



Code of Conduct

APPROVED BY THE UMPQUA HEALTH BOARD OF DIRECTORS ON JULY 30TH, 2019

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Message from the CEO

Dear Employees and Partners,

Umpqua Health is dedicated to conducting its business with the highest standards of ethics. Over the past few years, Umpqua Health has devoted a substantial amount of time and resources in its Compliance, Fraud, Waste, and Abuse (FWA) program. The cornerstone of this Program is the Code of Conduct. The document you are about to read will outline the compliance framework and ethical behaviors Umpqua Health promotes and expects. In today's healthcare environment, operating an effective Compliance Program is not a luxury, rather a prerequisite. For this reason, I sincerely ask you spend the time to learn the ethical conduct we expect of our employees and partners.

This Code of Conduct will be a resource for you; it will identify and set the standards of the ethical and legal arena in which we operate. At times, these requirements may appear counter intuitive; and for that reason, the Code of Conduct will be a consistent guide for you during your relationship with Umpqua Health.

If at any time during our relationship you have questions or concerns, please do not hesitate to consult our Compliance Department. You can also contact our Compliance & FWA Hotline, provided by a third-party vendor, at (844) 348-4702, or www.umpquahealth.ethicspoint.com. This hotline will give you the option to report anonymously, if you choose to. There may be times when individuals may not wish to report issues out of a fear of possible retaliation. Rest assured it is our commitment that there will be no retaliation against anyone who reports a violation or a concern.

Umpqua Health truly values and appreciates its employees and partners for embracing the organizational commitment of compliance and ethics. The success of the program will not be derived from one individual, but rather the commitment and collaboration from all of Umpqua Health's employees and partners. Sometimes doing the right thing is not easy; however, it is our integrity that gives us the strength to get it right.

Sincerely,

Brent Eichman, MBA, CHFP
Chief Executive Officer





Compliance Department Commitments

The Compliance Team will strive to operate and conduct itself with the following principles in mind:

- We are a resource for the individuals and organization we serve.
- We honor and understand mistakes, and desire to create an environment where we all can learn from them.
- We are mindful of organizational resources, including staff time.
- We engage to educate and support.
- We strive for honesty, transparency, and fairness.
- We welcome feedback and believe it is a necessity for continuous growth.
- We recognize that flexibility is imperative and we are not rigid in process and thinking.
- We will provide information in a clear and concise manner.



Introduction

Umpqua Health has created this Code of Conduct as a resource for its employees and partners. It will identify the ethical and compliant conduct Umpqua Health anticipates from everyone. Healthcare is a complex industry and while this document is not a comprehensive list of what is required from employees and partners, it provides a brief discussion of some of the expectations. We ask you review this Code of Conduct carefully (CO4 – Code of Conduct and Ethics).

Throughout this document the term “Employee,” shall mean employees, board members, contractors, volunteers, interns, residents, and the like. Additionally, the term “Partner,” will be used to describe participating providers, subcontractors, delegates, vendors, first tier entities, downstream entities, and related entities.

Commitment

It is our commitment to our employees and partners that we will operate in a compliant and ethical manner, with high levels of integrity. We commit to working with our employees and partners through the regulatory challenges each of us face on a daily basis. Our commitment assures Umpqua Health can maintain good standing with its members, patients, and key stakeholders. We ask all of our employees and partners demonstrate this same commitment.

Compliance Plan

This Code of Conduct is a component of Umpqua Health’s Compliance Program and Fraud, Waste, and Abuse Prevention Handbook (aka Compliance Plan). The Compliance Plan outlines how Umpqua Health structures the Compliance Program. Employees and partners

are provided with a copy of the Compliance Plan and are asked to review it carefully. It is Umpqua Health’s expectation for all employees and partners that everyone will participate and cooperate with its Compliance Plan (CO11 – Review of Compliance Plan).

Ethics

Many of the rules and regulations in healthcare are not always black and white. This is when ethics and integrity come into play. Employees and partners shall maintain and possess exceptional levels of ethical standards. Ethics should be a guiding principle for any behavior or decision conducted on behalf of Umpqua Health. In the absence of regulations, employees and partners’ decision making should be centered around what is right, in particular to members, patients, and Umpqua Health.

Rules & Regulations

Healthcare is a heavily regulated industry, arguably the most regulated industry in the country. While we know our employees and partners may not know every rule or regulation, we ask you seek guidance in those unfamiliar areas. Umpqua Health is devoted to operating within the confines of the rules and regulations, and we expect our employees and partners to do the same.

Management Responsibilities

Integrity is the key backbone to any successful Compliance Program. Umpqua Health places high standards on its leaders to demonstrate this. Leading by example specifically concerning integrity is an essential requisite for our leaders. Umpqua Health’s leaders should encourage their employees to operate in the same fashion.



Additionally, leaders should welcome staff that have concerns, and not see it as a means to challenge authority, but to promote growth.

Umpqua Health asks its leaders to be cognizant and informed of its Compliance Program. Leaders should promote the Program within their departments, and not hesitate to refer employees to the Compliance Department or Compliance & FWA Hotline. Furthermore, leaders should not engage in any conduct that may be perceived as retaliation. Umpqua Health places a lot of stake and responsibility with its leaders, and values our leaders' commitment to integrity.

Policies & Procedures

While this Code of Conduct may provide a high-level overview of some of the expectations Umpqua Health has for its employees and partners, it is not a comprehensive list. Umpqua Health has numerous policies and procedures that layout the specific requirements for our employees and partners. We expect them to operate in accordance with these policies and procedures. Many of these documents are written to satisfy contractual, State and Federal regulations, therefore we insist they are followed. For our employees, policies and procedures can be found on the Employee Portal. For partners, many of Umpqua Health's pertinent policies and procedures are supplied during the contracting process. However, if you have misplaced any of them, please contact your key representative at Umpqua Health for assistance.

Conflict of Interests

Conflict of interests exist every day, and are not unique to Umpqua Health. However, it is imperative if a conflict of interest is present, it is

carefully mitigated. Conflict of interest can interfere with one's ability to make the best decision on behalf of Umpqua Health.

Therefore, all employees and partners are required to disclose any potential conflict of interests to the Compliance Department (CO2 – Conflict of Interest). The Compliance Department will work with the employee or partner to help determine a means to minimize the impact. The presence of a conflict is not necessarily wrong; it is when the conflict is either not disclosed, or not properly managed that creates the wrongdoing.

Gifts & Gratuities

While it may seem customary in the business world to provide gifts to individuals and partners, it can lead to the perception of favoritism and kickbacks. Therefore, Umpqua Health insists its employees comply with its CO20 - Receiving and Giving Gifts & Gratuities policy. Umpqua Health asks its employees to refrain from giving and accepting gifts. If you are unable to decline a gift, you are asked to report and deliver the item to the Compliance Department.

Umpqua Health asks its partners to honor our CO20 - Receiving and Giving Gifts & Gratuities policy, by not offering or providing gifts or gratuities to any of our employees or the organization. We understand there may be times where you would like to express your gratitude, and we just ask you do so in a manner other than a gift or gratuity.

Additionally, gifting items to members or patients can also create a scenario that may appear to induce services. Due to regulatory requirements surrounding gifts to members and patients, these programs need to be carefully validated. Therefore, in the event there is a desire to create some form of gift/incentive



program for members and patients, employees are required to seek approval from the Compliance Department prior to commencement.

Example

Question: One of the vendors I frequently work with gave me tickets to a sporting event. Can I keep them?

Answer: You should decline the tickets if you are able to. If not, the tickets will need to be reported to the Compliance Department who will determine the correct outcome.

Relevant Laws

As noted earlier, there are many rules and regulations, which govern how employees and partners operate. While not inclusive, the discussion below provides a brief dialogue of some of the key laws Umpqua Health, its employees, and partners must follow (CO6 – Compliance Training and CO1 – Fraud, Waste, & Abuse).

Health Insurance Portability and Accountability Act (HIPAA)

One of the most well-known healthcare laws is HIPAA. Enacted in 1996, HIPAA granted certain provisions as to when protected health information (PHI) may be used and disclosed. HIPAA granted administration simplification, privacy rules, and security rules around PHI. Recently, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) added additional safeguards and requirements to HIPAA.

All of Umpqua Health's employees are required to receive HIPAA training at hire, and on an annual basis. Additionally, partners who come in contract with Umpqua Health's members' or patients' PHI are required to provide their workforce training on HIPAA. Depending on the contractual relationship, some partners may also be considered business associates, in which they are required to sign and follow a business associate agreement executed between the partner and Umpqua Health.

Federal False Claims Act (Federal FCA)

The Federal FCA (31 U.S.C. § § 3729-3733 & 18 U.S.C. § 287) prohibit an individual or entity from submitting or causing to submit a claim that is false for payment to Federal healthcare programs. The Act has broad implications in which violations of other Federal laws (e.g. Anti-Kickback Statue, Stark Law) can also trigger the Federal FCA. The Federal FCA is a strict liability law, meaning intent does not need to be proven in order for the Act to be violated. Penalties for Federal FCA violations include:

Civil

- Fines up to three times of the programs' loss.
- Civil monetary penalties of \$5,500 to \$11,000 per claim.
- Exclusion from Federal Healthcare participation.

Criminal

- Criminal penalties may also be administered in the event intent is proven, which could result in imprisonment and additional fines and/or penalties.

Example

Submitting a claim for a service that never occurred is a false claim. Another example would be overstating services provided (e.g. upcoding, DRG creep)

Additionally, the Federal FCA has the “Qui Tam,” provision, commonly referred as the “Whistleblower,” provision. This language allows an individual to sue another individual, on behalf of the government, for Federal FCA violations. The Qui Tam provision grants certain protections (e.g. Non-retaliation), and incentives to the relater, including portions of any recovery that is received.

Oregon False Claims Act (Oregon FCA)

The State of Oregon also has a FCA, which is similar to the Federal FCA. The Oregon FCA (ORS 180.750) is implicated when an individual or entity submits a claim to the State of Oregon that is false. Unlike the Federal FCA, the Oregon FCA does not have a Qui Tam provision. Penalties for violating the Oregon FCA includes:

Civil

- Repayment of funds received.
- Penalty equal to the grater of \$10,000 for each violation, or an amount equal to twice the amount of damages incurred for each violation.

Physician Self-Referral (“Stark Law”)

Stark Law (42 U.S.C. § 1395nn) prohibits a physician from referring Medicare patients for certain designated health services to an entity in which the physician (or family member) has a financial relationship (CO5 – Stark and Anti-Kickback). There are numerous exceptions to

the Stark Law where the conduct may be permitted, therefore the process and arrangement needs to be carefully reviewed prior to commencement. Penalties for Stark Law violations include:

Civil

- Overpayment/refund obligation.
- False Claims Act liability.
- Civil monetary penalties and program exclusion for knowing violations.
- Potential \$15,000 CMP for each service.
- Civil assessment of up to three times the amount claimed.

Example

A physician receiving incentive compensation based on the volume of referrals to a hospital.

A physician receiving a salary over fair market value that is not justified.

Anti-Kickback Statute (AKS)

AKS is a criminal law that prohibits an individual or entity from receiving or giving anything of value to induce or reward a referral for Federal health care programs (42 U.S.C. § 1320a-7b and CO5 – Stark and Anti-Kickback). There are numerous safe harbors with AKS; however, these need to be carefully navigated. Penalties for AKS violations include:

Civil:

- False Claims Act liability.
- Civil monetary penalties and program exclusion.
- Potential \$50,000 CMP per violation.
- Civil assessment of up to three times amount.

Criminal:

- Fines up to \$25,000 per violation.
- Up to five-year prison term per violation.

Example

Paying someone \$100 for referring a patient to a clinic.

Receiving free rent for referring patients to a specialist, lab, imaging center, etc.

Exclusion Statute

One of the primary tools the government uses to enforce and prevent fraud is through the Exclusion Statute (42 U.S.C. § 1320a-7). The U.S. Health and Human Services' Office of Inspector General (HHS-OIG) has the ability to exclude individuals or entities from participation in Federal healthcare programs. HHS-OIG uses this authority for individuals or entities who are convicted of certain healthcare related offenses. If an individual or entity is excluded, they are ineligible to receive payments from Federal healthcare programs.

Umpqua Health is prohibited in employing or partnering with any individual or entity who is actively excluded from Federal healthcare participation (CO3 – Screening of Individuals and Entities). Prior to hire/contracting, and monthly thereafter, Umpqua Health screens all of its employees and partners against certain Federal healthcare exclusion databases. Partners are also required to screen their workforce against these same databases.

Civil Monetary Penalties Law (CMPL)

The CMPL (42 U.S.C. § 1320a-7a) is a tool the Federal government uses to sanction individuals or entities for certain conduct. Some activities that could potentially violate the CMPL include:

- Offering inducements for services to Medicare and Medicaid patients.
- Offering inducements to physicians to limit services.
- Contracting or employing an excluded individual.
- Failing to report an overpayment.

Penalties for CMPL violations include:

Civil

- Fines up to \$50,000.
- Denial of payment.
- Repayment of the amount paid.
- Exclusion authority.
- FCA violation.

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute (18 U.S.C. Section 1347) makes it a criminal offense for knowingly and willfully engaging in a scheme to defraud healthcare programs.

Penalties include:

Criminal

- 10 years in prison.
- Up to \$250,000 fine.

Fraud, Waste, & Abuse (FWA)

Considering many of Umpqua Health's programs are supported by State and Federal dollars, it is imperative employees and partners are aware of FWA (CO1 – Fraud, Waste, & Abuse). FWA scenarios can cause drastic financial challenges, not just to Umpqua Health, but also throughout the healthcare industry. In an effort to combat FWA, we ask our employees and partners do their part to reduce FWA, and to report any suspicious FWA activities to the Compliance Department or Compliance & FWA Hotline.

- **Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.
- **Waste:** Overutilization or inappropriate utilization of services and misuse of resources, and typically is not criminal or intentional.
- **Abuse:** 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 fail to meet professionally recognized standards for health care.

Examples

Billing for services that never occurred.

Consistently providing medically unnecessary services.

Selling prescriptions or narcotics.

Reporting

Umpqua Health heavily relies on its employees and partners to report potential issues. In order to minimize impact, we ask employees and partners report matters in a timely manner, to ensure a prompt and appropriate review. Employees or partners do not necessarily need to confirm the issue, but rather report it once an allegation surfaces. With this cooperation, Umpqua Health can ensure it is effectively and efficiently reviewing and responding to matters.

Duty to Report

All employees and partners are required to report any concerns related to:

- Noncompliant activities.
- Violation of this Code of Conduct.
- Violation of policies and procedures.
- Suspicion of fraud, waste, and abuse.
- Privacy or security violation.
- Other conduct that seems unethical or inappropriate.

Umpqua Health has high expectations for its employees and partners, and require concerns to be reported timely and not suppressed. We take the philosophy that individuals who do not report a matter will be held accountable, to the same level as the person who engaged in the misconduct. Therefore, reporting issues is a requirement. If it becomes known an employee or partner was aware of an issue and did not report it, sanctions up to and including termination will occur. For further information, please consult the following policies:

- CO1 – Fraud, Waste, & Abuse
- CO13 – Internal Reporting
- CO15 - Hotline

Umpqua Health's Compliance & FWA Hotline

Umpqua Health has contracted with a third-party vendor to provide a secure hotline for employees and partners to report concerns (CO15 – Hotline). The hotline provides individuals the ability to report via phone as well as online. Issues that can be reported to this hotline include:

- Noncompliant activities.
- Violation of this Code of Conduct.
- Violation of policies and procedures.
- Suspicion of fraud, waste, and abuse.

- Privacy or security violation.
- Other conduct that seems unethical or inappropriate.

Additionally, this hotline allows individuals to report issues anonymously. While Umpqua Health strives to be an “open-door,” organization, we do understand when individuals seek to keep their identity from being known. Umpqua Health understands and respects any individual who seeks anonymity, and therefore has established a confidential mechanism so we can still capture their concerns. Umpqua Health’s Compliance & FWA Hotline provides an opportunity for individuals to report matters anonymously.

Compliance & FWA Hotline

(Can report anonymously)

Phone: (844) 348-4702

Online:

www.umpquahealth.ethicspoint.com

Non-Retaliation

Across all industries, the perception of retaliation can be a significant barrier for receiving and responding to compliance matters. To offset this fear, Umpqua Health has created a zero-tolerance non-retaliation policy (CO9-Non-Retaliation). Employees and partners must understand and commit that they will not engage in any activities, which may be perceived as retaliatory to individuals who bring issues forward in good faith. Any individual or entity that violates Umpqua Health’s non-retaliation policy, CO9 – Non-Retaliation, will be subject to termination.

Accuracy of Records

Umpqua Health is committed to operating within the confines of the rules and regulations that govern the organization. To reach this benchmark, Umpqua Health relies heavily on its records to make informed business and clinical decisions. Therefore, Umpqua Health anticipates its employees and partners provide sound, accurate, and timely record keeping. Furthermore, destruction or alteration of any of Umpqua Health records outside of regulatory requirements and policies are strictly prohibited.

Financial

In order to provide accurate and reliable financial records, all financial transactions shall be processed and recorded in accordance with generally accepted accounting principles. Internal controls are present to provide assurance transactions are recorded properly.

Clinical Records

Accuracy of members and patients’ clinical records are crucial and is a component of providing quality care. Employees and partners are expected to maintain clinical records that are accurate and up-to-date. Delay in recording or providing incorrect information in a clinical record could have dire consequences for a member or patient. Lastly, members and patients have certain rights associated with accessing and viewing their clinical records, employees and partners should be mindful of this and document in a professional manner.

Billing and Claims

Umpqua Health expects its employees and partners to produce accurate and truthful bills and claims. Engaging in activities where a bill or claim is false or inappropriate could lead to significant consequences not just internally but from State and Federal regulators. Therefore, Umpqua Health prohibits any of its employees



or partners from submitting any bill or claim that is false or fraudulent. Administrative sanctions, up to and including termination may occur.

System & Resources

During the course of an employees or partner's relationship with Umpqua Health, certain key Umpqua Health resources and systems may be utilized to conduct business. Employees and partners are expected to utilize these systems and resources appropriately and not engage in any conduct that would destroy or alter these systems and resources. Use of Umpqua Health's system and resources, including email, internet, computers, telephone, etc. must be used appropriately and solely for Umpqua Health business, and not for personal use. Furthermore, Umpqua Health reserves the right to monitor any activities associated with the use of its systems and resources. Employees and partners should presume no expectation of privacy. Lastly, upon conclusion of employees or partners' relationship with Umpqua Health, all systems and resources must be returned to Umpqua Health.

Respect

Umpqua Health prohibits all forms of discrimination and harassment. All employees, partners, members, and patients shall be treated with respect and dignity, regardless of their age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, health status, socioeconomic status, or any other protected class under law. Furthermore, our patients and members also have rights related to the care they receive, and we ask those rights are followed and respected. Employees and partners are encouraged to report immediately to the Compliance Department, Human Resources

Department, or Compliance & FWA Hotline if they are exposed to or witness any conduct that is incongruent with this.

Confidentiality

Due to the nature of Umpqua Health's businesses, securing and preserving information is essential. Umpqua Health, its members, and patients give high levels of trust to employees and partners. We ask individuals be mindful of this trust and not partake in activities that make this information vulnerable.

Members & Patients

Members and patients provide a variety of sensitive information about their health and financial situation. Employees and partners should respect this by committing to safeguarding this information. Additionally, employees and partners shall only access records pertinent to their work, and not cause any inappropriate access or disclosure of member or patient information.

Business Practices

Employees and partners may be exposed to information, which is considered trade secrets. Umpqua Health asks employees and partners to protect this information and not act in any fashion where this information is accessed or disclosed improperly. Work paper, documents, system, and any other material or systems produced during the course of your relationship with Umpqua Health, remains the property of Umpqua Health. Employees and partners are prohibited from taking any work papers, documents, systems, resources, or material created for Umpqua Health, without prior written consent.

Example

Question: During my course of employment, I created some trainings that I would like to take with me to my new employer. That is not a problem, right?

Answer: Work created while you were employed with Umpqua Health, is the property of Umpqua Health. You would need to receive permission from your manager prior to taking these trainings with you.

Licenses, Credentials & Exclusions

Many of Umpqua Health employees and partners must possess certain licenses or credentials to perform work. Umpqua Health insists its employees and partners maintain their licenses and credentials in active and good standing orders. If during the course of your relationship with Umpqua Health your license or credentials are not in good standing, you are required to report immediately to the Compliance Department, Human Resources Department, or key contact at Umpqua Health.

Umpqua Health is required to screen its employees and partners at hire/contracting and monthly, against Federal exclusion databases (e.g. HHS-OIG's List of Excluded Individuals and Entities (HHS-OIG's LEIE) and General Services Administration's System for Award Management (GSA's SAM). Umpqua Health is prohibited from employing or contracting with any individual that is excluded (CO3 – Screening of Individuals and Entities). Therefore, we ask our partners also engage in the same practice of screening its employees at hire and monthly against Federal exclusion databases.

Cooperation

Umpqua Health engages in numerous activities to support its Compliance Program. The success of this Program is often dependent of Umpqua Health's ability to effectively and appropriately navigate through activities necessary for the Program. Therefore, employees and partners are expected to cooperate and not engage in any conduct that would hinder this work.

Trainings

As noted earlier, many of the rules and regulations, which govern healthcare, are complex and not intuitive. Umpqua Health attempts to bridge this gap by providing routine trainings to its employees and partners (CO6 – Compliance Training). The expectation is employees and partners are active participants during trainings, which include completing trainings in a timely fashion.

Audits & Monitoring

Periodically, auditing and monitoring of key business functions occur. During these events, employees and partners are requested to be cooperative. This can be done by promptly supplying requested documents, answer questions honestly, and being a willing participant. These activities often validate the great work our employees and partners are conducting, therefore it serves everyone to have sound auditing and monitoring processes.

Investigations

During the course of your relationship with Umpqua Health, you may be asked to participate in an investigation (CO16 – Cooperating with Investigations). Integrity during the investigations process is of the utmost importance. Employees and partners



are expected to fully cooperate and support any investigation Umpqua Health is conducting. Any conduct, which hinders an investigation, will result in significant sanctions, up to and including termination.

Remediation & Sanctions

At any time during your relationship with Umpqua Health there may come a time where corrections may be needed to enhance performance. This could be in the form of corrective action plans, improvement plan, financial penalties for some partners, as well as sanction/disciplinary actions. Employees and partners are asked to be cooperative and engaging during this process. For further information, please consult the following policies:

- CO10- Evaluation of Subcontractor.
- CO18- Corrective Action Plan Process.
- CO19- Disciplinary Process for Compliance Infractions.

Resources

For additional information or to report a concern, please contact Umpqua Health's Compliance Department or our Compliance & FWA Hotline at:

Umpqua Health
Attn: Compliance Department
3031 NE Stephens St.
Roseburg, OR 97471
Phone: (541) 229-7035
Email: Compliance@umpquahealth.com

Compliance & FWA Hotline

(Can report anonymously)

Phone: (844) 348-4702

Online:

www.umpquahealth.ethicspoint.com

Additionally, the following entities below can also receive FWA referrals.

Medicaid Fraud Control Unit (MFCU)
100 SW Market Street
Portland, OR 97201
Phone: (971) 673-1880
Fax: (971) 673-1890

OHA Program Integrity Audit Unit (Provider FWA Allegations)
3406 Cherry Ave NE
Salem, OR 97303-4924
Phone: (888) 372-8301

OHA/DHS Fraud Investigation (Member FWA Allegation)
P.O. Box 14150
Salem, Oregon 97309-5027
Phone: 1-888-FRAUD01 (888-372-8301)
Fax: (503) 373-1525 ATTN: Hotline

US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026
Phone: 1-800-HHS-TIPS (1-800-447-8477)
Fax: 1-800-223-8164
Web: <https://oig.hhs.gov/fraud/report-fraud/index.asp>