




CORPORATE POLICY & PROCEDURE

	Policy Name: Corrective Action Plan Process
Department: Compliance	Policy Number: CO18
Version: 5	Creation Date: 12/29/2016
Revised Date: 2/8/19, 7/5/19	Review Date: 1/23/19, 1/16/20
Line of Business: <input checked="" type="checkbox"/> All <input type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input type="checkbox"/> Physician eHealth Services <input type="checkbox"/> UHA Community Activities <input type="checkbox"/> Umpqua Health Network <input type="checkbox"/> Professional Coding and Billing Services <input type="checkbox"/> ACE Network	
Signature:  Approved By: Michael A. von Arx, COO & Chief Compliance Officer Date: 1/30/2020 Approved By: Board Oversight Compliance Committee Date: 1/9/2020	

POLICY STATEMENT

Umpqua Health is committed in having a robust Compliance Program that meets contractual, State, and Federal requirements. In the event it becomes known that Umpqua Health, its internal personnel, and/or external personnel engage in conduct that is incongruent with regulatory requirements, Umpqua Health will assign a corrective action plan to remediate any deficiencies.

PURPOSE

The purpose of this policy is to outline the corrective action plan process, and ensure proper follow through in order to appropriately mitigate the known issue.

RESPONSIBILITY

Compliance Department

DEFINITIONS

Internal Personnel: All Umpqua Health employees, providers, and volunteers.

External Personnel: Individual contractors; subcontractors; network providers; agents; first tier, downstream, and related entities (FDR); and their workforce.

PROCEDURES

1. In accordance with Exhibit B, Part 9, Section 11 of Umpqua Health Alliance’s Coordinated Care Organization (CCO) contract with the Oregon Health Authority (OHA) and 42 CFR 438.608, Umpqua Health will engage in a corrective action plan (CAP) process to address any deficiencies that become known to the organization.
2. Identification of deficiencies may come through numerous channels, including but not limited to:
 - a. Internal audits.
 - b. Provider audits.



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- c. Fraud, waste, and abuse audits.
 - d. External audits.
 - e. Delegate audits.
 - f. Investigations.
 - g. Monitoring activities.
3. In the event Umpqua Health becomes aware of processes that do not align with regulatory requirements Umpqua Health’s Compliance Department will assign a corrective action plan to the appropriate party. Appropriate parties may include:
 - a. Departments.
 - b. Internal personnel.
 - c. External personnel.
4. The activities of a corrective action plan will vary depending on the issue, but some items may include:
 - a. Disciplinary actions.
 - b. Creation or revision of a policy.
 - c. Procedural changes.
 - d. Training.
 - e. Recoupment of funds.
5. The Compliance Department will collaborate with the individuals assigned to a corrective action plan, to ensure that the plan will appropriately mitigate the matter. However, the prescribed actions and implementation of the corrective action plan is solely the responsibility of the individual assigned to the corrective action plan.
 - a. The Compliance Department will also assign the frequency of progress reports during the corrective action plan process, and potentially additional reporting requirements such as having assigned individuals present at the various Compliance Committees of Umpqua Health.
 - b. With respect to FDR/subcontractors, the Compliance Department will also work with OHA as outlined in policy CO10 – Evaluation of Subcontractors.
6. Parties assigned a corrective action plan will be required to complete a corrective action plan that addresses the matter, and they are expected to resolve the matter no later than 180 days after the assignment of a corrective action plan.
 - a. The Chief Compliance Officer may elect to shorten or increase the time to resolve the corrective action plan, depending on the nature of the issue.
 - i. For instance, any corrective action plans that impact patient/member care are to be resolved within 21 days.
7. In the event OHA requires Umpqua Health Alliance (UHA) to complete a corrective action plan UHA will work collaboratively with OHA.
 - a. The development and implementation of the corrective action plan shall include, at minimum:



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- i. A description of the issues and factors which contributed to the deficiency;
 - ii. Designation of a person within UHA’s organization charged with the responsibility of correcting the issue;
 - iii. A detailed description of the specific actions UHA will take to remedy the deficiency;
 - iv. A timeline for when those actions will begin and when the deficiency will be corrected, which shall not exceed 180 days from the date of the implementation of the corrective action plan;
 - v. Identification of any member access to care issues that were caused as a result of the deficiency; and
 - vi. If the deficiency originated with a subcontractor, a description of how UHA intends to monitor subcontractor performance to prevent reoccurrence.
 - b. UHA will provide OHA with, as directed by OHA, a written or oral (or both) status update evidencing that the corrective action plan has been completed and that the deficiency or deficiencies have been fully and successfully corrected.
 - c. UHA shall provide, via Administrative Notice to OHA’s Contract Administrator, all corrective action plans required to be developed and implemented, for review and approval within the time frame identified by OHA. OHA will provide, via Administrative Notice to Contractor’s Contract Administrator, of approval or disapproval of the proposed corrective action plan.
 - i. In the event OHA disapproves of a corrective action plan, UHA shall, in order to remedy the deficiencies in such plan, follow the process set forth in the CCO Contract.
8. Upon completion of a corrective action plan, the Compliance Department will engage in follow up activities to verify that the action plan appropriately addresses the deficiency. Such actions may include:
- a. Auditing.
 - b. Monitoring.
9. In the event a corrective action plan does not appropriately remediate the matter or is not completed in a timely manner, the Chief Compliance Officer in consultation with members of the Executive Team and Board Oversight Compliance Committee, may take additional actions which may include:
- a. Disciplinary actions.
 - b. Assign financial penalties.
 - c. Terminate contractual relationship.
10. The Chief Compliance Officer will be responsible for reporting assigned corrective action plans, along with its progress and completion to the Board Oversight Compliance Committee.



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Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
N/A	N/A	N/A	N/A	N/A