



# Fraud, Waste and Abuse Handbook





## OPENING STATEMENT

To our Employees, Board Members and Contractors:

At CareOregon, its subsidiaries and affiliates (including but not limited to; CareOregon Advantage, CareOregon Dental, Columbia Pacific CCO, and Jackson Care Connect), collectively, “CareOregon,” we are committed to our corporate mission of providing better health, better care, and better cost to the people and communities we serve. We strive towards this mission under the guidance of our vision and corporate values.

To that end, we have implemented FWA Prevention Policies and Procedures (FWA Handbook). The FWA Handbook is the framework and foundation by which we articulate our commitment to comply with State and Federal laws, regulations, and our internal policies and procedures.

No matter the line of business we work with, compliance is everyone’s responsibility. We want you to familiarize yourself with this document and use all the tools at your disposal to maintain our high standard of compliance and ethical behavior. We thank you for your continued support in our ongoing commitment to serving our members in the best and most ethical manner.

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- Compliance and FWA Training
- Reporting of Suspected Compliance, FWA, or HIPAA Concerns
- OIG and SAM Exclusion Screening
- Federal and State False Claims, Anti-Kickback, and Stark Law

## WHO DOES THIS APPLY TO?

This FWA Handbook applies to all CareOregon employees, officers, Board, and Committee members who participate in any aspect of the organization's business. In addition, this FWA Handbook applies to our first tier, downstream or related (FDR) entities, Subcontractors, Delegates, and Participating Providers, when required and in accordance with the applicable Attachments

## WHAT ARE MY EXPECTATIONS?

You are required to read and be familiar with this FWA Handbook at the time of hire, appointment or contracting, and annually thereafter. You have an obligation to learn to recognize potential noncompliance, fraud, waste, or abuse (FWA) issues that may arise during your work, report them to the appropriate channel, and assist in remediating them. You should strive to improve processes to minimize compliance and FWA risks to CareOregon, our members, and our State and Federal regulatory agencies. Ultimately, you are a champion and an advocate for compliance, and you are a part of our culture of compliance.

## ADOPTION & DISSEMINATION

### **Adoption**

The FWA Handbook, Code of Conduct, and supporting compliance policies and procedures will be reviewed and updated on at least an annual basis. If required by a particular regulatory agency, these documents will be reviewed and/or approved by that regulatory agency prior to formal approval and adoption of the documents by the Corporate Compliance Committee. If substantive changes are required more frequently than annually, these documents will be subject to the same review, approval, and adoption process that is required during the annual review.

### **Dissemination**

The FWA Handbook and Code of Conduct are disseminated in accordance with the following schedule: Employees:

- At time of hire: The Compliance Department shall disseminate the FWA Handbook, including the Code of Conduct, to employees within 90 days of hire.
- Annually: The Compliance Department shall disseminate the FWA Handbook, and the Code of Conduct, to employees annually thereafter, and when there are substantive updates.

Board of Directors:

- At time of Appointment: The Compliance Officer will disseminate the FWA Handbook and Code of Conduct to new members of the Board of Directors upon their appointment and prior to attending their first meeting.

- Annually: The Compliance Officer will disseminate the FWA Handbook and Code of Conduct to members of the Board of Directors annually thereafter, and when there are substantive updates.

#### FDRs and Subcontractors:

- At time of Contracting: The Contract Administrator shall provide the FWA Handbook and Code of Conduct to applicable FDRs and Subcontractors.
- Annually: The Compliance Department provides the FWA Handbook and Code of Conduct to Contract Administrators for dissemination to FDRs and Subcontractors.

## Definitions

**Abuse:** Actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Program; improper payment; payment for services that fail to meet professionally recognized standards of care; or services that are medically unnecessary.

**Administrative Notice:** this is an Oregon Health Authority (OHA) and Coordinated Care Organization (CCO) specific term that means a notice from Contractor (the CCO) to OHA, or from OHA to Contractor (the CCO), for purposes of administering the Contract, which meets the requirements set forth in Section 23, Paragraph b. of Exhibit D of the contracts between OHA and CareOregon Community Solutions (CCO Contract(s)).

**Auditing:** an examination or inspection of various documents and processes to make sure all regulatory, company and department processes are being followed. An audit is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws, and regulations) used as base measures.

**Business Owner (BO):** a CareOregon staff member who is typically the individual with the most overall ownership and/or responsibility of a particular business function.

**CareOregon:** Includes but not limited to; CareOregon Corporate; the affiliated CCOs Jackson Care Connect and Columbia Pacific CCO; CareOregon Advantage; CareOregon Dental; CareOregon as a service provider for both Integrated Delivery System (IDS) and Tribal contracts.

**Compliance:** refers to CareOregon's internal Corporate Compliance Department and/or staff members.

**Contract Administrator(s):** the individual or department that is responsible for the relationship with an external entity such as an FDR, Subcontractor, Delegate, Participating Provider or other third party.

**Contractor:** means an Applicant selected through RFA OHA-4690-19-0 and is the party that entered into the CCO Contract with OHA.

**Corrective Action Plan (CAP):** A Compliance Department request for an internal operational business unit, a Regulator-initiated request for CareOregon or a CareOregon-initiated request of FDRs, Subcontractors, Delegates, and Participating Providers to develop and implement a time specific plan for the correction of identified areas of noncompliance or FWA.

**Credible Allegation of Fraud** - A credible allegation of fraud may be an allegation which has been verified by the State or from any source, including but not limited to the following: fraud hotline complaints; claims data mining; patterns identified through provider audits, civil false claims cases, and law enforcement investigations.

**Delegate/Delegated Entity:** A formal process by which the organization gives another entity the authority to perform certain functions on its behalf. Although the organization may delegate the authority to perform a function, it may not delegate responsibility for ensuring that the function is performed appropriately. A delegated entity is the entity or person to which the authority is given by CareOregon to perform certain functions.

**Downstream Entity:** is any party that enters into a written arrangement, acceptable to the Centers for Medicare and Medicaid Services (CMS), with persons or entities involved with the Medicare Advantage (MA) benefit or Part D benefit, below the level of the arrangement between an Medicare Advantage Organization (MAO) or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §423.501).

**Employee:** For purposes of applying this FWA Handbook, the Code of Conduct and its supporting policies and procedures, an employee includes the following: all full time and part time employees, all temporary employees, volunteers, all casual employees, and all interns (paid or unpaid).

**External Quality Review (EQR):** EQR means the analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that CareOregon furnishes to its Members, and other EQR-related activities as set forth in 42 CFR 438.358.

**External Quality Review Organization (EQRO):** means an organization that meets the competence and independence requirements set forth in 42 CFR 438.354 and performs external quality review, other EQR-related activities as set forth in 42 CFR 438.358 or both.

**First Tier, Downstream, Related Entity (FDR):** See individual definitions for each term.

**First Tier Entity (FTE):** is any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health

care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. §423.501).

**Fraud** - Knowingly and willfully executing, or attempting to execute, a scheme or ploy to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

**Monitoring:** analysis of various operational processes designed to prevent issues of noncompliance. Regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective

**Overpayment** - Overpayment means any payment made to a network provider by CareOregon, to which the network provider is not entitled to under Title XIX of the Social Security Act or any payment to a CCO by a State to which the CCO is not entitled to under Title XIX of the Social Security Act

**Participating Provider:** means a physician, facility, or other provider of health- related services that holds a contract with one or more of CareOregon's Coordinated Care Organizations in Oregon.

**Qui Tam Action** - An action for violation of the False Claims Act that an individual file on behalf of the government. Qui tam is a unique mechanism in the law that allows citizens with evidence of fraud against government contracts and programs to sue on behalf of the government. As compensation for the risk and efforts, the citizen whistleblower may be awarded up to 30% of the funds recovered.

**Regulator:** means any entity CareOregon is governed by including Federal and State agencies. Some examples are CMS, OHA, and state specific Insurance Divisions.

**SharePoint/MS Teams:** a mechanism CareOregon's Compliance Department utilizes to implement its Compliance Program. It is a Microsoft Office product that maintains CAP forms, Monitoring results, Audit results, disseminated regulatory information, etc.

**Statute of Limitations** - The time limit for bringing an action before a court or administrative agency.

**Subcontractor:** means any individual, entity, facility, or organization, other than a Participating Provider, that has entered into a Subcontract with the Contractor (the CCO) or with any Subcontractor for any portion of the work under the Contract.

**Waste** - Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

**Whistleblower** - An individual who brings an action for violation of the False Claims Act in the name of the government.

**MFCU** - Medicaid Fraud Control Unit

**PIAU** - OHA Program Integrity Audit Unit

**DHS/OHA FI** - DHS/OHA Fraud Investigation

**OHA** – Oregon Health Authority

**SAM** - System for Award Management

**OIG** - Office of Inspector General (OIG) List of Excluded Individuals

## What is the FWA Handbook

The FWA Handbook Guide, Code of Conduct, and supporting policies, procedures, and guidance describe and implement the compliance standards by which our State and Federal programs are governed or in the transaction of insurance. All of the referenced documents as a whole implement the Corporate FWA Handbook. The FWA Handbook (the combined policies and procedures) address each element in the following attachments. They will be implemented through one or more supporting policy(s) and procedure(s), identified in the far-right column. All supporting policies, procedures, and guidance are linked at the end of this document.

CareOregon holds multiple contracts with the OHA as a Coordinated Care Organization (CCO) in various regions throughout the State of Oregon. Each CCO contract includes requirements that are specific to CAREOREGON. Attachment 1, in combination with this document, the Annual FWA Prevention Plan, the Code of Conduct and the supporting policies and procedures listed in the tables below make up the FWA Handbook.

The 'FWA Handbook' is made up of written policies and procedures in accordance with requirements set forth in 42 CFR §438.600-438.610, §433.116, §438.214, §438.808, §455.20, §455.104 – 455.106, §1002, and OAR 141-120-1510 that will enable CareOregon to detect, prevent and correct potential FWA activities that have been engaged in by our employees, Subcontractors, Participating Providers, Members, and/or other third parties.

## How to Report FWA Concerns

CareOregon takes these matters very seriously, and we comply with all applicable laws, including the State and Federal False Claims Act. If you identify suspicious activity, or if you want to report a case of fraud, waste, or abuse, you can do so using any of the following options:

- Contact the Compliance Department via email using **#Fraud Waste and Abuse, #ComplianceTeam**, or by contacting the Compliance Officer directly at 971-339-1863.
  - The Vice President of Audit and Compliance, fulfills the roles and responsibilities of CareOregon's Compliance Officer.
- Complete the Fraud, Waste and Abuse form located in Enterprise Applications on the CareOregon Intranet
- To report anonymously call Ethics Point at 888-331-6524 or file a report online at [EthicsPoint - CareOregon, Inc.](#)

|                                                                                                                                                                                                            |                            |                         |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|------------|
| Title: Code of Conduct                                                                                                                                                                                     |                            | Version: 5              | Ref #: 252 |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                                                                                                                                               |                            |                         |            |
| Approved by ELT/CEO: 03/03/2025                                                                                                                                                                            | Effective Date: 02/14/2015 | Next Review: 03/03/2026 |            |
| Applies to <i>(check all that apply)</i> :                                                                                                                                                                 |                            |                         |            |
| <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Housecall Providers <input checked="" type="checkbox"/> CareOregon Corporate |                            |                         |            |

# Code of Conduct



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GETTING STARTED:

Why do we have a Code of Conduct?

Our Code of Conduct is the roadmap and compass for conducting our operations ethically and in accordance with the law. It sets forth the standards that guide our actions and describes the values and ethical behavior expected by CareOregon. The Code of Conduct also contains useful guidance for daily business conduct, which is intended to assist us in our work for CareOregon. While no guidelines can cover every issue that may arise, it is our responsibility to always exercise ethical conduct. There is no substitute for personal integrity and good judgement in helping us do so.

Who must follow our Code of Conduct?

Our Code of Conduct applies to all CareOregon Employees, members of the Board of Directors, volunteers, vendors, and employees of subcontractors and downstream entities who are performing work for CareOregon. It applies to CareOregon and all of its subsidiaries and affiliated entities, including Health Share of Oregon.

What are our responsibilities?

As CareOregon, we commit to following the guidelines set forth in this Code of Conduct. Our responsibilities include:

- Reading and being familiar with the information in our Code of Conduct.
- Certifying annually that we understand and will follow our Code.
- Acting in a manner that is consistent with our core values and ethical standards.
- Raising questions and concerns if we become aware of violations of laws or our Code; and
- Cooperating when responding to an investigation or audit.

We provide coverage to individuals enrolled in Medicaid and Medicare in Oregon. As a result, we must comply with applicable laws and regulations set forth by the State of Oregon and the Federal government. If a situation arises where our Code of Conduct, policies, or practices conflicts with laws or regulations, you must contact the Compliance Team for guidance.

### **Additional expectations for management:**

We rely on our management to promote an environment that supports our core values and compliance with the Code of Conduct. To help us maintain this environment, we expect management to:

- Serve as a positive role model for ethical behavior and decision-making.
- Help those they supervise understand our Code and behavior expected of them; and
- Create an open environment where employees are comfortable raising questions and concerns.

Managers are expected to report any known or suspected misconduct they are made aware of and not retaliate or ignore acts of retaliation against others.

### **What is expected of our business partners?**

We expect our business partners (vendors, subcontractors, downstream entities, and other third parties) to act in a manner consistent with our core values and our Code of Conduct.

### **What are the consequences for violating our Code of Conduct?**

We are expected to always comply with our Code of Conduct. This Code of Conduct will be enforced, and any violation may result in disciplinary action, up to and including termination. However, consideration may be given to those who self-report. We will not tolerate retaliation of any kind against any employee who, in good faith, makes a report or cooperates in an investigation.

### **How do we handle ethical dilemmas?**

Ethical questions are not always clear cut. They present us with difficult choices. When faced with a difficult situation, think through the issue and reference available resources.

Acting with fairness, integrity, honesty, and trustworthiness requires us to make ethical decisions. While the guidelines set out in this Code help us address specific situations.

In any ethical dilemma, ask these questions:

- Is the proposed action legal?
- Is it consistent with our core values?
- Does it comply with our Code and policies?
- Would you think it was okay if you read about it in the news?

If the answer to any of these questions is no, do not do it!

If you are still unsure about the best course of action in a particular situation, seek advice from the Compliance Team before proceeding by reaching out to any of the contacts listed in this Code of Conduct.

### **How should we seek guidance and report violations or concerns?**

One of our most important responsibilities as part of CareOregon is to speak up if we suspect misconduct. If we know of or suspect a violation of laws, rules, regulations, or this Code of Conduct we must report our concern. We have an obligation to do so.

### **We can ask questions or report suspected misconduct in several ways:**

Discuss the question or concern with your immediate supervisor or the next level of management. This may be the most direct way to seek guidance. You can also contact Human Resources for questions about employment, benefits, employee relations and workplace issues, or Audit and Compliance for matters related to compliance and auditing.

Contact the Compliance Team for ethical questions or concerns, including violations of laws, rules, regulations, the Code of Conduct, or CareOregon's Ethics Policies. Use the EthicsPoint Hotline for reporting concerns or violations confidentially, including accounting, internal controls, and auditing matters. If you contact the EthicsPoint Hotline, you may choose to report your concerns anonymously.

### **COMPLIANCE & ETHICS CONTACTS**

- Compliance: Team [complianceteam@careoregon.org](mailto:complianceteam@careoregon.org)
- EthicsPoint: [EthicsPoint - CareOregon, Inc.](#) or 1-888-331-6524

### **What happens when a violation is reported?**

CareOregon investigates reports of suspected violations confidentially, to the extent possible. You should not conduct your own investigation as doing so may compromise an investigation and could adversely affect CareOregon.

### **What if there is a concern of retaliation?**

CareOregon policy prohibits retaliation and intimidation against someone for raising concern(s) about compliance. Any employee who, in good faith, seeks advice, raises a concern, reports misconduct, or cooperates in an investigation is following CareOregon policy and doing the right thing. If you feel that retaliation or intimidation has occurred, contact the Vice President of Audit and Compliance immediately. Any person who retaliates against someone for raising a compliance issue is subject to disciplinary action, up to and including termination. CareOregon gives you the opportunity to have your questions and concerns fairly considered. However, it is a violation of our Code of Conduct to knowingly submit a report or complaint with a false accusation.

## OUR GUIDELINES

The Guidelines in this Code of Conduct are organized under five main categories – Responsibility for Our Workplace Environment, Responsibility for Ethical Business Practices, Responsible Use of Corporate Assets, Responsibility to Our Members and Patients, and Responsibility to Ourselves – which are intended to help us make decisions that reflect our core values and commitment to the highest standards of business ethics.

Because our employees, members, and patients all rely on us to maintain an excellent reputation, the guidelines in this Code of Conduct go beyond the minimum requirements of the law.

## RESPONSIBILITY FOR OUR WORKPLACE ENVIRONMENT

We are a diverse company doing business with a diverse population. As such, we value the different backgrounds and experiences brought to CareOregon. We foster an inclusive environment where we encourage, and promote forums for, employees to engage in dialogue with one another. We continuously seek to better understand each other, and we treat each other with respect and dignity, in a manner consistent with CareOregon's principles and values.

We recognize and avoid behaviors that others may find offensive. Harassment of others, whether verbal, physical, or sexual, is prohibited in the workplace. CareOregon does not tolerate conduct that involves harassment of an employee. Any employee who creates a hostile work environment is subject to disciplinary action up to and including immediate dismissal. If you witness harassment in the workplace, contact the Compliance Team immediately through one of the methods listed above.

### **CareOregon promotes a Safe, Secure, and Healthy Workplace**

We are committed to providing a safe, secure, and healthy environment to our employees. Activity that compromises the safety, security, or health of our employees must be reported. Acts or threats of violence compromise this commitment and will not be tolerated. Each of us plays an important role in preventing and identifying threats and situations where violence may occur. We must report any such event immediately.

### **We Support Human Rights**

We are committed to treating each other with respect and dignity and in accordance with fair labor principles. We condemn discrimination based on race, color, sex, gender, gender identity, sexual orientation, religion, disability, national origin, veteran status, marital status, age or any other status or category that is protected by applicable state, local or federal law.

CareOregon policy prohibits retaliation and intimidation against someone for raising a compliance issue and for good faith participation in the compliance program. If retaliation or intimidation occurs, immediately inform the Vice President of Audit & Compliance. Any person who retaliates against

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someone for raising a compliance issue is subject to disciplinary action. In addition, any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another coworker is subject to disciplinary action.

## RESPONSIBILITY FOR ETHICAL BUSINESS PRACTICES

### We Comply with the Law

We comply with all applicable laws and regulations in our business. CareOregon is a nonprofit that works to elevate the wellbeing of all Oregonians, especially those living in poverty, by providing first-class healthcare and supporting efforts to improve the social conditions that affect wellness. As part of this work, CareOregon operates two of Oregon's coordinated care organizations: Jackson Care Connect, Columbia Pacific CCO, and partners in the operation of Health Share of Oregon. This means that CareOregon must follow the laws and regulations that govern the Oregon Health Plan (Medicaid). Additionally, CareOregon operates CareOregon Advantage (Medicare) and must also follow regulatory guidelines from the Centers for Medicare and Medicaid Services (CMS).

You need to be aware of the rules and regulations that impact your work. These include federal and state guidelines, such as:

- **The Health Insurance Portability and Accountability Act (HIPAA)** – requirements for how personally identifiable data should be protected from fraud and theft, including how and when protected health information (PHI) can be disclosed without a member, patient, or their authorized representative's consent.
- **Anti-Kickback Statute (AKS)** – prohibits providing or soliciting money or gifts (kickbacks) in exchange for referrals of services covered by any federal healthcare program. Violation of this law is a felony.
- **The False Claims Act (FCA)** – also called the “Lincoln Law” imposes liability on federal contractors who defraud government programs (like Medicare) by improperly receiving payment from (or withholding payment to) the Federal government. Oregon's False Claims Act is similar to the federal FCA and prohibits the submission of false or fraudulent claims to any public agency, including Oregon Medicaid.
- **Stark Law** – prohibits the referral of a Medicare or Medicaid patient to an entity (provider, laboratory, hospital) with whom the physician or an immediate family member has a financial relationship.

Additional rules and regulations may apply to the work that you do. You should familiarize yourself with your department's policies and procedures and check with your supervisor or manager about any other requirements you need to follow. If you are unsure, reach out to Compliance for guidance.

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## **We Prevent Fraud, Waste, and Abuse**

CareOregon is committed to preventing, detecting, and correcting fraud, waste, and abuse (FWA) related to health care benefits. We are responsible for reporting any suspected health care fraud or concerns of non-compliance to any of the following resources: your supervisor, a manager or director of the company, or the Internal Audit & Compliance Department. If you report an issue to your supervisor or manager, they are required to report it to Audit & Compliance.

Annually, we complete Fraud, Waste, and Abuse training. This is required by law but also serves to ensure that we are familiar with what these terms mean and how they impact our ability to provide healthcare to our members. CareOregon collaborates with all government agencies, including the Medicare Drug Integrity Contractor (MEDIC) to perform specific program integrity functions for the Medicare Part D Program. We maintain a comprehensive plan to detect and prevent fraud, waste, and abuse. If we have information on potential violations of Federal and/or State criminal, civil, and administrative laws, rules, and regulations we refer this information to the VP of Audit & Compliance, who will refer, as appropriate, to the MEDIC or other agency for further investigation.

## **We Do Not Engage in Corruption or Bribery**

Never make or receive payments for the purpose of influencing anyone to do something wrong. Payments made by us, or on our behalf, must be made for lawful and legitimate business purposes. We prohibit bribery and must never pay, offer, accept, or request anything of value to secure an improper advantage.

## **We use Good Judgement when Exchanging Business Courtesies**

CareOregon's policy is simple. We do not exchange gifts that look like an attempt to influence a business decision. No matter if you are the giver or the recipient, you need to recognize when an offer is excessive under our policy. Just say "no." Decline gifts of any value from current or potential vendors, customers, or other business partners if it would create an actual or potential conflict of interest. And never request gifts, meals, entertainment or favors from these third parties – doing so is a violation of our Code of Conduct.

Employees and vendors must take particular care when they are offered gifts, meals, entertainment, or any gratuities from potential business partners during negotiation of a transaction. Decisions involving vendors, business associates, First Tier, Downstream or Related Entities (FDR), and participating providers must be based only on the value of their goods or services for CareOregon and our members.

*Q: Jim is in charge of choosing a new vendor to print our member ID cards. One of the vendors he is considering offers him free tickets to a Portland Pickles game. Can Jim accept the tickets?*

*A: No. Jim cannot accept these tickets because they could be an attempt to influence Jim's decision. There are Federal and State regulations that prohibit CareOregon employees from*

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*accepting gifts like this. When in doubt, just say “No!”*

Federal and State anti-kickback laws prohibit CareOregon Employees, members of the Board of Directors, and subcontractors from knowingly and willfully offering, paying, asking, or receiving any cash or other payment (such as a discount or an item of value), in return for referrals, arrangements, or orders for any good or service that could be reimbursed by public health care programs. This is a complicated area that includes many exceptions, contact the VP of Audit & Compliance if you have questions about whether this law may apply to a particular activity. Violations of the law carry serious penalties, including imprisonment.

### **We Ethically Handle Conflicts of Interest**

Actual or potential conflicts of interest should be disclosed as soon as possible so that appropriate arrangements may be made to clearly mitigate the conflict of interest to not violate this Code of Conduct. Disclosure may be made to the Compliance Team, Human Resources, Legal Affairs, or the Procurement Department as applicable.

*Q: Pam has a cousin who is looking for a job. Pam has an opening on her team, so she tells her cousin to apply for the job and she will hire them. Did Pam do the right thing?*

*A: No! Pam has a conflict of interest in this situation. Her personal relationship is influencing her decisions on behalf of CareOregon.*

We are all expected to act in the best interest of CareOregon. This means we must never allow our personal interests to influence our actions on behalf of CareOregon. Every decision we make while on the job must be objective and with CareOregon’s business interests in mind. We value the relationships we have built with our members, providers, and other business partners. It is important that these relationships remain positive and ethical.

### **We Avoid Unethical Business Opportunities**

We avoid taking business opportunities that arise using corporate property, information, or position; and we refrain from using CareOregon property, information, or position for personal gain or to compete with CareOregon. We will not ask for or accept an employment offer or promise of future employment based on business decisions made on behalf of CareOregon.

We conduct ourselves with impartiality and objectivity in our relationships with vendors and other business partners. We do not let our personal relationships with business partners impact our business decisions, and do not show preference based on those relationships. We do not endorse goods or services offered by our business partners unless our Legal department has approved that endorsement. We may make these endorsements as individuals, but not on behalf of CareOregon or in our professional capacity.

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## **We Compete Fairly**

CareOregon encourages collaborative relationships with other health care organizations that benefit our members and our business, but we will not participate in price fixing, bid rigging, boycotting, collusion, or any conduct creating an agreement with a competitor in violation of Federal or State antitrust laws. Generally, the laws prohibit conspiracies between competitors, improper attempts to monopolize markets or control prices, and certain unfair business practices.

## **We are Ethical in our Interactions with Government Agencies**

We are committed to dealing honestly and fairly with government authorities and regulatory agencies. This includes complying with state and federal laws and cooperating with any valid government requests or process.

We do not make false reports. We make every reasonable effort to report accurate information (such as encounter data, financial statements, or Medicare bid information) to government agencies. If we learn that information provided was inaccurate, we contact our supervisors or the Compliance Team to determine how to correct the mistake. Knowingly making a false statement (whether verbal or written) is prohibited and could result in termination.

We fully cooperate with government investigations. If you receive a request from a government agency regarding an investigation, contact the Vice President of Audit & Compliance or the Chief Operating Officer immediately. Never attempt to obstruct an investigation or audit by lying or trying to mislead an investigator and never destroy or alter documents requested by an investigator. Under all circumstances, we must tell the truth to government investigators or auditors.

CareOregon does not provide government officials with bribes (including gifts and entertainment) to influence their decision making. No payment or anything of value may be offered to a State or Federal government official or employee.

## **We Participate in the CareOregon Compliance Program**

Compliance and Internal Audit periodically perform audits or reviews to ensure that operations follow Federal and State laws and regulations and ensure processes are working the way they should be. This may include claims reviews, audits of financial transactions, analysis of billing patterns, or reviews of departmental policies and procedures.

The CareOregon Compliance Program exists to provide assurance that Federal and State laws and regulations are being followed, and that the work done at CareOregon is ethical and above-board. To be effective, a Compliance Program needs to have three lines of defense, and the first line of defense is our understanding of our responsibilities in the work that we do.

CareOregon requires that we understand our job responsibilities and the rules and regulations we must

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follow, while diligently working to follow these rules and regulations. As the first line of defense, if we see something going wrong, it is our responsibility to report it to our supervisor, manager, or to the Compliance Team. As mentioned above, CareOregon is a non-retaliation workplace, so if you raise a concern and feel that you are being retaliated against you should know that you are protected under the law. The Vice President of Audit and Compliance should be made aware of any retaliation. The CareOregon Compliance team serves as our second line of defense. When potential compliance issues arise, Compliance collaborates with operational partners to determine whether there is non-compliance. If non-compliance is substantiated, Compliance collaborates with operational partners to ensure we strengthen the controls for the long-term. Together, operations and compliance create the necessary environment to keep CareOregon on track. Compliance is committed to being your partner.

Internal Audit serves as the third line of defense in our efforts to ensure that there are adequate controls in place to manage the risks that CareOregon encounters in our business. These risks may be financial, operational, or compliance related. Internal Audit provides an objective and independent perspective on how well we have managed our risks.

It is your responsibility to take part in the Compliance Program, by making sure that your day-to-day work is being done in compliance with regulatory requirements, and by cooperating with the Compliance and Internal Audit teams.

### **We Report any Concerns to Compliance**

How you raise the issue is less important than making sure you raise it. There are several ways to contact your Compliance Department, there are multiple reporting avenues for internal employees to use via the intranet. You can submit a concern via email to [ComplianceTeam@careoregon.org](mailto:ComplianceTeam@careoregon.org).

If you want to report a concern without giving your name, use the EthicsPoint Corporate Compliance Call Center at 1-888-331-6524 or file a report on the EthicsPoint Corporate Compliance Website, [EthicsPoint - CareOregon, Inc.](#) and include information on the incident. Reporting a compliance violation or Fraud, Waste, and Abuse concern is a condition of your employment at CareOregon. Failure to report a potential compliance violation or FWA concern could result in disciplinary action, up to and including termination of employment.

If a compliance issue is found, CareOregon takes corrective action to resolve the problem. All employees are expected to cooperate with investigation efforts. **If the violation involves a subcontractor, CareOregon will take appropriate action under the contract.**

## **RESPONSIBLE USE OF CORPORATE ASSETS**

### **We Maintain Accurate, True, and Complete Business Records**

We create and maintain business records that are accurate, true, and complete. We should never make false or misleading entries in any CareOregon accounts, financial documents, business reports or other

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business documents. We should also avoid omitting any information if doing so could be misleading. We should always ensure that information within our control is properly recorded, and fully, fairly, and accurately communicated to CareOregon personnel in a timely fashion. CareOregon must provide full, fair, accurate and timely disclosures in the reports, documents, and other public communications that we file with or provide to relevant regulatory bodies, including the Centers for Medicaid and Medicare Services and the Oregon Health Authority.

CareOregon expects that records will be maintained in accordance with current regulations and the established company record retention policy. Altering records or intentionally creating false records is prohibited. In addition, confidential records, such as those containing Member information or personnel information, must be secured in a manner to ensure their confidentiality. Such records may be used only for business reasons and in compliance with applicable law.

### **We Follow Intellectual Property Laws**

CareOregon follows the laws regarding intellectual properties, including patents, trademarks, marketing, copyrights, and software. CareOregon expects that information technology is managed in accordance with Information Systems policies. We do not copy CareOregon computer software unless it is specifically allowed in the licensing agreement. CareOregon only allows authorized people to have access to computer systems and software based on their job duties and consistent with license agreements. CareOregon does not allow unauthorized access to its computer system, either directly or by network or telephone. Employees must never perform actions that could destroy or corrupt electronically stored or processed data.

### **We Protect Trade Secrets**

Trade secrets are confidential information that, if disclosed, would give a competitor an unfair advantage. Examples of trade secrets are non-public documents such as strategic plans, development proposals, marketing strategies, and financial information. CareOregon's policy is that trade secrets may not be disclosed unless permitted by the Chief Executive Officer in consultation with legal counsel.

### **We Use CareOregon Property Appropriately**

The personal use of CareOregon property – including supplies, equipment, and information – is prohibited unless approved by a supervisor. Reasonable, occasional, and brief use of telephones (except long-distance calls), e-mail, and the Internet for personal reasons is permitted if that use is consistent with company policy. Check with your supervisor about appropriate use for your job. CareOregon expects that any inventoried equipment or medical supplies will be used responsibly and properly, and in line with CareOregon policies and procedures.

## **RESPONSIBILITY TO OUR MEMBERS AND PATIENTS**

We are all expected to act in the best interest of CareOregon and our members. This means we must

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never allow our personal interests to influence our actions on behalf of CareOregon. Every decision we make while on the job must be objective and with CareOregon and our members' best interests in mind. We value the relationships we have built with our members, suppliers, and other business partners. It is important that these relationships remain positive and ethical. This means:

### **We Protect our Members' Privacy**

CareOregon is committed to preserving our members' privacy by protecting Protected Health Information (PHI) and following all laws and regulations related to privacy and the confidentiality of health information. This means following the requirements of the Health Insurance Portability and Accountability Act and other Federal and State laws. You have a responsibility and a duty to know and understand these laws and regulations and take every reasonable precaution you can to keep this information private. See the CareOregon Privacy Policy for more information.

### **We Treat our Members and Patients with Respect**

CareOregon is committed to treating our members and patients with respect and dignity. This means providing our members with the kind of care that we would want, without judgement, discrimination, or dismissal of concerns or questions. CareOregon will not deny or place conditions on enrollment based on a person's health status. CareOregon does not target sicker enrollees or encourage them to disenroll from any of CareOregon's products for any reason. CareOregon will make meaningful efforts to recognize cultural differences among members and potential members. CareOregon is committed to following all Federal and State laws and regulations regarding conduct, as outlined by the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, the Oregon Health Authority, and other regulatory entities.

### **We Provide Our Members and Patients with Quality Care**

Quality applies to more than just medical care. Quality means doing our work with integrity, to the highest standards. Quality impacts our members through excellent customer service, prompt and accurate claims payments, reduced pain points, honest communication, and responsible stewardship of our resources. If your work for CareOregon includes direct member or patient care, CareOregon expects you to provide this care at the highest level possible.

## **RESPONSIBILITY TO YOURSELF**

A violation of the standards described in this Code of Conduct or any CareOregon policy can result in disciplinary action, up to and including dismissal from employment or termination of your contract. Disciplinary action taken by CareOregon to uphold our Code of Conduct will be imposed consistently across the organization and in a fair and equitable manner. CareOregon has other policies and processes governing performance, conduct, and behavior. Policy violations that are not Code of Conduct violations will be managed under the appropriate policy or procedure.

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## **We are Clear about Personal Opinions and Politics**

CareOregon expects that you will not present opinions or make political statements on behalf of CareOregon online, as your personal and business personas are likely to overlap. When using social media (including personal social media accounts) you must not give the appearance that you are speaking on behalf of CareOregon. If you come across posts that are negative to CareOregon, you will not directly respond.

## **We Support Employee Rights**

While we expect you to follow our Code of Conduct, we also recognize your rights as a CareOregon Employee. For example, you have the right to speak publicly about matters of public concern or to participate in certain activities related to the terms and conditions of your employment (including discussions about wages, hours, working conditions, health hazards, and safety issues). Nothing in this Code of Conduct or in any company policy is intended to limit or interfere with your rights under the law.

This Code of Conduct is a statement of the fundamental principles that govern the conduct of CareOregon's business. It does not constitute an employment contract or an assurance of continued employment. It is not intended to and does not create any obligations to or rights in any employee, client, vendor, competitor, shareholder or any other person or entity.

## **We Report Concerns to Compliance**

If you feel that something is happening that is unethical or out of Compliance, it is your duty to say something. You can bring the issue up to your supervisor or manager, or report the issue directly to the Compliance Team at [ComplianceTeam@careoregon.org](mailto:ComplianceTeam@careoregon.org). If you are not comfortable with that option, you can anonymously report the issue via Ethics Point at [EthicsPoint - CareOregon, Inc.](#) or 1-888-331-6524.

EthicsPoint is anonymous, and your identity will be protected as permitted by law.

## INTERNAL RESOURCES

| TOPIC                                 | LINK                                                                                |
|---------------------------------------|-------------------------------------------------------------------------------------|
| Conflicts of Interest                 | <a href="#">Conflict of Interest Policy v.1 (policytech.com)</a>                    |
| Information Security (Acceptable Use) | <a href="#">Acceptable Use Policy v.2 (policytech.com)</a>                          |
| Procurement                           | <a href="#">Procurement and Contract Policy v.1 (policytech.com)</a>                |
| Business Expenses                     | HR Policy #414                                                                      |
| Privacy Policy                        | <a href="#">Privacy Policy HIPAA v.1 (policytech.com)</a>                           |
| Human Resources Policy Manual         | Located in Workday                                                                  |
| Information Security                  | <a href="#">Information Security Program Policy v.1 (policytech.com)</a>            |
| Trade Secrets                         | <a href="#">Confidentiality of Business Information Policy v.1 (policytech.com)</a> |
| Non-Discrimination/Safe Workspace     | HR Policy #104: Harassment and Discrimination                                       |
| Procurement and Contracting Ethics    | TBD                                                                                 |

|                                                                                                                                                                           |  |                            |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-------------------------|
| Title: CCO - Ethics and Compliance Program                                                                                                                                |  | Version: 8                 | Ref #: 738              |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                                                                                                              |  |                            |                         |
| Approved by ELT/CEO: 05/30/2025                                                                                                                                           |  | Effective Date: 04/25/2013 | Next Review: 05/30/2026 |
| Applies to <i>(check all that apply)</i> :                                                                                                                                |  |                            |                         |
| <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Housecall Providers <input type="checkbox"/> CareOregon Corporate |  |                            |                         |

## CCO ETHICS AND COMPLIANCE PROGRAM

### Purpose

The CCO's Board of Directors have adopted this Ethics and Compliance Program (the Program) to articulate the CCO's longstanding commitment to support the provision of comprehensive physical, dental, and behavioral health services through our participating providers and in compliance with all applicable federal and state laws and regulations; to prevent, detect, and guard against fraud, waste, and abuse (FWA) and non-compliance, particularly as they relate to the Oregon Health Plan (OHP). The Program, along with supporting policies and procedures for FWA prevention and reporting, and other corporate documents, is the foundation which was established to proactively prevent, detect, correct, and report variances from the laws and regulations which govern the organization; and, to ensure compliance with the CCO contract. In addition, the Program supports the promotion of an organizational culture that encourages ethical conduct and places the highest value on integrity in the achievement of its mission.

### Definitions

**Employee(s):** includes the following – all full- and part-time employees, all temporary and contracted employees, volunteers, all casual employees, and all paid or unpaid interns.

**Whistleblower:** An individual who brings an action for violation of the False Claims Act in the name of the government.

### Policy

The Program has been designed to address the elements identified by the Federal Sentencing Guidelines, the Office of Inspector General of the U.S. Department of Health and Human Services, and the Oregon Health Authority (OHA) CCO contract obligations<sup>1</sup>

<sup>1</sup> CCO Contract Exhibit B Statement of Work, Part 9 Program Integrity

that are required for the implementation of an effective compliance and ethics program. The formality and scope of the Program, including its standards and procedures, have been developed taking into consideration the size and complexity of the organization.

### **COMPLIANCE PROGRAM OVERSIGHT**

The CCO Board of Directors is responsible for the reasonable oversight of the Program with respect to its implementation and effectiveness and shall be knowledgeable about its content and operation. The board of directors has designated the CCO Compliance Officer to implement and to provide regular monitoring of the Program. The CCO Compliance Officer is delegated sufficient authority and adequate resources to undertake and comply with these responsibilities, has open access to senior management including the board of directors, and reports to the CCO CEO and Board of Directors at least quarterly on the effective implementation of the Program.

The CCO Compliance Officer, assures adequate resources are designated to perform the daily functions of the Program. The compliance committee of the CCO Board serves as the CCO Compliance Committee for the organization.

### **ETHICS AND COMPLIANCE STANDARDS**

The ethical principles and standards of business practice that guide operations are summarized in the Code of Conduct. Each Employee, member of the board of directors, subcontractor, business associate, and participating provider is responsible for supporting an environment that encourages ethical and compliant conduct and fosters reporting behavior inconsistent with the Code of Conduct.

In addition to the Code of Conduct, the CCO has implemented policies and procedures that describe the internal controls by which management exercises due diligence in seeking not only to reduce the likelihood of criminal conduct, but to facilitate compliance with all applicable laws and prevent and detect any behavior contrary to those principles. The objectives of those policies and procedures, along with the Code of Conduct are to:

- Establish the expectation of high values;
- Provide comprehensive compliant guidelines and standards for the provision of our services;
- Monitor the implementation of those guidelines and standards;

- Enhance a corporate culture which supports compliance with federal and state statutes and regulations; and,
- Build community trust as a coordinated care organization.

These policies and procedures will be reviewed annually and periodically updated to address new or modified requirements as needed.

### **COMPLIANCE AND FWA**

The Program and related FWA activities are based on the seven (7) core elements of an effective compliance program as identified by the Health & Human Services (HHS) Office of Inspector General (OIG).

All Employees, members of the board of directors, subcontractors, business associates, and participating providers are required to adhere to the Code of Conduct, which outlines good business conduct and compliance with the terms and conditions in Sections 1-20 of Exhibit B, Part 9 and all other applicable State and federal laws. Specific procedures related to FWA prevention and detection are outlined in the FWA Handbook.

As part of the Program, the CCO is committed to cooperating with any CMS, OHA, or other government related audit requests, as well as any entity acting on behalf of the federal government, OHA, or CMS to conduct audits. As such, the CCO agrees to provide full access to necessary records to the auditors.

### **ELEMENT I - Written Policies, Procedures and Standards of Conduct**

The CCO has written policies, procedures, and standards of conduct that:

- Articulate the commitment to comply with all applicable federal and state standards;
- Describe compliance expectations as embodied in the Code of Conduct;
- Implement the operation of the Program;
- Provide well publicized guidance to Employees, members of the board of directors, subcontractors, business associates, participating providers and members and others on dealing with suspected, detected or reported compliance or FWA issues;
- Identify how to report compliance or FWA issues to appropriate personnel;
- Describe how suspected, detected, or reported compliance or FWA issues are

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investigated and resolved; and,

- Include a policy of non-retaliation for good faith participation in the Program and related FWA monitoring activities including, but not limited to, reporting potential issues, investigating issues, monitoring, auditing, and remediation efforts, and reporting obligations to appropriate officials.

### Policies and Procedures

The CCO has developed policies to describe the operationalization of the Program, including:

- Compliance and FWA training requirements;
- Reporting mechanisms including the Hotline;
- How suspected, detected, or reported potential compliance and FWA issues are investigated, addressed, and resolved; and,
- Policies are updated as needed to incorporate any changes in applicable laws, regulations, and other Program requirements.

### Distribution of Compliance Policies and Procedures and Standards of Conduct

Program policies, including the *Federal and State False Claims, Anti-kickback, and Stark Law Compliance Policy*, the Code of Conduct, and the FWA Handbook, are distributed to Employees, members of the board of directors, subcontractors, business associates, and participating providers within 90 days of hire or at time of contracting and distributed annually thereafter.

### **ELEMENT II: Compliance Officer, Compliance Committee and High-Level Oversight**

The CCO Compliance Officer is tasked with implementing and providing regular monitoring of the Program. The CCO Compliance Officer reports directly to the CCO CEO and has direct access to the CCO Board of Directors.

- The CCO Compliance Officer is a full-time employee.
- The compliance officer reports quarterly to the CCO Board of Directors on the activities and status of the Program including issues identified, investigated, and

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resolved by the compliance department.

- The CCO Board of Directors have been educated on and are knowledgeable about the content and operation of the Program and exercise reasonable oversight regarding the implementation and effectiveness of the Program.

### Compliance Officer

The CCO's Compliance Officer has the authority to provide unfiltered, in-person reports to the CCO's CEO and Board of Directors at their discretion. The CCO Compliance Officer is integrated into the organization and is given the credibility, authority, and resources necessary to operate a robust and effective Program. The CCO Compliance Officer is free to raise compliance issues without fear of retaliation. The CCO Board of Directors must approve any request for the termination of the CCO Compliance Officer.

Duties of the CCO Compliance Officer may include, but are not limited to:

- Ensuring compliance and FWA reports are provided regularly to the CCO Board of Directors, CCO CEO, compliance committee, and the senior management team. Reports will include the status of the Program implementation, the identification and resolution of suspected, detected, or reported instances of non-compliance, and compliance oversight and audit activities.
- Managing the department responsible for the daily activities related to the implementation of the Program including a director, managers, supervisors, and support personnel who are knowledgeable about the provision of medical assistance<sup>2</sup>, Oregon regulations and OARs applicable to CCOs and the Oregon Health Plan (OHP), the operations of health care providers, and dedicated to and responsible for, implementing the Annual FWA Prevention Plan. The department consists of staff with differing areas of expertise and certifications such as Certifications in HealthCare Compliance (CHC) and Certified Fraud Examiner (CFE).
- Attracting and engaging high quality diverse talent by inspiring a culture of personal growth and professional development. This includes ensuring appropriate personnel continue to maintain or obtain certifications and/or continuing

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<sup>2</sup> Under Title XIX of the Act

education designed to support the work they perform.

- Creation and development of the Annual FWA Prevention Plan and implementation of the written policies and procedures as described in Exhibit B, Part 9, Section 13.
- Being aware of daily business activity by interacting with the operational units;
- Creating and coordinating educational training programs to ensure that Employees, members of the board of directors, subcontractors, business associates, and participating providers are knowledgeable about the Program, its written standards of conduct, compliance and FWA P&Ps, and all applicable statutory and regulatory requirements;
- Developing and implementing methods and programs that encourage Employees to report potential non-compliance and FWA without fear of retaliation;
- Maintaining compliance reporting mechanisms and closely coordinating with the internal audit department;
- Responding to reports of potential FWA, including the coordination of internal investigations and the development of appropriate corrective or disciplinary actions, when necessary;
- Ensuring that the Office of Inspector General (OIG), List of Excluded Individuals (LEIE), and System of Award Management (SAM) exclusion list has been checked at time of hire or contracting with and monthly thereafter for all Employees, members of the board of directors, subcontractors, business associates, and participating providers and coordinating any resulting personnel issues with human resources or other departments as appropriate;
- Maintaining documentation for each report of potential non-compliance or FWA received from any source, through any reporting method (e.g., Hotline, mail, or in-person);
- Overseeing the development and monitoring of the implementation of corrective action plans;
- Periodically providing reports of risk areas facing the CCO, the strategies being implemented to address them, and the results of such strategies;

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- Coordinating potential fraud investigations or referrals with the appropriate governing authority such as the Medicaid Fraud Control Unit (MFCU) of the Oregon Department of Justice (DOJ), and OHA Office of Program Integrity (OPI); and, facilitating any documentation or procedural requests received from the MFCU; and,
- Assessing the overall effectiveness of the Program and taking steps to enhance it based on information learned in a process of continual improvement.

CCO management recognizes that the CCO Compliance Officer must have sufficient independence, credibility, authority, and resources to promote a culture of compliance and to achieve an effective and meaningful Program. As such, among other things, the CCO Compliance Officer (or delegate) has authority to:

- Interview Employees and other relevant individuals;
- Review Medicaid contracts and other documents pertinent to the Medicaid program;
- Review and validate the submission of data to OHA to ensure that it is accurate and in compliance with OHA reporting requirements;
- Independently seek advice from legal counsel;
- Report potential FWA to the MFCU and OPI, its designee or law enforcement;
- Conduct and/or direct audits and investigations of any subcontractors or vendors;
- Conduct and/or direct audits of any area or function involved with the Medicaid program; and,
- Recommend policy, procedure, and process changes.

#### CCO Board of Director Compliance Committee

The CCO has established a multi-disciplinary board-level regulatory compliance committee to address compliance and FWA considerations associated with the Program. The committee is responsible for the oversight, implementation, and overall effectiveness of the Program, related FWA activities, and compliance with the terms and conditions of the OHA CCO contract.

The committee includes the CCO's Compliance Officer, senior level management, and at least two members of the CCO's Boards of Directors. The primary function of the committee is to assist the board of directors in assuring that the CCO and its delegated entities are operating according to their contractual responsibilities. The committee reviews and approves the Program; receives and reports on Program related activities; and monitors the monthly compliance dashboards to evaluate ongoing operational performance.

The CCO Compliance Officer and CEO shall include additional personnel in this committee as needed. Working in conjunction with the CCO Compliance Officer, the duties of the committee include the following:

- Meeting at least once a quarter, or more frequently as necessary, to receive updates of compliance activities and to support and evaluate compliance and FWA concerns of any potential or actual violations;
- Assisting with the implementation of the compliance and FWA risk assessment of the compliance and FWA monitoring and auditing work plan;
- Ensuring new or updated Medicaid and OHA contract requirements are implemented timely;
- Assisting in the timely implementation and monitoring of corrective actions;
- Developing innovative ways to implement corrective and preventative actions;
- Reviewing effectiveness of the system of internal controls designed to ensure compliance with Medicaid regulations performed daily by operations;
- Using quantitative measurement tools (e.g., scorecards, dashboard reports, key performance indicators) to report, track, and compare over time, compliance with key OHA requirements including, but not limited to, enrollment, appeals and grievances, and prescription drug benefit administration;
- Supporting the CCO Compliance Officer's needs for sufficient staff and resources to perform their Program duties;
- Annual approval or review of the Code of Conduct, CCO Ethics and Compliance Program, Committee Charter, and Annual Audit Schedule;

- Applying consistent, timely, and appropriate disciplinary action, when needed;
- Remaining informed about governmental compliance enforcement activity; and,
- Ensuring the CCO has a system to receive, record, and respond to compliance and FWA questions or reports of actual or potential non-compliance and FWA from Employees, members of the board of directors, subcontractors, business associates, participating providers, and members while maintaining the confidentiality of the person(s) posing questions or making reports made in good faith – including anonymously – without fear of retaliation.

#### Senior Management Program Responsibilities

The CCO's senior management and CEO are knowledgeable of and fully supportive of the Program and related FWA activities. Senior management is responsible for ensuring daily operational activities are performed in compliance with all applicable federal and state laws and regulations and OHA CCO contractual responsibilities through ongoing self-monitoring activities. They have an obligation to report any potential or actual non-compliance and FWA concerns to the CCO Compliance Officer (or applicable delegate) related to the Program. Senior management shall direct their staff to support the Program including: the reporting of any potential or actual non-compliance and FWA concerns; the timely completion of implementation and/or remediation efforts related to applicable federal and state laws and regulations and/or OHA CCO contractual obligations. Senior management serves as a key example of a culture of compliance and ethical behavior including ensuring a culture of non-retaliation.

#### **ELEMENT III: Effective Training and Education**

Compliance and FWA training are a key component of the Program and related FWA prevention, detection, and correction activities. Compliance training, including FWA and Health Insurance Portability and Accountability Act (HIPAA), is provided to all Employees, members of the board of directors, subcontractors, and participating providers to ensure they understand the CCO's commitment to ethical behavior and compliance, including the proactive detection, investigation, and reporting of FWA. The CCO ensures appropriate training is provided to Employees and members of the board of directors to

ensure they are aware of federal and state laws and regulations, and the OHA CCO contract requirements related to their job functions.

### Compliance and FWA Training

All company Employees and members of the board of directors participate in compliance and FWA training within ninety (90) days of initial hire/appointment and annually thereafter.

The CCO satisfies compliance training requirements by:

- Conducting in-person/virtual, classroom based new hire compliance and FWA training;
- Performing annual compliance and FWA training through use of our Online Learning training platform (located in Workday); and,
- Requiring Employees and members of the board of directors to acknowledge that they have received the Code of Conduct; Federal and State False Claims, Anti-kickback, and Stark Law Compliance Policy, and the FWA Prevention Handbook.

Initial compliance training is conducted by the CCO Compliance Officer (or designee) and covers the core compliance and FWA prevention topics listed below:

- A description of the Program, including FWA prevention, detection, correction, and articulation of the CCO's commitment to business ethics and compliance with all applicable state and federal laws and regulations;
- The process to ask questions or to report compliance and FWA concerns, including a description of the compliance Hotline and other reporting mechanisms that are available to Employees, members of the board of directors, subcontractors, business associates, and participating providers who wish to report actual or potential compliance or FWA violations directly or anonymously;
- The requirement to report to the CCO Compliance Officer (or designee) any incident of potential or actual non-compliance or FWA immediately;
- Requirements around HIPAA/HITECH and the importance of maintaining the privacy and security of personal health information;

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- Examples of reportable non-compliance and FWA that an Employee or member of the board of directors might observe are discussed during Compliance and FWA training and covered in detail in the FWA Handbook policies and procedures, and Code of Conduct;
  - This includes but not limited examples such as those referenced in the OHA CCO Contract Exhibit B Part 9 and the CCOs obligation to refer any FWA cases to OHA within seven (7) days after receiving the information.
- A review of the disciplinary guidelines for non-compliant or FWA behavior. The guidelines communicate how such behavior can result in mandatory retraining and may result in disciplinary action, up to and including possible termination when such behavior is serious or repeated or when knowledge of a possible violation is not reported;
- Notification that attendance and participation in Compliance and FWA training is a condition of continued employment;
- Review of issues related to contracting with the government, including pertinent laws addressing FWA, such as the Anti-Kickback Statutes, Stark Law, and the False Claims Act; and,
- An overview of the monitoring and auditing process.

The CCO's compliance expectations are communicated to participating providers (via contract language and the Provider Handbook) and subcontractors (via contract language and the FWA Handbook) as well as at the time of contracting through distribution of our Code of Conduct and onboarding training, which includes examples of FWA and the obligation to report any instances that include characteristics of FWA to CCO promptly but no later than three (3) days after discovered, this ensures the CCO will meet the seven (7) day reporting requirement to the appropriate State authority.

The compliance and FWA training materials are reviewed and updated, as necessary, whenever there are changes in regulations, policy, or guidance, and at least annually.

The CCO contract requires all subcontractors to certify that their Employees, members of the board of directors, subcontractors, and business associates participated in general compliance and FWA training; and appropriate education and training to prevent, detect,

and correct potential FWA within the ninety (90) days of employment and at least annually thereafter.

#### **ELEMENT IV: Effective Lines of Communication**

The CCO has established and implemented effective lines of communication that are intended to encourage and promote honest, effective, and efficient working relationships between the CCO Compliance Officer, members of the compliance committee, Employees, members of the board of directors, subcontractors, business associates, participating providers, and members. These lines of communication allow suspected compliance and FWA concerns to be reported, including a method for anonymous and good faith reporting of issues.

The CCO has an effective mechanism to communicate information between the CCO Compliance Officer and others and includes the CCO Compliance Officer's name, floor location and contact information (phone number and email address). This information is communicated in the *Compliance and FWA* training materials and is readily available through multiple electronic resources throughout the organization.

#### **Communication and Reporting Mechanisms**

The Code of Conduct and P&Ps require all Employees, members of the board of directors, subcontractors, business associates, participating providers, and members to report compliance concerns and suspected or actual violations related to the Program to the CCO Compliance Officer (or designee).

The CCO uses EthicsPoint to receive, record, respond, and track compliance questions or reports of suspected or detected non-compliance or potential FWA from Employees, members of the board of directors, subcontractors, business associates, participating providers, and members. EthicsPoint maintains anonymity (to the greatest extent possible) as requested and emphasizes the CCO's policy of non-retaliation for good faith reporting of compliance and FWA concerns.

The CCO has adopted and enforced a widely publicized policy of no tolerance for retaliation against any Employee, member of the board of directors, subcontractor,

business associate, participating provider, and/or member who reports suspected non-compliance or FWA concerns in good faith.

The methods available for reporting compliance or FWA concerns, and the non-retaliation policy are publicized throughout the CCO's facilities. This information is displayed on awareness flyers posted in the kitchen areas on each floor and includes a pull-away note that includes the phone number and web address for EthicsPoint for Employees to use to report actual or suspected FWA.

The CCO makes the reporting mechanisms user friendly, easy to access and navigate, and available 24 hours a day for Employees, members of the board of directors, subcontractors, business associates, participating providers, and members.

When a suspected compliance issue is reported, the compliance officer (or designee) provides the complainant with information regarding expectations of a timely response, non-retaliation, and progress reports.

If any Employee, member of the board of directors, subcontractor, business associate, participating provider, and/or member knows or suspects that FWA or a compliance issue has occurred, they have an affirmative obligation to report the incident(s). A report can be made using the following methods:

- Contact the CCO Compliance Officer:  
Attn: Compliance Officer
- 315 SW Fifth Avenue, Suite 200  
Portland, Oregon 97204  
971-339-1863
- Contact EthicsPoint, our secure anonymous reporting vendor at [EthicsPoint - CareOregon, Inc.](#) or by calling the EthicsPoint toll-free Hotline at 888-331-6524, available any time, 24 hours a day, 7 days a week.

#### Member Communication and Education

The CCO educates our Medicaid members about identification and reporting of potential compliance and FWA issues. This material is included in the member handbook and stored on the CCO website.

**NOTE:** Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published online prevails.

## **ELEMENT V: Well-Publicized Disciplinary Standards**

CCO has well-publicized disciplinary standards through the implementation of procedures which encourage good faith participation in the Program. These standards include policies that:

- Articulate expectations for reporting compliance issues and assist in their resolution;
- Identify non-compliance or unethical behavior; and
- Provide for timely, consistent, and effective enforcement of the standards when non-compliance or unethical behavior is determined.

### Disciplinary Standards

All Employees, members of the board of directors, subcontractors, business associates, and participating providers are held accountable for failing to comply with relevant laws, regulations, CCO contract requirements, and the Program including all applicable policies and procedures.

Employees, members of the boards of directors, subcontractors, business associates, and participating providers are informed that compliance violations may result in disciplinary action, up to and including termination of employment or contract. Disciplinary actions that can be imposed for non-compliance may include oral or written warnings or reprimands, suspensions, or terminations. Any Employee, member of the board of directors, subcontractor, business associate, and participating provider who fails to report known or suspected violations by another may also be subject to disciplinary actions. Disciplinary actions may be imposed even if no violation has occurred, if otherwise deemed appropriate by the circumstances.

The disciplinary determination will be based upon the facts and circumstances of each violation or misconduct. If an Employee, member of the board of directors, subcontractor, business associate, and participating provider has committed fraud, waste, abuse, violated federal or state laws, or failed to comply with the Program or Code of Conduct, that Employee, member of the board of directors, subcontractor, business associate, and participating provider shall be the subject to appropriate disciplinary actions based on the

particular issue and as determined by the Employee's immediate manager, human resources, compliance, with input from the CCO Compliance Officer, as needed.

The CCO strictly prohibits retaliation against an Employee, member of the board of directors, subcontractor, business associate, participating provider, or member who, in good faith, reports known or suspected violations. Any person taking retaliatory action against an Employee, member of the board of directors, subcontractor, business associate, participating provider, or member, who in good faith filed a report, will be subject to disciplinary action, up to and including termination of employment or contract.

The CCO shall provide detailed information about the state and federal False Claims Acts and other applicable state and federal laws, including, as provided for section 1902(a)(68) of the Social Security Act and the protections afforded to those people who report Fraud, Waste, and Abuse under applicable whistleblower laws. This disclosure is a requirement of CCO since we receive and make payments of at least five million dollars (\$5,000,000) annually as a result of its performance under the OHA CCO Contract.

#### Methods to Publicize Disciplinary Standards

To encourage good faith participation in the Program, the CCO publicizes disciplinary standards for Employees, members of the boards of directors, subcontractors, business associates, and participating providers. The standards include the duty and expectation of all Employees, members of the board of directors, subcontractors, business associates, and participating providers to report issues or concerns. The CCO uses the following types of publication mechanisms to encourage good faith participation in the Program:

- Compliance and FWA training; and
- Compliance and/or FWA flyers prominently displayed in break areas.

The CCO maintains records for a period of 10 years for all compliance violation disciplinary actions, capturing the date the violation was reported, a description of the violation, dates of the investigation, summary of findings, and a description of any disciplinary action taken and the date it was taken.

## **ELEMENT VI: Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks**

The CCO has implemented an internal monitoring and auditing plan to evaluate compliance with Medicaid program requirements on an ongoing basis; to assess overall effectiveness of the Program; to protect the Medicaid program and beneficiaries from FWA; and to mitigate the liability of the CCO resulting from FWA activities. Procedures are intended to test and confirm compliance with the regulations governing the Medicaid program and other applicable legal requirements, guidance published by OHA and CMS, contractual requirements, and CCO policies.

### Routine Monitoring and Auditing

The CCO performs monitoring and auditing to confirm compliance with state and federal laws and rules and the OHA CCO contract. Monitoring is related to internal policies and procedures to protect against Medicaid program non-compliance and potential FWA.

Operations are responsible for monitoring routine activities to confirm ongoing compliance and to ensure that necessary corrective actions are implemented and effective. An example of monitoring includes evaluating a compliance dashboard with metrics based on requirements related to state and federal laws and regulations or the OHA CCO contract.

The CCO has developed a system of routine monitoring to evaluate compliance with state and federal laws and regulations and the OHA CCO contract requirements. These components consist of:

- Each functional department manager is accountable for compliance with federal and state requirements including FWA activities. Department leadership is responsible to develop and implementing ongoing monitoring processes to ensure compliance with applicable requirements. All issues of non-compliance and FWA are to be immediately reported to the CCO Compliance Officer (or designee).
- Accuracy and timeliness metrics have been identified and are routinely collected, reported, reviewed, and trended for select functional areas, on a monthly basis. Any areas of concern will receive follow-up;

- Procedures to routinely verify whether services that have been represented to have been delivered by network providers were received by Medicaid members; or

where a Medicaid member has paid out of pocket for services, and collect any associated overpayments (Please see *Verification of OHA Services Policy and Procedures* for details)

- A risk assessment will be performed on an annual basis considering multiple factors including – but not limited to – the OHA, CMS, and OIG guidance, past performance, environmental issues, impact to the member to identify areas where audits will be performed; and

#### System to Identify Compliance Risks

In developing the annual compliance work plan, the CCO Compliance Officer will determine the appropriate priorities by evaluating a variety of factors, including:

- Internal and external audit results;
- Management and other monitoring reports and activities; feedback from the compliance committee, senior management, and select Employees, gathered through an interview and survey process, as described in the *Enterprise Risk Assessment Policy*.
- OIG guidance and other documents, including the OIG’s work plan; and
- Feedback from OHA and CMS central or regional office representatives.

#### Annual Work Plans

The CCO Compliance Officer along with their departmental staff will collect, compile, and evaluate the results of the annual risk assessment to determine the annual work plan, including compliance and FWA audits, for the next calendar year. The work plan is subject to change based on changing risk evaluation. Each audit will be evaluated for timing, scope, and duration. The proposed annual audit plan will be presented to CCO Board of Directors for review.

#### Monitoring and Auditing Subcontractors

Subcontractors are responsible for the lawful and compliant administration of the Medicaid program including but not limited to Exhibit B Part 4 Section 12.

The subcontractor business owner is responsible for routine monitoring of their subcontractors in order to confirm ongoing performance. The business owner is responsible to promptly report any potential or actual non-compliance or FWA concerns to the CCO Compliance Officer (or designee).

An annual risk assessment of subcontractors is conducted by the CCO Compliance Officer or their department staff to develop the annual work plan for the next calendar year. Each subcontractor is audited based on the OHA CCO contract requirements including Exhibit B Part 9 Sections 12-20.

#### OIG/SAM (formally GSA) Exclusions

The CCO will not employ or contract with any entity or individual that is excluded from receiving monies from a federally funded program. As such, the CCO will not use federal or state funds to pay for services, equipment or drugs prescribed, or provided by a subcontractor, business associate, or provider excluded by the Department of Health and Human Services (DHHS) Office of the Inspector General (OIG).

Monthly screening is essential to prevent inappropriate payment to providers, pharmacies, subcontractors, and other entities that have been added to exclusions lists since the last time the list was checked.

#### Regulatory Audits

Under the direction of the CCO Compliance Officer, the CCO will fully cooperate with external audits performed by OHA and CMS, state insurance departments, law enforcement agencies, or any auditor acting on behalf of the federal or state government. The CCO Compliance Officer will coordinate all internal activities relating to external regulator-related audits.

#### **ELEMENT VII: Procedures and System for Prompt Response to Compliance Issues**

The CCO has established and implemented policies and procedures and a system for promptly responding to compliance and FWA issues as they are raised, investigating

potential compliance and FWA problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence and ensuring ongoing compliance with applicable state and federal laws and regulations and the OHA CCO contract requirements.

- If the CCO discovers evidence of misconduct related to payment or delivery of items or services under the contract, we will conduct a timely, reasonable inquiry.
- The CCO must report all suspected Medicaid cases of FWA, including suspected fraud committed by its Employees, members of the board of directors, subcontractors, business associates, participating providers, and members or any other third parties to OHA's OPI and Oregon's DOJ's MFCU. Reporting shall be made promptly but in no event more than seven calendar (7) days after the CCO is initially made aware of the suspicious case. All Medicaid reporting must be done as set forth by the OHA CCO contract.
- The CCO conducts appropriate corrective actions (such as, repayment of overpayments, disciplinary actions against responsible individuals) in response to the potential violation referenced.
- Provisions for the CCO to self-report to OHA any overpayment it received from OHA under this Contract, or any other contract, agreement, or MOU entered into by Contractor and OHA. The foregoing reporting provision must include the obligation to report, as required under 42 CFR §401.305. Overpayment reporting/reimbursements to OHA needs to occur within sixty (60) days of its identification.

#### Conducting a Timely and Reasonable Inquiry of Detected Offenses

The CCO conducts timely and well-documented reasonable inquiries into any compliance incident or issue involving potential Program non-compliance or potential FWA.

Program non-compliance and FWA may occur at the CCO, subcontractor, participating provider, or member. It may be discovered through a Hotline, a website, a member complaint, during routine monitoring or self-evaluation, an audit, or by regulatory authorities. Regardless of how the non-compliance or FWA is identified, the CCO will initiate an inquiry, but no later than seven (7) calendar days after the date the potential

non-compliance or potential FWA incident was reported. The SIU team partners with individual business units and are responsible for monitoring of FWA. When potential FWA activity is identified, the SIU will report the issue according to the CCO Contract requirements and the report will be submitted to the appropriate investigative department.

### Corrective Action

The CCO will undertake appropriate corrective actions in response to potential non-compliance or potential FWA.

The corrective actions will be designed to remediate the underlying problem that resulted in non-compliance and to prevent future incidents. A root cause analysis will be conducted to determine what caused or allowed the issue of non-compliance or FWA. Internal controls will be evaluated to determine more appropriate measures. The corrective action will be tailored to address the particular non-compliance or FWA deficiency identified and will include expected completion dates. Whenever possible, short-term mitigation efforts will be taken to stop the non-compliant or FWA issue as quickly as possible.

The CCO must ensure that subcontractors, business associates, and participating providers have corrected any deficiencies. When developing corrective actions for FWA or non-compliance by a subcontractor, the elements of the corrective action will be detailed in writing and include any actions that will be taken if the subcontractor fails to implement the corrective action satisfactorily. Subcontractor contracts shall include language that details the actions that will be taken for failing to maintain compliance or engaging in FWA, up to and including contract termination.

The elements of the corrective action that address non-compliance or FWA committed by CCO's Employee(s), member(s) of the board of directors, subcontractor(s), business associate(s), and participating provider(s) must be documented, and include any disciplinary actions should the Employee(s), member(s) of the board of directors, subcontractor(s), business associate(s), and participating provider(s) fail to satisfactorily implement the corrective action. The CCO will enforce effective corrective action through disciplinary measures, including employment or contract termination, if warranted.

### Procedures for Self-Reporting Potential FWA and Significant Non-Compliance

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The CCO will comply with the self-reporting requirements for the Medicaid program FWA and significant non-compliance events.

The CCO actively investigates potential FWA activity to make a determination whether FWA has occurred and concludes investigations timely after the activity is discovered. The SIU team reviews the potential FWA report related to the Medicaid program, if any characteristics listed in CCO Contract as FWA are identified the matter will be referred to the MFCU/OPI within seven (7) days. The CCO will also refer potential subcontractor FWA, as appropriate.

When the CCO discovers an incident of significant Medicaid program non-compliance, compliance will report the incident to MFCU/OPI within seven (7) calendar days. This will enable OHA to provide guidance to the CCO on mitigation of the harm caused by the incident of non-compliance.

Self-reporting offers the CCO the opportunity to minimize the potential cost and disruption of a full-scale audit and investigation, to negotiate a fair monetary settlement, and to potentially avoid an OIG permissive exclusion preventing the entity from doing business with federal health care programs.

Please see the *SIU Investigations and Reporting of suspected FWA Policy and Procedure* for more detailed information.

#### Identifying Providers with a History of Complaints

The CCO will maintain files for a period of 10 years on both in-network and out-of-network providers who have been the subject of complaints, investigations, violations, and prosecutions. This includes enrollee complaints, MEDIC investigations, OIG and/or DOJ investigations, US Attorney prosecution, and any other civil, criminal, or administrative action for violations of federal health care program requirements. The CCO will also maintain files that contain documented warnings (i.e., fraud alerts) and educational contacts, the results of previous investigations, and copies of complaints resulting in investigations. The CCO will comply with requests by law enforcement, OHA, CMS, and CMS' designee regarding monitoring of providers within the sponsor's network that CMS or OHA has identified as potentially abusive or fraudulent.

|                                                                                                                                                                           |  |                            |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-------------------------|
| Title: Compliance and FWA Training                                                                                                                                        |  | Version: 7                 | Ref #: 231              |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                                                                                                              |  |                            |                         |
| Approved by ELT/CEO: 05/30/2025                                                                                                                                           |  | Effective Date: 04/09/2013 | Next Review: 05/30/2026 |
| Applies to <i>(check all that apply)</i> :                                                                                                                                |  |                            |                         |
| <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Housecall Providers <input checked="" type="checkbox"/> CareOregon Corporate |  |                            |                         |

### Scope:

This Policy is applicable to all CareOregon Employees and all CareOregon subsidiaries or affiliated entities including but not limited to Health Plan of CareOregon, Inc., Columbia Pacific CCO, LLC, Jackson County CCO, LLC, Housecall Providers Services, LLC, Housecall Providers, PC, and Care Access, LLC.

### Purpose:

To define the policy and process by which CareOregon<sup>1</sup> ensures that all employees, members of the Board of Directors, subcontractors and FDRs receive effective Compliance and FWA training and education. Compliance and FWA training will assist CareOregon in being compliant with all applicable CMS guidance and regulations, State, and contract requirements as well as assist in fraud, waste and abuse and compliance detection, correction, and prevention efforts. This P&P is in accordance with the CCO contract requirements, including Exhibit B, Part 9(12)(b)(8) and additional requirements in accordance with 42 CFR §§438.608(a), 42 C.F.R. §§ 422.503(b)(4)(vi)(C) and 42 C.F.R §§ 423.423.504(b)(4)(vi)(C).

### Policy:

CareOregon employees, temporary and contract employees, volunteers, members of the Board of Directors, subcontractors, business associates, First Tier, Downstream, and Related Entities (FDR) and participating providers are required to complete and acknowledge Compliance and Fraud, Waste, and Abuse (FWA) training within 90 days of initial hire or contracting, and annually thereafter. CareOregon will review its Compliance and FWA training and education programs at least annually and revise as needed.

### Procedure:

#### **Employees and Members of the Board of Directors**

1. All employees<sup>2</sup> and members of the Board of Directors are required to complete Compliance and FWA training within their first 90 days of hire, and annually thereafter.
2. Compliance and FWA training are provided for all employees and members of the Board of Directors, within their first 90 days, to ensure that they understand the Company's

<sup>1</sup> When used singularly, "CareOregon" includes all lines of business, subsidiaries, and affiliated companies.

<sup>2</sup> "Employee" includes temporary and contract employees, casual employees, volunteers, interns (paid and unpaid)

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commitment to ethical behavior and programs directed at proactive detection, prevention, investigation, reporting, and corrective action in regard to FWA and issues of non-compliance. Open discussion, questioning, and reporting of potential violations is encouraged, and training is designed so that employees and others know what is expected of them.

- a. New hire training is conducted by Audit & Compliance. Training attendance records are captured in CareOregon's Workday platform.
- b. Topics that are addressed in new hire and annual Compliance and FWA training include the following:
  - i. Federal and State laws and regulations including CMS guidance<sup>3</sup> and regulations, CCO contract requirements<sup>4</sup> (i.e., False Claims Act, Anti-Kickback statute, identifying FWA, etc.);
  - ii. Processes for employees to report suspected FWA to Compliance;
  - iii. Protections for employees including anonymous reporting, applicable whistleblower laws, and the Company's non-retaliation policy;
  - iv. Types of FWA that can occur in workplace settings such as those related to the Medicare and Medicaid Programs; and,
  - v. Information on regulatory entities such as Office of Program Integrity (OPI) and Medicaid Fraud Control Unit (MFCU), including obligation to report allegations within seven (7) days to the State.

3. All employees and members of the Board of Directors are required to complete Compliance and FWA training annually.

- a. Compliance creates and maintains the annual training within CareOregon's Online Learning Platform in Workday.
- b. Training and attendance records are captured within Workday.
- c. This training is performed in the 3rd quarter of each year. *This includes those employees who have not completed the CareOregon New Hire training for the year.*

## **Monitoring**

1. New hire training records will be reviewed by Compliance monthly to ensure the new employees have taken their training within the 90-day requirement.
2. Annual training records are reviewed and followed up on by Compliance to ensure completion.

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<sup>3</sup> 42 CFR 422.503(b)(4)(vi)(C)

<sup>4</sup> CCO Contract, Exhibit B, Part 9, 11(b)(7)-(8)

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3. Failure to complete required training within specified timelines will result in prompt notification to the employee's direct supervisor, Human Resources, and may include disciplinary action. Disciplinary actions may include:
  - a. Verbal warning
  - b. Written warning
  - c. Suspension from work duties

**Training and Education for Employees Conducting Provider Credentialing:**

1. Annually, employees responsible for provider credentialing are trained and educated on requirements related to:
  - a. Ensuring that all network providers are enrolled with the State as Medicaid providers consistent with the provider's disclosure, screening, and enrollment requirements; and,
  - b. Ensuring that CareOregon does not contract, employ, or otherwise be affiliated with any sanctioned individual.

**Compliance and FWA Training for First Tier, Downstream, and Related Entities (FDRs), subcontractors, and business associates**

As a contract condition, CareOregon requires all FDRs, subcontractors, and business associates to complete Compliance and FWA Training.

1. FDRs, subcontractors, and business associates receive CareOregon's Code of Conduct and Compliance and Fraud, Waste, and Abuse Training materials.
2. FDR, subcontractor, and business associate employees must complete Compliance and FWA training within the first ninety (90) days of employment/contracting with their employer, including managers, officers, and governing body directors, and must complete training annually thereafter.
  - a. Training from CareOregon is provided. If FDR, subcontractor, or business associates use their own training the training must align with the requirements cited including, but not limited to:
    - i. 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C), and
    - ii. Coordinated Care Organization contract with the Oregon Health Authority (Exhibit B, Part 9, Section 12).
3. FDRs, subcontractors, and business associates may be required to provide evidence of completed training on an annual basis.
  - a. Failure to provide evidence will result in corrective action.
  - b. Failure to address lack of training may result in disciplinary action up to and including termination of the contract.

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### **Compliance and FWA Training for Participating Providers**

As a contract condition, CareOregon requires all Participating Providers to complete Compliance and FWA training.

1. At the time of contracting participating providers receive a copy of CareOregon's Code of Conduct; onboarding provider training, which includes Compliance and FWA information such as provider's **obligation to report any instance of FWA to CareOregon within three (3) days of discovery**, examples of FWA such as those referenced in Section 17 of Exhibit B Part 9 of the CCO contract, and information regarding regulatory reporting.
2. All Participating Provider employees must complete Compliance and FWA training within the first ninety (90) days of employment/contracting with their employers, including managers, officers, and governing body directors, and must complete training annually thereafter.
3. Participating Providers are required to attest to completion of annual Compliance and FWA training to align with requirements described above.
  - a. CareOregon may request copies of training material or evidence of completion.
  - b. Failure to provide evidence will result in corrective action.
  - c. Failure to address lack of training may result in disciplinary action up to and including termination of the contract.

### **Reviewing and Updating Training Materials and Programs**

At least annually, the Compliance Department will review the Company's training materials and program for all trainings referenced above and update materials to reflect changes in federal and state laws and regulations; CMS regulations and guidance for Medicare and/or Medicaid plans; Company practices; and, CCO contract obligations, including but not limited to the requirements set forth in CCO Contract Exhibit B, Part 9.

|                                                                                                                                                                                                            |                            |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Title: Reporting Suspected Compliance, FWA or HIPAA Concerns                                                                                                                                               | Version: 9                 | Ref #: 725              |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                                                                                                                                               |                            |                         |
| Approved by ELT/CEO: 05/30/2025                                                                                                                                                                            | Effective Date: 11/30/2020 | Next Review: 05/30/2026 |
| Applies to <i>(check all that apply)</i> :                                                                                                                                                                 |                            |                         |
| <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Housecall Providers <input checked="" type="checkbox"/> CareOregon Corporate |                            |                         |

## Scope

This Policy is applicable to all CareOregon Employees and all CareOregon subsidiary or affiliated entities including but not limited to Health Plan of CareOregon, Inc., Columbia Pacific CCO, LLC, Jackson County CCO, LLC, Housecall Providers Services, LLC, Housecall Providers, PC, and Care Access, LLC.

## Purpose

The purpose of this policy is to outline the multiple communication lines to employees, members of the Board of Directors, subcontractors, business associates, First Tier, Downstream, Related Entities (FDRs) and participating providers for reporting potential and/or suspected issues and concerns related to privacy, compliance, and fraud, waste, or abuse (FWA).

## Definitions

|                                                       |                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Abuse</b>                                          | Refers to actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Program; improper payment; payment for services that fail to meet professionally recognized standards of care; or services that are medically unnecessary. |
| <b>CareOregon</b>                                     | Includes, but not limited to; CareOregon Corporate; the affiliated CCOs Jackson Care Connect and Columbia Pacific CCO; CareOregon Advantage; CareOregon Dental; CareOregon as a service provider for both Integrated Delivery System (IDS) and Tribal contracts.       |
| <b>Employee</b>                                       | Refers to all full time and part time employees, all temporary employees, volunteers, all casual employees, and all interns (paid or unpaid).                                                                                                                          |
| <b>First Tier, Downstream or Related Entity (FDR)</b> | Refers to any party that enters into a written arrangement with a Medicare Advantage organization or Part D plan sponsor to provide administrative services or healthcare-related services.                                                                            |

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|                      |                                                                                                                                                                                                                                                                                                                                       |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Fraud</b>         | Refers to knowingly and willfully executing, or attempting to execute, a scheme or ploy to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. |
| <b>FWA</b>           | Refers to the term fraud, waste, or abuse.                                                                                                                                                                                                                                                                                            |
| <b>Privacy</b>       | Refers to the confidentiality of protected health information defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2 confidentiality of Substance Use Disorder Records                                                                                                                  |
| <b>Waste</b>         | Refers to the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.                                                                   |
| <b>Whistleblower</b> | Refers to an individual who brings an action for violation of the False Claims Act in the name of the government.                                                                                                                                                                                                                     |

*Source: OAR 410-120-0000, OAR 410-141-3500, 42 CFR 455.2, 42 CFR 438.2*

## Policy

CareOregon provides several reporting options as well as maintains a confidential reporting hotline to receive, record, and respond to reports of suspected potential or actual non-compliance with all relevant federal and state laws and rules, including suspected FWA, and/or privacy concerns (Coordinated Care Organization (CCO) Contract, Exhibit B, Part 9, Section 12; Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines).

CareOregon publicizes and enforces a no-tolerance policy for retaliation against any employees, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers, and members who report in good faith suspected FWA, privacy concerns, and/or other issues or concerns of non-compliance.

## Procedures

### REPORTING PROCESS

CareOregon is committed to providing an environment that encourages and provides processes for its employees to report potential or actual issues or seek and receive prompt guidance before engaging in conduct that is believed to be inconsistent with federal or state laws or regulations or our Code of Conduct.

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Any potential or actual non-compliance issues identified by a CareOregon employee, member of the Board of Directors, subcontractor, business associate, FDR, or participating provider are to be immediately reported to CareOregon's Vice President (VP) of Audit & Compliance.

Reports can be made in the following ways:

1. **Anyone can report issues or concerns of potential compliance, privacy, or FWA:**

- a. Employees, member of the Board of Directors, subcontractor, business associate, FDR, participating providers or members should call the EthicsPoint Corporate Compliance Hotline Call Center at 1-888-331-6524 or file a report on the EthicsPoint Corporate Compliance Website ([EthicsPoint - CareOregon, Inc.](#)) and include information on the origin of the incident, member information, provider information, claim information, date and time of the incident, and other applicable information.
  - i. EthicsPoint allows submitters to select the option to remain anonymous.
- b. The VP of Audit & Compliance can be reached at 971-339-1863.
- c. Email to: [CareOregonComplianceDepartment@careoregon.org](mailto:CareOregonComplianceDepartment@careoregon.org) .

2. Employees can also use the information posted on the CareOregon intranet:

- a. The Enterprise Applications page contains links for reporting via:
  - i. FWA (Fraud, Waste, and Abuse Icon form)
  - ii. Privacy (HIPAA Breach Icon form)
  - iii. EthicsPoint
- b. Employees can send an email to:
  - i. **#ComplianceTeam**
  - ii. **#Fraud Waste and Abuse,**
  - iii. **#BreachNotification, or**
  - iv. **Anyone within the Audit & Compliance department**
- c. Examples of potential issues that should be reported can be found at:
  - i. Intranet FWA site under SIU Investigations and Reporting of suspected Fraud, Waste, and Abuse (FWA) Policy and Procedure.
  - ii. Intranet Privacy site under Breach Notification Policy and Procedure.

## CONFIDENTIALITY

CareOregon is obligated to investigate employee concerns and take any necessary corrective action. Materials found during the inquiry of a potential issue may be shared with the Medicaid Fraud Control Unit (MFCU), DHS Fraud Investigation, Office of Program Integrity (OPI), Office of Inspector General (OIG), CMS/MEDIC, or other regulatory entity as applicable to the concern.

1. Issues related to FWA will be handled in accordance with the SIU Investigations and Reporting of Suspected Fraud, Waste, and Abuse (FWA) Policy.
2. Issues related to potential non-compliance will be handled in accordance with the Compliance Program.
3. Issues related to potential privacy concerns will be handled in accordance with the Breach Notification Policy and Procedure.

All confidential information and records researched, obtained, and used during an inquiry are maintained by the Vice President of Audit and Compliance in accordance with federal and state laws and CareOregon policies on confidentiality.

|                                                                                                                                                                           |                            |                         |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|------------|
| Title: OIG and SAM Exclusion Screening                                                                                                                                    |                            | Version: 5              | Ref #: 236 |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                                                                                                              |                            |                         |            |
| Approved by ELT/CEO: 05/30/2025                                                                                                                                           | Effective Date: 01/24/2014 | Next Review: 05/30/2026 |            |
| Applies to <i>(check all that apply)</i> :                                                                                                                                |                            |                         |            |
| <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Housecall Providers <input checked="" type="checkbox"/> CareOregon Corporate |                            |                         |            |

### Scope

This Policy is applicable to all CareOregon Employees and all CareOregon subsidiary or affiliated entities including but not limited to Health Plan of CareOregon, Inc., Columbia Pacific CCO, LLC, Jackson County CCO, LLC, Housecall Providers Services, LLC, Housecall Providers, PC, and Care Access, LLC.

### Purpose

To describe the process for ensuring that all CareOregon lines of business, including affiliated Coordinated Care Organizations (CCOs) do not employ or contract with any Individual or Entity who/that has been excluded from: (1) Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States, and/or (2) Federal procurement and non-procurement programs.

### Definitions

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Corrective Action</b> | Corrective action minimally requires the immediate written notification to the Employee, Vendor, or Healthcare Services Contractor that an Employee or Entity appears to be an Excluded Party. If a CareOregon Employee, Human Resources will take prompt action in accordance with Human Resources policies and procedures. If a Vendor or Healthcare Services Contractor, the Excluded Party status should be confirmed and if the Vendor or Healthcare Services Contractor are an Excluded Entity, services must be immediately stopped and the contract terminated. If an employee or subcontractor of the Vendor or Healthcare Services Contractor, the employee or subcontractor must be promptly removed from providing services under the contract. |
| <b>Entity</b>            | Means a prime contractor, organization, sole proprietor, corporation, partnership, or any other type of entity to provide goods and/or services to CareOregon or in which CareOregon may pay or grant funds. For the purposes of this Policy, an Entity is categorized as either a Vendor or Provider.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Excluded Party</b>    | An Excluded Party is an Individual or Entity that has been suspended or debarred from doing business with federal funds and is listed on the databases maintained by the OIG and SAM. Excluded Party also includes an Individual or Entity that CareOregon knows or has reason to know that an Employee, Vendor, or Provider has been convicted of a felony or misdemeanor related to                                                                                                                                                                                                                                                                                                                                                                       |

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | a crime, or violation of federal or state laws under Medicare, Medicaid, or Title XIX (including a plea of “nolo contendere.” <sup>123</sup>                                                                                                                                                                                                                                                                                            |
| <b>Healthcare Services Contractor</b> | An Entity that provides direct member healthcare services or other related direct members services.                                                                                                                                                                                                                                                                                                                                     |
| <b>Individual or Employee</b>         | For purposes of this Policy an Individual means an employee of CareOregon which is broadly inclusive of the following: all full time and part time employees, all temporary employees, all casual employees, volunteers, CCO board members, and all interns (paid or unpaid). An Individual does not include employees from a Vendor (such as a temporary staffing employee) or a sole proprietor, all of which are considered Vendors. |
| <b>OIG/SAM Exclusion Lists</b>        | Means the Exclusions Databased maintained by the Office of Inspector General (“OIG”) and the System for Award Management (“SAM”) maintained by the U.S. Government.                                                                                                                                                                                                                                                                     |
| <b>Vendor</b>                         | An Entity that provides goods and/or services to CareOregon or to another entity on behalf of CareOregon. This definition is intended to be broad to include any Entity that CareOregon pays money to (e.g., grants, payments to community-based organizations, donations, etc.).                                                                                                                                                       |

## Policy

Prior to hiring an Employee or entering into any kind of contractual agreement with a Vendor or Healthcare Services Contractor, CareOregon shall verify that the Employee, Vendor, or Healthcare Services Contractor is not an Excluded Party and therefore ineligible to work for or contract with CareOregon. Verification that an Employee, Vendor, or Healthcare Services Contractor is not an Excluded Party is facilitated through the following departments:

- Employees - Human Resources
- Vendors – Legal Affairs and Procurement & Contract Services
- Healthcare Services Contractor – Provider Contracting and Value Based Contracting

Each of the above departments are responsible for developing and maintaining procedures to conduct exclusions checks and to maintain documentation of verification. In the event any CareOregon Employee becomes aware that an Employee, Vendor, or Healthcare Services Contractor has become excluded, they are responsible for providing immediate notification to the above respective department. The respective departments will be responsible for taking appropriate Corrective Action.

In the event any other department outside the above identified departments enters into any kind of contractual agreement with a Vendor or Healthcare Services Contractor, they shall be responsible to conduct exclusions checks and to maintain documentation of verification and completing appropriate Corrective Action.

<sup>1</sup> In accordance with 42 USC 1320a-7, 42 CFR 1001.101 and 42 CFR 455.3

<sup>2</sup> CCO Contract Exhibit B, Part 9 (18)(a) & Exhibit D (9)(a)(5)

<sup>3</sup> Medicare Managed Care Manual, Chapter 21, 50.6.8

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On a monthly basis, CareOregon shall verify that Employees, Vendors and Healthcare Services Contractors are not an Excluded Party. The below departments, in coordination with the Information System Department, are responsible for developing a procedure to conduct a monthly check to ensure Employees, Vendors, and Healthcare Services Contractors are not excluded:

- Employees – Human Resources
- Vendors – Accounts Payable
- Healthcare Services Contractor – Claims Department

If one of the respective departments above determines that an Employee, Vendor, or Healthcare Services Contractor is excluded, they will be responsible for taking appropriate Corrective Action or in the case of Accounts Payable, notifying Legal Affairs or Procurement and Contract Services for those departments to take the necessary Corrective Action.

- Should any Provider be identified as excluded during the credentialing process, OHA and OIG will be notified immediately via administrative notice sent to OHA's Provider Enrollment Unit.

### Ownership/Responsibilities

|                                                                                        |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VP of People and Culture, SVP of Operations, VP and General Counsel, VP and Controller | Responsible for enforcing this Policy by establishing department processes and procedures and ensuring department staff are trained and maintain supporting documentation. |
| VP of Audit and Compliance                                                             | Provide company training and periodic testing to ensure compliance with the Policy.                                                                                        |

### Policies

Procurement and Contract Policy  
Code of Conduct  
Initial Credentialing- Credentialing  
Adverse Actions- Credentialing

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|                                                                                |                                              |                                                         |
|--------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| Title: Federal and State False Claims, Anti-kickback, and Stark Law Compliance | Version: 6                                   | Ref #: 255                                              |
| Owner: Christian Zorn (Vice President, Audit and Compliance)                   |                                              |                                                         |
| Approved by ELT/CEO: 03/03/2025                                                | Effective Date: 01/01/2007                   | Next Review: 03/03/2026                                 |
| Applies to <i>(check all that apply)</i> :                                     |                                              |                                                         |
| <input checked="" type="checkbox"/> Medicare                                   | <input checked="" type="checkbox"/> Medicaid | <input checked="" type="checkbox"/> Housecall Providers |
| <input checked="" type="checkbox"/> CareOregon Corporate                       |                                              |                                                         |

## **PURPOSE**

Ensure compliance with The Anti-kickback Statute<sup>1</sup>, the Stark Law<sup>2</sup>, the Federal False Claims Act (FCA)<sup>3</sup>, including changes to FCA made by the Fraud Enforcement and Recovery Act of 2009, and related State of Oregon statutes<sup>4</sup>. It is the policy of CareOregon to consistently and fully comply with all laws and regulations pertaining to the delivery of and billing for services which apply to the organization from its participation in Medicare and Medicaid programs.

## **POLICY**

CareOregon, its subsidiaries and affiliates (including, but not limited to; CareOregon Advantage, CareOregon Dental, Columbia Pacific CCO, and Jackson Care Connect), collectively, “CareOregon” are committed to compliance with the Federal False Claims Act, the Anti-Kickback Statute, the Stark Law and associated State of Oregon laws, and promotion of policies and procedures to prevent, detect and report incidents of Fraud, Waste and Abuse (FWA). CareOregon provides Compliance and FWA training to our employees, members of the Board of Directors, subcontractors, business associates, First-tier, Downstream, and Related entities (FDRs) and participating providers to provide guidance and address remedies available under these laws and whistleblower protections available to anyone who alleges a violation of these laws.

<sup>1</sup> Anti-Kickback Statute 42 U.S.C. § 1320a-7b(b)

<sup>2</sup> Stark law 42 U.S.C. § 1395nn

<sup>3</sup> Federal False Claims Act: Deficit Reduction Act, sec. 6032; 31 USC sec. 3729 – 3733; 31 USC Chapter 38; 42 USC 1320 a – 7b; 42 USC 1396a (a); Section 1902(a)(68) of the Social Security Act and Fraud Enforcement and Recovery Act, May 20, 2009.

<sup>4</sup> Oregon Revised Statutes:

ORS 411.670 – 411.690: Prohibition of submitting a wrongful claim or payment, the liability of the person wrongfully receiving the payment, and the amount of recovery.

ORS 646.505 – 646.656: Unlawful trade practices.

ORS chapters 162: Crimes related to perjury, false swearing, and unsworn falsification.

ORS chapter 164: Crimes related to theft.

ORS chapter 165: Crimes involving fraud or deception, including but not limited to ORS 165.080 (falsification of business records) and ORS 165.690 to 165.698 (false claims for health care payments).

ORS 166.715 to 166.735: Racketeering—civil or criminal.

ORS 659A.200 to 659A.224 and ORS 659A.230 to 659A.233: Whistleblowing.

ORS 410-120-1395 to 410-120-1510: Program integrity, sanctions, fraud, and abuse; common law claims founded in fraud, including fraud, money paid by mistake and money paid by false pretenses.

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## **DEFINITION(S)**

### **Fraud**

Knowingly and willfully executing, or attempting to execute, a scheme or ploy to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

### **Waste**

Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

### **Abuse**

Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program; improper payment; payment for services that fail to meet professionally recognized standards of care; or services that are medically unnecessary.<sup>5</sup>

### **Statute of Limitations**

The time limit for bringing an action before a court or administrative agency.

### **Qui Tam Action**

An action for violation of the False Claims Act that an individual files on behalf of the government. Qui tam is a unique mechanism in the law that allows citizens with evidence of fraud against government contracts and programs to sue on behalf of the government. As compensation for the risk and efforts, the citizen whistleblower may be awarded up to 30% of the funds recovered.

### **Whistleblower**

An individual who brings an action for violation of the False Claims Act in the name of the government.

### **“Knowingly”**

Actual knowledge that the information on the claims is false; acting in deliberate ignorance of whether the claim is true or false; or acting in reckless disregard of whether the claim is true or false.

### **Employee**

For purposes of applying policies and procedures, an employee includes the following: all full time and part time employees, all temporary employees, all casual employees, volunteers, and all interns (paid or unpaid).

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<sup>5</sup> Medicare Managed Care Manual Chapter 21 – Compliance Program Guidelines

### **Anti-Kickback Statute**

The Anti-Kickback Statute is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

Criminal penalties and administrative sanctions for violating the Anti-Kickback Statute include fines, jail terms, and exclusion from participation in the Federal health care programs. Under the Civil Monetary Penalties Law, physicians who pay or accept kickbacks also face penalties of up to \$50,000 per kickback plus three times the amount of the remuneration.

### **Stark Law**

The Stark law prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship unless an exception applies. Financial relationships include both ownership/investment interests and compensation arrangements.

"Designated health services" are:

- clinical laboratory services;
- physical therapy, occupational therapy, and outpatient speech-language pathology services;
- radiology and certain other imaging services;
- radiation therapy services and supplies;
- DME and supplies;
- parenteral and enteral nutrients, equipment, and supplies;
- prosthetics, orthotics, and prosthetic devices and supplies;
- home health services;
- outpatient prescription drugs; and
- inpatient and outpatient hospital services.

The Stark law is a strict liability statute, which means proof of specific intent to violate the law is not required. The Stark law prohibits the submission, or causing the submission, of claims in violation of the law's restrictions on referrals. Penalties for physicians who violate the Stark law include fines as well as exclusion from participation in the Federal health care programs.

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**Federal False Claims Act (also known as “The Whistleblower Law”) (31 U.S.C. 3729-3733):**

The False Claims Act (“FCA”) is a Federal statute that imposes civil penalties (between \$5,000 and \$10,000 plus treble damages per each false claim) on any person or entity who:

- Knowingly presents, or causes to be presented, a false claim for reimbursement by a Federal health care program, including Medicare or Medicaid;
- Makes, uses, or causes to be made or used a false record or statement material to a false or fraudulent claim;
- Repays less than what is owed to the government;
- Makes, uses, or causes to be made or used, a false record or statement material to reducing or avoiding repayment to the Government; and/or
- Conspires to defraud the Federal government through one of the actions listed above.

The FCA is not limited to false health care claims but also includes any false statements or records that are material to the claim. The law applies to programs funded in whole or in part with federal funds, including Medicare and Medicaid. No specific intent is required to prove “knowledge” under the FCA. An individual or entity may be liable if the party submitting the claim had knowledge of the information and acted in deliberate ignorance or reckless disregard of the truth and falsity of the information - that is, doesn’t read or review available provider guides, or hires others to do the billing without performing any oversight or monitoring on billing practices.

Some examples of a false claim:

- billing for services not rendered or goods not provided;
- denying or limiting access to services/benefits;
- under or over-utilization;
- falsifying certificates of medical necessity;
- billing for services not medically necessary;
- misrepresentation of medical condition;
- failure to report third party liability;
- eligibility determination issues;
- misrepresentation of services/supplies;
- falsifying treatment plans or medical records to maximize payments;
- failing to report overpayment or credit balances;
- duplicate billing;
- fraudulent enrollment or recoupment practices, or
- violation of another law such as submitting a claim appropriately where the service was the result of an illegal relationship between a physician and a hospital in that the physician received a kickback from a hospital for patient referrals (in violation of the Anti-Kickback law).

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## **Remedies**

A Federal false claims action may be brought by the U.S. Department of Justice Civil Division, the United States Attorney, or an individual(s) pursuant to a qui tam action. CareOregon encourages employees, members of the Board of Directors, subcontractors, business associates, FDRs, and participating providers to report false claims allegations to their supervisor, manager, director, or the Vice President (VP) of Audit and Compliance before filing a qui tam action (whistleblower).

## **Statute of Limitations**

Under the False Claims Act, the statute of limitations is six years from the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than ten years after the date on which the violation occurred.

## **Bringing an Action under the False Claims Act:**

A private person can bring an action under the FCA in the name of the United States:

- Any person may bring an action for violation of the FCA in the name of the government. The whistleblower must be the original source of the notice to the government of the fraud with direct and independent knowledge of the information on which the allegations are based and must have voluntarily provided the information to the government before filing the action. The action cannot be based on information which is the subject of a civil suit or an administrative action to which the government is already a part and cannot be based on information which has been publicly disclosed.
- The person can file a complaint “Under Seal” or confidentiality on the court docket. “Under Seal” means that the records are kept secret on the docket of the court.
- The U.S. Attorney has sixty days, or more if an extension is requested of the court, to review the complaint and consider the allegations and whether the United States, through the Department of Justice (DOJ) will join in and take over the complaint.
- The DOJ then investigates the allegations of violations of the FCA and may involve the Federal Bureau of Investigations (FBI) or the Office of the Inspector General (OIG) of the Department of Health & Human Services and may issue subpoenas for documents or electronic records, may interview witnesses, and may compel testimony from certain individuals within CareOregon.
- After the investigation is complete, the DOJ decides whether it will intervene in the action filed by the employee, decline to intervene, or dismiss the complaint.

## **Whistleblower Protection**

The FCA contains language protecting whistleblower employees, management, members of the Board of Directors, business associates, and FDRs from retaliation by their employer. Any employee, manager, member of the Board of Directors, business associate, or FDR who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated

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against in the terms and conditions of employment by their employer because of lawful acts performed by the employee, manager, member of the Board of Directors, business associate, or FDR in furtherance of filing a FCA action shall be entitled to all relief necessary to make the employee, manager, member of the Board of Directors, business associate, or FDR whole. Damages available to employees, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers, and members that prove retaliation include reinstatement with the same seniority status; double back pay with interest; compensation for any special damages; attorney fees and litigation costs.

CareOregon will not retaliate against an employee, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers, and members because they disclosed or intends to disclose an activity, policy, or practice of the organization that they reasonably believe is in violation of a law or a rule. CareOregon will not take any disciplinary or other adverse action against any employees, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers, and members who in good faith brings evidence of inappropriate care or any other violation of law or rules to the attention of the proper authority. CareOregon will not discriminate or retaliate against any employees, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers, and members in any manner who in good faith reported potential violations of Federal or Oregon State law. Any individual who believes that they are a victim of retaliation may file a complaint with the VP of Audit and Compliance or Human Resources.

CareOregon expects employees, members of the Board of Directors, subcontractors, business associates, FDRs, participating providers and members and others to report concerns regarding actual or potential non-compliance with applicable Federal and State laws and/or CareOregon's internal policies and procedures through appropriate channels.

### **Oregon State Law and Provisions**

In addition to the Federal FCA regulations, the State of Oregon has criminal and civil laws that prohibit Medicaid fraud. It is a crime if someone knowingly submits or causes to be submitted a claim for payment to which the person submitting the claim is not entitled. An individual may not:

- a) Present for payment or approval, or cause to be presented for payment or approval, a claim that the person knows is a false claim.
- b) In the course of presenting a claim for payment or approval, make or use, or cause to be made or used, a record or statement that the person knows to contain, or to be based on, false or fraudulent information.
- c) Agree or conspire with other persons to present for payment or approval a claim that the person knows is a false claim.
- d) Deliver or cause to be delivered, property to a public agency in an amount the person knows is less than the amount for which the person receives a certificate or receipt.

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- e) Make or deliver a document certifying receipt of property used by a public agency, or intended to be used by a public agency, that the person knows contains false or fraudulent information.
- f) Buy property of a public agency from an officer or employee of a public agency if the person knows that the officer or employee is not authorized to sell the property.
- g) Receive property of a public agency from an officer or employee of the public agency as a pledge of an obligation or debt if the person knows that the officer or employee is not authorized to pledge the property.
- h) Make or use, or cause to be made or used, a false or fraudulent statement to conceal, avoid or decrease an obligation to pay or transmit moneys or property to a public agency if the person knows that the statement is false or fraudulent.

*Reference: Oregon Revised Statute ORS 165.692*

### **Employee Responsibilities**

All employees, members of the Board of Directors and subcontractors are expected to follow the guidelines set forth below and to seek and abide by the advice from CareOregon's Legal Counsel or the Audit and Compliance Officer:

- CareOregon is required to submit accounting and other records to the Federal and/or State government as a basis for payment on existing contracts and estimates on future contracts. As such, no employees, temporary and contract employees, volunteers, members of the Board of Directors and subcontractors shall knowingly include within a cost proposal, costs which have been declared unallowable by statute or regulation.
- CareOregon employees, members of the Board of Directors and subcontractors are required to be familiar with Medicaid and Medicare regulations.
- Employees, members of the Board of Directors and subcontractors shall not accept, directly or indirectly, entertainment or gratuities, including meals at business meetings, where prohibited by applicable law.
- Any employee, member of the Board of Directors and subcontractor, who in good faith believes that they have knowledge of a potential violation of this policy, must report this information through normal supervisory channels, the EthicsPoint hotline or directly to the VP of Audit and Compliance.
- Any employee, member of the Board of Directors and subcontractor may also directly report any complaint of potential fraud to federal agencies such as OIG (1-800-447-8477) or MFCU (971-673-1880).
- Violations of this policy or failure to report a known violation of the policy may result in disciplinary action, up to and including termination.

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An individual or entity is subject to civil damages if a previous warning has been issued about an unlawful billing practice yet continues the practice.

#### PROCEDURE

| Responsibility                                                                                                       | Action                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VP of Audit and Compliance                                                                                           | <ol style="list-style-type: none"> <li>1. Review this policy annually.</li> <li>2. Ensure educational materials and training on the False Claims Act are provided to all CareOregon employees at time of hire and annually thereafter.</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                              |
| Responsibility                                                                                                       | IF                                                                                                                                                                                                                                                | THEN                                                                                                                                                                                                                                                                                                                                                                         |
| VP of Audit and Compliance                                                                                           | Laws, rules, or regulations affecting this policy have changed.                                                                                                                                                                                   | Revise this policy accordingly.                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                      | Training/educational materials are provided at time of hire or contracting.                                                                                                                                                                       | Require the employees, members of the Board of Directors, subcontractors, business associates, FDRs, and participating providers to acknowledge that they have received Compliance and FWA Training Material at time of hire or contracting.                                                                                                                                 |
| Responsibility                                                                                                       | IF                                                                                                                                                                                                                                                | THEN                                                                                                                                                                                                                                                                                                                                                                         |
| Employees, members of the Board of Directors, subcontractors, business associates, FDRs, and participating providers | You see or know of billing or claims practices that appear inappropriate or look like one of the examples of a false claim.                                                                                                                       | <p>Report it to your supervisor, manager, or director.</p> <p>If you are not comfortable reporting to your supervisor, manager, or director, report to Human Resources, the VP of Audit and Compliance or the Compliance Department.</p> <p>You can also report any issues of FWA in Medicare, Medicaid, and other HHS program directly to federal agencies such as OIG.</p> |
|                                                                                                                      | Failure to participate in initial or annual FWA and Compliance Training (of which the False Claims Act is an element).                                                                                                                            | Disciplinary action up to and including termination of employment or termination of a contractual or agency status                                                                                                                                                                                                                                                           |

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## **RELATED POLICIES AND PROCEDURES**

[Compliance and FWA Training](#)

## **OTHER RELATED DOCUMENTS**

[http://www.justice.gov/civil/docs\\_forms/C-FRAUDS\\_FCA\\_Primer.pdf](http://www.justice.gov/civil/docs_forms/C-FRAUDS_FCA_Primer.pdf)

## Attachment 1 CCO Program Integrity Review

| CAREOREGON FWA PREVENTION HANDBOOK<br>(CCO Contract, Exhibit B, Part 9, Section 12) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| #                                                                                   | Contents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Corresponding Policy/Procedure                                                                                                               |
| 1                                                                                   | Designation of a Chief Compliance Officer who reports directly to the CEO and the Board of Directors and who is responsible for: (i) developing and implementing the written policies and procedures set forth in Exhibit B, Part 9, Section 12 and (ii) creating the Annual FWA Prevention Plan (as such Plan is described in Exhibit B, Part 9, Section 13 of the CCO Contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• CCO - Ethics and Compliance Program</li> </ul>                                                      |
| 2                                                                                   | Establishment and identification of the members of a Regulatory Compliance Committee, which shall include the Chief Compliance Officer, senior level management employees, and at least two (2) members of the Board of Directors. The Regulatory Compliance Committee is responsible for overseeing the FWA prevention program and compliance with the terms and conditions of the CCO Contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• Compliance Committee Charter</li> <li>• CCO - Ethics and Compliance Program</li> </ul>              |
| 3                                                                                   | <p>Establishment of the department and the team of employees that is dedicated to, and is responsible for, implementing the Annual FWA Prevention Plan and which includes at least one professional employee who reports directly to the Chief Compliance Officer. Examples of a professional employee are an investigator, attorney, paralegal, professional coder, or auditor.</p> <ul style="list-style-type: none"> <li>a) The SIU must also meet the requirements set forth in Sec. 11, Ex. B Part 9;</li> <li>b) This includes continuous work towards increasing qualifications of its employees. Investigators must meet mandatory core and specialized training program requirements for such employees;</li> <li>c) The team must employ, or have available to it, individuals who are knowledgeable about the provision of medical assistance under Title XIX of the Act and about the operations of health care Providers; and</li> <li>d) The team may employ, or have available through consultant agreements, or other contractual arrangements, individuals who have forensic or other specialized skills that support the investigation of cases.</li> </ul> | <ul style="list-style-type: none"> <li>• Org Chart Audit and Compliance Department</li> <li>• CCO - Ethics and Compliance Program</li> </ul> |
| 4                                                                                   | A statement or narrative that articulates our commitment to complying with the terms and conditions set forth in Secs. 1-20 of this Ex. B, Part 9, and all other Applicable Laws.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• FWA Handbook Intro</li> </ul>                                                                       |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5  | Written standards of conduct for all employees that evidences compliance with Contractor's commitment to Fraud, Waste, and Abuse prevention and enforcement in accordance with the terms and conditions of this Contract and all other Applicable Laws.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Code of Conduct</li> </ul>                                                                                    |
| 6  | A description of our disciplinary guidelines used to enforce compliance standards and how those guidelines are publicized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• CCO - Ethics and Compliance Program</li> </ul>                                                                |
| 7  | A system to provide and require annual attendance at training and education regarding Contractor's Fraud, Waste, and Abuse policies and procedures. Such training and education must include, without limitation, the right, pursuant to Section 1902(a)(68) of the Social Security Act, to be protected as a whistleblower for reporting any suspected Fraud, Waste, or Abuse. Contractor's system for training and education must provide all information necessary for its employees, Subcontractors and Participating Providers to fully comply with the Fraud, Waste, and Abuse requirements of this Contract. All such training and education must be specific and applicable to suspected Fraud, Waste, and Abuse in the Medicaid program. All training must include Medicaid-specific referral and reporting information and training regarding Contractor's Medicaid Fraud, Waste, and Abuse policies and procedures, including any time parameters required for compliance with Ex B, Part 9. All such training and education must be provided to, and attended by, Contractor's Compliance Officer, senior management, and all of Contractor's other employees; | <ul style="list-style-type: none"> <li>• Compliance and FWA Training</li> <li>• CCO Ethics and Compliance Program</li> </ul>                           |
| 8  | In addition to the training and education required under Sub.Para. (8) above of this Para. b, Sec. 12, Ex. B, Part 9, a system to provide annual education and training to Contractor's employees who are responsible for credentialing Providers and Subcontracting with third parties. Such annual education and training must include material relating to, as set forth in 42 CFR §§ 438.608(b) and 438.214(d): (i) the credentialing and enrollment of Providers and Subcontractors and (ii) the prohibition of employing, Subcontracting, or otherwise being Affiliated with (or any combination or all of the foregoing) with sanctioned individuals;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Compliance and FWA Training</li> </ul>                                                                        |
| 9  | Systems designed to maintain effective lines of communication between Contractor's Compliance Office and Contractor's employees and Subcontractors;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Reporting Suspected Compliance, FWA or HIPAA Concerns</li> <li>• CCO Ethics and Compliance Program</li> </ul> |
| 10 | Systems to respond promptly to allegations of improper or illegal activities and enforcement of appropriate disciplinary actions against employees, Participating Providers, or Subcontractors who have violated Fraud, Waste and Abuse policies and procedures and any other Applicable Laws, including policies for when Contractor may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting Policy</li> <li>• CCO Ethics and Compliance Program</li> </ul>               |

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|    | perform an on-site visit for PI Audits and investigations of Participating Providers;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |
| 11 | Procedures for reporting potential or suspected (or both) Fraud, Waste, and Abuse to the appropriate agencies in accordance with Sec. 18 below of this Ex. B, Part 9;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting Policy</li> </ul>                                                                            |
| 12 | Provisions that provide detailed information about the State and federal False Claims Acts and other Applicable Laws, including, as provided for section 1902(a)(68) of the Social Security Act and the protections afforded to those persons who report suspected Fraud, Waste, and Abuse under applicable whistleblower laws. The disclosures described in this Sub.Para. (13) are required of Contractor only if it receives or makes payments of at least five million dollars (\$5,000,000) annually as a result of its performance under this Contract;                                                                                                                                                             | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting Policy<br/>Federal and State False Claims, Antikickback, and Stark Law Compliance</li> </ul> |
| 13 | Procedures to routinely verify whether services that have been represented to have been delivered by Participating Providers and Subcontractors were received by Members, to investigate incidents where services were not delivered or where Member paid out of pocket for services, and to collect any associated Overpayments. Such verification of services must be made by: (i) mailing service verification letters to Members, (ii) sampling, or (iii) other methods                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Verification of Services</li> </ul>                                                                                           |
| 14 | A system to receive, record, and respond to compliance questions, or reports of potential or actual non-compliance from employees, Participating Providers, Subcontractors, and Members, while maintaining the confidentiality of the Person(s) posing questions or making reports;                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Reporting of Suspected, Compliance, FWA, or HIPAA Concerns</li> </ul>                                                         |
| 15 | Provisions for Contractor to self-report to OHA any Overpayment it received from OHA under this Contract or any other contract, agreement, or MOU entered into by Contractor and OHA. The foregoing reporting provision must include the obligation to report, as required under 42 CFR § 401.305 such Overpayment to OHA within sixty (60) days of its identification;                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> </ul>                                                                  |
| 16 | <p>Provisions for Contractor to conduct PI Audits and to report to OHA any Overpayments made to Providers, Subcontractors, or other third parties, regardless of whether such Overpayment was made as a result of the self-reporting by a Provider, Subcontractor, other third-party, or identified by Contractor and regardless of whether such Overpayment was the result of Fraud, Waste, or Abuse or an accounting or system error.</p> <p>a) If identification of Overpayment was the result of self-reporting to Contractor by a Provider, Subcontractor, other third-party, such foregoing reporting provision must include the obligation to report, as required under 42 CFR § 401.305, such CareOregon must</p> | <ul style="list-style-type: none"> <li>• Medicaid Overpayment Identification and Reporting</li> <li>• CareOregon Provider Manual</li> </ul>                            |

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|    | <p>cooperate in good faith with the MFCU, OPI, as well as their respective designees, or any or all of them, during any investigation of FWA; and Overpayment to Contractor within sixty (60) days of the Provider's, Subcontractor's, or other third-party's identification of the Overpayment.</p> <p>b) If Overpayment was identified by Contractor as a result of a PI Audit or investigation, such Overpayment must be reported to OHA promptly, but in no event more than seven (7) days after identifying such Overpayment.</p> <p>If Contractor suspects an Overpayment identified during a PI Audit or investigation is due to suspected or potential (or both) Fraud, Waste, or Abuse, such Overpayment must be reported in accordance with Sec. 18 below of this Ex. B, Part 9. All such reports made by the Provider, Subcontractor, or other third-party must include a written statement identifying the reason(s) for the return of the Excess Payment.</p> |                                                                                                                                                                    |
| 17 | <p>c) In addition to the procedures for reporting required under Ex. B, Part 9, Contractor shall develop and maintain a procedure for accurately reporting all Overpayments on its quarterly and annual Financial Reports as required under Sec. 3, Ex. L. Contractor's Ex. L Report must include all Overpayments, identified or recovered regardless of whether the Overpayments were the result of (i) self-reporting under Exh. B, Part 9, Sec. 12, Para. (b), Subparagraphs (16) and (17); or (ii) a routine or planned PI audit, or the result of a PI audit under Subparagraph (22) or other review.</p>                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> <li>• Medicaid Overpayment Identification and Reporting</li> </ul> |
| 18 | <p>A process for Members to report potential or suspected (or both) Fraud, Waste or Abuse anonymously and to be protected from retaliation under applicable whistleblower laws;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Member Handbook</li> <li>•</li> </ul>                                                                                     |
| 19 | <p>Procedures for prompt notification to OHA when Contractor receives information about changes in a Member's circumstances that might impact eligibility, including: (i) changes in a Member's residence, and (ii) death of a Member; and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Medicaid Enrollment</p>                                                                                                                                         |
| 20 | <p>A procedure pursuant to which Contractor shall provide OHA with Administrative Notice of any information it receives about a change in a Participating Provider's or Subcontractor's circumstances that may affect the Provider's or Subcontractor's eligibility to provide services on behalf of Contractor or any other CCO, including the termination of the Provider agreement. Such Administrative Notice must be made to OHA within thirty (30) days of receipt of such information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>• Termination and Suspension of Contracted Providers</li> </ul>                                                             |

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| 21 | <p>Policies and procedures pursuant to which Contractor shall perform PI Audits required under Sec. 15 below of this Ex. B, Part 9 when Contractor:</p> <p>a) Receives a written Notice of Potential At-Risk Overpayment from OPI; or</p> <p>Is notified of a potential Overpayment by an employee, Subcontractor, Provider, Member, or any other internal or external source.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> </ul>                     |
| 22 | <p>Procedures for Contractor to respond within five (5) Business Days to a written request from OPI for additional information or Encounter Data about any PI Audit conducted by Contractor or its Subcontractor.</p> <p>Contractor shall, and shall contractually require all of its Subcontractors to, in addition to those requirements set forth in Ex. B, Part 4, Sec. 12, Para. b, Sub.Para. (1), Sub-Sub.Paras. (k) and (l), comply with all of the following:</p> <p>a) Contractor and its Subcontractor(s) shall:</p> <ol style="list-style-type: none"> <li>Maintain records, including records of all PI Audits and investigations relating to suspected Fraud, Waste, and Abuse, or Overpayments. The records must include the detail necessary to substantiate all actions taken and outcome(s) reached for each PI Audit or investigation for this Contract.</li> <li>Allow access to all PI Audit and investigation supporting documents, information, systems, and facilities in accordance with Ex. B, Part 9, Sec. 18 and Ex. D, Sec. 15 of this Contract.</li> </ol> <p>b) Contractor must not Delegate to its Subcontractors Contractor's obligation under this Sub.Para. (23) to respond to an OPI request for additional information or Encounter Data about a PI Audit or investigation. Contractor must send a response to OPI within five (5) Business Days regardless of whether the records requested are maintained by Contractor or maintained separately with one or more of Contractor's Subcontractors.</p> | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> </ul>                     |
| 23 | <p>b) Procedures pursuant to which Contractor shall send OPI copies of all PI Audit files, Encounter Data, and other PI Audit supporting documentation in any form and criteria used for the PI Audit as required by Sec. 20 of this Ex. B, Part 9.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> </ul>                     |
| 24 | <p>Policies and procedures pursuant to which Contractor shall review all PI Audit(s) performed by its Subcontractors. Contractor shall evaluate its Subcontractors' completed final PI Audit reports to determine whether they are complete, accurate, and include all of the information required under Para. b, Sec.15 below of this Ex. B, Part 9.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected FWA</li> </ul>                     |
| 25 | <p>Criteria developed and implemented to perform routine internal Monitoring and routine evaluation of Subcontractors and Participating Providers for other related compliance risks;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• SIU Investigations and Reporting of suspected Fraud, Waste, and Abuse</li> </ul> |

**OTHER REQUIRED PROVISIONS**

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| 1 | CareOregon will disseminate the FWA Prevention Handbook to all employees in accordance with the dissemination schedule listed within the FWA Handbook.                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"><li>• FWA handbook Adoption and Dissemination</li></ul>             |
| 2 | <p>The CareOregon Member Handbook will include the following information relating to FWA:</p> <ul style="list-style-type: none"><li>• A statement or narrative that articulates CareOregon's commitment to: (i) preventing FWA, and (ii) complying with all applicable laws, including, without limitation, the State's False Claims Act and the federal False Claims Act;</li><li>• Examples of FWA</li><li>• Where and how to report FWA; and</li><li>• A Member's right to report FWA anonymously, and to be protected under applicable Whistleblower laws.</li></ul> | <ul style="list-style-type: none"><li>• JCC Member handbook</li><li>• CPCCO Member handbook</li></ul> |