

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, 04/24
APPROVED BY: Chief Compliance and Risk Officer	NUMBER: RA 60 PAGE: 1 of 3

SCOPE:

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

APPLIES TO:

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

POLICY:

The company, in accordance with the regulations below, 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:
- FDRs and Delegated Entities can report potential compliance issues directly to the Sr. Director of Compliance-Medicare Compliance Officer at 503-574-6608 or Chief Compliance and Risk Officer at 503-574-6562. The issue may be faxed to 503-574-6543. 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:
- Fax the concern/issue to (503) 574-6543 or or leave a message for the Sr. Director of Compliance-Medicare Compliance Officer at (503) 574- 6608 or Chief Compliance and Risk Officer at 503-574-6562. They may also call the confidential 24/7 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:
- The Sr. Compliance Director - Medicare Compliance Officer. will research and conduct a thorough investigation for each notification for all lines of business. The Sr. Compliance Director - Medicare Compliance Officer. is obligated to report identified 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/Medicaid Compliance Scorecards as well.
- 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.

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- VII. In addition, Company follows Providence St. Joseph Health Policies: PSJH-RIS-736 Compliance Hotline Policy and PSJH-RIS-735 Investigations Policy

REFERENCES:

Providence Compliance Program PHP-PHA
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