

Policy and Procedure	
SUBJECT: Reporting, Investigation and Resolution of Potential Non-Compliance Concerns	DEPARTMENT: Regulatory Compliance, Risk Management and Government Affairs
ORIGINAL EFFECTIVE DATE: 01/11	DATE(S) REVIEWED/REVISED: 01/12, 05/12, 03/14, 12/15, 09/16, 12/17, 09/18, 05/19, 04/20, 04/21, 06/22, 03/23
APPROVED BY: Chief Compliance and Risk Officer	NUMBER: RA 60 PAGE: 1 of 3

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

<u>Fully Insured</u>						
<u>Individual</u>	<u>Small Group</u>	<u>Large Group</u>	<u>Self-Insured</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Delegated Services to Ayin</u>
<input type="checkbox"/> Oregon On Exchange	<input type="checkbox"/> Oregon On Exchange (SHOP)	<input type="checkbox"/> Oregon	<input type="checkbox"/> ASO	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> YCCO
<input type="checkbox"/> Oregon Off Exchange	<input type="checkbox"/> Oregon Off Exchange (SHOP)	<input type="checkbox"/> Washington	<input type="checkbox"/> PBM			<input type="checkbox"/> WHA
<input type="checkbox"/> Washington Off Exchange						
<input checked="" type="checkbox"/> APPLIES TO ALL ABOVE LINES OF BUSINESS						

POLICY:

Company in accordance with the below regulations will conduct a timely and reasonable investigation and issue a prompt response to reported potential non-compliance issues. Potential non-compliance concerns include suspicion that specific activities may be violating laws, rules, regulations, policies, or standards of the code of conduct.

PROCEDURE:

- I. Companies are committed to identifying and correcting detected non-compliance issues. Company ensures that all potential non-compliance issues are identified and addressed in a reasonable and timely manner. All caregivers, Delegated Entities and first tier, downstream, and related entities (FDR) may report a potential non-compliance concern through a variety

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of communication mechanisms, which ensure non-intimidation/retaliation and confidentiality of the reporting individual.

- II. In the instance of a suspected and/or potential compliance issue, all caregivers, Delegated Entities and FDR's are required to report such issues to Regulatory Compliance, Risk Management and Government Affairs (RCRMGA). RCRMGA will investigate appropriately and follow the standard processes for reported compliance issues.

Caregivers may report potential non-compliance issues/concerns via the RCRMGA intranet portal. A link is provided to caregivers that automatically notifies appropriate RCRMGA leadership of the potential issue/concern.

- III. FDRs and Delegated Entities must immediately report any potential non-compliance violations, including unethical or illegal behavior. The report may be submitted several ways:
- Medicare Advantage: FDRs can report potential compliance issues directly to the Delegation Program Consultant or issue may be faxed to 503-574-6543, or a message can be left for the for the Medicare Compliance Officer at 503-574-6608 or a call can be made to the confidential Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.
 - Medicaid: Delegated Entities can report potential compliance issues directly to the Medicaid Program Director and/or Medicaid Compliance Program Manager via email or fax the issue to 503-574-6543. They can also leave a confidential message for the Chief Compliance and Risk Officer at 503-574-6562 or a call can be made to the confidential Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.
 - Commercial/ASO: FDRs can report potential compliance issues directly to the Director of Commercial Compliance and Regulatory via email or fax the issue to 503-574-6543. They can also leave a confidential message for the Chief Compliance and Risk Officer at 503-5746562 or a call can be made to the confidential Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.
- IV. If caregivers or FDR's would prefer to report anonymously, they may:
- Medicare Advantage: Fax the concern/issue to (503) 574-6543, or send a written concern via interoffice mail or leave a message for the Medicare Compliance Officer at (503) 574- 6608 or call the confidential 24/7 Integrity Hotline at (888)294-8455.
 - Medicaid: Fax the concern/issue to (503) 574-6543, send a written concern via interoffice mail, leave a confidential message for the Chief Compliance and Risk Officer or call the confidential Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.

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- Commercial/ASO: Fax the concern/issue to 503 574-6543, send a written concern via interoffice mail, leave a confidential message for the Director of Commercial Compliance and Regulatory at 503-574-5885 or call the confidential Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.
- V. Research and investigation of each notification will be conducted as follows:
- Medicare Advantage: The Medicare Compliance Officer will research and conduct a thorough investigation for each notification. The Medicare Compliance Officer is obligated to report any non-compliance to the Companies board, and The Centers for Medicare and Medicaid Services (CMS). Instances of non-compliance related to certain measurable operational metrics are reported on the monthly Medicare Advantage Compliance Scorecard as well.
 - Medicaid: The Medicaid Program Director and/or Medicaid Compliance Program Manager will research and conduct a thorough investigation for each notification received. The Medicaid Program Director is obligated to report any non-compliance to the Company Compliance Committee. Instances of non-compliance related to measurable operational metrics are reported on the monthly Medicaid Compliance Scorecard.
 - Commercial/ASO: Director of Commercial Compliance and Regulatory will ensure a thorough investigation for each notification received. Director of Commercial and Regulatory will to report non-compliance to the Company Compliance Committee if in his or her opinion the matter creates meaningful risk of member harm or enforcement action by a regulator.
- VI. All Caregivers, Delegated Entities and first tier, downstream, or related entities are subject to the aforementioned requirements as applicable and in the event of any potential misconduct are required to undergo the processes listed above. Regardless of where the misconduct is identified, Company is responsible for initiating a timely and reasonable investigation and response.
- VII. In addition, Company follows Providence St. Joseph Health Policies: PSJH-RIS-736 Compliance Hotline Policy and PSJH-RIS-735 Investigations Policy

REFERENCES:

Medicare Advantage Plans Compliance Program, Providence Compliance Program, 42 CFR §422.503(b)(4)(vi)(g), §423.504(b)(4)(vi)(g), and 438.608(a)(1)(vii), Chapter 9 of the Medicare Prescription Drug Manual, Providence St. Joseph Health Policies: PSJH-RIS-736 Compliance Hotline Policy and PSJH-RIS-735 Investigations Policy, Chapter 21 of the Medicare Managed Care Manual, Compliance Program Guidelines, RA 78 Medicaid Compliance Program