PURPOSE
This policy describes the Samaritan Health Plans (SHP) comprehensive fraud, waste and abuse (FWA) program. It includes an overview of the minimum activities conducted yearly for prevention and detection of FWA. This policy serves as a guide to SHP staff on understanding the process for reporting, investigating suspected or confirmed FWA and reporting internally and externally as needed to oversight agencies.

APPLICATION / SCOPE
All SHP employees, All First-tier Downstream and Related entities, any provider or supplier billing SHP, and SHP’s Pharmacy Benefits Manager (PBM).

DEFINITIONS
A. Abuse: includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

B. 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.

C. CMS: Centers for Medicare & Medicaid Services

D. Delegated Entity (DE): Any First Tier, Downstream or Related Entity, Sub-Contractor: any party that has entered into a written arrangement with SHP to provide administrative or healthcare services for a SHP member.

E. Downstream Entity: Is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage (MA) benefit or Part D benefit, below the level of the arrangement between a 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.

F. FDR: First Tier, Downstream, and Related Entity

G. First Tier Entity: 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

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If printed, this document is current for this date only: March 16, 2016
Current Policies and Procedures can be found on the SHP Policies and Procedures page.
health care services to a Medicare eligible individual under the MA program or Part D program (See, 42 CFR 423.501).

H.  **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice 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.

I.  **FWA:** Fraud, Waste, and Abuse Monitoring regular reviews performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective.

J.  **Related Entity:** Means any entity that is related to an MAO or Part D sponsor by common ownership or control and (1) Performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation; (2) Furnishes services to Medicare enrollees under an or written agreement; or (3) Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than $2,500 during a contract period. (see, 42 CFR 423.501)

K.  **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.

**POLICY**

SHP staff and contracted affiliates are responsible for reporting any suspected or know FWA to the SHP Special Investigations Unit (SIU) or appropriate government organization (Appendix A). SHP is proactive in detecting, correcting and preventing potential offenses of fraud, waste and abuse (FWA) through its comprehensive FWA program. SHP thoroughly investigates any suspected cases of FWA and takes steps to report and resolve in a timely matter. All instances of FWA or potential FWA are reported directly to the Compliance Officer, who then reports any offenses and outcomes to the COO and SHP Compliance Committee.
RESPONSIBILITIES
All SHP staff are responsible for reporting any potential cases of Fraud, Waste and Abuse to the Compliance Officer or to the SIU as deemed appropriate.

All SHP and FDR’s shall permit the Oregon Health Authority (OHA) or delegated entity of CMS to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities.

The SIU is responsible for investigating targeted claims data based on suspicious provider billing practices and/or claims with high potential for FWA. The SIU is responsible for documenting all findings of their investigation and making recommendations for the correction of any instances found. The SIU is responsible for reporting all findings through an Audit Report to the Compliance Officer.

The SHP Compliance Officer is responsible for the oversight of the SIU and for determining and managing the actions necessary for correcting detected instances of FWA. The Compliance Officer is responsible for involving and reporting SIU investigative outcomes to the appropriate committees, directors or managers.

The SHP Compliance Officer is also responsible for providing direction when FWA is identified and where it needs to be escalated, reported and enforced. The Compliance Officer is responsible for reviewing the outcomes of investigations conducted by the SIU and reporting the results to the Compliance Committee. The Compliance Officer, through the Compliance Committee, is responsible for reviewing the SIU activities to assess appropriateness of investigations and overall structure and effectiveness of the FWA program.

PROCEDURES
A. The SIU develops claim queries based on Center for Medicare & Medicaid Services (CMS) list of high risk areas for potential cases of FWA, which are posted by the Recovery Audit Contractor (RAC) for our region, Health Data Insights at the following website: https://racinfo.healthdatainsights.com/Public1/NewIssues.aspx?State=OR

B. The SIU develops queries based on industry discoveries for high risk areas for potential cases of FWA, which can be found in the process documentation. The SIU also develops and pulls queries based off of staff reports.
C. SHP and its FDRs cooperate with, and require its subcontractors to cooperate with, any investigator during an investigation of FWA.

D. No retaliation will be given to any employee who in good faith filed a report of alleged FWA or who participated in an investigation.

E. An employee of SHP or FDR shall not destroy, or allow to be destroyed any documents or record of any kind that the employee knows may be relevant to a past, present, or future investigation of FWA.

F. Any suspected offense of FWA is reported to the SIU. The SIU either triages the report to the appropriate Department Manager or Compliance Officer for investigation or conducts the investigation.

G. The SIU organizes their findings and documents the entire audit and the findings and the recommendations, if any, on a Audit Report and Dashboard and submits the findings to the Compliance Officer.

H. SHP self-discloses all FWA conducted by a SHP provider or pharmacy to the appropriate authority once a full investigation has been conducted and determined to be fraudulent, wasteful or abusive.

I. The Compliance Officer, Compliance Committee, Provider Contracting Committee and SHP Audit Committee, when necessary, determines the appropriate corrective action(s) based off of the recommendations, which may include, but is not limited to, any of the following actions:

   **Level 1:** Provider office education – individually or through newsletters, letters, etc...
   
   **Level 2:** SIU submits a request to claims department for potential claims hold on provider.
   
   **Level 3:** Conduct a targeted audit of the specific provider
   
   **Level 4:** Report to the Compliance Committee to discuss reporting provider offense to outside oversight agencies.
   
   **Level 5:** Provider contract termination
CP-03 Fraud, Waste and Abuse Program

J. Once approval of the work plan or corrective action plan (CAP) is gained by the Compliance Officer the appropriate department will move forward with the enforcement.

REFERENCES
A. 42 CFR 423.504(b)(4)(vi)(h)
B. 42 CFR 422.503(b)(4)(vi)(h)
C. DHHS Office of Inspector General Compliance
D. Program Guidance for Certain Medicare + Choice Organization
   http://oig.hhs.gov/authorities/docs/cpgm_c.pdf
E. Medicare Managed Care Manual and Prescription Drug Benefit Manual, Chapters 9 and 21

FOLLOW-UP RESPONSIBILITY
SHP Compliance Officer

RELATED DOCUMENTS
A. CP-01 Commitment to Statutory Regulatory and other Requirements
B. CP-04 Compliance Enforcement Policy
C. SHS Corporate Integrity Program

Signature

By signing, the SHP Compliance Officer attests and agrees to the policy material in this document.
Appendix A
Reporting Requirements Per Line of Business

<table>
<thead>
<tr>
<th>LOB</th>
<th>REPORTING EXTERNAL ENTITY #1</th>
<th>REPORTING EXTERNAL ENTITY #2</th>
<th>REPORTING EXTERNAL ENTITY #3</th>
<th>REPORTING EXTERNAL ENTITY #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAHP</td>
<td>Medicare NBI MEDIC</td>
<td>Oregon Department of Consumer and Business Services (DCBS)</td>
<td>The DHS Office of the Inspector General (OIG)</td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>IHN</td>
<td>Medicaid Fraud Control Unit (MFCU) or Department of Fraud Investigations Unit (FIU)</td>
<td>DHS Provider Audit Unit or other health oversight authorities</td>
<td>The DHS Office of the Inspector General (OIG)</td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>SCP</td>
<td>The Oregon Office of Private Health Partnerships (OPHP)</td>
<td>Oregon Department of Consumer and Business Services (DCBS)</td>
<td>The DHS Office of the Inspector General (OIG)</td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>OTHER ISSUES</td>
<td>The Oregon Health Authority (OHA)</td>
<td>U.S Department of Justice (DOJ)</td>
<td>The Oregon Office of Private Health Partnerships (OPHP)</td>
<td>Local Law Enforcement</td>
</tr>
</tbody>
</table>