

Samaritan Health Plans Compliance Program

Samaritan Health Plans



Created by the Samaritan Health Plans Compliance Team and approved by the Compliance Council of Samaritan Health Plans

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Introduction

The Samaritan Health Plans Compliance Program enacts standards to assure that business is conducted in compliance with Samaritan Health Plans ethical standards as well as all Federal, State, and local government regulations

Samaritan Health Plans (SHP), a division of Samaritan Health Services (SHS), is responsible for administering all insurance lines of business. SHP is a quality-based, affordable health plan servicing Linn, Benton, and Lincoln counties. As a recipient of Federal funds, State funds, and funds from contracted entities for identified services, SHP has a responsibility to ensure the integrity of its program for its members. SHP is contracted to provide the Compliance Program for InterCommunity Health Plan (IHP).

SHP has a contract with the State to administer Commercial insurance as well as with the Centers for Medicare & Medicaid Services (CMS) to administer a Medicare Advantage Prescription Drug (MA-PD) plan, Samaritan Advantage, to eligible beneficiaries. IHP contracts with the Oregon Health Authority (OHA) to administer a Coordinated Care Organization, InterCommunity Health Network-CCO, for eligible Medicaid beneficiaries.

SHP ensures compliance with all Federal, State and local laws and regulations that apply to the health insurance industry and to each contract. These laws, regulations, and contracts define and determine how health plan benefits are delivered to eligible members. SHP is committed to comprehensive compliance with all contractual, legal, and ethical expectations. All policies and procedures reflect the organization's goal to meet or exceed compliance standards.

The Compliance Program is monitored on an ongoing basis and a review of the Compliance Program Document is completed annually. The Compliance Program is designed to adapt to new regulatory and legal changes as well as any changes required due to the results of an audit or investigation.

This document provides a high-level summary of the SHP Compliance Program, a collaborative approach which supports commitment to ethical principles, core values, and compliance with applicable laws and regulations. The Compliance Program encompasses all policies, procedures, education, investigations, and resources used to provide a high level of assurance that there is compliance. The terms "integrity" and "compliance" are both used in this document. Integrity refers to conduct that meets ethical and organizational standards regardless of whether a law requires such conduct. Compliance means acting in accordance with applicable laws, regulations, policies, procedures, and other explicit standards.

Purpose

Samaritan Health Plans promotes a culture of ethical conduct and a commitment to compliance with all applicable laws and regulations. Guidance provided from the Department of Health and Human Services' Office of the Inspector General is incorporated into the SHP Compliance Plan.

SHP exercises due diligence to prevent and detect criminal conduct and encourages a culture of ethical conduct and a commitment to compliance with laws and regulations. The Compliance Program incorporates guidance from the Department of Health and Human Services, Office of the Inspector General (OIG), Oregon Health Authority (OHA), Medicare Advantage program and Medicare Part D program.

The Compliance Program is intended to provide added affirmation that SHP:

- A. Complies with all Federal, State, and local laws that are applicable.
- B. Satisfies the conditions of participation in health care programs funded by the State and Federal governments and the terms of the contracts.
- C. Detects and deters criminal conduct or other forms of misconduct by Samaritan employees, as well as employees of first tier, downstream, and related entities.
- D. Promotes self-monitoring, and when applicable, voluntarily discloses any violations of the law or regulations.
- E. Establishes, monitors, and enforces high professional and ethical standards.

Compliance Program Administration

The Samaritan Health Plans Compliance Officer is vested with the day-to-day operations of the compliance program and is a full-time employee of Samaritan Health Plans. The Compliance Officer is responsible for ensuring standards of compliance in all lines of business as applicable. Samaritan Health Plans ensures there is a direct reporting relationship between the Compliance Officer and the CEO and that reports from the Compliance Officer reach the plan sponsor's senior-most leader. The Compliance Officer reports quarterly to the SHP Board.

The Compliance Officer is responsible for:

- A. Overseeing and monitoring the Plan's compliance activities.
- B. Ensuring the effectiveness, consistency, and integration of integrity and compliance activities throughout the Plan.
- C. Assisting in establishing methods to improve efficiency and quality of services, and to reduce vulnerability to fraud, waste, and abuse.
- D. Serving as a resource for organizational and operational matters that pertain to integrity and compliance.
- E. Making the Compliance Program Document available to all employees.
- F. Receiving and investigating reports of possible unethical or illegal conduct that violates the Code of Ethics and Conduct, policies, or laws and regulations.
- G. Overseeing Compliance policy and procedure development process.
- H. Reporting compliance activities to the Compliance Council and SHP Board of Directors.
- I. Auditing operational processes to ensure compliance with policies and procedures.

The Compliance Officer has direct access to the SHP Board of Directors, the CEO, and the SHS Corporate Compliance Officer, as necessary. The Compliance Officer has express authority to provide unfiltered, in-person reports to the CEO which will not be routed through other operational managers, such as the COO, CFO, or General Council.

The Compliance Officer makes recommendations and reports monitoring activities to assess compliance readiness and preparedness to the Compliance Council and SHP Board of Directors.

The Compliance Officer has the authority to:

- A. Interview, or delegate the responsibility to interview, the plan sponsor's employees and other relevant individuals regarding compliance issues.
- B. Review company contracts and other documents pertinent to SHP, CMS, State, or other regulatory bodies to ensure that they are accurate and in compliance with reporting requirements.
- C. Independently seek advice from legal counsel.
- D. Report potential fraud, waste, and abuse to CMS, its designee, or law enforcement.
- E. Conduct and/or direct audits and investigations of any first tier, downstream, or related entities (FDRs).
- F. Conduct and/or direct audits in any area or function involved with SHP.
- G. Recommend policy, procedure, and process changes.

The Samaritan Health Plans Compliance Council Statement of Purpose

The Compliance Council is appointed by the CEO and approved by the SHP Board of Directors.

The Compliance Officer and the Compliance Council meet periodically, at a minimum quarterly, and report directly to the SHP Board of Directors on the activities and the status of the Compliance Program, including issues identified, investigated, and resolved by the Compliance Program.

(See attachment A: Compliance Council Charter)

The Compliance Council is responsible for:

- A. Providing guidance on the appropriate strategy to promote compliance on a company-wide basis.
- B. Performing periodic reviews of compliance activities documented on the board report.
- C. Submitting regular updates and recommendations to the SHP Board of Directors.
- D. Assessing specific areas of potential exposure for reporting to the SHP Board of Directors.
- E. Discussing any necessary action or disciplinary reporting for violations of the SHP Code of Ethics and Conduct.
- F. Reviewing SHP policies, the audit processes, and audit schedule, as needed.

Elements of Samaritan Health Plans Compliance Program

Samaritan Health Plans compliance policies, procedures, and guidelines are standards that ensure the organization's employees have the tools available to support Samaritan Health Plans commitment to conduct all business with honesty and integrity and in full compliance with all applicable Federal, State, and local laws and regulations and contractual requirements.

- A. **Standards of Conduct.** The SHP Code of Ethics and Conduct is available to all employees via the SHS Insider. SHP employees are required to sign a statement at the time of hiring, and annually thereafter, that indicates that they have read and agree to abide by the SHP Code of Ethics and Conduct. This training is distributed electronically via Performance Manager.
- B. **Effective Training and Education.** SHP must establish, implement, and provide effective compliance training and education between the Compliance Officer and the organization's employees, the organization's CEO or other senior administrator, managers and governing body members, as well as the organization's FDRs. Such training and education must occur at a minimum annually and must be made a part of the orientation for new employees, new FDRs, and new appointment of a CEO, manager or governing body member.
- C. **Well-Publicized Disciplinary Standards.** SHP applies appropriate sanctions or disciplinary actions for workforce members and FDRs that violate compliance policies and standards, applicable laws and regulations including Federal health program requirements.
- D. **Investigation and Remediation.** SHP investigates reported compliance concerns and resolves confirmed compliance problems.
- E. **Reporting Compliance Concerns.** If an SHP employee is asked to do something unethical or believes someone is acting contrary to the SHS Code of Ethics and Conduct, that employee is required to report the activity. The employee can report the violation in a number of ways including anonymously without fear of retaliation.
- F. **Compliance Officer and Compliance Council Designations.** SHP recognizes that integrity and compliance are driven by involvement and responsibility at the highest organizational levels.
- G. **Effective System for Routine Monitoring and Auditing.** The SHP Compliance Department has established a system for effective routine monitoring and auditing and identification of compliance risks both internally and externally. In the case of identified risk areas, additional monitoring and auditing will be conducted.

Code of Conduct

The SHP Code of Conduct and Business Ethics is an essential component of Samaritan Health Plans Compliance Program. The Code of Conduct and Business Ethics establishes the ethical and compliance expectations for all Samaritan Health Plans employees.

The Code of Conduct and Business Ethics is distributed to all SHP employees, board members, vendors and FDRs within 90 days of hire, and on an annual basis thereafter, either by paper form or electronically (internet and intranet connections) and supplemented by policies, procedures, guidelines and standards directed to particular areas of operations.

Our Code of Conduct and Business Ethics requires that all SHP employees are obligated to:

- A. Uphold ethical principles in the work place.
- B. Share responsibility for compliance with all applicable laws, regulations, policies, and business practices.
- C. Understand the obligation to report concerns about any potential improper or inappropriate actions without fear of retaliation.
- D. Disclose any potential conflicts of interest to the Human Resources Department upon hire and annually thereafter. SHP employees make this disclosure by completing the "SHS Annual Attestation"

Effective Training and Education

The purpose of developing and maintaining a set of policies and procedures is to provide standards by which Samaritan Health Plans business is conducted in accordance with all appropriate legal, ethical, and industry standards. Written policies and procedures govern all practices within Samaritan Health Plans.

Samaritan Health Plans recognizes the importance of providing continued education of ethics and compliance matters in an understandable fashion. Policy, procedure, and standard updates are communicated to employees through initial training and continued education.

The compliance training program includes, but is not limited to:

- Compliance Plan overview
- Code of Conduct and Business Ethics
- Employee responsibilities
- Fraud, Waste, and Abuse awareness
- Reporting policies and procedures
- HIPAA and confidentiality laws
- OIG risk areas
- Medicare chapter updates

The following documents are the Compliance Program policies that are in effect as of the approval date of this document.

- CP-01 – Commitment to Statutory, Regulatory and Contractual Requirements
- CP-02 – Member Privacy Rights
- CP-03 – Fraud, Waste, and Abuse Program
- CP-04 – Compliance Program Enforcement
- CP-05 – Policy and Procedure Development and Maintenance
- CP-06 – Internal Monitoring and Auditing
- CP-07 – SHP Mobile Device Policy
- CP-08 – Data Storage and Destruction
- CP-09 – Minimum Necessary Information
- CP-10 – De-Identification of Member Information and Use of Limited Data Sets
- CP-11 – HIPAA Security
- CP-12 – Uses and Disclosures of Member Information
- CP-13 – SHP Notification Process
- CP-14 – Data Request Response

- CP-15 – Conflict of Interest
- CP-16 – Mandatory Training Compliance and Communication
- CP-17 – SHP Corporate Integrity Program
- CP-18 – SHP Confidential and Proprietary Information
- CP-19 – SHP Workforce Information Technology Acceptable Use
- CP-20 – Coordination and Cooperation with Oversight Bodies
- CP-21 – Communication with CMS
- CP-22 – Grievances
- CP-23 – Meeting Process Policy
- CP-24 – Gift Policy
- CP-25 – CMS Part C and D Reporting
- CP-26 – Delegated Entity Oversight and Monitoring
- CP-27 – SHP Outgoing Mail Policy
- CP-28 – Compliance Officer, Council, and Governing Board Policy
- CP-29 – Mandatory Training Compliance Communication for DE's and Board Members
- CP-30 – HPMS Access
- CP-31 – EPOC Access Control

The following documents are the SHS Corporate and Compliance related policies that are in effect as of the approval date of this document.

- Corporate Integrity Program
 - False Claims Prevention
 - Identity Theft Prevention Program
 - Minimum Necessary Standard
- Communicating Sensitive Health Info via SHS Electronic Metric System
- Information Privacy and Security – Investigation and Corrective Action
- Confidential and Proprietary Information
- Contract Signing, Review and Approval
- Government Investigations and Inquires
- Legal Services
- Litigation Hold
- Risk Management Program and Plan
- Security Incidents & Theft Report
- Unusual Occurrence Reports
- Equal Employment Opportunity
- Harassment Free Workplace
- Protected Leaves of Absence

- Employee Accident Reporting
- Accident – On the Job Injury (Workers Compensation)
- HIPAA Administrative Requirements
- Telecommuting Policy
- Investment Policy
- Workforce Information Technology Use
- SHS Record Retention and Documentation

Record Retention and Documentation

Samaritan Health Plans has established a policy to support the proper retention and disposal of its records consistent with legal and business requirements.

The CP-08 Data Storage and Destruction policy and the SHS Record Retention and Documentation policy provide minimum retention periods for records based on legal, business, and risk management considerations. Where statutory and regulatory record retention requirements conflict, SHP will retain records for the longest period of time specified in the regulations.

Auditing and Monitoring

Samaritan Health Plans performs regular internal and external monitoring and auditing to ensure compliance with all State, Federal, and organizational regulations.

The Internal Compliance Audit Program results in periodic review of business processes to ensure compliance with internal policies and procedures and regulatory requirements. Internal audits provide insight to SHP management, SHP Compliance Council and the SHP Board of Directors as to any potential risks.

The SHP Compliance Officer maintains records of Internal Compliance Audit findings, and reports these findings directly to the CEO, the Compliance Council, and the SHP Board of Directors in an appropriate format.

The Compliance Department conducts monitoring, ad-hoc audits, quality reviews, and quality checks of internal audit activities to ensure functional accuracy as well as accuracy of compliance audit program results.

Effective Lines of Communication

Samaritan Health Plans has established effective lines of communication, ensuring confidentiality, between the Compliance Officer, members of the Compliance Council, employees, managers, governing body, and FDRs, as well as for our members and the public.

Lines of communication must be accessible to all and allow compliance issues to be reported including a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

SHP meets these requirements by maintaining access to the SHP Compliance Officer. The Compliance Officer is a full time, on-site SHP employee who maintains an open-door policy and encourages employees to consult on any issues of compliance.

If an SHP employee is asked to do something unethical or believes someone is acting contrary to the SHP Code of Ethics and Conduct, that employee is required to report the activity to any one or more of the following:

- A. Available Supervisor
- B. SHP Compliance Officer
- C. SHS Corporate Compliance Officer
- D. SHS Compliance hotline 866-297-0489
- E. SHS online compliance reporting resource www.ethicspoint.com

SHP employees also have the right to report the issue externally to the State of Oregon Department of Human Services, Governor's Advocacy Office
500 Summer St, NE E17
Salem OR 97301-097
Phone: 1-800-442-5238
Fax: 503-378-6532
Email: GAO.CR@state.or.us

SHP employees also have the right to report privacy issues to the Region X Office of the U.S. Department of HHS, Office for Civil Rights, Complaints Division:
Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121
Phone: 206-615-2290
TTY: 206-615-2296
Website: <http://hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Fraud Waste Abuse and False Claims

Samaritan Health Plans monitors and audits compliance with coding, documentation, and billing requirements to detect errors, discrepancies, and improper payments. SHP takes appropriate action to correct billing and claims issues and to adjust, repay, or collect overpayments that have been identified through the auditing process.

The Federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. "Knowingly" means that the person or organization:

- A. Knows the record or claim is false
- B. Seeks payment regardless of knowing the claim is false
- C. Seeks payment recklessly without caring whether or not the claim is false

SHP complies with State and Federal False Claims Act requirements. We provide information on our expectations and policy to our employees and contractors. SHP expects that employees and contractors who are involved with creating and filing claims will use complete and accurate information.

Employees and contractors are expected to report any concerns about billing issues or any other issue they feel is illegal or otherwise inappropriate.

Procedures and System for Prompt Response to Compliance Issues

Samaritan Health Plans is required to establish and implement procedures and a system for promptly responding to compliance issues as they are raised. All compliance issues are investigated thoroughly to reduce the potential for recurrence and ensure ongoing compliance with Federal, State and contractual requirements.

Samaritan Health Plans conducts investigations of any potential misconduct in a timely manner and all issues are treated with respect and held in the strictest confidence.

If a determination is made that a violation has occurred, the Compliance Officer, Directors, Managers and Supervisors take steps to resolve it, which may include but are not limited to: reporting to the appropriate entity, verifying the policy, and recommending any necessary changes to the Compliance Plan to prevent future occurrences.

SHP implements appropriate corrective action in response to the any discovered violations, which may include a policy change, work plan, or corrective action plan. In addition, SHP has procedures in place to voluntarily self-report fraud or misconduct related to the Medicare Advantage program to CMS or its designee.

Well-Publicized Disciplinary Standards

Employees are required to conduct themselves with integrity, in compliance with applicable laws, rules, policies, procedures, and standards and are responsible for their actions. Employees are accountable to take action as described in our Code of Conduct and Business Ethics if they knew or should have known of a violation of law, regulation, or policy. Samaritan Health Plans enforce integrity and compliance policies and standards through appropriate disciplinary mechanisms.

SHP is required to have well-publicized disciplinary standards through the implementation of procedures which encourage good faith participation in the compliance program by all affected individuals. These standards include policies that:

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

SHP meets these requirements through the following activities:

- A. Corrective Action Plans
- B. Continuous Improvement Plan
- C. Compliance Program Enforcement Policy
- D. Confidentiality, Privacy and HIPAA – Investigation

Employees who violate Federal, State or local laws, regulations or SHP policy, procedure, standard or guideline are subject to disciplinary action in accordance with established policies. This action is determined according to the nature of the compliance or integrity violation, case-specific considerations, and the individual's work performance. Work plans and corrective action plans are designed to ensure that specific violations are appropriately addressed and resolved. Supervisors and others, as appropriate, develop and implement a corrective action plan and monitor it as needed to resolve concerns.

Regulatory Guidance

Samaritan Health Plans will promptly and appropriately respond to any regulatory guidance, including fraud alerts, issued by various government agencies.

The OIG, CMS, and other government agencies periodically communicate regulatory or other guidance with respect to compliance matters affecting the provision of care/services or billing practices in health care. Pertinent information in such guidance will be disseminated to appropriate personnel throughout SHP. When guidance is issued and where appropriate, the compliance team will work with department management to review practices and determine whether any action is necessary to achieve compliance.

Conclusion

Samaritan Health Plans is committed to fostering a culture of integrity and compliance throughout all levels of the organization. The Samaritan Health Plans Compliance Program is a summary of how we maintain an effective and compliant organization. We will periodically review and update our Compliance Program to ensure that our organization is complying with the most current guidelines of our healthcare partners, including Federal, State, and regulatory agencies.



Attachment A

COMPLIANCE COUNCIL CHARTER

Revised December 2016

PURPOSE	Oversee the SHP Compliance program and other contracted Compliance programs in accordance with all applicable rules, laws, regulations and contract requirements.
MISSION	To develop a system of policies and procedures that ensure compliance with and conformity to all applicable Federal and State laws governing the organization and to assist the organization in understanding compliance as an organizational priority.
FUNCTIONS	<ol style="list-style-type: none"> 1. Aid and support the SHP Compliance Program. 2. Analyze legal requirements and identify specific risk areas. 3. Annually review and assess Compliance program, policies and procedures. 4. Monitor internal systems related to standards, policies and procedures. 5. Determine the appropriate strategy to promote compliance. 6. Develop a system to solicit, evaluate, and respond to areas of risk. 7. Determine criteria for how and when to raise issues to the Board of Directors.
MEETING FREQUENCY	The Council will meet at least quarterly to review polices and reports. A workgroup sub-council will meet monthly and prepare communication materials and exhibits regarding the oversight of the Compliance Plan for internal and external audiences.
SCOPE	This council will provide aid and support to the Compliance Officer on Compliance Program implementation as well as oversight of all activities included in the approved Compliance Program.
AUTHORITY	The Compliance Council primary focus is to function as an oversight body for the SHP Compliance program. The Compliance Officer is responsible for the implementation of the Compliance Program. Emergency action can be taken by the Compliance Officer with the approval of the CEO and follow up to the Compliance Council via electronic media.
REPORTING REQUIREMENTS	The SHP Compliance Officer, SHP CEO or SHP COO will update the SHPlans and IHN-CCO Boards of Directors at least quarterly.