



# Compliance Plan

---

APPROVED BY THE UMPQUA HEALTH BOARD OF DIRECTORS  
07/31/2018



## Contents

Background .....	3
Definitions.....	5
Code of Conduct, Policies, & Procedures.....	6
Code of Conduct.....	6
Policies & Procedures .....	6
Compliance Officer & Compliance Committee .....	6
Compliance Officer .....	6
Compliance Committee.....	7
Education & Training .....	8
Monitoring & Auditing.....	8
Monitoring.....	8
Auditing.....	9
Reporting Mechanism.....	9
Hotline.....	9
Regulatory Reporting .....	10
Enforcement & Discipline .....	10
Response & Prevention.....	10
Response – Investigation Process .....	10
Prevention – Corrective Action Plan Process .....	10
Risk Assessment and Annual Compliance Work Plan.....	11



## Background

Umpqua Health is committed to operating within the confines of the rules and regulation that govern the organization. Accordingly, an emphasis on having a robust Compliance Program is a key component of Umpqua Health's future success. To demonstrate this commitment, Umpqua Health's Board of Directors approved a Board Resolution in April 2016 to renew its commitment to a strong and effective Compliance Program.

Umpqua Health operates in a heavily regulated environment, compounded by the diversity of Umpqua Health's lines of business, therefore having an effective Compliance Program is essential. To secure its Compliance Program, Umpqua Health has established this Compliance Plan to safeguard the following business interests:

1. Umpqua Health Alliance (UHA): Douglas County's Coordinated Care Organization (CCO), a Medicaid Managed Care program.
2. Umpqua Health – Harvard (UH-H): A rural health clinic.
3. Umpqua Health – Newton Creek (UH-NC): A rural health clinic.
4. Professional Coding and Billing Services, LLC (PCBS): Third-party billing company for both rural health clinics, and other non-affiliated providers.
5. DCIPA EHR, LLC dba Physician eHealth Services (PeHS): Provides information technology to all of Umpqua Health's entities as well as other organizations throughout the community, including UmpquaOneChart; a community electronic health record.
6. Umpqua Health Network: A clinically integrated network established by Umpqua Health.
7. ATRIO: A Medicare Advantage Plan. Umpqua Health is a 1/3 owner of ATRIO and provides a variety of delegated functions on behalf of ATRIO through its Service Area Contractor (SAC) agreement.

This Compliance Plan was developed by Umpqua Health's Compliance Department with approval from the Board Oversight Compliance Committee and Board of Directors. It is intended to be reviewed at least annually, and as needed by the Board Oversight Compliance Committee and Board of Directors. The Compliance Plan operates under the framework of the "Seven Essential Elements of an Effective Compliance Program," as identified by the U.S. Department of Health and Human Services' Office of Inspector General (HHS-OIG). Additionally, Umpqua Health is mandated by many contractual, State, and Federal requirements to have a Compliance Program, including:

1. UHA Health Plan Services contract ("CCO contract") with the Oregon Health Authority: Exhibit B, Part 8, Section 14.
2. Oregon Administrated Rules (OAR): OAR 410-120-1510.



3. Code of Federal Regulations (CFR): 42 CFR 433.116, 42 CFR 438.214, 438.600 to 438.610, 438.808, 42 CFR 455.20, 455.104 through 455.106 and 42 CFR 1002.3.
4. CFR: 42 CFR 422.503(b)(4)(vi)(A–G), §423.504(b)(4)(vi)(A–G).
5. Centers for Medicaid and Medicaid Services' Managed Care Manual: Chapter 21 and Prescription Drug Benefit Manual, Chapter 9 – Compliance Program Guidelines, Section 50 – Elements of an Effective Compliance Program.
6. HHS-OIG's Compliance Program Guidance for Hospitals (February 1998), Office of Inspector General's Supplemental Compliance Program Guidance for Hospitals (January 2005).

This Compliance Plan will discuss the structure of Umpqua Health's Compliance Program, and is intended to outline how the organization meets the contractual obligation listed above through its Compliance Program. Furthermore, the Compliance Plan provides a framework of how Umpqua Health guards against fraud and abuse for the entire organization, including its government supported programs, UHA and ATRIO. This Compliance Plan applies to all internal and external personnel.



## **Definitions**

**Internal Personnel:** All Umpqua Health employees, providers, volunteers, Board members, Committee members.

**External personnel:** Individual contractors, subcontractors, network providers, agents, first tier, downstream, and related entities, and their workforce.



## **Code of Conduct, Policies, & Procedures**

### **Code of Conduct**

Umpqua Health's Code of Conduct and Business Ethics is a key aspect of Umpqua Health's Compliance Program. It sets the tone and expectation of what ethical and compliant behavior should be for Umpqua Health's personnel. Personnel will receive this document at hire, as well as on an annual basis. Furthermore, Umpqua Health's Board Oversight Compliance Committee will review this document annually as well as Umpqua Health's Board of Directors, to confirm it meets the current needs of the organization.

Additionally, Umpqua Health contracts with numerous individuals, providers, and subcontractors to support its organization. Because of the numerous contractual restraints, Umpqua Health expects all of its external personnel to commit to following the organization's Code of Conduct. These individuals and organizations are typically provided Umpqua Health's Code of Conduct at time of contracting and annually. Umpqua Health will not tolerate any unlawful, unethical, or other inappropriate conduct that is incongruent with its Code of Conduct. Lastly, Umpqua Health expects internal and external personnel to minimize potential conflicts of interests. If such conflicts exist, it is expected that impacted individuals and organizations disclose such conflict to Umpqua Health's Compliance Department who will work with Umpqua Health's Board Oversight Compliance Committee and Board of Directors to mitigate such conflicts.

### **Policies & Procedures**

In addition to the Code of Conduct and Business Ethics, policies and procedures play a fundamental part in supporting the foundation of the Compliance Program. Policies and procedures provide the detailed information for Umpqua Health's internal and external personnel to meet the requirements that govern the organization. Policies are provided to internal and external personnel through Umpqua Health's internal policy system, its employee handbook, provider handbook and through distribution of the actual policies to impacted individuals and organizations. The organization's policies and procedures intend to demonstrate Umpqua Health's commitment to comply with applicable State and Federal regulations, including fraud, waste and abuse (FWA) laws, and privacy and security laws (e.g. Health Insurance Portability and Accountability Act (HIPAA) and HITECH).

## **Compliance Officer & Compliance Committee**

### **Compliance Officer**

Umpqua Health's Chief Compliance Officer is responsible for implementing this Compliance Plan and its FWA Plan. Umpqua Health's Chief Compliance Officer reports directly to Umpqua Health's Board of Directors, and has a dotted line to the Chief Executive Officer. The Chief Compliance Officer routinely supplies (typically monthly) Compliance reports to Umpqua



Health's Board of Directors, UHA's Board of Directors, as well as the organization's Chief Executive Officer. The Chief Compliance Officer works with the internal and external personnel to identify and mitigate risks known to the organization. The role also requires the Chief Compliance Officer to promote the Compliance Program, so internal and external personnel are aware of the resources available to them.

## Compliance Committee

Umpqua Health has established four different Compliance Committees to serve the needs of the organization. Because Umpqua Health has a diverse portfolio, it is necessary to have numerous Committees to ensure each business is appropriately evaluated for risk. The Compliance Committees are tasked with ensuring the Chief Compliance Officer is effectively implementing Umpqua Health's Compliance Plan, FWA Plan, that the Program has enough resources, and risks are appropriately identified and mitigated. The Compliance Committees' structure for Umpqua Health is the following:

1. Umpqua Health's Board Oversight Compliance Committee: A subcommittee of Umpqua Health's Board of Directors who are responsible for the overall oversight of the Compliance Program and FWA Plan. The Committee is designed to ensure the Chief Compliance Officer has the necessary resources to effectively implement the Compliance Plan and FWA Plan. Additionally, the Committee reviews reports from the Chief Compliance Officer regarding the Compliance Program's performance to verify the Program is effective. This Committee meets no less than quarterly, or more frequent if needed.
2. Health Plan Operational Compliance Committee: This committee reviews and analyzes the compliance risks that affect UHA as well as the services delegated by ATRIO to Umpqua Health. The purpose of this committee is to be more hands-on and have firm understanding of the day-to-day compliance risks for the health plan activities. The Committee meets no less than quarterly with high-level issues reporting to the Umpqua Health's Board Oversight Compliance Committee.
3. Clinics Operational Compliance Committee: Similar to the Health Plan Operational Compliance Committee, the Clinic Operational Compliance Committee is designed to review the compliance risks and identify strategies to mitigate those risks that may impact the rural health clinics. The Committee meets no less than quarterly with high-level issues reporting top the Umpqua Health's Board Oversight Compliance Committee.
4. Executive Team Compliance Committee: Is an ad hoc committee consisting of Umpqua Health's Executive Team. The committee meets on an as needed basis to discuss compliance matters, and items may be escalated to Umpqua Health's Board Oversight Compliance Committee. The Committee is tasked with reviewing the following:
  - a. For lines of businesses that do not have an Operational Committee.
  - b. Discuss compliance matters that need Executive Team oversight.



- c. Serve as the organization Physician Transaction Review Committee:
  - i. Establishing fair market value for physician compensation.
  - ii. Approving physician contracting templates.
  - iii. Resolving physician contracting issues.

## **Education & Training**

Umpqua Health trains all personnel at hire as well as on an annual basis. Content of the trainings include:

1. FWA Training.
2. HIPAA Training.
3. Occupational Safety and Health Administration Training.
4. Physician Self-Referral Law (aka Stark Law).

The Chief Compliance Officer also conducts Board of Directors education to ensure Board members are aware of the compliance risks for the organization. Additionally, many of Umpqua Health's external personnel are required to participate in some of the similar trainings Umpqua Health is required to engage in. Umpqua Health expects its external personnel to routinely complete trainings that satisfy State and Federal requirements, specifically regarding FWA, Compliance, and HIPAA. Umpqua Health sees training and education as a proactive measure to combat compliance matters, and therefore expects its internal and external personnel to fully participate and understand the training and education they receive. In an effort to stay up-to-date with State and Federal regulations, Umpqua Health may provide additional and/or specialized training to its internal personnel, and its Chief Compliance Officer. The Board Oversight Compliance Committee typically reviews this process annually

## **Monitoring & Auditing**

### **Monitoring**

Monitoring activities are a vital component to a Compliance Program. Often confused with auditing, monitoring allows for an organization to measure performance by allowing for subjectivity. Typically, departments report their own performance to meet contractual, State, and Federal requirements to the Compliance Department. Umpqua Health typically monitors internally with Key Performance Indicators, along with actively monitoring internal and external personnel against federal program exclusions and sanctions. Additionally, Umpqua Health reserves the right to apply monitoring tactics to any of its external personnel to ensure they are routinely meeting contractual requirements. Umpqua Health also monitors internal and external personnel against applicable State and Federal exclusion/debarment lists on a monthly basis, and promptly resolve matters in the event an individual or organization is actively sanctioned. Umpqua Health will not engage in or continue in a relationship with individuals identified as excluded/disbarred.





## Auditing

Umpqua Health's Audit Program allows the organization to gauge performance in an objective manner against contractual, State, and Federal requirements. Umpqua Health's Audit Program is broken down into the following audit processes.

1. **Provider Audit:** Audits in which UHA evaluates a panel provider to measure whether the provider is meeting contractual requirements, policies, etc. Provider Audits are also designed to detect FWA situations. An example would be auditing a provider on their member access/availability.
2. **Delegate Audit:** UHA is required to monitor delegates (aka subcontractors) on an annual basis. The purpose of these audits is to verify delegates are meeting the contractual requirements that are delegated down to the subcontractor. An example would be reviewing a third party administrator's claims processing system.
3. **Internal Audit:** Internal audits can occur through any one of Umpqua Health's entities and typically will be conducted by the Compliance Department. These reviews will inspect other Umpqua Health entities/departments to make certain those areas are meeting contractual, State, and Federal requirements. An example includes auditing UH-H front end processes to validate whether patients have completed required paperwork during the registration process.
4. **External Audit:** Planned or unplanned audits by a regulatory entity.
5. **FWA Audit:** Audits conducted on behalf of UHA to target activities associated with FWA. FWA Audits are done in a proactive manner to identify potential situations of FWA. A typical audit may look at evaluating a provider for excessive utilization of a certain service.

## Reporting Mechanism

### Hotline

Umpqua Health has a hotline available for all internal and external personnel, members, and providers in the community. The use of a hotline is an imperative component of the Compliance Program as it allows for individuals to report compliance concerns anonymously through a third party. The hotline along with an active and supportive Compliance Department allows for effective lines of communication. The Compliance Department is tasked with promoting its hotline and compliance resources through education and awareness. Umpqua Health's Compliance hotline can be accessed via the following options:

Compliance & FWA Hotline (Can report anonymously)

Phone: (844) 348-4702

Online: [www.umpquahealth.ethicspoint.com](http://www.umpquahealth.ethicspoint.com)



Lastly, Umpqua Health’s Compliance Program encourages its internal and external personnel to report potential problematic activities, including situations of FWA. Internal and external personnel have an obligation to report compliance and FWA issues. Umpqua Health is dedicated to providing a safe environment for reporters/whistleblowers to report matters, and strictly prohibits anyone from retaliating against personnel for reporting matters in good faith.

### **Regulatory Reporting**

UHA contractually must report suspicious FWA activities to Oregon’s Medicaid Fraud Control Unit (“MFCU”) and OHA/DHS Provider Fraud Unit. This collaboration ensures State agencies are collectively aware of FWA activities conducted by UHA.

### **Enforcement & Discipline**

As compliance concerns are identified, the Compliance Department coordinates with the Human Resources Department and other departments (e.g. Contracting Department) to guarantee fair and consistent discipline is applied, and to ensure necessary corrective actions are taken against internal and external personnel. Many of Umpqua Health policies establish the disciplinary standards for its internal and external personnel, and are well publicized. Additionally, individuals who violate Umpqua Health’s Code of Conduct can also expect disciplinary actions. Umpqua Health is committed to ensuring consistent discipline that is fair and equitable to all internal and external personnel.

### **Response & Prevention**

#### **Response – Investigation Process**

The investigation process is an essential element of every Compliance Program. Investigations can be triggered from a variety of activities such as hotline reports, audits, data mining, etc. This organization’s Compliance Program and FWA Plan has systems in place to effectively evaluate and review Compliance and FWA matters. Additionally, HIPAA requires certain steps to be conducted when evaluating whether a privacy or security incident results in a breach of patient/member information, which Umpqua Health must follow as a covered entity and business associate. Umpqua Health expects all of its internal and external personnel to cooperate with any investigation that might occur.

#### **Prevention – Corrective Action Plan Process**

As compliance and FWA matters are identified, there needs to be an appropriate process to apply and track actions to assure the issues are successfully mitigated. Each situation is unique, therefore Corrective Actions vary but may include, but not limited to:



- Revision of policies or procedures.
- Training.
- Recovery of overpayment.
- Disciplinary actions.
- Reassignment of duties.
- Termination of contract.

The Corrective Action Plan process is crucial in the Compliance Program. Corrective Actions can be identified through numerous mechanism including but not limited to:

- Internal Audits.
- External Audits.
- Provider Audits.
- Delegate Audits.
- FWA Audits.
- Investigations.
- Monitoring activities.

Umpqua Health's Corrective Action Plan process puts the ownership on the responsible internal and external personnel to mitigate, and individuals or organizations that fail to implement a Corrective Action Plan may see further disciplinary actions (e.g. termination of employment, contract termination, etc.). In addition, the Compliance Department has a strong reporting process through the Board Oversight Compliance Committee to ensure Corrective Action Plan's are resolved in a timely fashion and appropriate.

### **Risk Assessment and Annual Compliance Work Plan**

Annually, or more frequent if needed, Umpqua Health conducts an organizational wide Risk Assessment to identify the risks that may affect the organizations. The Risk Assessment also assesses the necessary modifications needed in its Compliance Program and FWA Plan. At the conclusion of the Risk Assessment, an Annual Compliance Work Plan is developed to lay out the strategies and activities for how the organization is going to combat and mitigate risks, along with the necessary refinements to Umpqua Health's Compliance Program and FWA Plan. Lastly, Umpqua Health's Board Oversight Compliance Committee may seek an evaluation of the organization's Compliance and FWA Programs. Items identified in this process will be included in that year's Annual Compliance Work Plan for mitigation.