



Policy: Fraud and Abuse Policy

Revised 9/14/2017

Policy:

Advanced Health is committed to complying with all applicable laws and regulations. As part of this commitment, Advanced Health has established and will maintain a Corporate Compliance Program that includes fraud, waste and abuse prevention program. Advanced Health will not discriminate or retaliate in any way against any employee or other party who reports a perceived problem, concern or fraud, waste and abuse issue in good faith.

Purpose:

To establish a comprehensive plan to prevent, detect and correct fraud, waste, and abuse. To promote a sense of integrity and vigilance by means of comprehensive anti-fraud education. To provide information about the organization's procedures for detecting, preventing, and reporting fraud, waste and abuse as they relate to the Oregon Health Plan, the Company's Subcontractors, and Oregon Health Plan Members. See Fraud and Abuse Procedures for information related to the application and enactment of this policy.

Reference source (s):

OHA Amended and Restated Health Plan Services Contract for CCO's, Exhibit B, Part 8, Provider Manual, Employee Handbook; False Claims Act, Sections 3729-3733 of title 31, section 6032 of the Deficit Reduction Act of 2005, 42 USC 1396a(a)(68), Deficit Reduction Act of 2005 (S.1932), Definition of Terms under OAR 410-120-0000, United States Code, administrative remedies for false claims statements established under chapter 38 of title 31, Oregon laws pertaining to civil or criminal penalties for false claims and statements and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs (as defined in 42 USC 1320a-7b). OAR: 410-120-1510, 943-045-0250 through 943-045-0370, CFR: 42 CFR 433.116, 42 CFR 438.214, 438.600-438.610, 438.808, 42 CFR 455.20, 455.104-106 and 42 CFR 1002.3 which enables Company and its Subcontractors to prevent and detect Fraud and Abuse activities as such activities relate to the OHP. ORS: ORS 410.610 et. seq., ORS 419B.010 et.seq, ORS 430.735 through 430-765, ORS 466.705 et.seq., ORS 441.630 et.seq.

Scope:

This policy applies to all organizational employees, delegated subcontractors contracted providers and health plan members.

Related Documents:

Fraud and Abuse Procedures

Replaces Policy:

Admin #0006 Fraud & Abuse Identification and Reporting