



A division of Providence Health Assurance

Providence Health Assurance

Providence Medicare Advantage Plans

Standards of Conduct



A message from Aaron Bals
Chief Compliance & Risk Officer
Providence Health Assurance
Providence Medicare Advantage Plans

Dear Colleague:

Providence Health Assurance is a ministry of Providence St. Joseph Health and we share the same Mission and core values. Providence Health Assurance has been entrusted by the Centers for Medicare and Medicaid Services to provide excellent service and to care for our Medicare Advantage members, one of our most vulnerable populations. We do this with a commitment to conduct ourselves and our business with the highest ethical standards. We embrace a culture of compliance and our core value of justice calls us to ensure we have a robust and effective compliance program.

The Providence Medicare Advantage Plans - Standards of Conduct document outlines our compliance commitments to CMS as a Medicare Advantage Organization, and will help you understand your role as an employee (“caregiver”), first tier, downstream or related entity (FDR) or board member of Providence Health Assurance. Please take a moment to carefully read this document and discuss any questions you may have with your supervisor or me. Thank you for your commitment to integrity and compliance and for all the ways you support our Mission.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Bals', with a long horizontal line extending to the right.

Providence Health Assurance Providence Medicare Advantage Plans Standards of Conduct

Why we have standards of conduct for Medicare

The Providence Medicare Advantage Plans Standards of Conduct was created to serve as a practical extension and companion document of the Providence St. Joseph Health Code of Conduct. In accordance with CMS rules and regulations, these Standards of Conduct, as well as Providence Health Assurance's policies and procedures, support Providence Medicare Advantage Plans' commitment to comply with, all applicable and authoritative federal and state statutes, regulations and sub-regulatory guidance.

These Standards of Conduct are applicable to all Providence Health Assurance caregivers, governing board members and first tier, downstream and related entities, or FDRs. An FDR is an entity or provider that is contracted with Providence Health Assurance to provide a service for or on behalf of Providence Health Assurance.

You may use any of the reporting mechanisms listed in this document to report or seek clarification on an issue, or if you are unsure whether an activity meets the companies' ethical standards or commitments. Furthermore, if you are asked to do something you believe is conflicting with the law or our Standards of Conduct, or have knowledge that someone may have violated a law or regulation, you have an obligation to report it. While there is no single standard that governs all situations you may encounter, good judgment, adherence to company policies and procedures, personal integrity, and honesty are the best guides to assure that business processes are conducted with the highest ethical standards.

The Standards of Conduct will be reviewed and (if necessary) updated annually to respond to changes in regulations or Providence Health Assurance's practices. The Standards of Conduct is reviewed and approved by the companies' compliance committee and board on an annual basis.

How to use the Standards of Conduct in your role or relationship with Providence Health Assurance

The Providence Code of Conduct asks you to reflect on the Mission and core values as you apply ethical and legal standards to your work. Our Providence Medicare Advantage Plans Standards of Conduct help to further guide you through the answers to the following questions:

- Who should you contact if you believe there is a potential Medicare noncompliance or fraud, waste and abuse concern?
- What do you do if retaliation occurs after raising a concern?
- How do you contact Providence Health Assurance's Medicare Advantage compliance representatives?
- What are the ramifications if Providence Health Assurance caregiver, FDRs, and board members fail to meet compliance expectations?

Responsibilities

Providence Health Assurance's expectation is that all caregivers, FDRs and board members read and follow this Standards of Conduct document in addition to the Providence Code of Conduct. Furthermore, Providence Health Assurance caregivers must:

- Perform job duties in accordance with all federal and state laws or regulations that apply
- Participate in integrity and compliance program training and job-specific compliance education or departmental training as necessary for your job duties
- Report all concerns or alleged violations promptly
- Keep information obtained at Providence Health Assurance confidential
- Maintain member confidentiality
- Disclose any exclusion, suspension or other event that may make you ineligible to participate in government programs or other federal or state programs
- Understand that compliance is primary to business results
- Identify any necessary modifications to business area processes as a result of a compliance review
- Ask questions, whenever in doubt about something.

Reporting a potential Medicare noncompliance concern

Caregivers, FDRs and board members are required to report potential noncompliance concerns. There are several ways to report your concerns that are designed to ensure non-intimidation and/or non-retaliation and the confidentiality of the reporting individual.

Providence Health Assurance caregivers, FDRs, consultants and board members can report potential noncompliance issues or concerns via the Providence Health Assurance Regulatory Compliance, Risk Management and Government Affairs intranet page or Providence Health Assurance's external website (under the "Provider" tab). This link sends an immediate electronic notification to the Providence Health Assurance's Medicare Compliance Officer and Manager of the Medicare Compliance Program.

Other reporting options are available. The concern or issue may be faxed to 503- 574-6543, or a message (phone or e-mail) can be left for the Providence Health Assurance Chief Compliance and Risk Officer at 503-574-6562, or Medicare Compliance Officer at 503-574-6562 or a call can be made to the confidential Providence Integrity Hotline at 888-294-8455, 24 hours a day, seven days a week.

Regardless of where the reported misconduct is identified, the Providence Health Assurance Chief Compliance and Risk Officer and/or Medicare Compliance Officer will ensure a timely investigation and prompt response for each notification.

Providence Health Assurance and Providence St. Joseph Health have a non-intimidation and non-retaliation policy for good faith participation in the compliance program, including, but not limited to, reporting potential compliance issues, investigation of compliance issues, and performing audits or remedial actions, and reporting to appropriate compliance officials.

If you feel that there has been retaliation after reporting a concern, please notify the Providence Health Assurance Chief Compliance and Risk Officer or Medicare Compliance Officer directly.

Fraud, waste and abuse

Providence Health Assurance strives in every case to pay the right amount to a legitimate provider for covered, correctly coded and correctly billed services provided to an eligible beneficiary. Providence Health Assurance is governed by provider-specific contracts and a variety of federal and state laws and regulations when paying claims. These laws and regulations cover subjects such as false claims, illegal patient referrals and providing medically unnecessary services. Providence Health Assurance is committed to prevention, detection and correction, and full compliance with laws and regulations.

Providers and suppliers have an obligation under law to conform to the requirements of applicable regulatory authorities, including the Medicare program administered by CMS. Fraud and abuse committed against the Medicare program may be prosecuted under various provisions of the United States Code and could result in the imposition of restitution, fines, and in some instances, imprisonment. In addition, there also are a range of administrative sanctions (such as exclusion from participation in the Medicare program) and civil monetary penalties that may be imposed when facts and circumstances warrant such action. Providence Health Assurance expects that FDRs

who create and file claims for payment from Providence Health Assurance will file claims that are accurate, represent the services actually provided and indicate the conditions under which the patient received services.

Providence Health Assurance's expectation is that caregivers, board members and FDRs report potential concerns, known as referrals of fraud, waste and abuse through one of these methods:

1. Call the Providence Health Assurance Special Investigations Unit at 503-574-8505 or toll-free at 888-233-4101 (your call can be anonymous).
2. Mail a letter to:
Special Investigations Unit /Providence Health Assurance
P.O. Box 3150
Portland, OR 97208-3150
3. FDRs may complete the external referral form (PDF).
<https://healthplans.providence.org/~//media/Files/Providence%20HP/pdfs/medicareplans/Documents/fraudwasteandabusereferralform.pdf>
 - a. Print it and send it by mail or secure fax to 503-574-8142.
4. Providence Health Assurance caregivers may use the fraud, waste and abuse form located on the intranet site.

Excluded individuals

Federal and state laws prohibit Providence Health Assurance from employing or retaining anyone who has been excluded from participation in government programs. Published information is regularly reviewed for excluded individuals. When individuals have been excluded, they cannot be Providence Health Assurance caregivers, board members or contracted providers.

Providence Health Assurance will not employ, contract with or bill for services ordered, rendered or supervised by an individual – or entity – who is excluded, suspended, debarred or ineligible to participate in a federal health program, or has been convicted of a criminal offense relating to the provision of health care items or services and has not been reinstated in a federal health care program.

If a Providence Health Assurance caregiver's name is found to be on the list, the employee will be notified and provided with an opportunity to provide proof that the person on the exclusion list is not the caregiver. If the caregiver cannot provide proof of non-exclusion, the caregiver must be terminated as soon as possible.

Conflicts of interest

Conflicts of interest occur when personal interests or activities influence or appear to influence your actions and decisions. They also occur when you allow another interest to be more important to your decisions than the interests of Providence Health Assurance and our members.

Conflicts of interest may arise from many sources including, but not limited to, personal financial interests or those of a family member; service, employment or consulting arrangements with a Providence Health Assurance competitor; the receipt of gifts from vendors or others with whom we do business; or use of Providence Health Assurance resources to benefit an outside interest or our own personal interests.

Providence Health Assurance has an annual conflict of interest process for certain caregivers and all board members.

Providence Health Assurance's expectation of all FDRs is that they should have a conflict of interest process in place for caregivers who work with the Providence Medicare Advantage line of business.

Ramifications of failure to meet compliance expectations

Providence Health Assurance will thoroughly research any allegation of potential Medicare noncompliance or fraud, waste and abuse. If it is found that a Providence Health Assurance caregiver, FDR or board member isn't meeting Providence Health Assurance's compliance expectations or is in violation of the Providence Code of Conduct or the Providence Medicare Advantage Plans Standards of Conduct, appropriate action will be taken, including but not limited to disciplinary actions and reporting of the conduct to the appropriate regulatory agency or law enforcement.

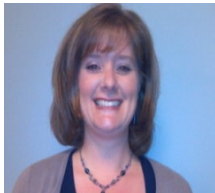
Compliance Contacts:

To report concerns about potential noncompliance, privacy or fraud, waste and abuse, contact us any time. We are available by phone or through company e-mail.

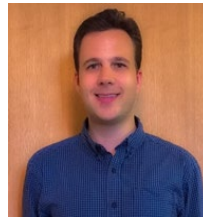


Aaron Bals 503-574-6562
Chief Compliance and Risk Officer
Medicare Compliance Officer

Open Position
Director, Medicare Compliance



Lisa Jensen 503-574-7328
Director, External Audit (SIU) and Payment
Integrity



Jon Cascino 503-574-7804
Medicaid Program Director



Seth Wainer 503-574-6457
Director, Commercial Compliance/Regulatory
Affairs



Julie Ebner 503-574-6264
Privacy Officer