



Integrity

Providence Integrity and Compliance Program Description

**Approved by the Audit and Compliance Committee of
the Providence St. Joseph Health Board of Directors**

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Introduction

The Providence Health & Services (Providence) Integrity and Compliance Program (Compliance Program) establishes standards to ensure that services are conducted in full compliance with the System’s ethical standards as well as the laws and regulations of federal, state and local governments.

The Providence mission holds that we are accountable for the integrity of our actions and decisions on the job. This mission and our core values provide us with guidance to make sound, ethical choices, to deliver quality patient care and health insurance and to meet organizational goals. This commitment to integrity is a vital part of our identity as a Catholic ministry.

Providence is a large, complex organization with a variety of wholly and partially owned entities; some of which have their own mission and values. This document applies to Providence’s wholly owned or controlled entities commonly known as Affiliates, including: Swedish Health Services; Swedish Edmonds; Kadlec Health System; Pacific Medical Centers; and other organizations that may join Providence as an Affiliate unless specifically noted otherwise. Providence and its Affiliates are collectively referred to in this document as Providence. Where Providence has a majority ownership interest in an entity, Providence expects the entity to have an effective compliance program designed around the elements of a compliance program as described in this document. The Compliance Program applies both to Providence providers participating in CMS Innovative Payment Models (“CMS Models”), and who as a result are subject to the unique requirements of those CMS Models, as well as to Providence providers who do not participate in such CMS Models.

The Compliance Program applies to Providence Health Plans who, because of the unique requirements of Medicare Advantage/Part C and Medicare Part D, have established focused compliance programs addressing those requirements. Providence Health Plans has also established accountable care organization (or similar) compliance programs under the Providence Compliance Program.

This document provides a high level summary of the Providence Compliance Program, a system-wide endeavor to foster commitment to ethical principles, core values and compliance with applicable laws and regulations. The Compliance Program encompasses all policies, procedures, education, investigations and other activities and resources used to provide a high degree of assurance that there is compliance with Providence’s ethical standards and regulatory requirements. 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. To act with integrity is to engage in conduct that aligns with Providence standards, values and expectations. Compliance means acting in accordance with applicable laws, regulations, policies, procedures and other explicit standards.

We support our workforce members in fulfilling their legal, professional, and ethical obligations. This includes compliance with applicable federal, state, and local laws and regulations, our

Codes of Conduct, and our governance and management policies and standards. We understand that compliance is complex. It is not always easy to know the right answer or make the best choice. This Program Description and the Compliance Program are intended as guides to help support our commitment to integrity and compliance.

Our Compliance Program applies to Providence workforce members (including caregivers; system, community/advisory and foundation board members; volunteers; students; and other persons under the direct control of a Providence entity, whether or not they are paid by Providence.)

Providence core leaders have a special obligation to ensure the success and effectiveness of the Compliance Program. We expect our core leaders to set the example and model Providence's core values. Additionally, they are expected to create a climate in which all of their team members feel comfortable in bringing integrity and compliance issues to their attention at any time.

The Compliance Program is coordinated by the Senior Vice President of Enterprise Risk Management Services (ERMS), who also serves as the Chief Compliance Officer (CCO) for Providence. The CCO is supported by the staff of ERMS who work closely with compliance representatives throughout the organization.

The Compliance Program is monitored on an ongoing basis and a review of the Compliance Program Description and an assessment are completed annually. The Compliance Program and annual work plans are designed to adjust to new regulatory and legal developments, and to implement changes required as a result of audits or investigations. Significant changes to the Compliance Program require communication across Providence and may also require the development and implementation of new policies and procedures.

In consultation with Providence leadership whenever appropriate, the CCO shall update this Integrity and Compliance Program Description subject to the approval of the Finance, Audit and Compliance Committee of the Board of Directors of Providence Health & Services (hereafter "FACC").

Purpose

Providence promotes an organizational culture that supports ethical conduct and a commitment to compliance with laws and regulations. The Compliance Program incorporates compliance program guidance from the Department of Health and Human Services' Office of the Inspector General.

Providence exercises due diligence to prevent and detect criminal conduct, and promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Compliance Program incorporates guidance from the (i) Department of Health and

Human Services, Office of Inspector General (“OIG”); (ii) Federal Sentencing Guidelines for Organizations (revised and amended November 2010); (iii) Medicare Advantage program; and (iv) Medicare Part D program. The Compliance Program is intended to provide added assurance that Providence:

1. Complies in all material respects with federal, state and local laws that are applicable to its operations;
2. Satisfies the conditions of participation in health care programs funded by the state and federal governments, the terms of its contractual arrangements, and applicable requirements and waivers associated with CMS’s Models;
3. Detects and deters criminal conduct or other forms of misconduct by Providence workforce members;
4. Promotes self-monitoring and provides for, in appropriate circumstances, voluntary disclosure of violations of law and regulations; and
5. Establishes, monitors and enforces high professional and ethical standards.

Compliance Program Administration

The Compliance Program is managed by the CCO who reports to the Providence President of Operations and Services and the FACC.

The CCO is responsible to:

1. Oversee and monitor Providence’s compliance activities.
2. Ensure the effectiveness of the Compliance Program including overall consistency and integration of integrity and compliance activities throughout the organization.
3. Ensure the alignment of the Compliance Program with Providence mission, core values, policies, standards, guidelines and procedures; and applicable federal, state and local laws, standards, and regulations, CMS Models, or waivers.
4. Periodically report to the Providence Chief Executive Officer (CEO), President of Operations and Services, System Compliance Committee and the FACC on the Compliance Program.
5. Assist in establishing methods to improve Providence’s efficiency and quality of services, and to reduce Providence’s vulnerability to fraud, waste and abuse.
6. Periodically review the Compliance Program and recommend revisions as necessary to meet changes in the business and regulatory environments.

7. Serve as a knowledgeable resource for organizational and operational matters related to integrity and compliance.
8. Develop and coordinate a system-wide compliance education program that covers a variety of healthcare and other relevant compliance elements, including education on our Codes of Conduct and compliance policies and standards that support Providence workforce members in complying with applicable federal, state and local laws, regulations and standards.
9. Coordinate monitoring of compliance activities within Providence.
10. Receive and investigate reports of possible unethical or illegal conduct or other conduct that violates the Code of Conduct, policies, standards or laws and regulations.
11. Develop policies and support a culture that encourages work force members to report suspected fraud, waste, abuse and other improprieties without fear of retaliation.
12. Coordinate the drafting and updating of the Codes of Conduct, compliance policies, standards, guidelines, procedures and other components of the Compliance Program.
13. Make the Integrity and Compliance Program Description available to workforce members.

The CCO will support the implementation of service line, region and/or local compliance committees and other workgroups as necessary to facilitate knowledge, understanding and adherence to Compliance Program requirements across Providence. Providence Health Plans has a compliance officer as required by Medicare regulation. The Providence Health Plans compliance officer reports to the Providence Health Plans Chief Executive and periodically reports to the FACC.

Compliance Program Elements

Providence integrity and compliance policies, standards, guidelines and procedures are statements of organizational values and expectations intended to enable Providence workforce members to support the Providence mission and core values, based on integrity, honesty, respect, and trust.

The FACC oversees and approves key Compliance Program elements and work plans developed by the CCO. Working with the General Counsel and others in executive leadership, the CCO is responsible to provide assurance that Providence has a compliance program that materially meets the seven elements of an effective compliance program as recommended in United States Sentencing Commission's Federal Sentencing Guidelines, various compliance guidance

publications from the United States Department of Health and Human Services, Office of Inspector General and the Deficit Reduction Act of 2005.

Elements of Providence's Compliance Program include:

1. **Codes of Conduct.** The Codes of Conduct are periodically updated and disseminated to the Providence workforce, as are other written policies, standards and procedures that further Providence's commitment to integrity and compliance. Providence Health & Services, Swedish Health Services (including Swedish Edmonds), Kadlec Health System, Inland Northwest Health Services and Pacific Medical Centers will each have a separate Code of Conduct for its workforce members. The term Codes of Conduct as used in this document refers to the applicable Code of Conduct for the affected workforce member.
2. **Corporate Compliance Officer and Compliance Committee Designations.** Leadership at Providence recognizes that integrity and compliance are driven by involvement and responsibility at the highest organizational levels. Providence's CCO is a high level official within Providence and there is a compliance committee at the System level, in addition to regional, service area, and/or line of business compliance committees as needed based on Providence's organizational structure.
3. **Education Program Development and Implementation.** Providence provides general integrity and compliance education, including Medicare required fraud, waste and abuse topics, to its workforce. We also provide focused and job-specific education in those functional areas that involve greater compliance risk.
4. **Reporting Compliance Concerns.** We provide a confidential means to receive workforce member, patient and vendor concerns and to provide protection from retaliation for individuals who report concerns through the Providence Integrity Line or other means.
5. **Sanction or Disciplinary Action Enforcement.** We apply appropriate sanctions or disciplinary actions for workforce members who violate compliance policies and standards, applicable laws and regulations including federal health program requirements.
6. **Monitoring.** We perform compliance reviews, audits and risk assessments to identify systemic problems and conduct ongoing compliance monitoring of potentially problematic areas. Providence exercises due care to ensure that discretionary authority is not delegated to people who have a propensity to engage in or have engaged in illegal acts. System level and local level policies and procedures are implemented to address any conduct inconsistent with federal, state or local law, or with ethical behavior standards.
7. **Investigation and Remediation.** We investigate reported compliance concerns and resolve confirmed compliance problems.

Codes of Conduct

The Codes of Conduct applicable to Providence are an essential component of the Compliance Program. They establish ethical and compliance expectations for all workforce members.

Our Codes of Conduct are distributed to all workforce members and are made available to other appropriate groups, including contractors and vendors, either in paper form or by Internet and Intranet connections.

Our Codes of Conduct are an essential component of the Compliance Program and establish the expectation that all workforce members and others, when acting on behalf of Providence, will comply with the standards established in the Codes of Conduct. There is also an expectation that everyone contracting with Providence will adhere to our Codes of Conduct.

Providence workforce members are required to:

- Uphold ethical principles in the work place;
- Share responsibility for keeping Providence in compliance with applicable laws, regulations and policies governing business practices; and
- Understand the obligation to promptly report concerns about improper or inappropriate actions without fear of retaliation.

The Codes of Conduct are supplemented by policies, procedures, guidelines and standards directed to particular areas of operations. Other documents on policies and procedures may also be published at various organizational levels. Healthcare practitioners granted privileges at Providence facilities are governed by their respective medical staff by-laws and must follow them. These by-laws provide a process for resolving ethical and compliance issues related to the practice of medicine at Providence.

Policies, Procedures & Guidelines

Providence is committed to regulatory and ethical compliance in its health care services and supporting operations. The purpose of developing and maintaining a comprehensive set of policies and procedures is to provide standards by which Providence business is conducted in accordance with all appropriate legal, ethical, and industry standards.

Written policies and procedures govern practices at all Providence entities and are available to workforce members. The procedures include steps to comply with federal and state legal mandates, Providence Board policies, and system-wide compliance policies.

Listed below are the core Compliance Program policies in effect as of the approval date of this document. Additional policies may be added and names and numbers for individual policies may be changed from time to time as appropriate. In addition, Providence regions, facilities, and service lines may have their own compliance policies. The policies are listed under the area to which they apply.

Governance

1. Background Check for System Board of Directors and Members of Community Ministry Boards (PROV-GOV-217)
2. Conflicts of Interest (PROV-GOV-208)

Integrity & Compliance

1. Code of Conduct (PROV-ICP-722)
2. Confidentiality (PROV-ICP-716)
3. Conflict of Interest in Research (PROV-ICP-724)
4. Excluded Individual and Entities Checks – Vendors (PROV-ICP-703)
5. Fraud, Waste and Abuse Prevention and Detection (PROV-ICP-711)
6. Identity Theft Prevention (PROV-ICP-712)
7. Integrity and Compliance Program (PROV-ICP-700)
8. Legal Medical Record (PROV-ICP-727)
9. Non-Monetary Compensation and Medical Staff Incidental Benefits (PROV-ICP-721)
10. Records Retention & Disposal (PROV-ICP-715)
11. Vendor Interactions (PROV-ICP-718)

Privacy and Security

1. Acceptable Use of Information and Information Systems (PROV-PSEC-802)
2. Information System Electronic Access Controls (PROV-PSEC-804)
3. Administrative Requirements for Protected Health Information (PROV-PSEC-809)
4. Designated Record Set (PROV-ICP-725)
5. Device and Media Controls (PROV-PSEC-803)
6. General Uses and Disclosures of Protected Health Information (PROV-PSEC-806)
7. HIPAA–Business Associate Agreement (PROV-PSEC-810)
8. Notice of Privacy Practices (PROV-PSEC-808)
9. Protected Health Information Breach Notification (PROV-PSEC-814)
10. Rights of Individuals with Respect to Protected Health Information (PROV-PSEC-807)
11. Social Security Number Collection, Use, Disclosure and Management (PROV-PSEC-817)
12. Use and Disclosures of Protected Health Information Disclosures Authorized by Law (PROV-PSEC-815)
13. Use and Disclosures of Protected Health Information Oversight Activities (PROV-PSEC-816)

Communications & Branding

1. Electronic Social Media (PROV-COMM-604)

Finance

1. Advanced Beneficiary Notices (PROV-FIN-524)
2. Discounts for Health Services (PROV-FIN-519)
3. Federal Health Program Cost Reports (PROV-FIN-521)
4. Medicare Bad Debts (PROV-FIN-520)

Human Resources

1. Background Checks on Workforce Members (PROV-HR-421)
2. Corrective Actions Integrity, Compliance, Privacy or Security (PROV-HR-422)
3. Excluded Individual Screening for Workforce Members (PROV-HR-423)
4. Non-Retaliation (PROV-HR-419)

Medical Staff Relationships

1. Excluded Individual Checks – Medical Staff (PROV-MED-308)
2. Medical Staff Acknowledgement Statements (PROV-MED-309)
3. Physician Compensation Review (PROV-MED-310)

Mission

1. Charity Care/Financial Assistance (PROV-MISS-100)
2. Community Benefit (PROV-MISS-103)

System Integrity (a department within ERMS), the Department of Legal Affairs and other appropriate departments provide supplementary compliance guidance on legal and regulatory compliance through publication of periodic regulatory memoranda and guidelines.

Integrity & Compliance Personnel

The CCO, System Integrity, regional compliance offices, facility compliance and privacy coordinators and departmental and service line (e.g., lab, in-home services, revenue cycle, medical group, skilled nursing, research, Providence Health Plans) compliance coordinators are resources responsible for aspects of the Compliance Program.

The CCO is responsible to develop, assess and administer the Compliance Program and reports to the President of Operations and Services and the FACC.

The FACC oversees Providence’s Compliance Program as outlined in its charter. The Committee is comprised of independent Board members.

There is a System Compliance Committee that monitors and guides the Compliance Program. Current committee membership includes Providence’s chief executive officer, president, CCO, chief financial officer, general counsel and other senior leaders.

Providence has a System Integrity office to establish Compliance Program structure and standards, create and deliver compliance education, monitor compliance requirements, and assist

in the investigation and remediation of compliance concerns. Regional compliance offices with associated compliance committees manage the day-to-day operations of the program.

Suggestions from OIG guidance publications (e.g., Compliance Program Guidance for Hospitals, Compliance Program Guidance for Laboratories, Compliance Program Guidance for Nursing Facilities, etc.) have been incorporated into our Compliance Program. This has resulted in numerous service line compliance committees comprised of facility or entity subject matter experts who work with System Integrity and regional compliance offices to implement and maintain the Compliance Program across service lines. These service line compliance committees develop their own compliance policies which are part of the overall Compliance Program. Presently we have formal service line compliance committees for Providence Health Plans, in-home service operations, laboratories, revenue cycle, medical groups; skilled nursing facilities and research programs.

Education

Workforce members receive education about their responsibilities under our Compliance Program and about federal, state and local laws, regulations, and guidelines.

Providence recognizes that ethics and compliance education is required to provide its workforce members with the knowledge and skills needed to carry out their responsibilities in compliance with regulatory and policy requirements and in an ethical manner.

Providence provides compliance education programs to communicate policies, procedures and standards in a practical and understandable manner. These programs exist in a variety of content areas and occur at the system, regional and facility levels.

Initial and continuing education of workforce members is a significant element of an effective compliance program. Compliance educational requirements and delivery is tailored according to a workforce member's responsibilities. Both one-time and continued education programs are provided.

New caregivers receive compliance education consisting of an overview of the applicable Code of Conduct, a summary of the key elements of the Compliance Program, including the reporting process, significant compliance policies and procedures and a discussion of Providence's commitment to compliance in its business.

Role-based compliance education is provided through an e-learning system and may be offered to caregivers working in long-term care, hospice, nursing, medical records and coding, admitting and registration, radiology, internal medicine, Providence Health Plans and other key areas of Providence from time-to-time based on identified need.

Additional education is provided to appropriate caregivers covering fraud and abuse laws. Compliance education on the following topics has been provided to applicable groups:

- Claim development and submission processes;
- CMS and Health Plan Fraud, Waste and Abuse program requirements;
- Government and private payer reimbursement guidelines;
- General prohibitions on paying or receiving remuneration to induce referrals;
- Providing health care services with proper authorization;
- Proper documentation of services rendered, and proper alterations to records and files where necessary;
- Patient rights and patient education;
- Compliance with Medicare conditions of participation, Medicare Advantage, Medicare Part D requirements and other Medicare requirements as they become applicable to operations;
- Duty to report misconduct;
- Other federal and state requirements, including those applicable to Medicaid/Medi-Cal; and
- A variety of privacy and security topics.

System Integrity, regional compliance offices, service line compliance committees and departments that support compliance activities deliver compliance education in a variety of ways including in-person and web-based formats and through information in newsletters, forums, presentations, the Providence Intranet and staff meetings.

Regulatory Guidance

Providence will respond appropriately to regulatory guidance, including fraud alerts, issued by various government agencies.

The OIG, Centers for Medicare and Medicaid Services (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 Providence. When such guidance is issued and where appropriate, the regional compliance office or local ministry will work with department or service line compliance coordinators or management to review local practices and determine whether any action is necessary to achieve compliance. The regional compliance office will collaborate with operations personnel in their respective areas when necessary.

CMS contractors, including fiscal intermediaries and carriers, periodically release bulletins to health care providers. Providence revenue cycle operations monitors these bulletins and implements changes as needed.

Reporting Compliance Concerns

Providence fosters and supports a safe, non-threatening environment where individuals may ask questions about integrity and compliance matters and report their concerns.

As part of the Providence commitment to mission and core values, and our culture of excellence, anyone who has a concern about the integrity, compliance or ethics of our organization has an opportunity to report those concerns confidentially and without fear of retaliation. Concerns may be submitted:

- Anonymously (a personal identification number to retrieve information about their report is provided when using the Providence Integrity Line);
- Confidentially (Such requests are honored to the extent allowed by law); or
- Privately (the reporter reveals his/her identity and allows it to be used as needed).

Providence encourages caregivers to first speak with their manager or supervisor about concerns. Other workforce members (e.g., Board members, volunteers and students) are encouraged to speak with their primary Providence contact. If they are uncomfortable or unsure about how to do this, compliance program staff at the local, regional and system level are available to help. Caregivers and other workforce members can also contact staff in other support functions, such as risk management, legal or human resources - whichever is most appropriate.

Providence also provides access to a 24/7 Integrity Line. Anyone may report a concern through this toll-free line or associated web entry form, both which are managed by a third party. All Integrity Line matters are forwarded to Providence Compliance Program professionals for investigation and resolution.

Providence prohibits retaliation against any workforce member for making a good-faith report of their concerns about actual or potential wrong-doing – including violations of Providence’s Integrity and Compliance Program. Retaliation is also prohibited against any workforce member who in good faith assists in the investigation of any reported concern. Concerns about possible retaliation or harassment stemming from a compliance report may be reported to any integrity and compliance office or to human resources.

Centralization of the reporting process enables ERMS to monitor for patterns of non-compliance, compliance risk or other problems. When such patterns appear, further investigation occurs and processes, procedures, policies or controls are implemented as appropriate.

Sanctions and Disciplinary Actions

Providence workforce members are expected to conduct themselves with integrity. Each workforce member is responsible for his or her actions and is expected to know and understand his or her responsibilities in following Providence policies, procedures, standards and guidelines.

Providence workforce members are required to conduct themselves with integrity, in compliance with applicable laws, rules, policies, procedures and standards and are responsible for their actions. Workforce members are accountable to take action as described in our Codes of Conduct if they knew or should have known of a violation of law, regulation or policy. Providence enforces integrity and compliance policies and standards through appropriate disciplinary mechanisms.

Any Providence workforce member who violates federal, state, or local laws, regulations or Providence policy, procedure, standard or guideline is 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. Corrective action plans are designed to assure 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.

In the course of determining appropriate discipline, supervisors may consult with additional Providence resource experts, such as human resources, ERMS, or the Department of Legal Affairs. Supervisors are responsible for documenting discipline in accordance with Providence policy.

Record Retention & Documentation

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

The Providence records retention policy provides minimum retention periods for records based on legal, business, and risk management considerations. Where statutory and regulatory record retention requirements conflict, records will be retained for the longest period specified in the applicable statute or regulation.

Providence entities may establish local policies, consistent with and built upon the System policy, to define how records are maintained, stored and destroyed.

Auditing and Monitoring

Providence provides auditing and monitoring services through ERMS. In addition, self-monitoring occurs on a regular basis in our facilities, entities and across service lines.

ERMS' internal audit program supports Providence's operations by performing independent, objective and systematic evaluations of Providence's financial and operational units. This program is responsible for providing independent analyses, recommendations and information concerning risks and operational issues that affect the organization, including the prevention and detection of unethical, non-compliant or illegal operations or behavior.

ERMS' compliance function provides monitoring of key Compliance Program requirements and reports to Providence leadership.

In addition, service line compliance committees, providers participating in CMS Models, and other functional areas have developed standards and associated self-monitoring to assess on-going compliance with applicable laws, rules, waivers and Providence policies, procedures, standards and guidelines. When instances of non-compliance are discovered, they are documented and a corrective action plan is implemented to address the situation.

Conflict of Interest Disclosure

Providence has conflict of interest policies and procedures designed to meet IRS and other regulatory requirements for maintaining independence in decision making by Providence workforce members.

Providence maintains two conflict of interest policies. The governance level policy applies broadly to: Providence board members (governing, community and foundation); Providence executives; health care administrators; department heads; school administrators; director-level core leaders with hiring and/or contracting authority; employed physicians; purchasing agents/buyers; and other physicians with whom Providence has a significant relationship such as non-employee medical directors; and supply chain and pharmacy resource council members. Providence maintains a separate conflict of interest policy specific to those performing approved research in a Providence facility.

These individuals are required to complete an annual conflict of interest disclosure. Disclosures that indicate potential or actual conflicts of interest are reviewed and overseen by System Integrity and our regional compliance offices working closely with management. Conflict of interest management plans are developed to address identified conflicts. Significant conflicts of

interest, should they arise, are discussed and resolved with the assistance of the Department of Legal Affairs, as needed.

Fraud, Waste, Abuse and False Claims

Providence monitors and audits compliance with coding, documentation and billing requirements to detect errors, inaccuracies and improper payments or claims. Providence will take appropriate actions to correct any billing or claims inaccuracies, and to adjust, repay or collect overpayments by government payers and others as 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:

- Knows the record or claim is false; or
- Seeks payment while ignoring whether or not the record or claim is false; or
- Seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, Veteran Affairs (VA), Federal Employee Health Plan or workers’ compensation claim could become a false claim. Examples of possible false claims include: someone knowingly billing Medicare for services that were not provided; billing as a covered benefit those services which are not covered; or billing for services that are not medically necessary, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay. False claims may also include signing certifications that support compliance with state and federal law when such compliance is not supported by actual business practices.

Providence complies with state and federal False Claims Act requirements. We provide information on our expectations and policy to our workforce members and contractors. Providence expects that workforce members and contractors who are involved with creating and filing claims for payment for Providence services will only use true, complete and accurate information. Providence further expects that those who certify compliance with state and federal law will take reasonable steps to ensure that business practices are compliant.

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

Providence Health Plans (PHP) maintains a comprehensive Fraud, Waste and Abuse (FWA) Policy that addresses critical elements of an effective FWA program. Additionally, PHP maintains a special investigation unit to address specific requirements of Medicare and provides education to

its caregivers on FWA. PacMed is a US Family Health Plan provider and as such maintains a FWA policy and related compliance program as required by the Federal TRICARE plan.

Governmental Inquiries and Investigations

Providence commits to cooperating with government inquires and investigations and maintains standard protocols that involve the Department of Legal Affairs and the CCO as appropriate.

Federal agencies have a variety of investigative tools available to them, including search warrants and subpoenas. Action may also be brought against Providence to exclude it from participating in federally funded healthcare programs if Providence does not grant immediate access to agencies conducting surveys or reviews. Providence policy is to cooperate with and properly respond to legitimate inquiries and investigations.

Caregivers who receive a search warrant, subpoena, or other demand or request for investigation, or if approached by a federal agency, should obtain the identity of the investigator, and immediately notify their supervisor, regional compliance office, System Integrity, or the Department of Legal Affairs. Caregivers should request the government representative to wait until a compliance office representative arrives before conducting any interviews or reviewing documents. Providence may provide legal counsel to caregivers.

Providence's response to any warrant, subpoena, investigation or inquiry must be complete and accurate. No workforce member shall alter or destroy any document or record whether in paper or computer format that is on a legal hold.

Conclusion

An effective compliance program fosters a culture of integrity and compliance that begins at the highest levels and extends throughout the organization. This summary description of our Integrity and Compliance Program is a statement of the Providence commitment to excellence in all that we do and to maintaining an effective compliance program. We realize that the legal and regulatory environment in which healthcare operates changes quickly. For this reason, we periodically review, revise, and update our Compliance Program to provide reasonable assurance that it continues to meet the expectations of all our healthcare partners, including federal and state government, regulatory agencies, providers, and the communities we serve.