	<b>Vivant Behavioral Healthcare</b> <i>Standard Operating Procedure</i>	Form Number	SOP
		Version Date	1/1/2023
	Gift Reporting Through the Healthicity Portal	Page 1 of 4	

## Scope and Purpose

This SOP applies to all Vivant Behavioral Healthcare (“Vivant”) programs and personnel.

As part of our continuous efforts to maintain a compliant and ethical business culture, gift reporting should be completed consistent with the Code of Conduct, policy, and state and federal laws and regulation. This standard operating procedure provides a detailed description of how gift reports can be made.

If you have concerns about noncompliant or unethical gift exchanges, you may report your concern to the Compliance Hotline via any of the 3 avenues below. *Do not* report your concern through the gift reporting portal.

- COMPLIANCE HOTLINE: 1.855.955.3070 (toll-free)
- COMPLIANCE HOTLINE: [compliance@vivantbh.com](mailto:compliance@vivantbh.com)
- COMPLIANCE HOTLINE PORTAL: [Click Here](#)


## Accessing the Reporting Portal

1. To increase ease of access, accuracy, and timely reporting, we leverage the Healthicity Compliance Software public facing portal to collect gift reporting information, rather than manual processes such as spreadsheets and paper forms.
2. Gifts should be reported as soon as possible, but no later than before the end of the month in which the gift was given/received.
3. You can access the portal by going to <https://vbh.compliancemanager.healthicity.com/report/A836100821>.
4. You can also use this QR code (to the right) with a smart phone or device.
5. The gift reporting portal can be accessed on any device with internet access – computers, tablets, smart phones, etc.




## Completing the Gift Reporting Form

1. Please note, some of the portal is not customizable, thus, certain fields may be worded atypically. Please consider the following explanations for each field.
2. Reporter Name
  - a. What is your full name, the name of the person completing the form?
3. Date observed or first noticed
  - a. The date the gift was given or received.
4. Name of person who issued the gift
  - a. The full name (and title) of the person who gave the gift
5. Programs/entity the issuer represents with the gift
  - a. The name of the Vivant location (if the staff gave the gift) or the entity (if the staff received the gift) that the person works for or is representing in the gift exchange.
  - b. For example, if a staff member from Brighter Heights provided a gift to a physician, then “Brighter Heights” would be the location. If a physicians from Telemed Docs gave a gift to a staff member at Brighter Heights, “Telemed Docs” would be the location.
6. Name of person who received the gift

	<b>Vivant Behavioral Healthcare</b> <i>Standard Operating Procedure</i>	Form Number	SOP
		Version Date	1/1/2023
	Gift Reporting Through the Healthicity Portal	Page 2 of 4	

- a. The full name (and title) of the person who the gift was given to
7. Gift Recipient
  - a. The type of relationship that the gift recipient has with the Vivant organization
    - i. Client – a person who receives treatment from Vivant
    - ii. Client family member/caregiver – a person who is related to or otherwise has a personal relationship with the client in which they are involved in their care
    - iii. Contractor/Vendor – a third party outside Vivant who does business with the organization
    - iv. Customer – a payer or funder of services
    - v. Referral source – an entity that makes referrals to Vivant but does not pay for the services
    - vi. Stakeholder – another member of the community, such as a local nonprofit
    - vii. Other – all others, including Vivant staff, please explain this relationship further in the gift description field
8. Name of programs/entity the recipient represents
  - a. The name of the Vivant location (if the staff received the gift) or the entity (if the staff gave the gift) that the person works for or is representing in the gift exchange.
  - b. For example, if a staff member from Brighter Heights provided a gift to a physician from Telemed Docs, then “Telemed Docs” would be the location. If a physicians from Telemed Docs gave a gift to a staff member at Brighter Heights, “Brighter Heights” would be the location.
9. Description of events or concerns
  - a. While gift giving is not automatically concerning, this field of the portal is not customizable, so we cannot change the wording.
  - b. In this field, describe the gift given and the purpose. For example:
    - i. A Starbucks gift card
    - ii. A pen with the Brighter Heights name on it
    - iii. A dinner at Olive Garden
    - iv. A round at Top Golf
10. Estimated value of gift
  - a. What do you know or estimate the value of the gift to be worth, for example:
    - i. A Starbucks gift card worth \$10
    - ii. A pen worth less than \$1
    - iii. A dinner worth \$75 after tip (as a meeting, as a thank you, etc.)
    - iv. A round of golf (as a meeting) worth \$37
11. Date gift was returned
  - a. If the gift receiver returned the gift at some point, what date was it returned.
  - b. An explanation of why the gift was returned may be appropriate in the “Description of events or concerns” section.
12. Additional comments
  - a. Not a required field. If you have any additional commentary or information you wish to provide, you may include it here. Of note, questions asked through this portal will not be responded to. If you have questions, you may reach out to the Compliant Hotline.
13. Who or what was affected?
  - a. Not a required field, and not a modifiable part of the template. You may leave this blank.

	<b>Vivant Behavioral Healthcare</b> <i>Standard Operating Procedure</i>	Form Number	SOP
		Version Date	1/1/2023
Gift Reporting Through the Healthicity Portal		Page 3 of 4	

14. Do you want to save a copy of this report to your device?

- a. You may save a copy of the report if you wish, otherwise Vivant will retain a copy. Once you click “Submit” on the report, you will have an option to download a copy.

## Documenting Gifts Given in Bulk

15. If gifts are given in bulk (like the *same gift* to 10 people at the *same event*), you may include this information on one form by making the following modification to how certain fields are completed.

- a. Date observed or first noticed
  - i. The date the gift was given or received, or the start of the date range (i.e. if it was given at a conference). You may include the full date range in the “Description of events or concerns” section.

16. Name of person who received the gift

- a. The full name (and title) of *each* person who the gift was given to. If giving out or receiving nominal gifts to non-specific recipients at a conference, you may just list the name, date, and location of the conference.

17. Gift Recipient


- a. The type of relationship that the gift recipients (or most gift recipients) have with the Vivant organization. If the gift recipients have more than one relationship with Vivant, like one is a referral source and one is a payer, please detail this explanation in the “Description of events or concerns” section.
  - i. Client – a person who receives treatment from Vivant
  - ii. Client family member/caregiver – a person who is related to or otherwise has a personal relationship with the client in which they are involved in their care
  - iii. Contractor/Vendor – a third party outside Vivant who does business with the organization
  - iv. Customer – a payer or funder of services
  - v. Referral source – an entity that makes referrals to Vivant, but does not pay for the services
  - vi. Stakeholder – another member of the community, such as a local nonprofit
  - vii. Other – all others, including Vivant staff, please explain this relationship further in the gift description field

18. Name of programs/entity the recipient represents

- a. The name of the Vivant location (if the staff received the gift) or the entity (if the staff gave the gift) that that *each* person who received a gift represents. If giving out or receiving nominal gifts to non-specific recipients at a conference, you may just list the name, date, and location of the conference.

19. Description of events or concerns

- a. While gift giving is not automatically concerning, this field of the portal is not customizable, so we cannot change the wording.
- b. You may need to provide more detail here than available in other fields, such as more information on the dates and givers/recipients of the gifts.
- c. Remember, if different gifts were given to different people, they should not be on the same form. If giving out a nominal “package” or “menu” of nominal gifts at a conference, you may

	<b>Vivant Behavioral Healthcare</b> <i>Standard Operating Procedure</i>	Form Number	SOP
		Version Date	1/1/2023
	Gift Reporting Through the Healthicity Portal	Page 4 of 4	

refer to the whole package or menu in one gift report, but please describe each element of the package here.

- d. In this field, describe the gift give and purpose of the gift. For example:
  - i. A Starbucks gift card
  - ii. A pen with the Brighter Heights name on it
  - iii. A dinner at Olive Garden
  - iv. A round at Top Golf
20. Estimated value of gift
  - a. *Per person* who received the gift, what do you know or estimate the value of the gift to be worth, for example:
    - i. A basket of chocolates per person worth about \$15 each
    - ii. A pen worth less than \$1
    - iii. A dinner worth \$75 per person after tip (as a meeting, as a thank you, etc.)
    - iv. A round of golf (as a meeting) worth \$37

## Correcting a Gift Reporting Form

1. While completing the form, you should be able to correct any inputs at any time.
2. If you need to make a correction once a form has been submitted, please reach out to the Compliance Hotline email, [compliance@vivantbh.com](mailto:compliance@vivantbh.com), and indicate you submitted a form in error and what the error is (not in detail, just generally).
  - a. Forms cannot be “reopened” or “returned.”
  - b. The form *might* be able to be adjusted by a member of the compliance team post-submission.
3. If the form cannot be modified by the compliance team, you will be thanked for notifying the team of the correction and asked to submit a new accurate form.
  - a. If you need a copy of the incorrect submission in order to remake the submission, please include this notification in the *initial* request made to Compliance (bullet #2), otherwise the form may be deleted before you ask for a copy.