an Interest is in a position to control or influence the transaction or arrangement.

To achieve our goals and to maintain the integrity of PVCHC, any individual associated with PVCHC who could potentially benefit individually from a contract shall not participate in PVCHC's decision-making process relative to that business entity. Employees of PVCHC shall not be employed by, act as a consultant to, or have an independent business relationship with any of PVCHC's healthcare providers, competitors, third party payors, or hospitals (or their affiliates) where any provider employed by PVCHC maintains healthcare staff or similar privileges, nor may the employees invest in any of the above entities.

A. **Conflict of Interest Disclosure Statement**

PVCHC's Leadership team, contractors, and Board members shall complete a conflict of interest disclosure statement on a regular basis. Board members may not be related to (spouse, child, parent, brother, sister, by blood or marriage) anyone holding employment at PVCHC and serve on the Board at the same time. Employees are compliant with permitted relationships as described in the Employee Handbook.

B. **Gifts, Bribes, Gratuities, and Discounts**

Individual acceptance of gifts, gratuities, favors, or other benefits from persons or entities that do business with PVCHC or to whom PVCHC or its providers make referrals shall not be permitted except as stipulated in the Employee Handbook. Solicitation of such gifts, favors, or other benefits, regardless of value, shall likewise be prohibited. This policy does not apply to donations to PVCHC or a gift to all patients.

C. **Kickbacks and Rebates**

Improper payments and practices of kickbacks or rebates are unethical and in many cases illegal. PVCHC healthcare providers and their families are prohibited from receiving personal gains or remuneration from any person or entity that might receive a patient referral from PVCHC. Kickbacks and/or rebates can take many forms and are not limited to direct cash payment or credit. Nominal gifts from patients, as an expression of gratitude (not to obtain different or better services), is permitted. Discounts and free services should only be permitted in connection with patients who qualify for reduced fees.

Section 1.7 **ANTITRUST AND TRADE REGULATION**

It is the policy of PVCHC to avoid any activities that unfairly or illegally reduce or eliminate competition, control prices, allocate markets, or exclude competitors.

- A. All PVCHC employees or contractors shall comply with the letter and spirit of all anti-trust laws of the United States and of the State of Colorado. No employee or contractor of PVCHC shall have any authority to engage in conduct that does not comply with this policy or to authorize, direct, approve, or condone such conduct by any other person.
- B. Employees or contractors shall not enter into understandings or agreements (whether written or oral) that could unfairly or illegally reduce or eliminate competition, control prices, allocate markets, or competitors. This includes agreements or information sharing with other practices or carriers that affect prices, charges, profits, and service or supplier selection.
- C. Employees or contractors who negotiate or enter into contracts with competitors, potential competitors, contractors or suppliers shall do so on a competitive basis based upon such factors as price, quality, and. This policy is especially important for employees or contractors having purchasing, planning or marketing responsibilities.
- D. Employees or contractors who attend association or professional association meetings or who otherwise come in contact with competitors should avoid discussions at those meetings regarding pricing or any other topic which could be interpreted as collusion or cooperation between competitors.

Any employee or contractor who suspects that a violation of the antitrust and trade regulation laws has occurred shall disclose that information to the employee(s) responsible for compliance activities.

Section 1.8 **RECORDS RETENTION**

All healthcare, business, and compliance records of PVCHC shall be maintained according to Medicare, Medicaid, and all Federal, State and local regulatory guidelines, and any other records retention policies of PVCHC.

Section 1.9 **OTHER SUBJECTS**

PVCHC will have Policies and Procedures in place to assure compliance for other areas --examples include:

- A. Safety and Health (OSHA)
- B. Employee Relations
- C. Substance Abuse
- D. State Confidentiality Laws
- E. HIPAA Security
- F. Patient Outreach and Communication
- G. Donor Compliance
- H. Grants Compliance
- I. Asset Protection

ADMINISTRATION OF THE PLAN

Section 1.10 **DESIGNATING COMPLIANCE OVERSIGHT**

Responsibility for monitoring PVCHC's Compliance Plan shall be vested in an employee or employees with compliance monitoring responsibility . The employee(s) shall be assigned compliance monitoring responsibility by the President & CEO. Compliance oversight personnel shall work with PVCHC's Leadership Team and report through the President & CEO to the Board of Directors.

The duties of employee(s) in charge of Compliance shall include, but not be limited to:

- A. Overseeing and monitoring PVCHC's compliance activities;
- B. Reporting regularly to the Board of Directors and President & CEO;
- C. Establishing methods to improve PVCHC's efficiency and to reduce vulnerability to fraud, abuse and waste;
- D. Ensuring that the Compliance Plan is implemented and evaluated periodically;
- E. Developing, coordinating, and participating in a multifaceted educational and training program that focuses on elements of the Plan, and seeks to ensure that all appropriate employees are knowledgeable of, and compliant with, pertinent Federal and State law;
- F. Ensuring that the National Practitioner Data Bank and Excluded Provider Database of Health & Human Services Office of Inspector General have been checked with respect to all employees and contractors and evidence is a part of providers' credentialing files. Additionally, that criminal background and sexual offenders checks are completed for all employees.
- G. Coordinating internal and external auditing of all compliance requirements on a periodic basis;
- H. Establishing and administering a reporting system that is available to all employees or contractors to report any suspected illegal conduct or other conduct that violates the Standards of Conduct or applicable law;
- I. Developing policies that encourage all employees to report suspected fraud and other improprieties without fear of retaliation; and
- J. Investigating any report or allegation concerning possible unethical or improper business practices and monitoring subsequent action and/or compliance.

Section 1.11 **COUNTER-TERRORISM COMPLIANCE**

PVCHC endeavors to maintain compliance with the spirit and intent of the USA Patriot Act and other counter-terrorism laws.

Section 1.12 **EDUCATION AND TRAINING**

Effective implementation of the Plan requires training and education for all employees so that each has a clear understanding of his or her responsibilities and rights under the Plan. Education and training emphasizes PVCHC's commitment to full compliance with all laws, regulations and guidelines of Federal and State programs.

It is not essential, however, that every employee be educated concerning every aspect of the Plan. Accordingly, each employee has electronic access to the Compliance Plan and some receive materials appropriate to his or her position and training directed toward relevant topic areas. For example:

- A. Compliance Materials
- B. Coding and Billing Training
- C. Other Training and Education
- D. Record keeping
- E. New Employees

F. Fraud and Abuse Education Policy

It is anticipated that PVCHC will require annual education and training of its providers, clinical directors, clinical team managers, administrative employees and contractors providing a similar service or function.

Section 1.13 **AUDITING AND MONITORING**

An ongoing evaluation process is critical to detect noncompliance and ensure the success of the Plan. This ongoing evaluation will include the following:

- A. Audits of compliance with the procedures and Standards of Conduct set forth in the Plan, to be conducted or directed by the employee(s) responsible for compliance activities or outside experts;
- B. A special audit policy regarding Medicare and Medicaid claims development and submission;
- C. Self-audits will be designed to determine whether:
 - 1. Bills are accurately coded and accurately reflect the services provided;
 - 2. Services provided are reasonable and necessary;
 - 3. Incentives for unnecessary services do not exist; and
 - 4. Healthcare records contain sufficient documentation to support the claim(s) submitted.

The audits and reviews should inquire into PVCHC's compliance with specific rules and policies that have been the focus of particular attention on the part of the Medicare fiscal intermediaries, Medicaid, appropriate state entities, and law enforcement, as evidenced by OIG Special Fraud Alerts, OIG audits and evaluations, and law enforcement initiatives.

Audit techniques may include, but are not limited to:

- A. Onsite visits;
- B. Personnel interviews;
- C. General questionnaires submitted to employees and clinical staff;
- D. Reviews of health records that support claims for Medicare reimbursement;
- E. Confirmation that tests ordered by clinical staff were actually performed and documented and that only those tests were billed;
- F. Review of assignment codes and modifiers to ensure accuracy and specificity in claims submitted; and
- G. Reviews of written materials and documentation prepared by PVCHC.

PVCHC will conduct annual education and training programs and conduct "Periodic Audits" in addition to "Focused Audits" or "Issue Audits" in areas the employee(s) overseeing compliance activities or the Leadership Team has determined present compliance issues or challenges for PVCHC.

Other steps in monitoring compliance with the Plan include:

- A. Regular review by the Board of Directors
- B. Establishment of procedures to ensure that appropriate personnel are notified of changes in laws, regulations or policies with additional training as necessary to assure continued compliance.

Section 1.14 **DEVELOPING AND REPORTING EFFECTIVE LINES OF COMMUNICATION**

PVCHC seeks to investigate all non-frivolous claims of wrongdoing internally and encourages the reporting to the employee(s) responsible for compliance activities so that appropriate corrective action can be instituted. However, any person who discovers wrongdoing that is a false claim or statement may report that information to the Department of Justice or the U.S. Attorney by filing a complaint under seal in the court pursuant to the False Claims Act (see attached Exhibit J).

An open line of communication between employee(s) responsible for compliance activities and all employees or contractors subject to this Plan is critical to the successful implementation and operation of the Plan.

- A. All employees or contractors of PVCHC have the obligation to report any good faith belief of violation of this Plan and to cooperate fully in all investigations. Employees who file such actions (whistleblowers) are protected from retaliation, discrimination and wrongful termination. Insofar as possible, the confidentiality of the whistleblower will be maintained.
- B. PVCHC maintains an "open door" policy and encourages individuals to report suspected violations of the Plan to appropriate PVCHC personnel. An employee or contractor shall report his or her good faith belief of violations of the compliance program or applicable laws as follows:
 - 1. Either orally or in writing to his or her supervisor, employee(s) responsible for compliance activities, or a director or executive of PVCHC.
 - 2. By calling PVCHC's Compliance hot-line at 228-6610.

3. By mailing a "Report of Violation or Suspected Violation" (See attached EXHIBIT F) describing his or her concern to:
Corporate Responsibility Manager
PEAK VISTA COMMUNITY HEALTH CENTERS
340 Printers Parkway
Colorado Springs, CO 80910
 4. By leaving his or her written concern in the Compliance locked drop box located off the lobby of 340 Printers Parkway along the entrance to the north hallway.
- C. A record shall be made of each report by an employee or contractor on a form prepared for this purpose. The following steps will be followed: (See attached EXHIBIT E)
1. Upon receipt of a question or concern, any supervisor, director or executive shall immediately deliver a report of the question or concern to the employee(s) responsible for compliance activities, with the proviso that, if the question or concern is an allegation of a violation of the Plan or law by an employee responsible for compliance activities, the report of the question or concern shall instead be immediately delivered to the President & CEO.
 2. The employee(s) responsible for compliance activities, or his/her designee, shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Standards of Conduct or its application, the employee(s) responsible for compliance activities or his/her designee shall record the fact of the call and the nature of the information sought and respond as appropriate.
 3. Any threat of or actual retaliation or reprisal against a person who acts pursuant to his or her responsibilities under the Plan is not only against PVCHC's policy, but may in some instances be in violation of the law. Reprisal shall be subject to appropriate discipline, including termination.
 4. Any attempt to harm or slander another through false accusations, malicious rumors or other irresponsible actions is a violation of PVCHC's policy. Such attempts, if proven, shall be subject to discipline, including termination.
 5. PVCHC, at the request of a reporting employee or contractor, shall provide anonymity to the reporting employee(s) or contractor(s) to the extent possible under the circumstances in the judgment of the employee(s) responsible for compliance activities, consistent with PVCHC's obligation to investigate concerns and take necessary corrective action. In some circumstances, it may not be possible to preserve complete anonymity for the reporting committee. However, PVCHC employees and contractors reporting potential Plan violations in the good faith belief that such violations may have occurred will not be subject to any retribution or adverse employment consequences as a result of their report.

Section 1.15 **ENFORCING STANDARDS THROUGH WELL-PUBLICIZED DISCIPLINARY GUIDELINES**

Employees who have failed to comply with PVCHC's policies and procedures, violated the Standards of Conduct, or Federal and State laws, or those who have otherwise engaged in conduct that has the potential of impairing PVCHC's status as a reliable, honest and trustworthy healthcare provider are subject to disciplinary action, up to and including termination.

A. Management's Responsibility for Discipline

Under the direction of the President & CEO, the employee(s) responsible for compliance activities shall assure that disciplinary standards, as outlined in the PVCHC Employee Handbook, are followed.

B. Compliance as an Element of Performance

Employees will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors involved in the coding, claims development, and submission process will:

1. Discuss with all supervised employees the Standards of Conduct, as well as compliance policies and legal requirements applicable to their positions;
2. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment; and
3. Disclose to all supervised personnel that PVCHC will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements. Managers and supervisors will be sanctioned for failure to adequately instruct their subordinates, or for failing to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided PVCHC the opportunity to correct them.

C. Persons Involved in Improper Activities

Any employee who violates the Plan or the Standards of Conduct contained in the Plan shall be appropriately disciplined in accordance with PVCHC's policies and procedures. Violations include the failure to report suspected improper activity. Any discipline shall be appropriately documented in the employee's personnel file, along with a statement of reasons for imposing such discipline.

D. Record and Reporting of Disciplinary Actions

The employee(s) responsible for compliance activities shall maintain a record of all disciplinary actions involving the Plan and a summary report will be provided quarterly to the Board of Directors regarding such actions.

Section 1.16 **RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION INITIATIVES**

A. Investigation

Upon receipt of audit results or a report or other information suggesting a possible compliance issue in which the laws, rules and standards of the Medicare and Medicaid program may not have been followed, the Medicare and Medicaid Investigation and Corrective Action Policy as set forth herein at EXHIBIT C shall be followed.

Upon receipt of audit results or a report or other information suggesting a possible compliance issue other than one involving the Medicare and Medicaid programs, the employee(s) responsible for compliance activities shall make a record of the information and may, if necessary, confer with legal counsel before any investigation is undertaken to determine who should conduct the investigation. The investigation should be conducted by the employee(s) responsible for compliance activities, with staff assistance, and appropriate review by legal counsel when warranted. The employee(s) responsible for compliance activities may refer the matter to legal counsel for investigation by legal counsel or by an outside expert retained by legal counsel. An investigation shall be commenced by the appropriate person as soon as reasonably possible.

The employee(s) responsible for compliance activities shall complete a written report describing the facts and circumstances surrounding the alleged problem. If the identity of the complainant is known, the employee(s) responsible for compliance activities shall report to the complainant that an investigation has been completed and, if appropriate, that corrective action has been taken. Notice to the complainant of the results of the investigation and any corrective action taken may be provided through the use of the Corrective Action Form found at EXHIBIT G.

B. Corrective Action

Corrective action for compliance issues involving the Medicare and Medicaid programs is set forth in the Medicare and Medicaid Investigation and Corrective Action Policy contained in EXHIBIT C.

If, on the conclusion of an investigation involving a compliance issue other than a Medicare and Medicaid issue, it appears that there are genuine compliance concerns, the employee(s) responsible for compliance activities shall immediately formulate and implement a corrective action plan. The employee(s) responsible for compliance activities may obtain the advice and guidance of legal counsel and approval of the President & CEO and/or the Board in formulating and implementing the corrective action plan. The corrective action plan shall be designed to ensure that the specific issue is addressed and, to the extent possible, that similar problems do not occur in other departments or areas.

C. Possible Criminal Activity or Other Noncompliance

Whether the investigation reveals possible intentional criminal activity or noncompliant conduct which appears to be unintentional, immediate steps will be taken to cease activity until the offending practice is corrected. Next steps, with regard to corrective action, whether legal or disciplinary, will be determined based on the recommendation of the employee(s) responsible for compliance activities and collaboration with at least two member of the Executive Team prior to final decision. Legal counsel will be consulted if warranted.

Any issue for which a corrective action plan is implemented shall be specifically targeted for monitoring and review in audits of that department or area.

Section 1.17 **NEW EMPLOYEE POLICY**

PVCHC shall provide new employees with training appropriate to their positions and job responsibilities within 60 days of the employee's hire date.

All new employees, including professional, administrative, and billing personnel, who have discretionary authority to make decisions that may involve compliance with the law or compliance oversight, shall undergo a reasonable and prudent background investigation by PVCHC's Human Resources Department as per the Employee Handbook. The employment application specifically requires the applicant to disclose any criminal conviction for any crime including Medicare/Medicaid fraud and abuse, as defined by 42 U.S.C. § 1320a-7(i), or exclusion action. This information can be obtained through the Employee Questionnaires attached as EXHIBITS D-1 and D-2.

PVCHC's policy prohibits the employment of individuals who have been convicted of a criminal offense related to healthcare or who are listed as debarred, excluded, or otherwise ineligible for participation in Federal health care program (as defined in 42 U.S.C. 1320a-7b(f)). With regard to current employees or independent contractors, the individual will be removed from direct responsibility for or involvement with any Federal healthcare program, pending the resolution of any criminal charges or proposed debarment or exclusion. If resolution of the matter results in conviction, debarment or exclusion, PVCHC will terminate its employment or other contract arrangement with the employee or contractor.

This updated Compliance Plan is hereby adopted by the Board of Directors as Peak Vista Community Health Centers' Compliance Plan.

ADOPTED THE 31ST DAY OF JULY 2002

REVISES AND RESTATED THIS 27th DAY OF MARCH 2007

Steve Ingham, Chairperson of the Board

Marilyn Bignell, Secretary of the Board

EXHIBIT A
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan
Fraud and Abuse Education Policy

PVCHC has adopted an Education Plan. As a part of the plan, it is the policy of PVCHC to provide employees involved in the claim development and submission process or in business activities which may be subject to the fraud and abuse laws with such training which is reasonably necessary and appropriate to ensure material compliance with applicable laws relating to charting, coding, the submission of claims or physician or organization business relationships.

A. Claim Development and Submission Process.

PVCHC shall provide the following mandatory education to employees involved in the claim development and submission process:

Professional Staff Training

Annual training on PVCHC's Compliance Plan with focus on the following subjects:

1. An overview of the fraud and abuse laws as they relate to the claim development and submission process;
2. A review of Medicare and Medicaid requirements relating to documentation of services rendered and medical necessity, charge entry and coding (as applicable);
3. A review of PVCHC's policies on appropriate, complete, accurate and timely health record keeping; and
4. The consequences to both individuals and PVCHC of failing to comply with applicable laws.
5. An overview of the fraud and abuse laws as they relate to the claim department and submission process;
6. A review of Medicare and Medicaid requirements applicable to the coding of claims; and
7. The consequences to both individuals and PVCHC of failing to comply with applicable laws.
8. Open-door policy to report: potential violations; no retaliation
9. Rights of whistleblowers

Billing Personnel Training

Annual training on PVCHC's Compliance Program with focus on the following subjects:

1. an overview of the fraud and abuse, anti-kickback and self-referral laws as they relate to the claim development and submission process;
2. a review of Medicare and Medicaid requirements applicable to the preparation of claims for services; and
3. the consequences to both individuals and PVCHC of failing to comply with applicable laws.
4. Reporting no retaliation rights of whistleblowers

Staff Involved in Outside Negotiations

PVCHC provides the following education to all its professionals, administrative staff and contractors involved in negotiating business relationships or contracts with hospitals on behalf of PVCHC. Such training includes, at a minimum, annual training relating to the following subjects:

1. an overview of the fraud and abuse laws as they relate to prohibitions against payments for referrals, kickbacks and rebates, and other illegal inducements; and reporting and rights of whistleblowers
2. the consequences to both individuals and PVCHC of failing to comply with applicable laws.

PVCHC documents the training provided to each employee according to PVCHC's Education Plan. The documentation includes the name and position of the employee, the date and duration of the educational activity or program, and a brief description of the subject matter of the education.

Education activities include, but are not necessarily limited to, PVCHC's sponsored programs or educational sessions, viewing education videos, participation in department meetings in which compliance and the claim development and submission process issues are specifically addressed, attendance at carrier, intermediary or state-sponsored education sessions, attendance at seminars, workshops or similar education sessions, or education or training via interactive internet-based programs.

EXHIBIT B
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan
Audit Policy

In furtherance of its obligations as a participant in Medicare, Medicaid and other health care payment programs, PVCHC has adopted this audit policy to assist in its efforts to monitor the accuracy of claims. This policy is adopted to ensure that representative claims from all of PVCHC's clinical staff are periodically reviewed in a manner which enables the organization to promptly identify deficiencies in the claim development and submission process which may result in inaccurate claims.

A. Auditing Process

PVCHC shall conduct audits in accordance with the schedule set forth below. The audits shall be executed in accordance with the policies and procedures contained in the applicable auditing tool or protocol utilized by PVCHC. PVCHC shall devote such resources as are reasonably necessary to ensure that the audits are adequately staffed by persons with appropriate knowledge and experience to conduct the audits and utilize audit tools and protocol which are periodically updated to reflect changes in applicable laws and regulations.

B. Audit Plan

Operational Audits

It is the policy of this organization and the responsibility of each PVCHC employee to ensure that employees who are new to a position, which has a direct impact on the claim development and submission process, are provided adequate and appropriate training. One mechanism for ensuring the accuracy of PVCHC's claims is to ensure that all new employees adequately understand the essential elements of their job functions. In furtherance of this objective, it is the policy of PVCHC to review the work of new employees in the manner set forth below:

Billers and Coders

Each employee whose principal function includes the billing or coding of claims to be submitted to Medicare, Medicaid and other healthcare programs has all of his or her claim-related work reviewed by an experienced co-worker or outside consultant for a period of not less than five (5) days following the commencement date, or such later date as the manager is satisfied that the accuracy of employee's claims justify cessation of the reviews.

Professional Staff

Providers and other professional staff are evaluated with respect to documentation of the services rendered. The reviewer [other experienced providers, consultants, or other appropriate persons] should examine a representative sample of the provider's documentation to ensure that the provider is accurately and completely documenting the services rendered.

Periodic Audits

PVCHC conducts periodic audits of claims submitted to the Medicare, Medicaid and other healthcare programs.

Complaint Audits

Upon receipt of a credible allegation or complaint alleging improper or inaccurate billing practices, PVCHC undertakes to review the matter in accordance with applicable policy under the Plan. (See attached EXHIBIT C).

EXHIBIT C
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan
Medicare and Medicaid Investigation and Corrective Action Policy

The purpose of this policy is to set forth the procedures to be used by PVCHC to respond to reports by employees or others that an individual or individuals affiliated with or employed by PVCHC are engaging in activity which may be contrary to applicable Medicare and Medicaid laws or regulations or that such person(s) may be submitting claims in a manner which does not meet the Medicare and/or Medicaid program requirements, as applicable.

A. Investigation

Purpose of Investigation

The purpose of the investigation is to identify those situations in which the laws, rules and standards of the Medicare and Medicaid programs may not have been followed; to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed inaccurately; to facilitate the correction of any practices not in compliance with the Medicare or Medicaid laws, rules and standards; to implement those procedures necessary to ensure future compliance; to protect PVCHC in the event of civil or criminal enforcement actions and to preserve and protect PVCHC's assets.

Control of Investigations

The employee(s) with compliance monitoring responsibility is responsible for directing the investigation of the alleged problem or incident. Reports of investigations are presented to legal counsel in appropriate circumstances and to the Board of Directors. At the discretion of the Board of Directors, a report may be forwarded to legal counsel in which event legal counsel is responsible for directing the investigation of the alleged problem or incident. In undertaking an investigation, the employee(s) with compliance monitoring responsibility or legal counsel solicits the support of internal auditors, external counsel and auditors, and internal and external resources with knowledge of the applicable laws and regulations and required policies, procedures or standards that relate to the specific problem in question.

These persons function under the direction of the employee(s) with compliance monitoring responsibility or legal counsel and are required to submit relevant evidence, notes, findings and conclusions to the employee(s) with compliance monitoring responsibility or legal counsel depending upon who is directing the investigation.

Investigative Process

Upon receipt of an employee complaint or other information (including audit results) which suggest the possible existence of a pattern of conduct in violation of compliance policies or applicable laws or regulations, an investigation under the direction and control of the employee(s) with compliance monitoring responsibility or legal counsel is commenced. The investigation is commenced as soon as reasonably possible. Steps to be followed in undertaking the investigation include, but need not be limited to:

1. An interview of the complainant and other persons who may have knowledge of the alleged problem or process and a review of the applicable laws and regulations which might be relevant to or provide guidance with respect to the appropriateness or inappropriateness of the activity in question, to determine whether or not a problem actually exists.
2. The identification and review of representative bills or claims submitted to the Medicare/Medicaid programs to determine the nature of the problem, the scope of the problem, the frequency of the problem, the duration of the problem and the potential financial magnitude of the problem.
3. Interviews of the person or persons in the departments who appeared to play a role in the process in which the problem exists. The purpose of the interview is to determine the facts related to the complained of activity, and may include, but is not limited to:
 - a. Personal understanding of the Medicare and Medicaid laws, rules and regulations;
 - b. The identification of persons with supervisory or managerial responsibility in the process;
 - c. The adequacy of the training of the individuals performing the functions within the process;
 - d. The extent to which any person knowingly or with reckless disregard or intentional indifference acted contrary to the Medicare or Medicaid laws, rules or regulation;
 - e. The nature and extent of potential civil or criminal liability of individuals or PVCHC; and
 - f. Preparation of a summary report which (i) defines the nature of the problem, (ii) summarizes the investigation process, (iii) identifies any person whom the investigator believes to have either acted deliberately or with reckless disregard or intentional indifference toward the Medicare/Medicaid laws, rules and policies, or (iv) if possible, estimates the nature and extent of the resulting overpayment by the government, if any.

If the review results in conclusions or findings that the complained of conduct is permitted under applicable laws, regulations or policy or that the complained of act did not occur as alleged or that it does not otherwise appear to be a problem, the investigation is closed.

EXHIBIT C – Page 2

If the initial investigation concludes that improper billing is occurring, that practices are occurring which are contrary to applicable law, that inaccurate claims are being submitted, or that additional evidence is necessary, the investigation proceeds to the next step.

B. Organizational Response Possible Criminal Activity

In the event PVCHC uncovers what appears to be criminal activity on the part of any employee, it shall undertake the following steps.

1. It shall immediately stop all billing related to the problem until such time as the offending practices are corrected.
2. It shall initiate appropriate disciplinary action against the person or persons whose conduct appears to have been intentional, willfully indifferent or with reckless disregard to the Medicare and Medicaid laws. Appropriate disciplinary action shall include, at a minimum, the removal of the person from any position with oversight for or impact upon the claims submission or billing process and may include, in addition, suspension, demotion or discharge.
3. PVCHC shall make such notification to appropriate law enforcement authorities as legal counsel for PVCHC advises.

Other Noncompliance

In the event the investigation reveals billing or other problems which do not appear to be the result of conduct which is intentional, willfully indifferent, or with reckless disregard for the Medicare and Medicaid laws, PVCHC shall nevertheless undertake the following steps:

Improper Payments

In the event the problem results in duplicate payments by Medicare or Medicaid, or payments for non-covered services or for services not rendered or provided other than as claimed, it shall:

1. Stop all billing of the type which is a problem until such time as the offending practice is corrected;
2. Calculate and repay to the appropriate carrier or fiscal intermediary overpayments resulting from the act or omission;
3. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include, but is not limited to, reprimand, demotion, suspension and discharge or termination of contract; and
4. Promptly undertake an appropriate program of education to prevent future similar problems.

No Improper Payment

In the event the problem has or does not result in an overpayment by the Medicare or Medicaid program, PVCHC shall:

1. Correct the defective practice or procedure as quickly as possible.
 2. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include, but is not limited to, reprimand, demotion, suspension and discharge or termination of contract.
 3. Promptly undertake an appropriate program of education to prevent future similar problems.
- #### Discipline

Employees and professional staff may be subject to discipline for failing to participate in organizational compliance efforts, including, but not limited to:

1. The failure of an employee to perform any obligation required of the employee or clinical staff member relating to compliance with the program or applicable laws or regulations;
2. The failure to report suspected violations of compliance program rules or applicable laws or regulations to an appropriate person; and
3. The failure on the part of a supervisory or managerial employee or clinical staff member to implement and maintain policies and procedures reasonably necessary to ensure compliance with the terms of the program or applicable laws and regulations.
4. Discipline follows PVCHC's existing employee discipline policies and procedures, up to and including termination.

**EXHIBIT D-1
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

**Questionnaire
for Professional Personnel (Licensed or Certified)**

Name: _____

Address:

Telephone: _____

State(s) Licensed: _____

Certification/Specialty: _____

Education: _____ UPIN No. _____

- 1) Please list all of your current professional licenses, including such information as the state of issuance and expiration date for each.
- 2) Have you ever had a professional license suspended or revoked for any reason? If the answer to this question is YES, please include a full description of each incident.
- 3) Have you ever been suspended, excluded or debarred from any federally-funded health care program, including Medicare or Medicaid, or convicted of any health-care related crime? If the answer is YES, please include a full description of each incident.
- 4) Please list any health-care or related business in which you or a member of your immediate family hold direct or indirect ownership interest. Also, please note whether any businesses in which you or an immediate member of your family hold an ownership interest have ever been suspended from any federally-funded health care program, including Medicare or Medicaid.

I certify that the above responses are complete, true and correct and authorize PVCHC to research and verify my responses.

Name Date

(Print Name)

Social Security No. _____ Provider No. _____

**EXHIBIT D-2
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

**Questionnaire
for Non-Licensed and Non-Certified Personnel**

Name: _____

Address: _____

Telephone: _____

1) Have you ever been convicted of a felony or a misdemeanor, or excluded or suspended from any federally-funded government health care program, including Medicare or Medicaid? If YES, please include a full description of the charges and resulting disposition.

2) Please list any health-care or related business in which you or a member of your immediate family hold an ownership interest, whether direct or indirect. Also, please note whether any businesses in which you or an immediate member of your family hold an ownership interest have ever been suspended, excluded or debarred from any federally-funded health care program, including Medicare or Medicaid.

I certify that the above responses are complete, true and correct and authorize the Company to research and verify my responses.

Name Date

(Print Name)

Social Security No. _____

After completing this form, please return to the Human Resources Office, 340 Printer's Parkway, Colorado Springs, CO 80910 via US Mail marked confidential, Internal PVCHC Mail marked confidential, drop in the Compliance Lock Box in the Administration Building lobby, or contact the employee(s) responsible for compliance activities directly via telephone to arrange a different method (719) 228-6610.

**EXHIBIT E
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

Reporting a Possible Violation

Note: this form is completed by employee(s) with compliance monitoring responsibility

Report Number/Reference: _____

Receiving Date: _____

Time: _____

Date Violation Occurred: _____

Report Received: By _____

Position: _____

Reporting Individual: _____

(While PVCHC will take reasonable steps to ensure the confidentiality of the information contained in this report, under certain circumstances disclosure of such information may be required.)

Position: _____

Individuals and/or Department Involved: _____

Description of Incident or Possible Violation:

Type of Possible Violation:

Dishonesty and/or Fraud: _____

Billing: _____

Antitrust: _____

Safety/Health: _____

Conflict of Interest: _____

Human Resources/Labor: _____

Other: _____

Report Completed By: _____

Date: _____

Employee(s) Responsible for Compliance Activities

[Name]

Contacted by _____

On _____

[Date] _____

**EXHIBIT F
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

Report of a Violation or Suspected Violation

Note: this form is completed by individual reporting violation

Name: _____(Optional) -- (While PVCHC will take reasonable steps to ensure the confidentiality of the information contained in this report, under certain circumstances disclosure of such information may be required.)

Position: _____

Office/Department: _____

Supervisor: _____

Work Telephone Number: _____

Home Telephone Number: _____

- 1) Description of suspected violation:
- 2) Please state the date(s) this suspected violation occurred, where the suspected violation occurred, and the person(s) involved:
- 3) What is your specific knowledge of the incident? How did you acquire this knowledge?
- 4) Please state whether you have discussed the suspected violation with anyone else, and if so, who? What other individuals may have information regarding this matter?
- 5) Would you be willing to discuss this matter with the employee(s) responsible for compliance activities or other members of management or the Peak Vista Community Health Centers legal counsel?

Submitted By [Optional]

Signature _____

Date _____

Printed Name _____

**EXHIBIT G
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

Corrective Action Form

Note: To be completed by employee(s) with compliance monitoring responsibility

Date report received: _____

Referred for investigation to:

Date investigative report received: _____

Investigative Results: (Attach if appropriate)

Action taken and date: (Attach report if appropriate)

Persons who reported violation notified:

Yes _____ No _____

Date: _____ Individual's name: _____

Date Investigation Closed: _____

Employee(s) with Compliance Monitoring Responsibility

(Signature) Date

**EXHIBIT H
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

**Compliance Certification
(Signature Page)**

I have read the "Compliance Plan" dated _____, and I have retained a copy for my guidance.
I represent that I understand that violation of the Compliance Plan and its Code of Ethics may be grounds for dismissal.
I represent that I am in compliance with its requirements with the following possible exceptions: (You should include a statement concerning any personal business situation, conflict of interest or other matter which you believe should be disclosed.)

I agree to immediately report to the employee(s) responsible for compliance activities any changes that may potentially place me in violation of this program.

I am aware of the following present violations (if none, state "none"):

I agree that I will report any suspected or known violation of the Compliance Plan using the reporting procedures outlined in the Plan prior to making any disclosure to governmental authorities. I understand that such notification does not restrict or limit my ability to notify governmental authorities any time I believe illegal activity has occurred or is occurring.

Name: _____

Position: _____

Signature: _____

Date: _____

Please return this form to Human Resources. The form will be placed in the Employee's, Contractors, or Volunteer's file for record.

EXHIBIT I
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan

Risk Areas

PVCHC's written policies and procedures should take into consideration the regulatory exposure for each function or department of PVCHC. Consequently, PVCHC's individual policies and procedures should be coordinated with the appropriate training and educational programs with an emphasis on areas of special concern that have been identified by the Office of the Inspector General (OIG).

The OIG periodically issues Special Fraud Alerts setting forth activities believed to raise legal and enforcement issues. PVCHC's compliance plan requires that the employee(s) responsible for compliance activities or other appropriate personnel carefully consider any and all Special Fraud Alerts issued by the OIG.

Areas of risk identified by the OIG and addressed in the compliance plan are:

- A. Billing for items or services not actually rendered or not rendered as claimed.
- B. Providing services that are not reasonable and medically necessary.
- C. Upcoding.
- D. Inadequate medical record documentation.
- E. Duplicate billing.
- F. Billing for non-covered services, and failing to use Advanced Beneficiary Notices when Medicare coverage is uncertain.
- G. Knowing misuse of provider identification numbers.
- H. Billing for unbundled services.
- I. Failure to use proper coding modifiers.
- J. Signing certifications for items or services knowing that the information on the certification is false or recklessly disregarding the truth of the information in the certification.
- K. Incentives, contracts or relationships that violate the anti-kickback statute or other similar Federal or state statute or regulation.
- L. Joint ventures.
- M. Financial arrangements with hospitals.
- N. Stark physician self-referral law.
- O. U.S. Citizen or otherwise eligible to work in the U.S.

**EXHIBIT J
PEAK VISTA COMMUNITY HEALTH CENTERS
Corporate Compliance Plan**

Definition of Claim

The definition of claim includes a claim submitted to Medicaid, Medicare or Tricare.

Bringing an Action under the False Claims Act:

A private person can bring an action under the False Claims Act in the name of the United States.

- The person can file a complaint “under seal” or confidentially on the court docket. “Under seal” means that the records are kept secret on the docket of the court.
- The U.S. Attorney has sixty days, or more if an extension is requested of the court, to review the complaint and consider the allegations and whether the U.S., through the Department of Justice, will join in and take over the complaint.
- The Department of Justice then investigates the allegations of violations of the False Claims Act and may involve the FBI or the Office of the Inspector General of the Department of Health and Human Services and may issue subpoenas for documents or electronic records, may interview witnesses, and may compel testimony from certain individuals within the organization.
- After the investigation is complete, the Department of Justice decides whether it will intervene in the action filed by the employee, decline to intervene, or dismiss the complaint.
- If the action is pursued and is successful, the employee is entitled to part of the recovery, from 15 to 30%, depending on whether the Justice Department, becomes involved in the case.