



Compliance Program and Fraud, Waste, and Abuse Prevention Plan Handbook

APPROVED BY THE UMPQUA HEALTH BOARD OF DIRECTORS
7/28/2020



Contents

Compliance Department Commitments.....	3
Background.....	4
Definitions.....	6
Code of Conduct, Policies, & Procedures.....	7
Code of Conduct	7
Policies & Procedures	7
Compliance Officer & Compliance Committee.....	7
Compliance Officer.....	7
Compliance Committee	8
Compliance Department	8
Education & Training	9
Monitoring & Auditing.....	9
Monitoring	9
Auditing	10
Reporting Mechanism.....	11
Hotline	11
Regulatory Reporting.....	11
Enforcement & Discipline	12
Response & Prevention.....	12
Response – Investigation Process	12
Prevention – Risk Response Plan (fka Corrective Action Plan Process).....	12
Risk Assessment and Annual Compliance / FWA Prevention Work Plan	13
Contact Information for Reporting Fraud, Waste, and Abuse	14
Appendix 1: The Elements of the Compliance Program at Work for You	15



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.



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 June 2016 to renew its commitment to a strong and effective Compliance Program, including a fraud, waste, and abuse (FWA) prevention plan.

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 Program and FWA Prevention Plan Handbook 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 – Newton Creek (UH-NC): A rural health clinic.
3. Professional Coding and Billing Services, LLC (PCBS): Third-party billing company for both rural health clinics, and other non-affiliated providers.
4. 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.
5. Umpqua Health Network: A clinically integrated network established by Umpqua Health.
6. P3/ATRIO: A Medicare Advantage Plan via Master Service Agreement. Umpqua Health provides a variety of delegated functions on behalf of P3/ATRIO through its Service Area Contractor (SAC) agreement.

This Compliance Program and FWA Prevention Plan Handbook 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 Program and FWA Prevention Plan Handbook 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 9.
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 Program and FWA Prevention Plan Handbook 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 Program provides a framework of how Umpqua Health guards against fraud and abuse for the entire organization, including its government supported programs, UHA and P3/ATRIO through its Master Service Agreement. This Compliance Program and FWA Prevention Plan Handbook 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 (CO4 – Code of Conduct and Ethics). 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 (CO25 – Policies and Workflows – Drafting and Distribution). 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 implementation and oversight of this Compliance Program and its FWA Prevention 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.

Michael von Arx, MHA, MA, CHC
Chief Administrative / Compliance Officer
Umpqua Health, LLC.

Compliance Committee

Umpqua Health has established a Compliance Committees to serve the needs of the organization (CO12 – Compliance Committee). Because Umpqua Health has a diverse portfolio, it is necessary to have a dynamic Committee to ensure each business is appropriately evaluated for risk. The Compliance Committee is tasked with ensuring the Chief Compliance Officer is effectively implementing Umpqua Health’s Compliance Program, FWA Prevention Plan, that the Program has enough resources, and risks are appropriately identified and mitigated. The Compliance Committee structure for Umpqua Health is the following:

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 Prevention Plan. The Committee is designed to ensure the Chief Compliance Officer has the necessary resources to effectively implement the Compliance Program and FWA Prevention 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.

- a. Chair: Dr. Bart Burns
- b. Board Members: Dr. Kaylan Weese, Neal Brown, and Kelly Morgan
- c. Sr. Level Management Employees:
 - i. Michael von Arx, Chief Operations / Compliance Officer, Umpqua Health; and
 - ii. Brent Eichman, CEO, Umpqua Health.

Compliance Department

The Compliance Department is tasked with, and responsible for, implementing the Compliance Program and FWA Prevention Plan. The Compliance Department Manager reports directly to the Chief Compliance Officer.



Education & Training

Umpqua Health trains all personnel at hire as well as on an annual basis (CO6 – Compliance Training). Content of the trainings include:

1. FWA Training.
 - a. Physician Self-Referral Law (aka Stark Law).
 - b. Anti-Kickback Statue (AKS).
 - c. False Claims Act and Whistleblower Protection.
2. HIPAA Training.
3. Compliance training (Code of Conduct and Ethics and Compliance Program & FWA Prevention Plan Handbook).

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. For instance, credentialing staff receive annual training on areas of exclusion screening (42 CFR § 438.608(b)) and prohibition of engaging excluded providers (42 CFR § 438.214(d)) in accordance with CCO Contract Exhibit B, Part 9(11)(a)(8). Furthermore, additional training to comply with CCO contract requirements are also provided to internal personnel that are not under the direction of the Compliance Department (e.g. Cultural Competency). The Board Oversight Compliance Committee typically reviews this process annually

Monitoring & Auditing

Monitoring

Monitoring activities are a vital component to a Compliance Program and FWA Prevention Plan (CO7 – Monitoring). 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 (KPIs) as well as through other internal monitoring methods (e.g. routine reporting, committees, workgroups). Additionally, Umpqua Health reserves the right to apply monitoring tactics to any of its external personnel to ensure they are routinely meeting contractual requirements (e.g. obtaining KPIs from a non-emergent transportation (NEMT) subcontractor to assess adherence to call center



regulations). Umpqua Health also monitors internal and external personnel against applicable State and Federal exclusion/debarment lists on a monthly basis, and promptly resolves matters in the event an individual or organization is actively sanctioned (CO3 – Screening of Individuals and Entities). Umpqua Health will not engage in or continue in a relationship with individuals identified as excluded/disbarred, but will report such individuals or entities to the Oregon Department of Human Services (DHS) and the U.S. Department of Health and Human Services Office of Inspector General (OIG).

Auditing

Umpqua Health’s Audit Program allows the organization to gauge performance in an objective manner against contractual, State, and Federal requirements, thus serving as an additional risk evaluation tool. 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. **Subcontractor Audit:** UHA is required to monitor subcontractors on an annual basis. The purpose of these audits is to verify subcontractors are meeting the contractual requirements that are delegated down to the subcontractor (CO35 – Subcontractor – General Requirements and CO36 – Subcontractor – Written Requirements). Examples include, but are not limited to:
 - a. Reviewing a third party administrator’s claims processing system.
 - b. Assessing a NEMT subcontractor for compliance with OARs 410-141-3915 through 410-141-3965 as well as validating claims/encounters for services rendered (CO29 – NEMT Quality Assurance Program and Plan).
3. **Internal Audit:** Internal audits can occur through any one of Umpqua Health’s entities and typically will be conducted by the Compliance Department (CO8 – Internal Auditing). These reviews will inspect other Umpqua Health entities/departments to make certain those areas are meeting contractual, State, and Federal requirements. Types of Internal Audits may include, but are not limited to:
 - a. Assessment of internal processes such as the grievance process.
 - b. Evaluation of materials provided to members.
 - c. Review of claims against network provider charts to validate accuracy of encounter claims.
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. Types of FWA Audits may include, but are not limited to:
 - a. Evaluation of provider for excessive utilization of a certain service.



- b. Verification of services to ensure the services rendered were received by the member and that the member did not incur any costs (CO28 – Verification of Services).
- c. Review of Drug Related Group (DRG) claims assess alignment with current pricing guidelines.

Reporting Mechanism

Hotline

Umpqua Health has a hotline available for all internal and external personnel, members, and providers in the community (CO15 – Hotline). The use of a hotline is an imperative component of the Compliance Program and FWA Prevention Plan 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

Additionally, such concerns may also be reported through UHA’s Member Grievance and Appeals Program which also allows for anonymous reporting. When utilizing this method, callers are still protected by the organization’s strict zero-tolerance policy on retaliation (CO9 – Non-Retaliation).

Lastly, Umpqua Health’s Compliance Program and FWA Prevention Plan 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 (CO9 – Non-Retaliation).

Regulatory Reporting

UHA contractually must report suspicious FWA activities to Oregon’s Medicaid Fraud Control Unit (“MFCU”), OHA Program Integrity Audit Unit (PIAU), and/or DHS/OHA Fraud Investigation Unit. This collaboration ensures State agencies are collectively aware of FWA activities conducted by UHA. In addition, UHA is required to report other elements (i.e. provider sanctions, suspicions of fraudulent activity, overpayments, changes in provider or member



circumstances) to regulatory bodies which is further discussed in the CO1 – Fraud, Waste, & Abuse policy.

Last, in the event UHA is notified by MFCU of a credible allegation of fraud, or of a pending investigation against a provider, upon such notification UHA must suspend payments to the provider unless MFCU determines there is good cause not to suspend payments or to suspend payments in part; this too, is further discussed in policy CO1 – Fraud, Waste, and Abuse.

Enforcement & Discipline

As compliance concerns are identified, the Compliance Department coordinates with the Human Resources Department and other departments (e.g. Provider Network Department) to guarantee fair and consistent discipline is applied, and to ensure necessary mitigation steps 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 (i.e. Employee Handbook, external contracts/agreements, company policies, etc.). 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 (CO19 – Disciplinary Process for Compliance Infractions).

Response & Prevention

Response – Investigation Process

The investigation process is an essential element of every Compliance Program and FWA Prevention Plan. Investigations can be triggered from a variety of activities such as hotline reports, audits, data mining, etc. This organization’s Compliance Program and FWA Prevention 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 (CO16 – Cooperating with Investigations).

Prevention – Risk Response Plan (fka 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 the Risk Response Plan (RRP) may vary but may include, but not limited to:

- Revision of policies or procedures.
- Training.
- Recovery of overpayment.



- Notification of identified issues.
- Improvement plans.
- Disciplinary actions.
- Reassignment of duties.
- Termination of contract.

The RRP process is crucial in the Compliance Program (CO18 – Risk Response Plan Process). The need for a RRP 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 RRP is designed to promote a cultural of continuous improvement with an understanding that mistake do happen. The critical aspect of the RRP process is to quickly and effectively understand the risk, and apply necessary actions to resolve the situation. The process is collaborative in order to rectify the matter. Naturally, there may come a time during the RRP process in which escalation is needed, and in such situations the Compliance Department will work with leadership, the Board of Direction, and other stakeholders to escalate the matter accordingly (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 RRP’s are resolved in a timely fashion and appropriate.

Risk Assessment and Annual Compliance / FWA Prevention 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 Prevention Plan. At the conclusion of the Risk Assessment, an Annual Compliance / FWA Prevention 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 Prevention Plan. Lastly, Umpqua Health’s Board Oversight Compliance Committee may seek an evaluation of the organization’s Compliance Program and FWA Prevention Plan. Items identified in this process will be included in that year’s Annual Compliance Work Plan for mitigation.



Contact Information for Reporting Fraud, Waste, and Abuse

Provider Fraud

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

OHA Program Integrity Audit Unit (PIAU)
3406 Cherry Ave NE
Salem, OR 97303-4924
Fax: 503-378-2577
Hotline: 1-888-FRAUD01 (888-372-8301)

Member Fraud

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



Appendix 1: The Elements of the Compliance Program at Work for You

