



## Compliance Training, Reporting and Response Policy and Procedures

Company: Advanced Health CCO	Approved by: Michael Hale Title: Chief Compliance Officer Current Revision Date: January 1, 2023
Department: Compliance	

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### 1. PURPOSE

**1.1.** To establish a system to promote the reporting of Compliance Concerns for both employees Subcontractors and Community Partners, including confidential reporting, effectively investigate and respond to any such concerns, and report findings to State and federal authorities, as applicable.

### 2. SCOPE

**2.1.** Applies to all Advanced Health employees and Subcontractors.

### 3. ACRONYMS AND DEFINITIONS

- 3.1.** Employee means an Advanced Health contractor or employed staff.
- 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 requirements, best practices, ethical practices and Advanced Health Policies and Procedures. Compliance Concerns also includes potential FWA and other compliance issues that may be identified during the course of self-evaluations and audits.

## 4. POLICIES

- 4.1.** Advanced Health employees shall be educated on compliance reporting pathways.
- 4.2.** Subcontractors' and Community Partners' of Advanced Health shall be educated on compliance reporting pathways.
- 4.3.** Training and education that is made available to employees, Subcontractors' and Community Partners' may cover various compliance related topics.
- 4.4.** Required FWA training shall be provided all employees at least annually.
- 4.5.** Advanced Health shall maintain a system to respond to and report all Compliance Concerns.
- 4.6.** Advanced Health shall comply with OHA requirements for quarterly and annual reports of all audits performed.
- 4.7.** Advanced Health shall provide OHA an annual summary of all FWA referral and investigations.
- 4.8.** Advanced Health will implement corrective action and/or disciplinary measures as warranted

## 5. PROCEDURES

- 5.1.** 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. 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, Compliance Manual, Policies and Procedures, periodic e-mail reminders, and Newsletters.

- 5.1.2. 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.
- 5.2.** 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.
- 5.2.1. Information related to reporting pathways will be maintained through various sources available to Subcontractors, Community Partners, or other individuals and entities, which may include, but are not limited to, contracts provisions, Advance Health's Compliance and FWA Handbook, Advanced Health's website, meeting agendas, and Policies and Procedures.
- 5.2.2. 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.
- 5.3.** Compliance training and education may include, without limitation: what is reportable; Fraud, Waste and Abuse; 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.
- 5.4.** All employees are required to attend annual training regarding Advanced Health's FWA Policies and Procedures which must include, at a minimum, the right to be protected as a whistleblower for reporting any allegation of FWA.
- 5.4.1. Such training and education shall:
- 5.4.1.1. Provide all information necessary for our employees, Subcontractors and Participating Providers to fully comply with the FWA requirements of our CCO Contract;
- 5.4.1.2. Be specific and applicable to FWA in the Medicaid program; and
- 5.4.1.3. Include Medicaid-specific referral and reporting information, information about Advanced Health's FWA Policies and Procedures, including any time parameters required for compliance with Exhibit B, Part 9 of our CCO Contract.
- 5.4.2. This training must be provided to, and attended by, the Chief Compliance Officer, senior management and all other employees.
- 5.4.3. Such training shall be coordinated and documented by the Human Resources department.
- 5.4.4. In addition, Advanced Health's employees who are responsible for credentialing providers and subcontractors shall receive annual education related to credentialing of providers and subcontractors, and the prohibition of employing, subcontracting or being affiliated with any sanctioned individuals.
- 5.5.** Advanced Health's Chief Compliance Officer shall log all Compliance Concerns in the Compliance Log which is the main monitor for the compliance response process. As they are raised, all Compliance Concerns brought to the Chief Compliance Officer's attention by any process contained in this procedure will be responded to promptly (within 7 business days).
- 5.5.1. Within 3 business days after the receipt of a concern, at a minimum the following will occur:
- 5.5.1.1. An entry is made to the Compliance Log at the time it is received, regardless if the concern is compliance related (i.e., HR, Facilities, etc.);
- 5.5.1.2. If the matter is a Compliance Concern:
- 5.5.1.2.1. The Internal Compliance Team will be notified on the issue;
- 5.5.1.2.2. An investigative individual or team is identified; and,

- 5.5.1.2.3. The Internal Compliance Committee will be kept informed as the investigation progresses, including the outcome.
- 5.5.1.3. If the concern is related to HR, or other matter that is not a Compliance Concern:
  - 5.5.1.3.1. The information shall be communicated to the appropriate department for investigation, such as Human Resources or the Safety Committee.
- 5.5.2. Within seven (7) business days after the receipt of a Compliance Concern, at a minimum the following will occur:
  - 5.5.2.1. An investigation into the concern will be initiated by the assigned individual or investigative team.
  - 5.5.2.2. If the investigation does not confirm the Compliance Concern, then the investigation will be closed and will be reported to executive management and the reporter (if known).
  - 5.5.2.3. If the Compliance Concern is substantiated but does not meet characteristics of FWA, then:
    - 5.5.2.3.1. Human Resources will be notified for further action, if any.
  - 5.5.2.4. The Chief Compliance Officer will report all suspected cases of FWA, including those committed by its employees, Participating Providers, Subcontractors, Members, or any other third parties to OHA's Office of Program Integrity (OPI) 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. The reporting may be made by mail, phone, or facsimile transmission using the following contact information:
    - 5.5.2.4.1. Medicaid Fraud Control Unit (MFCU): Oregon Department of Justice, 100 SW Market Street, Portland, OR 97201. Phone 971-673-1880; Fax 971-673-1890.
    - 5.5.2.4.2. OHA Office of Program Integrity (OPI): 3406 Cherry Ave. NE, Salem OR 97303-4924. Hotline 1-888-FRAUD01 (1-888-372-8301); Fax 503-378-2577. [www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx](http://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)
    - 5.5.2.4.3. Member Fraud or Abuse: DHS Fraud Investigation Unit (FIU), PO Box 14150, Salem, OR 97309. Hotline 1-888-FRAUD01 (1-888-8301); Fax 503-373-1525 Attn: Hotline. [www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx](http://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)
  - 5.5.2.5. The contact information above for the MFCU and OPI shall also be included in Advanced Health's Member Handbook and the Consolidated Compliance and FWA Policies and Procedures.
  - 5.5.2.6. In addition to the above reporting requirements, the Chief Compliance Officer shall immediately 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.
  - 5.5.2.7. Advanced Health will cooperate in good faith with the MFCU and OPI, or their designees, in any investigation or audit related to FWA, as follows:
    - 5.5.2.7.1. Advanced Health will provide copies of reports or other documentation requested by MFCU, OPI or their respective designees, or any or all of them, and will be provided without cost.
    - 5.5.2.7.2. Advanced Health will permit MFCU, OPI, 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.
    - 5.5.2.7.3. Advanced Health will cooperate in good faith with the MFCU, OPI, as well as their respective designees, or any or all of them, during any investigation of FWA; and

- 5.5.2.7.4. In the event Advanced Health reports any suspected FWA by Subcontractors, Providers, Members, or other third-parties, or learns of an MFCU, or OPI investigation, or any other FWA investigation undertaken by any other governmental entity, Advanced Health will not notify or otherwise communicate with, such parties about such reports or investigations.
- 5.5.2.8. 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.
- 5.5.2.8.1. 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.
- 5.5.2.9. 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.

**5.6.** In addition to the above reporting requirements, 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 Program Integrity Audits (“PI Audits”) conducted.

- 5.6.1. These Quarterly and Annual Reports shall include all data points listed in the template, information on any Provider Overpayments that were recovered, the source of the Provider Overpayment, and any Sanctions or Corrective Actions imposed by Advanced Health on its Subcontractors or Providers.
- 5.6.2. For both the Quarterly and Annual FWA Audit Reports, Advanced Health shall report all PI Audits opened, in-process, and closed during the reporting period.
- 5.6.3. Advanced Health shall also provide to OHA with each Quarterly Audit Report a copy of the final PI Audit report for each PI Audit identified in the FWA Audit Report as closed during the reporting quarter.
- 5.6.4. The Annual FWA Audit Report is due January 31 of each calendar year (subject to any notices from OHA providing otherwise) and shall be provided to OHA via Administrative Notice.
- 5.6.5. The Quarterly FWA Audit Report is due thirty (30) days following the end of each calendar quarter and shall be provided to OHA via Administrative Notice.

**5.7.** Advanced Health shall also provide OHA, via Administrative Notice, an annual and quarterly summary of FWA referrals and cases investigated using the template provided by OHA.

- 5.7.1. The report shall include, regardless of our own suspicions or lack thereof, any incident with any of the characteristics listed in section 16 of Exhibit B, Part 9 of our 2023 CCO Contract.
- 5.7.2. The report shall include all of Advanced Health’s open and closed preliminary investigations of suspected and credible cases.
- 5.7.3. The annual FWA Referrals and Investigations Report is due thirty (30) days following the reporting year (subject to any notices from OHA providing otherwise) and must be provided to OHA via Administrative Notice.
- 5.7.4. The quarterly FW referrals and Investigations Report is due thirty (30) days following the end of each calendar quarter (subject to any notices from OHA providing otherwise) and must be provided to OHA via Administrative Notice.
- 5.7.5. In addition to the annual and quarterly summary of FWA Referrals and Investigations in 5.7 above, Advanced Health shall report, regardless of our own suspicions or lack thereof, to the MFCU an incident with any of the the characteristics listed in Section 16 of Exhibit B, Part 9, and will be made in accordance with paragraphs h. and i. of section `7 of Exhibit B, Part 9 and paragraph 5.5.2.4., above.

**5.8.** If any internal or external investigative process, review, monitoring or auditing activity validates the Compliance Concern and results in findings, the organization for whom the finding exists is required to file a written corrective action plan within a specified time period. Suspected criminal acts shall be in coordination with law enforcement and other applicable agencies. 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.

5.8.1. 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 Handbook

**6. 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 Ex. B, Part 9.
- 6.3. OAR 410-120-1510.

**7. RESPONSIBILITIES (Compliance, Monitoring, Review)**

7.1.

**8. RELATED DOCUMENTS**

- 8.1. Employee Handbook
- 8.2. Member Handbook

**9. ATTACHMENTS**

9.1.

**10. APPROVALS**

<b>10.1 – Document Owner</b>	Name: Michael Hale, JD, BSN, CHC Department: Compliance	
<b>10.2 – Approving Manager</b>	Name: Michael Hale, JD, BSN, CHC Department: Compliance Signature <u>Mike Hale</u>	
<b>10.3 – Collaborators</b>	Name(s): Adam Martin, Compliance Officer	
<b>10.4 – Approvals</b>	<b>Policy Review Committee</b>	Date Approved:

<b>10.5 – Original Effective Date</b>	<b>Date: July 2019</b>
<b>10.6 – Review Period</b>	<b>How often PnP is reviewed: Annual</b>
<b>10.7 – Review Date(s)</b>	<b>Date: 9/15/2020</b>
<b>10.8 – Revision Date(s)</b>	<b>Date: 4/26/2021, 1/19/2022, 11/17/2022</b>


# Compliance Reporting and Response Policies and Procedures 01012023\_FINAL


Final Audit Report


2022-12-20


Created:	2022-12-20
By:	Kindra Kirchner (kindra.kirchner@advancedhealth.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAlu4RIIR3i8mFkucl9epGxEtUURjiW1P


## "Compliance Reporting and Response Policies and Procedures 01012023\_FINAL" History

 Document created by Kindra Kirchner (kindra.kirchner@advancedhealth.com)  
2022-12-20 - 7:16:08 PM GMT

 Document emailed to Mike Hale (mike.hale@advancedhealth.com) for signature  
2022-12-20 - 7:16:22 PM GMT

 Email viewed by Mike Hale (mike.hale@advancedhealth.com)  
2022-12-20 - 9:33:53 PM GMT

 Document e-signed by Mike Hale (mike.hale@advancedhealth.com)  
Signature Date: 2022-12-20 - 9:34:06 PM GMT - Time Source: server

 Agreement completed.  
2022-12-20 - 9:34:06 PM GMT