



Priority Health

Compliance Program

Revised September 2018



Priority Health Compliance Program

Table of Contents

Executive Summary.....	3
A. General Compliance Policy.....	6
B. Goals of the Compliance Program.....	7
C. Written Policies, Procedures and Standards of Conduct.....	8
D. Compliance Officer, Compliance Committee and High Level Oversight.....	8
E. Effective Training and Education.....	11
F. Effective Lines of Communication.....	12
G. Well Publicized Disciplinary Standards.....	14
H. Effective System for Routine Monitoring and Identification of Compliance Risks....	14
I. Procedure and System for Prompt Response to Compliance Issues.....	15
J. Reports and Record Keeping.....	16
K. Adoption; Amendments and Revisions.....	16
L. Compliance Program Documents.....	16
Exhibit A – Organizational Chart for the Oversight of the Compliance Program.....	17
Exhibit B – Compliance Program Documents.....	18

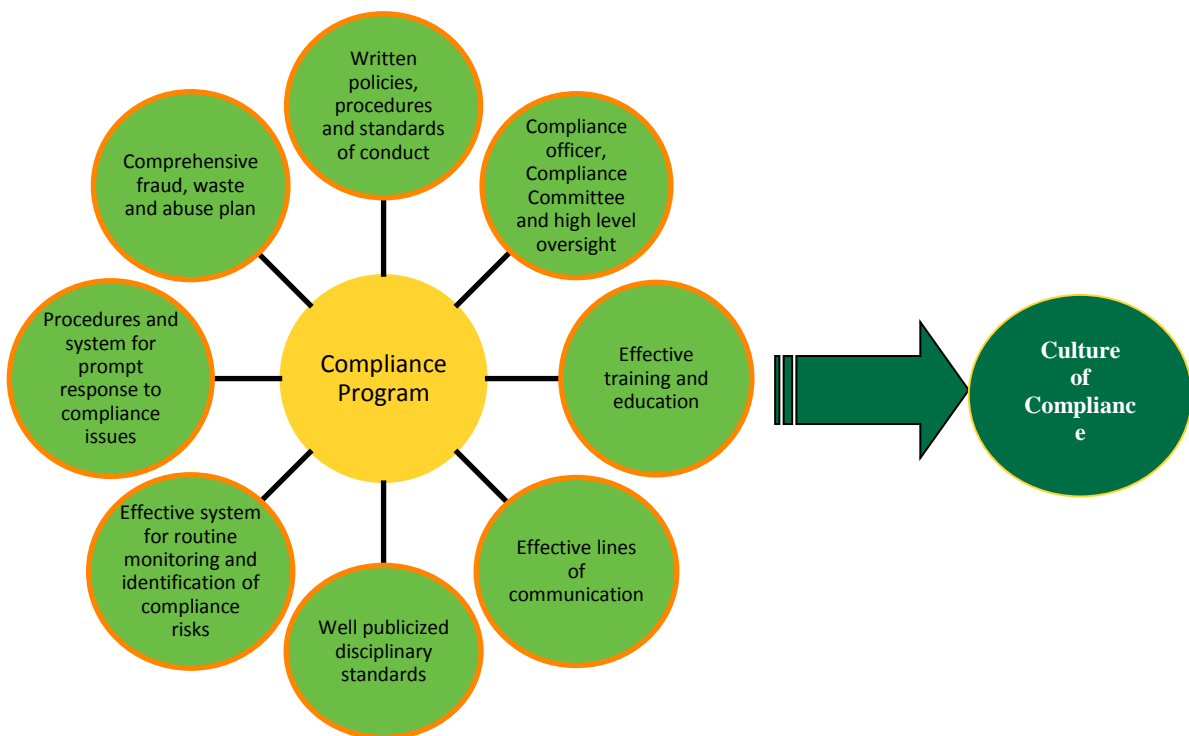
Priority Health Compliance Program

Executive Summary

Priority Health provides health care coverage, wellness services, and other related services:

- In compliance with all laws and regulations governing its operations; and
- Consistent with the highest standards of good business and professional ethics.

Priority Health’s Compliance Program was approved and adopted by Priority Health’s Board of Directors to ensure an overall culture of compliance to prevent, detect and correct non-compliance, as well as actual or potential fraud, waste and abuse. The eight elements of the Compliance Program are illustrated and described below.



Written Policies, Procedures and Standards of Conduct

The Compliance Program includes a Code of Excellence and many policies and procedures to guide all employees and contingent labor on how to carry out their duties at Priority Health according to the letter and spirit of the Compliance Program. The members of Priority Health’s Board of Directors, physicians and other providers, contractors/vendors and agents also have a responsibility to follow the Code of Excellence and the compliance policies and procedures included in the Compliance Program.

Compliance Officer, Compliance Committee and High Level Oversight

The Priority Health Board of Directors is responsible for oversight of the Compliance Program and for appointing the compliance officer. The Board carries out the oversight responsibility by delegating the oversight, authority and accountability to ensure the goals of the Compliance Program are met to the Quality Integration Committee (QIC) and to the Compliance Committee. The QIC, on behalf of the Board of Directors, will review and take action on the reports, findings and recommendations of the compliance officer and the Compliance Committee. The QIC Chair will participate in Board meetings to educate its members on compliance issues and concerns.

The compliance officer is responsible for reviewing, maintaining and monitoring adherence to the Compliance Program. The compliance officer receives guidance, direction and support with the implementation and enforcement of the Code of Excellence and the compliance policies and procedures included in the Compliance Program from the Compliance Committee.

The compliance officer has direct access to the president & chief executive officer (CEO) and to the Chair of the QIC. The compliance officer has authority to meet in-person with the president & CEO, Board of Directors or the QIC at his or her discretion to provide unfiltered reports.

Effective Training and Education

Priority Health educates employees, members of the Board of Directors, agents, contingent labor and contractors/vendors about the Compliance Program and their responsibility to maintain the highest ethical and legal standards in the conduct of company business. Training includes initial orientation and annual education updates. The completion of this training and a written acknowledgement from each Priority Health employee and contingent labor that he or she will adhere to the principles of the Code of Excellence is a condition of employment.

Effective Lines of Communication

Employees, members of the Board of Directors, physicians and other providers, contingent labor, contractors/vendors, subcontractors, and agents have the opportunity and obligation to report actual or potential compliance or ethics concerns in various ways, including via the compliance HelpLines. Priority Health has two compliance HelpLines. The Integrity HelpLine is for employees and contingent labor and the Compliance HelpLine is for all other callers (members, providers, agents, customers, employer groups, contractors/vendors, etc.)

Integrity HelpLine for employees and contingent labor	877.319.0266
Compliance HelpLine for all other callers	800.560.7013

Both HelpLines provide a way to make a compliance report anonymously. Priority Health will not retaliate against any person for reporting a concern.

Well Publicized Disciplinary Standards

The professional conduct expectations and performance correction process are distributed and accessible to all employees and contingent labor and are included in education and training that is provided on a regular basis. The accessibility and distribution of these standards to employees, contingent labor and contractors/vendors encourages the reporting of incidents of unethical or non-compliant behavior. Year-end aggregate results of actions taken to address non-compliance or misconduct are shared with the organization to maintain confidence in Priority Health's commitment to the Code of Excellence and to build our culture of compliance.

Effective System for Routine Monitoring and Identification of Compliance Risks

Priority Health has a system in place to ensure effective monitoring and auditing are conducted on a regular basis to test and confirm compliance with internal policies and procedures and laws governing its operations. This system includes policies and procedures, an annual compliance risk assessment and a risk-based monitoring plan and audit plan. The work plans includes a special focus on the risks associated with Medicare Part C and Part D program requirements and oversight of first tier, downstream and related entities. Monitoring and auditing results are used to help evaluate the effectiveness of the Compliance Program.

Procedures and System for Prompt Response to Compliance Issues

Policies and procedures are in place to ensure prompt and reasonable investigations are conducted of suspected offenses and appropriate actions are taken to resolve issues plus prevent reoccurrence. Priority Health will take appropriate and consistent action against an employee, contingent labor, customer, physician or other provider, employer group, contractor/vendor or agent who violates the Code of Excellence or any compliance policy or procedure.

Comprehensive Fraud, Waste and Abuse Plan

The seven elements of the Compliance Program listed above include a focus to prevent, detect and correct actual or potential fraud, waste and abuse. Priority Health will monitor and audit contractors/vendors as required or appropriate for possible wasteful, abusive and fraudulent activities. Priority Health will allow authorized governmental agencies (or a designee) timely access, upon reasonable request, to appropriate records. Appropriate corrective actions will be taken to resolve detected offenses and to prevent reoccurrences, including voluntary self-reports to appropriate governmental agencies or their designee.

Note:

- Priority Health Choice, Inc. has delegated its responsibilities to administer an effective compliance program to Priority Health through service and management agreements.
- The term contractors/vendors used in this document includes first tier entities, downstream entities and related entities under the Medicare Part C and Part D program.



Priority Health Compliance Program

A. General Compliance Policy

Priority Health provides health care coverage, wellness services, and other related services in compliance with all federal, state, and local laws and regulations governing its operations, and consistent with the highest standards of good business and professional ethics. As part of an overall culture of compliance, Priority Health has adopted this Compliance Program, together with related compliance policies and procedures and a Code of Excellence. Priority Health's Compliance Program applies to all of its affiliates and subsidiaries.

Priority Health's Compliance Program includes the following elements:

- Written policies and procedures and standards of conduct;
- Compliance officer, Compliance Committee and high level oversight;
- Effective training and education;
- Effective lines of communication;
- Well publicized disciplinary standards;
- Effective system for routine monitoring and identification of compliance risks;
- Procedures and system for prompt response to compliance issues; and
- Comprehensive fraud, waste and abuse plan.

Each element of the Compliance Program applies to all solutions and products, including Medicare Part C and Part D, Medicaid, Qualified Health Plans and the Federal Employees Health Benefits Program.

The compliance officer has the responsibility of reviewing, maintaining and monitoring adherence to Priority Health's Compliance Program, including compliance policies and the Code of Excellence. The Compliance Committee provides oversight to the Compliance Program and the annual Compliance Program work plan. The

Compliance Committee will also provide guidance, direction and support to the compliance officer with regard to the implementation of Priority Health's compliance policies and its Code of Excellence, and with regard to the resolution of compliance issues as needed.

B. Goals of the Compliance Program

The Compliance Program embodies Priority Health's commitment to achieving its vision within appropriate ethical and legal standards. The Compliance Program describes those standards in its related policies and in the Code of Excellence. The goals of the Compliance Program are to:

- Develop and maintain a Code of Excellence and policies and procedures to assure honest, responsible, and ethical business conduct;
- Prevent, detect and correct non-compliance;
- Prevent, detect and correct illegal and unethical conduct;
- Prevent, detect and correct actual or potential fraud, waste and abuse;
- Identify and promptly respond to compliance risks;
- Maintain and enhance a strong organizational culture of ethical conduct and compliance;
- Maintain and enhance an organizational culture that encourages customers, employees, contingent labor, employer groups, agents, contractors/vendors, physicians and other providers to report actual or suspected misconduct confidentially and without fear of reprisal;
- Develop and maintain policies and procedures for prompt and thorough investigation of alleged misconduct;
- Develop and maintain a process for immediate response and appropriate corrective actions to actual or potential misconduct;
- Provide regular, effective compliance education and training for all employees, contingent labor, members of the Board of Directors, agents and contractors/vendors; and
- Monitor and audit for compliance and reduce the risk of non-compliance.

C. Written Policies, Procedures and Standards of Conduct

All employees and contingent labor must carry out their duties at Priority Health in accordance with the letter and the spirit of this Compliance Program, including its related policies, procedures and the Code of Excellence. Any violation of applicable law, or deviation from Priority Health's compliance policies or standards, will result in disciplinary action.

The Compliance Program includes statements of policy in a number of specific areas. However, the Compliance Program does not cover all civil and criminal laws, professional standards, or ethical principles applicable to Priority Health and its businesses. Questions as to whether an action violates Priority Health's compliance policies or applicable law should be raised either with a leader or directly with the compliance officer. In those instances where there is a question of whether an action implicates or violates a particular law, the compliance officer will confer with legal counsel.

D. Compliance Officer, Compliance Committee and High Level Oversight

1. Board of Directors: The Board of Directors approved and adopted this Compliance Program, resolved to allocate the corporate resources required to implement it, and empowered the compliance officer to take the actions necessary and appropriate to accomplish it, including the authority to investigate and resolve compliance issues that may be identified from time to time. The Board of Directors is knowledgeable about the content and operations of the Compliance Program and is accountable for reviewing the status of the Compliance Program. The Board is responsible for reasonable oversight with respect to the implementation and effectiveness of the Compliance Program. The Board carries out this responsibility by delegating the oversight, authority and accountability to ensure the goals of the Compliance Program are met to the Quality Integration Committee (QIC) and to the Compliance Committee, which reports to the QIC. (See Exhibit A for an organizational chart of the oversight of the Compliance Program.) Based on this authority delegated by the Board, the decisions of the QIC on compliance issues, and with respect to the recommendations of the compliance officer and the Compliance Committee shall be final and binding. On behalf of the Board of Directors, the QIC or the Chair of the QIC will:

- Receive, review, and take appropriate action on the dashboards, reports, findings, and recommendations of the compliance officer and Compliance Committee;
- Report violations that involve a financial risk to the Board's Finance and Audit Committee;
- Participate in Board meetings to educate its members as to compliance issues, concerns, and methods;
- Oversee an annual review of the effectiveness of the Compliance Program; and
- After consultation with management, ensure corporate resources (financial, human, and physical) are allocated as necessary to operate a robust and effective Compliance Program.

2. Compliance Officer: The compliance officer is responsible for the overall management and day-to-day operation of the Compliance Program. The compliance officer shall be appointed by the Board. The compliance officer has an operational reporting relationship to the senior vice president, general counsel. The compliance officer is accountable to the president & chief executive officer (CEO) and provides the CEO and Board of Directors with regular reports through the QIC. The compliance officer has direct access to the CEO and to the Chair of the QIC. The compliance officer has the authority to meet in-person with the CEO, Board of Directors or the QIC at his or her discretion to provide unfiltered reports. The compliance officer's responsibilities are to:

- Serve as a facilitator for compliance activities;
- Chair the Compliance Committee;
- Monitor the Compliance Program on an ongoing basis to ensure effectiveness;
- Develop an annual compliance work / training plan;
- Continually monitor and update the Compliance Program to reflect changes in applicable regulatory and contractual requirements;
- Provide oversight of, and ensure that employees and contingent labor are informed and educated on the compliance education and training

program and changes in state or federal requirements related to their respective job responsibilities;

- Support and assist appropriate leaders to develop and disseminate compliance materials for customers, employer groups, agents, contractors/vendors, physicians and other providers;
- Assess compliance risk and include the areas of risk identified in the OIG's annual work plan in this assessment;
- Develop an annual risk-based monitoring plan and auditing plan;
- Monitor the completion status of the corrective actions;
- Monitor compliance efforts throughout the organization;
- Provide input to the annual internal audit plan for compliance audits;
- Set up and maintain a confidential compliance HelpLine (hotline) for employees, contingent labor, physicians and other providers, customers, employer groups, contractors/vendors, members of the Board of Directors and agents to use to anonymously report concerns about misconduct;
- Support and assist the Special Investigations Unit department in the development and implementation of the Fraud, Waste and Abuse Plan;
- Update the Board of Directors by providing dashboards, reports and materials to the QIC on a regular basis (no less than quarterly) regarding compliance issues and activities;
- Attend a QIC meeting in person at least once annually to answer questions or to review compliance issues and activities as requested;
- Meet with the CEO and senior vice president, general counsel as necessary to review compliance issues;
- Conduct investigations of reported violations and suspected violations, including actual or potential instances of fraud, waste and abuse, and take appropriate action with respect to the same;
- Coordinate investigations with legal counsel (internal and external), the Human Resources department, the Special Investigations Unit department or other appropriate party as necessary or appropriate;

- Help ensure disciplinary standards for compliance violations are appropriate to the seriousness of the violation and is enforced in a timely, consistent and effective manner; and
- Maintain documentation of all violations, corrective action, and disciplinary action.

3. Compliance Committee: The Compliance Committee is responsible for the oversight of the Compliance Program and the annual Compliance Program work plan. In addition, the Compliance Committee is responsible to provide guidance, direction and support to the compliance officer with the implementation and enforcement of compliance policies and the Code of Excellence, and with the resolution of compliance issues as needed. The Compliance Committee will provide oversight to ongoing auditing and monitoring of the Compliance Program, and will review the results of such auditing and monitoring. The Compliance Committee may provide oversight of monitoring and audit plans, results and corrective actions through appropriate sub-committees or committees.

The Compliance Committee shall, to the extent practicable, be comprised of a permanent core group of high level personnel in key positions in the organization. All committee members must be appointed by the senior vice president, general counsel in consultation with the compliance officer.

The Compliance Committee shall be chaired by the compliance officer and shall convene on a regular basis. The Compliance Committee shall be guided in the discharge of its responsibilities by the Compliance Committee Charter.

(Note: The compliance officer, Compliance Committee or other certain Compliance Program administrative functions, such as compliance reporting to senior management, may not be delegated or subcontracted.)

E. Effective Training and Education

Priority Health's compliance education and training program shall be designed to be an effective tool to inform all employees, contingent labor, members of the Board of Directors, agents and contractors/vendors of the Compliance Program, and of their

compliance responsibilities, and to foster commitment to the Code of Excellence. The annual education and training program shall include initial orientation and annual education.

All employees and contingent labor are provided education and training on the Compliance Program, which includes the Code of Excellence. All employees and contingent labor receive a Certificate of Completion after successfully completing the compliance training. As a condition of employment, all employees and contingent labor must sign an Acknowledgement Form confirming they have received the Code of Excellence and understand it represents mandatory policies. The Certificate of Completion and the Acknowledgement Form are signed and stored electronically. Copies of the Compliance Program, the Code of Excellence, and other compliance resources are made readily available to all employees and contingent labor.

F. Effective Lines of Communication

Priority Health encourages employees, contingent labor and others to proactively ask questions to prevent mistakes and to ensure compliance. However, mistakes will occur and no concern is too small or unimportant to be reported. Priority Health has a policy and process to ensure that actual or potential compliance or ethics violations, including instances of actual or potential fraud, waste and abuse, are appropriately reported and assessed as follows:

- Employees and contingent labor have the opportunity and obligation to report actual or potential concerns. Employees and contingent labor who do not report conduct violating Priority Health's compliance policies may be subject to disciplinary action. Employees and contingent labor may make a report in person, by telephone or in writing to their leader, the Human Resources department, the Special Investigations Unit department, the Legal department, the Compliance department or to the compliance officer. Employees and contingent labor may also use the Integrity HelpLine to anonymously report actual or potential concerns to the compliance officer by calling 877.319.0266.
- Members of the Board of Directors, physicians and other providers, contractors/vendors and agents have the opportunity and obligation to report

actual or potential violations in person, by telephone or in writing to the compliance officer at:

616.464.8424

Or

Terry Somerville

Director, compliance officer

Priority Health

1231 East Beltline NE, MS 3230

Grand Rapids, MI 49525

These individuals may use the Compliance HelpLine to anonymously report actual or potential violations to the compliance officer by calling 800.560.7013.

- Members and employer groups have the option and are encouraged to report actual or potential violations by telephone or in writing to the compliance officer. These individuals may use the Compliance HelpLine at 800.560.7013 to make an anonymous report.

The Integrity HelpLine and the Compliance HelpLine offer the option to report a concern anonymously. The HelpLines are staffed 24 hours a day, seven days a week by independent vendors with specialists who are trained to obtain complete and accurate information in a confidential manner. The HelpLines have a process to provide a caller with a response from the compliance officer (or appropriate individual) at a future call back date established during the initial call.

The process to report actual or potential compliance violations is designed to ensure that confidentiality is maintained and anonymity is protected. All persons making a report are assured that confidentiality will be maintained at all times insofar as is legal, practical and consistent with a reasonable investigation. Priority Health will not retaliate or take adverse action against persons making good faith reports, regardless of whether the report is ultimately substantiated. The Non-Retaliation policy protects an individual who reports a concern from any type of retaliation.

Additional reporting options are available to report actual or potential fraud involving Medicare, Medicaid, or the Federal Employees Health Benefits Program

directly to government officials. See the Priority Health information network or *priorityhealth.com* for contact information.

G. Well-Publicized Disciplinary Standards

Enforcement of standards is an essential element of the Compliance Program and it is essential to Priority Health's efforts to prevent non-compliance and fraud, waste and abuse. Priority Health enforces standards through well-publicized disciplinary guidelines. To encourage the reporting of unethical or non-compliant behavior, multiple methods are used to publicize disciplinary guidelines, including the Code of Excellence, compliance handbook, announcements, compliance training, posters and *priorityhealth.com*.

Priority Health will take timely, appropriate, consistent and effective actions against an employee, contingent labor, customer, physician or other provider, employer group, contractor/vendor, or agent who violates the Code of Excellence or compliance policy or standard.

Performance correction may include actions such as performance feedback discussion or performance correction levels, including termination. These performance correction actions also apply to a leader who directs or approves an individual's improper actions, or is aware of those actions, but does not act appropriately to prevent, curtail, or correct him/her, or who otherwise fails to exercise appropriate supervision. Year-end aggregate results of actions taken to address non-compliance or misconduct are shared with the organization to maintain confidence in Priority Health's commitment to the Code of Excellence and to build our culture of compliance.

Priority Health provides the Code of Excellence and Compliance Program at *priorityhealth.com* to contractors/vendors and encourages contractors/vendors to adopt a Code of Excellence which reflects a commitment to ensuring legal and ethical standards are met. Misconduct by a contractor/vendor may result in the termination of the contract with Priority Health and/or notification to the appropriate governmental agency.

H. Effective System for Routine Monitoring and Identification of Compliance Risks

Priority Health has a system in place to help ensure effective monitoring and auditing is conducted on a regular basis to test and confirm compliance with internal

policies and procedures and federal, state and local laws and regulations governing its operations and to prevent, detect and correct actual or potential fraud, waste and abuse. This system includes policies and procedures, an annual compliance risk assessment and a risk-based monitoring plan and auditing plan. The work plans include a special focus on the risks associated with Medicare Part C and Part D program requirements and oversight of first, tier, downstream and related entities to prevent harm to Medicare members.

Outside consultants may be engaged to perform audits or assist with compliance activities or the investigation of compliance issues, as determined by the compliance officer.

Monitoring and auditing results are used to help evaluate the effectiveness of the Compliance Program. The compliance officer will receive all final compliance audit reports, including audit results, deficiencies and related management action plans to remediate the risks of non-compliance. Priority Health will conduct follow-up reviews of areas found to be non-compliant to determine if corrective actions were taken timely and effectively.

Priority Health and Priority Health's contractors will allow authorized governmental agencies (or a designee) timely access, upon reasonable request, to appropriate records for auditing purposes.

I. Procedures and System for Prompt Response to Compliance Issues

Priority Health's policies and processes are designed to help ensure prompt and reasonable investigations are conducted of suspected offenses (internal and external) by appropriate individuals/departments and that appropriate corrective actions are taken to resolve detected offenses and prevent reoccurrence. Corrective actions may include actions such as repayment of overpayments and making reports, including voluntary self-reports, to appropriate governmental agencies or their designee.

Priority Health has a policy that requires full cooperation with state and federal authorities regarding government investigations. Priority Health and Priority Health's contractors/vendors will allow authorized governmental agencies (or a designee) timely access, upon reasonable request, to appropriate records for government investigations.

J. Reports and Record Keeping

The compliance officer shall maintain records of compliance activities, including educational activities, audits and the investigation, and resolution of complaints or reported violations or suspected violations. All such records, including data, recorded information, and reports, shall be maintained in the strictest confidence at all times insofar as is legal and practical, in order to protect the confidentiality of those making reports or complaints. To the extent that an individual makes a report pursuant to compliance policies, communication with that individual will be kept confidential and will not be made available to persons or entities not involved in the compliance issue except as required by state or federal law or ordered by lawful court or governmental process.

All minutes of Compliance Committee meetings and all compliance reports shall be kept electronically or as otherwise required by regulatory agencies. Unless required to be maintained for a longer period by applicable law, court order, or reasonable possibility of evidentiary need in pending or threatened civil, criminal, or administrative proceedings, compliance records shall be retained in accordance with law and Priority Health's record retention policy.

K. Adoption; Amendments and Revisions

Neither this Compliance Program, nor any supplement, amendment, nor revision of it, shall be effective unless and until approved by the Quality Integration Committee as noted in Exhibit B. Such supplements, amendments, or revisions may be initiated by the Board, the QIC, the CEO, the compliance officer, or the Compliance Committee.

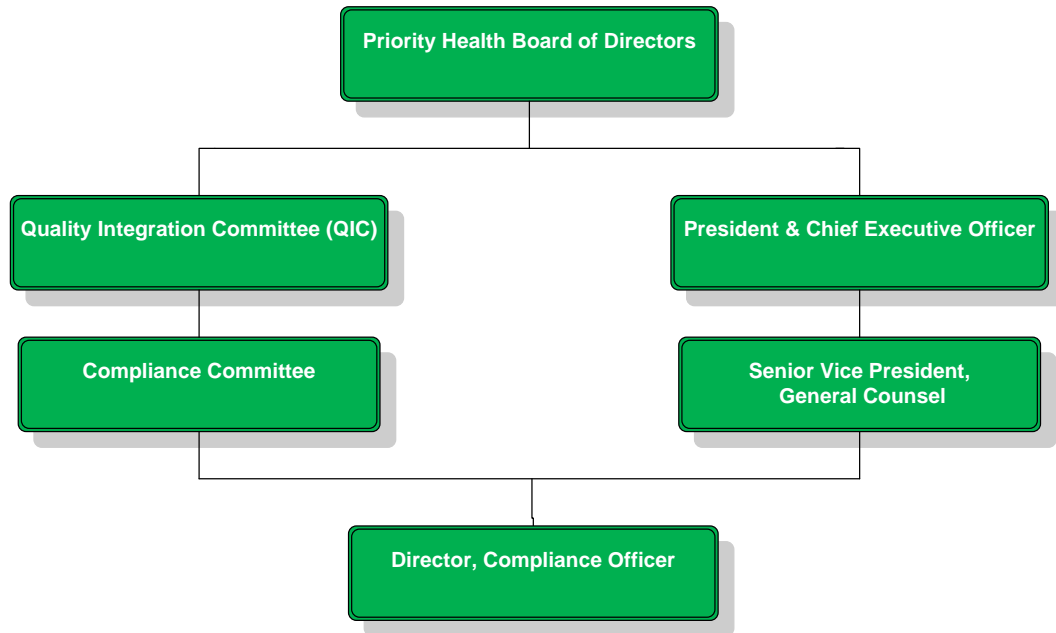
This Compliance Program was updated in September 2018 and approved by the Compliance Committee and the Quality Integration Committee.

L. Compliance Program Documents

See Exhibit B

Exhibit A

Organizational chart for the oversight of the Compliance Program



The compliance officer:

- is accountable to the President & CEO,
- has direct access to the President & CEO and the Chair of the QIC, and
- may meet with the President & CEO, the Board of Directors or the QIC at his/her discretion

Exhibit B

Key Compliance Program Documents

- Priority Health Compliance Program **
- Compliance officer job description
- Compliance Program Work / Training Plan ***
- Compliance Handbook
- Compliance Committee Charter **
- Quality Integration Committee Charter
- Pharmacy & Therapeutics Committee Charter
- Dashboards
- Message from President and CEO
- Code of Excellence *
- Professional Conduct policy
- Non-Retaliation policy
- Performance Correction and Internal Review policy
- Gifts and Business Courtesies policy
- Harassment Free Work Place policy
- Compliance Education and Training policy
- Compliance Lines of Communication policy
- Compliance Investigation and Corrective Action policy
- Compliance Investigation and Resolution Policy
- Compliance Disciplinary Action policy
- Compliance Risk Assessment and Monitoring and Auditing policy
- Compliance Risk Assessment procedure
- Compliance Monitoring and Auditing procedure
- Corporate Compliance Program Standards policy
- Compliance – Code of Excellence policy
- Processing Integrity HelpLine Calls Procedure
- Notice to Third Parties policy
- Excluded Individuals & Entities policy
- Records Management, Retention and Destruction policy

- Priority Health Medicare Compliance with Federal Laws and Regulations Policy
- Priority Health Medicare Compliance with Centers for Medicare and Medicaid (CMS) Rules Policy
- Fraud, Waste and Abuse Policy
- Fraud, Waste and Abuse Procedure
- Priority Health Medicare Drug Formulary Procedure
- Fraud and Abuse of Prescription Drug Program Policy
- Fraud and Abuse of Prescription Drug Program Procedure
- Priority Medicare Grievance Policy
- Priority Medicare Grievance Procedure
- Priority Health Medicare Medically-Accepted Indication and Retrospective Determination of a Medically-Accepted Indication Policy
- Priority Health Medicare Drug Utilization Management Program Policy
- Federal and State Laws related to Fraud, Waste and Abuse
- Identity Theft Program policy
- Priority Health Qualified Health Plan (QHP) Compliance with Federal Laws and Regulations Policy
- Priority Health Insurance Company (PHIC) Qualified Health Plan (QHP) Compliance with Federal Laws and Regulations Policy
- Priority Health Qualified Health Plan (QHP) Access to Federal Laws and Regulations Procedure
- Priority Health Insurance Company (PHIC) Qualified Health Plan (QHP) Access to Federal Laws and Regulations Procedure
- Spectrum Health System Privacy Program Policy ****
- Privacy of Member Information Policy
- Breach of Patient/Member Information – Privacy Response and Notification Procedure

* Requires approval by the System Board of Directors

** Requires approval by the Compliance Committee and the Quality Integration Committee (QIC)

*** Requires approval by the Compliance Committee

**** The System VP, chief privacy officer is responsible for the leadership, development, implementation, coordination, and management of the Privacy Program for all Spectrum Health Subsidiaries.

Note: Exhibit B will be updated as changes in the Compliance Program documents occur.

9/7/18