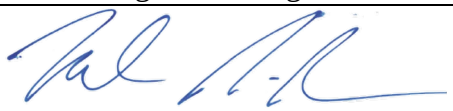
CORPORATE POLICY & PROCEDURE

	Policy Name: Internal Risk Response Process (fka Corrective Action Plan Process)
Department: Compliance	Policy Number: CO18
Version: 6	Creation Date: 12/29/2016
Revised Date: 2/8/19, 7/5/19, 5/5/20	Review Date: 1/23/19 1/16/20
Line of Business: ☒ All ☐ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek ☐ UHA Community Activities ☐ Professional Coding and Billing Services	☐ Umpqua Health Management ☐ Physician eHealth Services ☐ Umpqua Health Network ☐ ACE Network
Signature:  Approved By: Michael A. von Arx, CAO & Chief Compliance Officer Date: 6/8/2020 Approved By: Board Oversight Compliance Committee Date: 7/16/2020	

POLICY STATEMENT

Umpqua Health is committed to having a robust Compliance Program that meets contractual, State, and Federal requirements. In the event it becomes known that Umpqua Health's internal personnel engage in conduct that is incongruent with regulatory or contractual requirements, Umpqua Health will assign a risk response to address such deficiencies.

PURPOSE

This policy serves to outline the risk response process and ensure proper follow through in order to properly mitigate known issues.

RESPONSIBILITY

Compliance Department (Compliance)

DEFINITIONS

Corrective Action Plan (CAP): Formal request from the Compliance Department to the department lead and executive assigned for a plan to be designed and followed to address identified deficiencies within a specified amount of time. Start time begins from the date assigned.

Date Assigned: The date the Compliance Department provides the risk response assignment to the department lead. This is the start date for all risk response assignments.

Department Lead: Whomever oversees the department and is therefore assigned the overall responsibility of overseeing the risk response process to resolve the matter(s).

Executive Assigned: The executive who oversees the department lead and is charged with ultimate responsibility for the assigned risk response process remedying the issue(s).

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Fka: Formerly known as.

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

Notice of Opportunity (Notice): A notification sent from Compliance Department to the department lead informing her/him of a low risk deficiency that needs to be mitigated in a timely fashion.

Opportunity Plan (OP): Formal request from the Compliance Department to the department lead and executive assigned to provide a written plan addressing the how identified deficiencies will be mitigated as soon as possible.

Risk Impact: Is gauged by the level of physical injury or discomfort to patients or members; potential monetary losses (e.g. damages); degree of regulatory enforcement; magnitude of publicity; level of staff involved; and amount of company disruption or resources needed to remedy the matter.

Risk Response: Corrective action measures designed to strategically mitigate the issues causing or potentially causing regulatory or contractual infractions.

PROCEDURES

General

1. In accordance with Exhibit B, Parts 2, 4, and 8 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 risk response process to address any deficiencies that become known to the organization.
2. Umpqua Health's risk response process is a multilayered approach to ensure deficiencies are swiftly rectified. Mitigation of identified deficiencies may be dealt with in using the following means:
    a. Notification of Opportunity (Notice).
    b. Opportunity Plan (OP).
    c. Corrective Action Plan (CAP).
        i. 60-days to complete.
        ii. 30-days to complete.
        iii. $\leq$ 3-days to complete with referral to Human Resources Department (HR).
3. Identification of deficiencies may come through numerous channels, including but not limited to:
    a. Internal audits.
    b. Provider audits.

   c. Fraud, waste, and abuse audits.
   d. External audits.
   e. Investigations.
   f. Monitoring activities.
4. In the event Umpqua Health becomes aware of processes that do not align with regulatory or contractual requirements Umpqua Health's Compliance Department will assign a risk response to the appropriate party using one of the aforementioned methods. Appropriate parties may include departments or individuals.
5. The activities of a risk response 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.
6. Assignment of the type of risk response is determined by the risk impact score as determined by the Risk Response Tool (RRT). The Chief Compliance Officer may, as needed, adjust the assigned risk response.
   a. Umpqua Health's RRT is based on the core elements of those used by the Federal Sentencing Guidelines (see the Risk Response Tool diagram).
   b. Issues not improved through the one risk response assignment may warrant the assignment of a higher level risk response (e.g. opportunity plan assigned if no improvement after notice).
7. Communication with the Compliance Department is important when working on risk responses. For instance, if an unexpected barrier arises delaying the completion of a risk response, it is important to begin that discussion with Compliance as soon as it is known instead of waiting or letting the agreed upon date of completion pass.

<u>Risk Response Plan Development (OPs and CAPs)</u>

1. The department lead should work with the executive assigned to ensure that the plan addresses the identified deficiencies as well as any potential or existing barriers (including any needed resources).
2. Compliance will collaborate with the department lead assigned a risk response, to ensure that the plan will appropriately mitigate the matter. However, the prescribed actions and implementation of the risk response is solely the responsibility of the department lead and the corresponding executive assigned to the risk response.

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Required Status Updates (CAPs)

1. The following Risk Response Tool diagram indicates which risk responses require status updates and the frequency.
    a. It is the department's responsibility to provide the following information in its update:
        i. Date of update;
        ii. Progress details of each risk response item;
        iii. Any barriers encountered;
        iv. Supporting documentation, as applicable; and
        v. If extenuating circumstances necessitate an extension request.
    b. Status updates may be provided via meetings or formal written reports. Whichever the format, updates must be provided routinely to Compliance.
2. Extensions may be requested through the status update process.
    a. The Chief Compliance Officer will review requests and either approve or deny the extension. Compliance will then notify the requesting party.

Completion and Validation of Risk Response Plans (CAPs)

1. Upon completion of a CAP, Compliance will engage in follow-up activities to verify that the action plan appropriately addresses the deficiency. Such actions may include:
    a. Auditing.
    b. Monitoring.
2. Department leads should submit any supporting documentation that provides evidence of the CAP having been completed to Compliance. This will aid with Compliance's verification process.
    a. Documentation may be provided during status update check-ins or in between such reports if needed.
    b. Department leads do not need to wait until status update check-ins to notify Compliance that a CAP has been completed.
3. In the event a CAP 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 (ET) and Board Oversight Compliance Committee (BOCC), may take additional actions which may include disciplinary action up to and including termination.

OHA CAP Process for Umpqua Health Alliance (UHA)

1. In the event OHA requires 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:
        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.

2. These CAPs (assignment, status updates, completion, and validation) will also be tracked in the Internal Risk Response Log.

<u>Adherence to Risk Response Process</u>

1. Failure to adhere to this policy may result in disciplinary actions as outlined in CO19 – Disciplinary Process for Compliance Infractions.

<u>Corresponding Policy & Procedure</u>

1. CO21 – Subcontractor and Provider Network Risk Response Process (in development).

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Compliance	Risk Response Plan Process	SOP-CO18	5/27/20	1

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Internal Risk Response Tool Diagram