




CORPORATE POLICY & PROCEDURE

	Policy Name: Compliance Training
Department: Compliance	Policy Number: CO6
Version: 7	Creation Date: 10/4/2016
Revised Date: 1/5/18, 4/1/18, 1/23/19, 7/23/19, 10/10/19, 1/13/20	Review Date:
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 to ensuring that its internal and external personnel are appropriately and timely trained of the laws and regulations that govern the organization.

PURPOSE

The purpose of the policy is to set expectations for completing compliance related trainings. The framework outlines the process for working through any potential situations where timely completion of trainings does not occur.

RESPONSIBILITY

All Umpqua Health internal and external personnel.

DEFINITIONS

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

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

Relationship: A director, officer, partner, subcontractor, a person with beneficial ownership of 5% or more of Umpqua Health, network provider or person with an employment, consulting, or other arrangement with Umpqua Health for the provision of items and services that are significant and material to Umpqua Health’s obligations under its contract with OHA.

PROCEDURES

Internal Personnel: Employees, Providers, and Volunteers



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1. All new internal personnel are expected to complete assigned compliance training by the end of their first 30 days.
 - a. Exceptions can be made with prior approval from the Human Resources and Compliance Department.
 - i. Unless an exception is granted, all online trainings must be completed no later than two weeks of an individual's first day and New Hire Compliance Orientation must be completed at first opportunity from date of hire.
 - b. Assigned trainings include the following topics:
 - i. Bloodborne pathogens.
 - ii. Workplace related injuries.
 - iii. Emergency action plan.
 - iv. Patient and workplace safety.
 - v. Fraud, waste, and abuse.
 - vi. Health Insurance Portability and Accountability Act (HIPAA).
 - vii. Compliance training (Compliance Plan and Code of Conduct and Ethics).
 - viii. False Claims Act and Whistleblower Protection.
2. Annually, internal personnel are expected to complete refresher trainings.
 - a. These trainings must be completed by the required due date.
 - i. Individuals are typically given at least 30 days to complete a required training.
 - b. Exceptions will be made on a limited basis, as required by law (e.g. medical leave).
 - c. Annual trainings include the following subjects:
 - i. Bloodborne pathogens.
 - ii. Workplace related injuries.
 - iii. Emergency action plan.
 - iv. Patient and workplace safety.
 - v. Fraud, waste, and abuse.
 - vi. False Claims Act and Whistleblower Protection.
 - vii. HIPAA.
 - viii. Compliance training (Compliance Plan and Code of Conduct and Ethics).
3. Internal personnel who fail to complete a training by the required due date will be removed of his/her regular duties/schedule until the training is completed.
 - a. Additionally, failure to complete trainings on time may result in disciplinary actions. Potential actions include:
 - i. Verbal warning.
 - ii. Written warning.



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- iii. Suspension.
- iv. Termination.

Internal Personnel: Provider Network Personnel

1. Annually Provider Network personnel responsible for credentialing and subcontracting with third parties shall be trained and educated on material pertaining to as required (CCO Contract Exhibit B, Part 9, Section 11(b)(8)):
 - a. Provider screening and enrollment requirements (42 CFR § 438.608(b)); and
 - b. The prohibition of employing, subcontracting, or otherwise maintaining a relationship with sanctioned individuals or entities (42 CFR § 438.214(d)).

Internal Personnel: Board Members

1. Onboarding Training.
 - a. Explanatory Welcome Letter and Compliance New Board Member Education packet containing:
 - i. Items to review:
 1. Umpqua Health Compliance Plan.
 2. Umpqua Health Code of Conduct.
 3. Practical Guidance for Health Care Boards on Compliance Oversight.
 4. Health and Human Service’s Office of Inspector General (HHS-OIG) video, “Guidance for Health Care Boards.”
 5. Fiduciary Responsibility PowerPoint.
 6. Fraud, Waste, and Abuse PowerPoint.
 - ii. Items to return:
 1. New Board Member Compliance Training Attestation
 2. Board Member Information- Exclusion Database
 3. CO-2 Conflict of Interest Disclosure Form
2. Annual Training.
 - a. Fiduciary Responsibility.
 - b. Fraud, Waste, and Abuse.
 - c. Conflict of Interest form completion.
3. Continual Training.
 - a. Because board members are engaged in the review and voting upon material changes to the Umpqua Health Compliance Plan and the Umpqua Health Code of Conduct whenever those changes may occur, annual trainings are not required (See policies CO4 – Code of Conduct and Ethics and CO11 – Review of Compliance Plan for review requirements).



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External Personnel

1. As a condition to contracting, external personnel are required to complete certain trainings in order for Umpqua Health to meet contractual and regulatory requirements.
2. External personnel are required to complete the following trainings on an annual basis:
 - a. Fraud, waste, and abuse.
 - b. False Claims Act and Whistleblower Protection.
 - c. HIPAA.
 - d. Compliance training (Code of Conduct and Ethics).
3. External personnel may elect to utilize their own trainings or request trainings from Umpqua Health.
 - a. If utilizing its own training, external personnel must ensure that it aligns with the materials presented in:
 - i. CMS Medicare Learning Network (<http://www.cms.gov/MLNProducts>).
 - ii. Umpqua Health Alliance’s Coordinated Care Organization contract with the Oregon Health Authority (Exhibit B, Part 9, Section 11).
4. External personnel may be required to provide evidence of completed trainings on an annual basis.
 - a. Individuals and/or organizations that cannot provide evidence will be required to submit a corrective action plan to address the deficiency.
 - b. Failure to address the lack of training may result in termination of the external personnel’s contract.
5. Umpqua Health’s Chief Compliance Officer may grant an exception to this requirement for certain situations (e.g. Contractor is providing services on a limited basis, or services provided by the contractor do not necessarily support an administrative or health care service that Umpqua Health is required to provide).

Monitoring

1. The Compliance Department will be monitoring completion of new hire onboarding Compliance trainings on a monthly basis to ensure timelines are being met.
 - a. Failure to complete trainings within required timelines will prompt notification to the employee’s direct supervisor, Human Resources, and may result in disciplinary consequences as described above in item 3 under Internal Personnel.
 - b. The Chief Compliance Officer will be notified as necessary (i.e. continued failure to complete, trends in new hires not completing trainings, etc.).

Policies and Procedures

UHA, who annually receives State payment under the agreement of at least \$5,000,000, will maintain written policies for all employees of Umpqua Health, and any contractor or agent that



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provides detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers (CO13 - Internal Reporting and CO1 - Fraud, Waste, and Abuse).

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