

UNITED CARE MEDICAL GROUP, INC.		Policies and Procedures		Applies to: Commercial <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare Adv <input checked="" type="checkbox"/> EPO /POS <input checked="" type="checkbox"/> ACO <input checked="" type="checkbox"/>	Policy No: COMPLIANCE 13-003 Page 1 of 4
Date Released 6/10/2014	Effective Date: 9/5/2014	Revised: 04/14/2015	Subject: Documenting Reports of Fraud and Abuse and other Violations of the Code of Conduct		
Reviewed by: Jeffrey A. Baron, CHC, CCEP, CHPC Compliance Officer			Approved by: UCMG Board of Directors on 9/5/2014 – Revision Approved on _____		

I. POLICY STATEMENT

UNITED CARE MEDICAL GROUP, INC. (“UCMG”) and its management services organization (“MSO”), ADOC MEDICAL GROUP (“ADOC”), will document and investigate all possible fraud and abuse or other activities that are in violation of the ADOC Code of Conduct, as required by the UCMG and ADOC and the HPN Compliance Plan and Anti-Fraud/Waste/Abuse Plans, CMS, the California Department of Managed Health Care (DMHC) and other governmental agencies. UCMG and its MSO, ADOC, will promptly disclose to law enforcement agencies any facts that support reports of fraud and abuse.

II. PURPOSE

To ensure UCMG and its MSO, ADOC, is in compliance with CMS, DMHC and other governmental agency requirements of a program which documents, investigates and discloses reports of fraud and abuse impacting the delivery of service by or to UCMG and/or ADOC and its contracted providers.

III. SCOPE

- A. This policy impacts all UCMG and ADOC employees and all product lines. There is no single all encompassing definition of fraud and abuse. However, to help put into context this policy fraud and abuse are defined as any act of deception, misrepresentation, or concealment, or allowing it to be done by someone else, in order to obtain an advantage for which one would not otherwise be entitled. This can occur within one or more product lines, and within and/or outside the UCMG and or its MSOs’, ADOC’s, organization.
- B. Fraudulent activities may relate to monetary losses to persons, to an agency or to a health-care entity. Other offenses can include non-monetary actions as well, such as members not receiving the quality of care they are entitled to or which the government or another payer reasonably expects.

IV. PROCEDURE

- A. The UCMG Compliance Officer is responsible for documenting and investigating reports of fraud and abuse or other activities in violation of the ADOC Code of Conduct. Regardless of how a report is received (e.g., by “Hotline”, mail, E-mail, FAX, etc.), it will be logged by the Chief Compliance Officer as soon as possible, but not more than 3 business days. The Chief Compliance Officer will apprise the UCMG CEO and ADOC COO and/or ADOC General Counsel of the nature of the report, and confirm the Investigator responsible for following up on the

<p style="text-align: center;">ADOC MEDICAL GROUP</p>	<p style="text-align: center;">Policies and Procedures</p> <p style="text-align: center;">(Second page)</p>	<p style="text-align: center;">Subject:</p> <p style="text-align: center;">Documenting Reports of Fraud and Abuse and other Violations of the Code of Conduct</p>	<p style="text-align: center;">Policy No.</p> <p style="text-align: center;">COMP 13-0006</p> <p style="text-align: center;">(Page 2 of 4)</p>
--	--	--	---

report. In the case of any suspected fraud/waste/abuse relating to a CalOptima member, Compliance Officer shall notify CalOptima's designated Compliance Officer and/or SIU Office, prior to initiation of a special investigation. In the event of any potential conflict of interest, the COO or General Counsel may be consulted with by Compliance Officer. The following table is to be used to help ascertain this:.

The following table is to be used to help ascertain this:

<u>Nature of report</u>	<u>Investigation conducted by</u>
Fraud and abuse	Compliance Officer
Personnel complaint	Vice President of Human Resources
Fraud involving company employees or Officers	Compliance Officer Chief Operating Officer
ACO /EPO Fraud or Malfeasance	Compliance Officer

- B. All reports received by the UCMG Compliance Office will be logged by the Compliance Officer, with the following information:
1. Date received.
 2. Means of receipt (e.g. by Hotline, E-mail, FAX, memo, etc.)
 3. Description of allegation.
 4. Disposition (e.g., forwarded to another investigator as noted above.
 5. Date Legal Counsel was apprised.
- C. The Compliance Officer is responsible for checking messages daily for possible reports received. This includes Hotline messages, FAX's, memos, etc.
- D. Investigations will commence promptly, but no later than 3 business days after receiving the report. Prior to commencing an investigation involving a CalOptima member or provider, it shall notify CalOptima's Compliance Officer. A log will be updated by the Compliance Officer to document ongoing investigations, including dates of interviews, notes of interviews, documents collected, or materials requested and from whom.
- E. The Compliance Officer is to be updated at least weekly on the results of all pending investigations and which should be continued or closed.

ADOC MEDICAL GROUP	Policies and Procedures (Third Page)	Subject: Documenting Reports of Fraud and Abuse and other Violations of the Code of Conduct	Policy No. COMP 168.400.17 (Page 3 of 4)
---------------------------	--	---	---

F. Within Ten (10) working days of the conclusion of the investigation, if facts support the allegation of fraud and abuse, the Compliance Officer will prepare an advisory report or notification to the appropriate regulator or enforcement agencies as follows:

<u>Nature of Fraud</u>	<u>Agency</u>
Impacts Federal program or federal statute violated	Federal: OIG/CMS/OCR/FBI MEDIC,
Impacts State or Commercial program or State statute or local law violated	CA Dept of Justice, HALT Team
Impacts or relates to Orange County Medi-Cal product	CalOptima Compliance Officer California Dept. of Health Services
Impacts or relates to Medi-Cal product Outside LA County	California Department of Health Services and/or OIG-CMS, MEDIC, HALT Team
For Frauds that impact on EPO, ACO , or Indemnity Lines of business, or workers compensation	CMS/DOI, ERISA,

In addition reports, where investigations determine a violation of Medical, Dental, Chiropractic, Laboratory, or Pharmacy licensure issues, than additional referrals to the respective licensing agencies may be made at discretion of ADOC Chief Medical Director; General Counsel and/or Compliance Officer.

In the event that any controlled substances are involved, or criminal activity is found, than separate referrals to the Drug Enforcement Agency, police agencies, or state or federal law enforcement or prosecutors may be necessary

G. The Compliance Officer will consult with legal counsel to ascertain and/or confirm the appropriate governmental agency that must be apprised and when. In certain cases, the local District Attorney’s Office will also be apprised. In certain cases a specific case will require multiple notifications to local, state, and federal

<p style="text-align: center;">ADOC MEDICAL GROUP</p>	<p style="text-align: center;">Policies and Procedures</p> <p style="text-align: center;">(Fourth page)</p>	<p style="text-align: center;">Subject:</p> <p style="text-align: center;">Documenting Reports of Fraud and Abuse and other Violations of the Code of Conduct</p>	<p style="text-align: center;">Policy No.</p> <p style="text-align: center;">COMP 168.400.17</p> <p style="text-align: center;">(Page 4 of 4)</p>
--	--	---	--

agencies. All reports to an agency will be sent by certified mail with copies maintained by the Compliance Officer.

- H. The Compliance Officer will report regularly to the ADOC Compliance Committee, the UCMG Compliance Committee, and the ADOC Chief Operating Officer, and General Counsel and UCMG CEO, on pending and new reports of possible fraud and abuse. This will also be done on an as-needed basis.
- I. Subject to ability to obtain MIS data retrospectively and concurrently, the Compliance Officer will provide Compliance Committee and Compliance Officer with a quarterly trending analysis report for the Compliance Committee, to help ascertain trends or patterns which should be addressed more closely in future in-service materials or in advisories to employees, provider networks, providers or other business entities.
- J. By January 10th of each year, the Compliance Officer will prepare an annual report for review by the CEO, the ADOC COO. This report will be forwarded to HPN for integration with filings to be made by HPN to the DMHC by the 20th of January. The annual report describes HPN's (inclusive of UCMG's) efforts to deter, detect and investigate fraud for the previous calendar year. It will also include any reports to a law enforcement agency, as required by Statute, including the number of cases prosecuted or resolved, to the extent known by UCMG / ADOC at that time.
- K. Regarding reports made via the Hotline, messages are to be checked daily by the Chief Compliance Officer. (Note: The greeting is to be recorded in English and Spanish.)

If a caller is actually on the line and Spanish translation is needed, a Spanish translator is to be found as soon as possible after advising the caller to hold. The caller is to be told, in brief Spanish if necessary:

“One moment please, I will bring in a Spanish translator. Can you wait for a few moments? Thank you...”

- L. All persons reporting possible fraud and abuse are to be advised they may remain Anonymous and that no retaliatory action will be taken by UCMG or ADOC, but also that it may be difficult or impossible to conduct a thorough investigation unless UCMG is able to interview the person. An interview should be scheduled with this person as soon as practical for all parties.