



## Compliance Training, Reporting and Response

### Policies and Procedures

Company: Advanced Health	Approved by: Michael Hale Title: Chief Compliance Officer Drafted by: Michael Hale and Adam Martin Title: Chief Compliance Officer and Compliance Officer
Department:	
Policy: Compliance Training, Reporting and Response Policies and Procedures.	Date Created: July, 2019

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## 1.0 Purpose

1.1 To establish a system to promote the reporting of Compliance Concerns for Employees, Subcontractors and Community Partners. This includes confidential reporting, effective investigating, responding to any such concerns, and reporting findings to State and federal authorities, as applicable.

## 2.0 Scope

2.1 Applies to all Advanced Health Employees, Subcontractors and Community Partners.

## 3.0 Acronyms and Definitions

3.1 Employee means an Advanced Health employee.

3.2 Subcontractor means any entity which Advanced Health has contracted with for the administration of the Oregon Health Plan for Advanced Health members.

3.3 Community Partner means any person, or entity, which Advanced Health does not have a contractual relationship with, but who Advanced Health may work with often to successfully administer the Oregon Health Plan.

3.4 Fraud, Waste and Abuse (FWA) is defined as:

3.4.1 Fraud means the intentional deception or misrepresentation that the individual or entity knows is , or should know, to be false, or does not believe to be true, and makes knowing the deception could result in some unauthorized benefit to themselves or some other individual or entity.

3.4.2 Waste means the over-utilization of services, or practices that result in unnecessary costs, such as providing services that are not medically necessary.

3.4.3 Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

3.4.4 Examples of FWA include, but are not limited to, falsifying encounter data, upcoding services, falsifying or altering clinical records, misrepresenting credentials, failure to render medically covered services, balance billing, theft or embezzlement of State or federal funds, soliciting or accepting kick-backs, and billing for services not provided.

3.5 Compliance Concern(s) means any matter brought to the attention of an individual that causes that individual to question if the matter is illegal or improper in accordance with State and federal laws, including, without limitation, FWA, HIPAA Privacy and Security, and the False Claims Act and Whistleblower protections, CCO 2.0 Contract

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requirements, best practices, ethical practices and Advanced Health Policies and Procedures. Compliance Concerns also includes potential FWA and other issues that may be identified during self-evaluations and audits.

**3.6** Other capitalized terms have the same meaning as defined in the CCO 2.0 Contract.

## 4.0 Policies

- 4.1** Advanced Health shall maintain a process/system to receive and record compliance questions, or Compliance Concerns from Employees, Providers, Subcontractors, Community Partners and Members. Questions and concerns are reported utilizing a secure in office report box, Advanced Health’s Intranet and an open door policy to the Compliance Department. (See 5.1 below)
- 4.2** Advanced Health shall maintain a process/system to respond to compliance questions, or Compliance Concerns from Employees, Providers, Subcontractors, Community Partners and Members. (See 5.2 below)
- 4.3** Advanced Health shall maintain a process/system to report all Compliance Concerns. (See 5.3 below)
- 4.4** Advanced Health shall comply with OHA requirements for quarterly and annual reports of all audits performed.
- 4.5** Advanced Health shall conduct and submit to OHA an annual assessment of compliance activities beginning in Year Two of the CCO Contract.
- 4.6** Advanced Health will cooperate in good faith with the MFCU and PIAU, or their designees, in any investigation or audit related to FWA.:
- 4.7** Advanced Health will implement corrective action and/or disciplinary measures as warranted.
- 4.8** Required FWA training shall be provided to all Employees at least annually.

## 5.0 Procedures

**5.1 Receiving.** Advanced Health has implemented the following processes for receiving Compliance Concerns from Employees, Providers, Subcontractors, Community Partners and Members:

5.1.1 Employees.

5.1.1.1. Advanced Health’s 2020 Fraud Waste and Abuse Handbook (FWA Handbook) outlines Advanced Health’s compliance policies and procedures and includes current contact information for Advanced Health Employees who may be contacted for compliance concerns, as well the Medicaid Fraud Control Unit and OHS Program Integrity Unit. The FWA Handbook is

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available to all Employees through our Intranet and Advanced Health's website at [advancedhealth.com](http://advancedhealth.com).

5.1.1.2. Mechanisms for anonymous reporting are also included in FWA Handbook.

5.1.1.3. All Employees of Advanced Health are made aware of, and receive training on, all compliance reporting pathways upon hire and periodically thereafter, to include, without limitation, how they may access anonymous reporting system(s), the Chief Compliance Officer, senior management, and State and federal authorities.

5.1.1.4. Information related to reporting pathways will be maintained in various Employee sources, which may include any, or all, but is not limited to, the Intranet, Advanced Health's website, Employee Handbook, FWA Handbook, Policies and Procedures, periodic e-mail reminders, and Newsletters.

5.1.1.5. Additional training on reporting pathways may be done on an ad hoc basis by the Chief Compliance Officer, the Internal Compliance Committee, executive management, or supervisors via, but not limited to, all-staff meetings, intradepartmental meetings, newsletters, e-mail, or in-person.

#### 5.1.2 Subcontractors, Providers and Community Partners.

5.1.2.1. Advanced Health's 2020 Fraud Waste and Abuse Handbook (FWA Handbook) outlines Advanced Health's compliance policies and procedures and includes current contact information for Advanced Health's Subcontractors, Providers and Community Partners who may be contacted for Compliance Concerns, as well the Medicaid Fraud Control Unit and OHS Program Integrity Unit. The FWA Handbook is available to all Subcontractors, Providers and Community Partners on Advanced Health's website at [advancedhealth.com](http://advancedhealth.com).

5.1.2.2. Mechanisms for anonymous reporting are also included in FWA Handbook.

5.1.2.3. Subcontractors and Community Partners are made aware of, and receive training on, the reporting pathways that are available to them to report Compliance Concerns including, but not limited to, provider meetings, Community Advisory Council meetings, committee meetings, Board meetings, Advanced Health's website, contract provisions, and through normal business activity.

5.1.2.4. Additional training on reporting pathways may be done on an ad hoc basis by the Chief Compliance Officer, Internal Compliance Committee, executive management, supervisors and employees via, but not limited to, in-person meetings, e-mail, and through normal business activity.

#### 5.1.3 Members.

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5.1.3.1. Advanced Health’s 2020 Fraud Waste and Abuse Handbook (FWA Handbook) outlines Advanced Health’s compliance policies and procedures and includes current contact information for Advanced Health’s Members who may be contacted for Compliance Concerns, as well the Medicaid Fraud Control Unit and OHS Program Integrity Unit. The FWA Handbook is available to all Members on Advanced Health’s website at [advancedhealth.com](http://advancedhealth.com).

5.1.3.2. Mechanisms for anonymous reporting are also included in FWA Handbook.

5.1.3.3. Advanced Health’s 2020 Member Handbook also includes information on FWA as well as contact information to report a Compliance Concern.

5.1.4 Recording. Within three (3) business days after receiving a Compliance Concern, regardless of whether the concern is from an Employee, Provider, Subcontractor, Community Partner, or a Member, the Chief Compliance Officer, or his or her designee, shall document the Compliance Concern in the Compliance Log (Log) which shall include, at a minimum, the following information: file number, date received, date(s) the investigation started and ended, the nature of the concern and the final outcome. The Log shall be updated by the Chief Compliance Officer, or his or her designee, as warranted.

**5.2 Responding.** As they are raised, all Compliance Concerns brought to the Chief Compliance Officer’s attention, regardless of whether the concern is from an Employee, Provider, Subcontractor, Community Partner, or a Member will be responded to promptly but no more than seven (7) days after being initially made aware of the concern.

5.2.1 If the matter is a Compliance Concern:

5.2.1.1. The Internal Compliance Team will be notified of the issue;

5.2.1.2. An investigative individual or team is identified; and,

5.2.1.3. The Internal Compliance Committee will be kept informed as the investigation progresses, including the outcome.

5.2.1.4. If the concern is related to HR, or other matter that is not a Compliance Concern The information shall be communicated to the appropriate department for investigation, such as Human Resources or the Safety Committee.

**5.3 Reporting.** The Chief Compliance Officer will report all suspected cases of FWA, including those committed by its Employees, Providers, Subcontractors, Community Partners, Members, or any other third parties to OHA’s Program Integrity Audit Unit (PIAU) and DOJ’s Medicaid Fraud Control Unit (MFCU) promptly but in no event more than seven (7) days after becoming aware of the suspicious case. All

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allegations of FWA will be reported regardless of Advanced Health’s suspicions, or lack thereof. The timeframes for reporting or referral are not extended when Subcontractors or Provides make the initial report. The reporting may be made by mail, phone, or facsimile transmission using the following contact information:

- 5.3.1 Medicaid Fraud Control Unit (MFCU): Oregon Department of Justice, 100 SW Market Street, Portland, OR 97201. Phone 971-673-1880; Fax 971-673-1890.
- 5.3.2 OHA Program Integrity Unit (PIAU): 3406 Cherry Ave. NE, Salem OR 97303-4924. Hotline 1-888-FRAUD01 (1-888-372-8301); Fax 503-378-2577.
- 5.3.3 Member Fraud or Abuse: DHS/OHA Fraud Investigation, PO Box 14150, Salem, OR 97309. Hotline 1-888-FRAUD01 (1-888-8301); Fax 503-373-1525 Attn: Hotline.
- 5.3.4 The contact information above for the MFCU and PIAU shall also be included in Advanced Health’s FWA and Member Handbooks.
- 5.3.5 The Chief Compliance Officer shall report to the Federal Department of Health and Human Services, Office of Inspector General (OIG), any Providers identified during the credentialing process, who are included on the List of Excluded Individuals or on the Excluded Parties List System also known as System for Award Management. This requirement may be met by contacting the OIG directly or providing such information to OHA’s Provider Services via Administrative Notice.
- 5.3.6 If the concern was received by a non-anonymous process, then the reporter will be kept informed of the investigative process and outcomes. If during the course of an investigation the concern is routed outside of the Internal Compliance Committee (or investigative team), all information related to the reporter will be de-identified, unless the reporter gives permission to be identified.
- 5.3.7 The timeframes for reporting or referral are not extended when Subcontractors or Providers make the initial report.
- 5.4 In addition to the above reporting requirements, and in accordance with Advanced Health’s FWA Prevention Handbook and Annual FWA Prevention Plan, Advanced Health shall report to OHA on a quarterly and annual basis, or as otherwise directed by OHA, and in such format as required by OHA, reports of all audits performed.
  - 5.4.1 The Annual FWA Audit Report must include information on any Provider Overpayments that were recovered, the source of the over-payment that were recovered, the source of the Provider Overpayment recovery, and any Sanctions or Corrective Actions imposed by Advanced Health on its Subcontractors or Providers.

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5.4.2 The Annual FWA Audit Report is due January 30 of each Contract Year, and the quarterly FWA Report is due within thirty (30) days following the end of each quarter and must be provided to OHA via Administrative Notice.

5.4.3 Using the FWA Report Template, Advanced Health shall provide to OHA, via Administrative Notice, an Annual Summary Report of Referrals, and cases investigated. The annual FWA Referrals & Investigations Report must be provided to OHA promptly after January 1 of each Contract Year following the reporting year but in no event later than January 31<sup>st</sup>.

5.4.4 The timeframes for reporting are not extended when subcontractors or Providers make the initial report.

**5.5 Assessment of Compliance Activities.**

5.5.1 Advanced health shall submit an Annual FWA Assessment Report of the quality and effectiveness of its Annual FWA Prevention Plan and the related policies and procedures included in its FWA Prevention Handbook. The Annual FWA Assessment Report shall include an introductory narrative of the foregoing efforts and effectiveness.

5.5.2 The Annual FWA Assessment Report must include, with respect to the previous Contract Year, all of the following information:

5.5.2.1. Identify the number of preliminary investigations and the final number of Referrals to PIAU or MFCU or both;

5.5.2.2. Identify the number of Subcontractor and Provider audits and the number of Subcontractor and Provider reviews were conducted by Contractor and whether they were performed on-site or based on a review of documentation;

5.5.2.3. Identify the training and education provided to and attended by Contractor's Chief Compliance Officer, its Employees, and, if applicable, its Providers and Subcontractors;

5.5.2.4. Compliance and Fraud, Waste, and Abuse prevention activities that were performed during the reporting year. Such Report must include: (i) a review of the Provider audit activity Advanced Health performed and whether such audit activity was in accordance with Advanced Health's Annual FWA Prevention Plan, (ii) a description of the methodology used to identify high-risk Providers and services, (iii) compliance reviews of Subcontractors, Providers, and any other third parties, including a description of the data analytics relied upon, and (iv) any applicable request for technical assistance from OHA on improving the compliance activities performed by Contractor; include a sample of the Service Verification Letters mailed to Members, and report on: (i) the number of Service Verification letters sent, (ii) how Members were selected to receive such Letters, (iii) Member response rates,

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(iv) the frequency of mailings, including all dates on which such Letters were mailed, (v) the results of the efforts, and (vi) other methodologies used to ensure the accuracy of data; and

5.5.2.5. Significant data trends identified during the conclusion of an audit will be presented to the Internal Compliance Committee to determine if an additional audit is required, an action plan needs to be created, FWA incidents have been identified and will be reported.

5.5.2.6. An annual review will be conducted of all audits to determine if revisions need to be made to the current audit processes; if the audit is no longer necessary, or new audits need to be created. This review will be presented to the Internal Compliance Committee at the end of each year for review and approval.

5.5.2.7. A narrative and other information that advises OHA of: (i) the outcomes of all of the Fraud, Waste, and Abuse prevention activities undertaken by Advanced Health, and (ii) proposed or future process, policies, and procedure improvements to address deficiencies identified.

5.5.3 Advanced Health's Annual FWA Assessment Report must be provided to OHA via Administrative Notice by no later than January 31 of each Contract Years two, three, and four. OHA will advise Advanced Health of its reporting requirements for Contract Year five at least one-hundred and twenty (120) days prior to the Contract Termination Date.

**5.6** Advanced Health will cooperate in good faith with the MFCU and PIAU, or their designees, in any investigation or audit related to FWA, as follows:

5.6.1 Advanced Health will provide copies of reports or other documentation requested by MFCU, PIAU or their respective designees, or any or all of them, and will be provided without cost.

5.6.2 Advanced Health will permit MFCU, PIAU, or their respective designees, or any combination or all of them, to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Advanced Health as such parties determine is necessary to investigate any incident of FWA.

5.6.3 Advanced Health will cooperate in good faith with the MFCU, PIAU, as well as their respective designees, or any or all of them, during any investigation of FWA; and

5.6.4 In the event Advanced Health reports any suspected FWA by Subcontractors, Providers, Members, or other third-parties, or learns of an MFCU, or PIAU investigation, or any other FWA investigation undertaken by any other

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governmental entity, Advanced Health will not notify or otherwise communicate with, such parties about such reports or investigations.

5.6.5 In the event that OHA determines that a credible allegation of Fraud has been made against a Subcontractor, Advanced Health will cooperate with OHA to determine whether payments otherwise payable by Advanced Health to such Subcontractor will be suspended.

5.6.5.1. In the event OHA directs Advanced Health to suspend such payments, the Chief Compliance Officer will immediately notify the Internal Compliance Committee and the claims processing department to suspend such payments as directed by OHA.

5.7 If any internal or external investigative process, review, monitoring or auditing activity results in findings, the organization for whom the finding exists is required to file a written corrective action plan within a specified time period. Advanced Health's Chief Compliance Officer, or delegate, monitors and verifies each step of the corrective action plan until the finding is resolved and no longer exists. Advance Health may also terminate any agreements with Subcontractors or Providers for violations, at its discretion.

5.7.1 If the findings involve an Employee, the Human Resources department will determine appropriate corrective action and/or disciplinary measures in accordance with the processes outlined in the Employee Manual.

5.8 All employees are required to attend annual FWA training which must include, at a minimum, FWA, Advanced Health's FWA Policies and Procedures, and the right, pursuant to Section 1902(a)(68) of the Social Security Act, to be protected as a whistleblower for reporting FWA.

5.8.1 Such training must be provided to, and attended by, the Chief Compliance Officer, senior management, and all other Employees.

5.8.2 Such training shall be coordinated and documented by the Human Resources department.

5.8.3 In addition, Advanced Health's Employees who are responsible for credentialing and subcontracting with third-parties, shall receive annual education and training related to the credentialing and enrollment of Providers and Subcontracting, and the prohibition of employing, subcontracting or otherwise being affiliated with (or any combination or all of the foregoing) sanctioned individuals. In the event Advanced Health delegates credentialing, provider enrollment, or contracting with third parties to a subcontractor, Advanced Health shall require the subcontractor and subcontractor's employees to receive such annual training which shall be monitored by Advanced Health's human resource/training department.

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5.8.4 In addition to the above, compliance training and education may include, without limitation: reportable events; CCO 2.0 Contract compliance; any Compliance Concern raised or identified as a risk in an effort to prevent non-compliance; reporting pathways, including to whom a report may be or must be made; how information is handled once a Compliance Concern is made; the investigative process; the reporting process; and, the disciplinary or corrective action process

## 6.0 Reference Sources

6.1 42 CFR §§438.600-610; 455; 433.116; 438.214 and 438.808; 455.20, 455.104 through 455.106; and 1002.

6.2 CCO 2.0 Contract Exh. B, Part 9, and Exh. A.

6.3 OAR 141-120-1510.

## 7.0 Related Documents

7.1 Employee Handbook

7.2 Member Handbook

## 8.0 Attachments

8.1

## 9.0 Approvals

Document Owner: Michael Hale, JD, BSN, CHC  
Name

Approved: \_\_\_\_\_  
Signature

Title: Chief Compliance Officer

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

Effective Date: September 23, 2020

Review Schedule: Annual: X  
(Check) Bi-Annual: \_\_\_\_\_

Revision Dates: 1. September 15, 2020  
2. November 13, 2020

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