# Instructions

**Introduction:** The Oregon Health Authority (OHA) is responsible for monitoring compliance with the terms and conditions of the Coordinated Care Organization (CCO) Contract and all applicable rules and laws by Exhibit B, Part 9—Program Integrity. OHA has contracted with Health Services Advisory Group, Inc. (HSAG) to evaluate the following CCO Contract deliverables: Fraud, Waste, and Abuse (FWA) Prevention Handbook, Annual FWA Prevention Plan, and Annual FWA Assessment Report. The results of HSAG’s evaluation will be submitted to OHA for review, who will distribute the evaluation results to your CCO via the CCO Deliverables Portal.

**Review plan:** HSAG will use *Compliant*, *Compliant with recommendations*, and *Not compliant* criteria to review:

1. **FWA Prevention Handbook: Policies and Procedures**
2. **Annual FWA Prevention Plan**
3. **Annual FWA Assessment Report**

**Review process:** OHA will use the process in Exhibit D, Section 5 of the CCO Contract to approve or disapprove your CCO’s deliverables.

**Instructions:** Populate the FWA Documents Submitted for Review table and complete Sections I through III in this document and then include it with your submission of all documents required for the FWA contract deliverables due by January 31, 2024, to the CCO Deliverables Portal.

The CCOs are strongly encouraged to confirm receipt of all materials submitted to OHA. OHA cannot determine the compliance of materials not received.

If you have questions about how to complete this document or about HSAG’s review process, please contact Georgia Wilkison at [gwilkison@hsag.com](mailto:gwilkison@hsag.com) or by phone at 602-284-9182.

*Note:* Evaluation of Contractor’s compliance with Quarterly and Annual FWA Audit and Referrals and Investigations Report requirements will occur through a separate process involving OHA’s Office of Program Integrity (OPI).

Glossary of terms used in this document and the CCO Contract can be found on OHA’s CCO Contract Forms webpage, under ‘Resource Documents’: <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>.

# FWA Documents Submitted for Review

() must complete the table below, adding rows to the table as needed to list all files submitted or review. Files submitted must be ’s current version.

Please ensure date fields are populated for all documents and indicate the date field is not applicable with “NA” when the document does not include an adoption/creation, revision, and/or signature/approval date.

Refer to the *2024 FWA Contract Deliverables Guidance Document* for suggested documents within each required element when preparing documentation submissions.

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| Document Title | Most Recent Creation/Revision Date | Implementation/ Approval Date |
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# Overall 2024 Review Summary

## 2024 Required Actions

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## 2024 Recommendations

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# Section I. FWA Prevention Handbook: Policies and Procedures

Contractor must develop a FWA Prevention Handbook wherein Contractor sets forth its written policies and procedures in accordance with the requirements set forth in Title 42 of the Code of Federal Regulations (42 CFR) §§438.600-438.610, 42 CFR §433.116, 42 CFR §438.214, 42 CFR §438.808, 42 CFR §455.20, 42 CFR §§455.104 through 455.106, 42 CFR §1002, Oregon Administrative Rule (OAR) 410-141-3520, OAR 410-141-3625, OAR 141-120-1510, and Exhibit B, Part 9 of the CCO Contract that will enable Contractor to detect and prevent potential FWA activities that have been engaged in by its employees, Subcontractors, Participating Providers, Members, and other third parties (Exhibit B, Part 9, Sections 10-11).

**THE CONTRACTOR’S FWA PREVENTION HANDBOOK MUST INCLUDE, AT A MINIMUM, ALL OF THE FOLLOWING:**

| **Section I­. FWA Prevention Handbook: Policies and Procedures** | | |
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| **Requirement** | **Evidence as Submitted by the CCO** | |
| 1. **Chief Compliance Officer:** 2. Designation and identification of a Chief Compliance Officer who reports directly to the CEO and the Board of Directors. 3. Responsibilities include:  * Developing and implementing the written policies and procedures set forth in Paragraph b, Section 11 of Exhibit B, Part 9; and * Creating the Annual FWA Prevention Plan (as such Plan is described in Exhibit B, Part 9, Section 12). | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Regulatory Compliance Committee:** 2. The establishment and identification of the members of a Regulatory Compliance Committee, which must include the Contractor’s Chief Compliance Officer, senior-level management employees, and at least two members of the Board of Directors. 3. The Regulatory Compliance Committee is responsible for overseeing the Contractor’s FWA prevention program and compliance with the terms and conditions of the Contract. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **FWA Prevention Resources: Compliance Team**   The establishment of a division, department, or team of employees (Compliance Team) that is dedicated to, and is responsible for, implementing the Annual FWA Prevention Plan; and   1. **Compliance Team**: Description of Compliance Team, including names and titles of team members. *\*New component.* 2. **Responsibilities**: Description of responsibilities of each team member.*\*New component.* 3. **Professional employee**: (1) Identifies at least one professional employee who reports directly to the Chief Compliance Officer. (2) Demonstrates professional employee is an investigator, attorney, paralegal, professional coder, or auditor*. \*Formerly component (a).* 4. **Ensuring qualifications**: Description of continuous work toward increasing the qualifications of its employees. Training plan outlines all planned trainings to be provided by or attended by CCO staff during the upcoming year. *\*Formerly component (b).* 5. **Investigators**: (1) Identifies individuals working as investigators. (2) Specifies mandatory core and specialized training program requirements for such employees. (3) Demonstrates investigators possess such requirements*. \*Formerly component (c).* 6. **Team knowledge**: (1) Identifies individuals who are knowledgeable about the provision of medical assistance under Title XIX of the Social Security Act and about the operations of health care providers. (2) Demonstrates staff identified possess such requirements. *\*Formerly component (d).* 7. **Specialized skills**: (1) Identifies individuals who have forensic or other specialized skills that support the investigation of cases (e.g., nurse reviewers, certified financial forensic auditor, etc.). (2) Specifies organization employing such individuals (e.g., CCO or contracted organization). (3) Describes the forensic or specialized skills required for each individual (e.g., medical claims investigations, working knowledge of medical policy guidelines and professional coding, prior health fraud audit, analysis, or investigation experience). (4) Demonstrates staff identified possess such qualifications. *\*Formerly component (e).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Compliance with the Contract:**   A statement or narrative in the FWA Prevention Handbook that articulates the Contractor’s commitment to complying with the terms and conditions in Exhibit B, Part 9, Sections 1-18 and all other applicable State and federal laws. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Written Standards of Conduct:**   Written standards of conduct for all of the Contractor’s employees that evidences compliance with Contractor’s commitment to FWA prevention and enforcement in accordance with the terms and conditions of the Contract and all other applicable State and federal laws. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Recommendations:** | |
| 1. **Disciplinary Guidelines to Enforce and Publicize Compliance Standards:** 2. A description of Contractor’s disciplinary guidelines used to enforce compliance standards; and 3. Description of how those guidelines are publicized. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Training and Education:** 2. A system to provide and require annual attendance at training and education regarding Contractor’s FWA policies and procedures by:  * Contractor’s Compliance Officer, senior management (including Board of Directors), and all other employees. *\*Formerly component (d).* * Subcontractors and Participating Providers. *\*Formerly part of component (b).*  1. Training content must include, without limitation:  * The right, pursuant to Section 1902(a)(68) of the Social Security Act, to be protected as a whistleblower for reporting any FWA. *\*Formerly component (a).* * Information necessary for its employees, Subcontractors, and Participating Providers to fully comply with the FWA requirements of the Contract. *\*Formerly part of component (b).* * Oregon Medicaid-specific referral and reporting information, including any time parameters required for compliance with Exhibit B, Part 9. *\*Formerly component (c).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Recommendations:** | |
| 1. **Additional Training and Education for Employees Conducting Provider Credentialing:** 2. In addition to the training and education required under Exhibit B, Part 9, Section 11, Para. B (7), a system to provide annual education and training to Contractor’s employees who are responsible for credentialing Providers and Subcontracting with third parties. *\*Formerly part of overarching element language. Now reflected as individual component.* 3. Such annual education and training content must include material relating to, as set forth in 42 CFR §§438.608(b) and 438.214(d), all of the following:  * The credentialing *(i.e., procedures, including time frames*) and enrollment *(i.e., disclosure of ownership and control, business transactions, and information for persons convicted of crimes against federal-related health care programs, including Medicare, Medicaid, and/or Children’s Health Insurance Program) and screening requirements (i.e., identification of moderate to high risk providers, verification of Medicaid enrollment with OHA prior to credentialing)* of Providers and Subcontractors; and *\*Formerly component (a).* * The prohibition of employing, Subcontracting or otherwise being Affiliated with (or any combination or all of the foregoing) sanctioned individuals. *This includes appropriate verification procedures through appropriate database checks*. *\*Formerly component (b).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Effective Communication:**   Systems designed to maintain effective lines of communication between the Contractor’s Compliance Officer and the Contractor’s employees and Subcontractors. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
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| **2024 Recommendations:** | |
| 1. **Response to Allegations of Improper or Illegal Activities:** 2. Systems to respond promptly to allegations of improper or illegal activities; and 3. Enforcement of appropriate disciplinary actions against employees, Participating Providers, or Subcontractors who have violated FWA policies and procedures and any other applicable State and federal laws. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Exclusions**: *\*Formerly element 11(a).*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (a) of the CCO Contract  In addition to its reporting requirements with respect to Providers under Exhibit B, Part 9, Contractor must immediately report to the Federal Department of Health and Human Services Office of the Inspector General any Providers, identified during the credentialing process, who are include on the List of Excluded Individuals or on the Excluded Parties List System also known as System for Award Management. Reporting requirements can be met by providing such information to OHA’s Provider Enrollment Unit via Administrative Notice. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Reporting FWA–Quarterly and Annual Reporting of Program Integrity (PI) Audits:** *\*Formerly element 11(b) with a requirement change.*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (b) of the CCO Contract.   1. Using the template provided by OHA (located on the CCO Contract Forms Website), and in accordance with Contractor’s FWA Prevention Handbook and Annual FWA Prevention Plan, Contractor must submit to OHA quarterly and annual reports of all PI Audits performed. *\*Formerly part of overarching element language. Now reflected as individual component.* 2. The Annual and Quarterly FWA Audit Reports must include all data points listed in the template, information on any Provider Overpayments that were recovered, the source of the Provider Overpayment recovery, and any Sanctions or Corrective Actions imposed by Contractor on its Subcontractors or Providers. *\*Formerly component (a).* 3. For both the Quarterly and Annual FWA Audit Reports, Contractor must report all PI Audits opened, in-process, and closed during the reporting period. *\*Formerly component (b).* 4. Contractor must also provide to OHA with each Quarterly FWA Audit Report a copy of the final PI Audit report for each PI Audit identified in the FWA Audit Report as closed during the reporting quarter. *\*Formerly component (c).* 5. The Annual FWA Audit Report is due January 31 of each Contract Year and must be provided to OHA via the CCO Contract Deliverables Portal. *\*Formerly component (d).* 6. The Quarterly FWA Audit Report is due thirty (30) days following the end of each calendar quarter and must be provided to OHA via the CCO Contract Deliverables Portal. *\*Formerly component (e).*   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Reporting FWA–Quarterly and Annual Reporting of FWA Referrals and Investigations:** *\*Formerly element 11(c) with a requirement change.*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (c) of the CCO Contract   1. Using the template provided by OHA (located on the CCO Contract Forms Website), Contractor must submit to OHA, via the CCO Contract Deliverables Portal, an annual and quarterly summary report of FWA Referrals and cases investigated. *\*Formerly part of overarching element language. Now reflected as individual component.* 2. The report must include, regardless of Contractor’s own suspicions or lack thereof, any incident with any of the characteristics listed in Exhibit B, Part 9, Section 16. *\*Formerly component (a).* 3. The report must include all of Contractor’s open and closed preliminary investigations of suspected and credible cases. *\*Formerly component (b).* 4. The annual FWA Referrals and Investigations Report is due January 31 of each Contract Year following the reporting year and must be provided to OHA via the CCO Contract Deliverables Portal. *\*Formerly component (c).* 5. The quarterly FWA Referrals and Investigations Report is due thirty (30) days following the end of each calendar quarter and must be provided to OHA via the CCO Contract Deliverables Portal. *\*Formerly component (d).*   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Reporting of Suspected FWA:** *\*Formerly element 11(d).*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (d) of the CCO Contract.  In addition to the annual and quarterly summary of FWA Referrals and Investigations, Contractor must:   1. Report all suspected cases of FWA, including suspected Fraud committed by its employees, Participating Providers, Subcontractors, Members, or any other third parties to OPI and Department of Justice (DOJ)’s Medicaid Fraud Control Unit (MFCU). *\*Formerly part of overarching element language. Now reflected as individual component.* 2. Reporting must be made promptly but in no event more than seven (7) days after Contractor is initially made aware of the suspicious case. *\*Formerly component (a).*   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for collecting these data and reporting it to OHA and MFCU, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Characteristics of FWA:** *\*Formerly element 11(e).*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (e) of the CCO Contract.  In addition to the annual and quarterly summary of FWA Referrals and Investigations, Contractor must report, regardless of its own suspicions or lack thereof, to the MFCU an incident with any of the characteristics listed in Exhibit B, Part 9, Section 16.  *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for reporting to MFCU, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Cooperation with MFCU and OPI:** *\*Formerly element 11(f).*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (f) of the CCO Contract.  Contractor must cooperate in good faith with MFCU and OPI, or their designees, in any investigation or PI Audit relating to FWA as follows:   1. Contractor must provide copies of reports or other documentation requested by MFCU, OPI, or their respective designees, or any or all of them. All reports and documents required to be provided under Exhibit B, Part 9, Section 17, Para. (f), Subparagraph (1) of the CCO Contract must be provided without cost to MFCU, OPI, or their designees; 2. Contractor must permit MFCU, OPI, or their respective designees, or any combination or all of them, to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Contractor as such parties may determine is necessary to investigate any incident of FWA; 3. Contractor must cooperate in good faith with the MFCU, OPI, as well as their respective designees, or any or all of them, during any investigation of FWA; and 4. In the event that Contractor reports suspected FWA by Contractor’s Subcontractors, Providers, Members, or other third parties, or learns of an MFCU, OPI investigation, or any other FWA investigation undertaken by any other governmental entity, Contractor is strictly prohibited from notifying, or otherwise communicating with, such parties about such report(s) or investigation(s).   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for cooperating with an MFCU and Program Integrity Audit Unit (PIAU) investigation or audit, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Suspension of Payments:** *\*Formerly element 11(g).*   Procedures for reporting FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (g) of the CCO Contract.   1. Subject to 42 CFR §455.23, in the event OHA determines that a credible allegation of Fraud has been made against Contractor, OHA will have the right to suspend, in whole or in part, Payments made to Contractor. *\*Formerly part of overarching element language.* 2. In the event OHA determines that a credible allegation of Fraud has been made against Contractor’s Subcontractors, OHA will also have the right to direct Contractor to suspend, in whole or in part, the payment of fees to any and all such Subcontractors. *\*Formerly component (a).* 3. Subject to 42 CFR §455.23(c) suspension of Payments or other sums may be temporary. OHA has the right to forgo suspension and continue making Payments, or refrain from directing Contractor to suspend payment of sums to its Subcontractors, if certain good cause exceptions are met as provided for under 42 CFR §455.23(e). *\*Formerly component (b).* 4. In the event OHA determines a credible allegation of Fraud has been made against a Subcontractor, Contractor must cooperate with OHA to determine, in accordance with the criteria set forth in 42 CFR §455.23, whether sums otherwise payable by Contractor to such Subcontractor must be suspended, or whether good cause exists not to suspend such payments. *\*Formerly component (c).*   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for complying with the requirements of this section, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| 1. **Reporting FWA–Where to Report FWA:** *\*Formerly element 11(h).* 2. Procedures for reporting suspected and/or confirmed FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 17, Para. (h) and Para. (i) of the CCO Contract. 3. Contractor must include the following information for MFCU and OPI in its FWA Prevention Handbook and Member Handbook.   **Where to Report a Case of Fraud or Abuse by a Provider**  Contractor, if made aware of any suspected FWA by a Participating Provider, Subcontractor, or its own employees, must report the incident to MFCU and OPI as required under Exhibit B, Part 9. Such reporting may be made by mail, phone, or facsimile transmission using the following contact information:  Medicaid Fraud Control Unit (MFCU)  Oregon Department of Justice  100 SW Market Street  Portland, OR 97201  Phone: 971-673-1880  Fax: 971-673-1890  OHA Office of Program Integrity (OPI)  3406 Cherry Ave. NE  Salem, OR 97303-4924  Fax: 503-378-2577  Hotline: 1-888-FRAUD01 (888-372-8301)  https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx   1. Contractor must include the following information for the DHS Fraud Investigation Unit (FIU) in its FWA Prevention Handbook and Member Handbook.   **Where to Report a Case of Fraud or Abuse by a Member**  Contractor, if made aware of suspected Fraud or Abuse by a Member (e.g., a Provider reporting Member FWA) must promptly report the incident to the DHS FIU. Such reporting may be made by mail, phone, or facsimile transmission using the following contact information:  DHS Fraud Investigation  PO Box 14150  Salem, OR 97309  Hotline: 1-888-FRAUD01 (888-372-8301)  Fax: 503-373-1525 Attn: Hotline  https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
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| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Whistleblower Protection:** *\*Formerly element 12.*   Provisions that provide detailed information about the State and federal False Claims Acts and other applicable State and federal laws, including, as provided for Section 1902(a)(68) of the Social Security Act, and the protections afforded to those persons who report FWA under applicable whistleblower laws. The disclosures described in Subparagraph (12) are required of Contractor only if it receives or makes payments of at least five million dollars ($5,000,000) annually as a result of its performance under the Contract. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Procedures to Verify Services:** *\*Formerly element 13.* 2. Procedures to routinely verify whether services that have been represented to have been delivered by Participating Providers and Subcontractors were received by Members; and 3. To investigate incidents where services were not delivered or where Member paid out of pocket for services, and collect any associated Overpayments. Such verification of services must be made by mailing service verification letters to Members, sampling, or other methods. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Receive, Record and Respond:** *\*Formerly element 14.* 2. A system to: (1) receive, (2) record, and (3) respond to compliance questions, or reports of potential or actual non-compliance from employees, Participating Providers, Subcontractors, and Members; and 3. Maintain the confidentiality of the person(s) posing questions or making reports. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Provision for Contractor to Self-Report Overpayments to OHA:** *\*Formerly element 15.*   Provisions for Contractor to self-report to OHA, any Overpayment it received from OHA under the Contract or any other contract, agreement, or memorandum of understanding (MOU) entered into by Contractor and OHA. The foregoing reporting provision must include the obligation to report, as required under 42 CFR §401.305 such Overpayment to OHA within sixty (60) days of its identification.  *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for identifying Overpayment and reporting it to OHA, timely.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Provision for Contractor to Report Overpayment to OHA:** *\*Formerly element 16.* 2. Provisions for Contractor to conduct PI Audits to identify overpayments. \**Formerly part of overarching element language.* 3. Provisions to report to OHA any Overpayments the Contractor made to Providers, Subcontractors, or other third parties regardless of whether such Overpayment was made as a result of self-reporting by a Provider, Subcontractor, other third party, or identified by Contractor and regardless of whether such Overpayment was the result of FWA or an accounting or system error. *\*Formerly part of overarching element language.* 4. If identification of Overpayment was the result of self-reporting to Contractor by a Provider, Subcontractor, other third party, such foregoing reporting provision must include the obligation of the Provider, Subcontractor, or other third party to report, as required under 42 CFR §401.305 such Overpayment to the Contractor within sixty (60) days of the Provider’s, Subcontractor’s, or other third party’s identification of the Overpayment. *\*Formerly component (a).* 5. If Overpayment was identified by Contractor as a result of a PI Audit or investigation, the Contractor must report the Overpayment to OHA promptly, but in no event more than seven (7) days after identifying such Overpayment. *\*Formerly component (b).* 6. If Contractor suspects an Overpayment identified during a PI Audit or investigation is due to FWA, such Overpayment must be reported by the Contractor in accordance with Exhibit B, Part 9, Section 17 of the CCO Contract. 7. All reports made by the Provider, Subcontractor, or other third party must include a written statement identifying the reason(s) for the return of the Excess Payment. *\*Formerly component (d).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Accurate Quarterly and Annual Financial Reporting on Exhibit L:** *\*Formerly element 17.* 2. In addition to the procedures for reporting required under Exhibit B, Part 9 of the CCO Contract, Contractor must develop and maintain a procedure for accurately reporting all Overpayments on its quarterly and annual Financial Reports as required under Exhibit L, Section 3. 3. Contractor’s Exhibit L Report must include all Overpayments, identified or recovered regardless of whether the Overpayments were the result of:  * Self-reporting under Exhibit B, Part 9, Section 11, Para. (b), Subparagraphs (15) and (16) of the CCO Contract; or * A routine or planned PI Audit or other review.   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for complying with the reporting requirements of this section, quarterly and annually.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Member Reporting Process:** *\*Formerly element 18.*   A process for Members to report FWA anonymously and to be protected from retaliation under applicable whistleblower laws. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Notification of a Change in the Enrollee’s Circumstances:** *\*Formerly element 19.*   Procedures for prompt notification to OHA when Contractor receives information about changes in a Member’s circumstances that might impact eligibility, including:   1. Changes in a Member’s residence; and 2. Death of a Member. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Notification of a Change in a Provider’s Circumstances:** *\*Formerly element 20.*   A procedure pursuant to which Contractor shall:   1. Provide OHA with Administrative Notice of any information it receives about a change in a Participating Provider’s or Subcontractor’s circumstances that may affect the Provider’s or Subcontractor’s eligibility to provide services on behalf of Contractor or any other CCO, including the termination of the Provider Agreement*.\*Formerly part of overarching element language.* 2. Such Administrative Notice must be made to OHA within thirty (30) days of receipt of such information. *\*Formerly component (a).* 3. When the termination of a Participating Provider is for-cause, Administrative Notice must be provided to OHA’s Provider Enrollment Unit within fifteen (15) days of termination, with a statement of the cause (Exhibit B, Part 4, Section 5, Para. k of the CCO Contract). *\*Formerly component (b).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **FWA Information for Contractor’s employees and Members:** *\*Formerly element 21.* 2. Contractor must provide its FWA Prevention Handbook to all employees or otherwise include its complete contents in Contractor’s employee handbook. 3. Contract must include, at minimum, in its Member Handbook, the following information relating to FWA:  * A statement or narrative that articulates Contractor’s commitment to: * Prevent FWA; and * Complying with all Applicable Laws, including, without limitation, the State’s False Claims Act and the Federal False Claims Act. * Examples of Fraud, Waste, and Abuse. * Where and how to report FWA. * A Member’s right to report FWA anonymously and to be protected under the applicable whistleblower laws. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** <add text>   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results for Section I. FWA Prevention Handbook** | | | | | | | |
| **Total** | Compliant | = | # | X | 1.0 | = | # |
|  | Not Compliant | = | # | X | 0.0 | = | # |
| **Total Requirements** | | = | 28 | **Total Score** | | = | # |
|  | | |  |  | |  |  |
| **Total Score ÷ Total Requirements** | | | | | | = | **#%** |

# Section II. Annual FWA Prevention Plan

In addition to creating the written FWA Prevention Handbook, Contractor, through its Chief Compliance Officer, with the assistance of Contractor’s Compliance Officer, must annually draft a written plan for implementing, analyzing, and reporting on the effectiveness of the policies and procedures set forth in Contractor’s FWA Prevention Handbook. Contractor’s Annual FWA Prevention Plan, must include, at a minimum, written plans and procedures for all of the activities listed in Exhibit B, Part 9, Section 12. Contractor’s written plans must address what measures, criteria, or method(s) Contractor will use to evaluate effectiveness (Exhibit B, Part 9, Section 12).

**THE CONTRACTOR’S ANNUAL FWA PREVENTION PLAN MUST INCLUDE, AT MINIMUM, ALL OF THE FOLLOWING:**

| **Section II­. Annual FWA Prevention Plan** | | |
| --- | --- | --- |
| **Requirement** | **Evidence as Submitted by the CCO** | |
| 1. **Monitoring and Auditing of FWA Risks**: *\*Formerly element 1(a).*   Contractor’s written plan includes:   1. Description of FWA prevention and detection activities planned for the current Contract Year, such as routine internal monitoring, reporting, and PI Auditing of FWA risks. 2. Work plan lists all PI Audits planned for the current Contract Year, identifies individual(s) or department resources used to conduct the reviews, data or information sources, whether each review is conducted in person/on-site, and when each review is scheduled to begin*.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Monitoring and Auditing of Other Compliance Related Risks**: *\*Formerly element 1(b).*   Contractor’s written plan includes:   1. Description of compliance review activities planned for the current Contract Year, such as routine internal monitoring, reporting, and auditing of other related compliance risks. 2. Work plan lists all compliance reviews planned for the current Contract Year, identifies individual(s) or department resources used to conduct the reviews, data or information sources, whether each review is conducted in person/on-site, and when each review is scheduled to begin*.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Prompt Response**: *\*Formerly elements 1(c) and 1 (d).*   Contractor’s written plan includes:   1. The CCO’s process for promptly responding to allegations of FWA, including methods used to: receive allegations; track, triage, and refer (i) to MFCU/OPI for fraud or abuse; or (ii) to internal quality or compliance department(s). Contractor is prohibited from referring allegations of FWA to a Subcontractor who is also a party to the allegation. *\*Formerly element 1(c); however, language was modified to remove requirements for investigation and corrective action as that is assessed within other elements.* 2. The CCO’s process for promptly responding to allegations of other related compliance issues, including methods used to: receive allegations; track, triage, and refer (i) to MFCU/OPI for fraud or abuse; or (ii) to internal quality or compliance department(s). *\*Formerly element 1(d); however, language was modified to remove requirements for investigation and corrective action as that is assessed within other elements.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Investigations**: *\*Formerly elements 1 (e) and 1 (f).*   Contractor’s written plan must address:   1. Investigation of potential FWA as reported or identified in the course of self-evaluation and PI Audits. *\*Formerly element 1(e).* 2. Investigation of other related compliance problems as reported or identified in the course of self-evaluation and PI Audits. *\*Formerly element 1(f).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Prompt and Thorough Correction**: *Formerly elements 1 (g) and 1 (h).*   Contractor’s written plan must address:   1. Prompt and thorough correction of any and all incidents of FWA, in a manner that is designed to reduce the potential recurrence, including the CCO’s process for coordination of suspected criminal acts with law enforcement agencies, opening PI Audits to recover overpayments, and referring cases internally for further compliance. *\*Formerly element 1(g); however, language was modified to include corrective action specified in former element 1(c).* 2. Prompt and thorough correction of any and all incidents of other related compliance problems in a manner that is designed to reduce the potential for recurrence, including coordination of suspected criminal acts with law enforcement agencies, opening PI Audits to recover overpayments, and referring cases internally for further compliance. *\*Formerly element 1(h); however, language was modified to include corrective action specified in former element 1(d).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Activities that Support FWA Prevention and Compliance**: *Formerly elements 1 (i) and 1 (j).*   Contractor’s written plan must address:   1. Activities that support ongoing compliance with the FWA prevention under the Contract. *\*Formerly element 1(i).* 2. Activities that support ongoing compliance with other related compliance requirements under the Contract. *\*Formerly element 1(j).* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Risk Evaluation Procedures**: *\*Formerly element 1(k).*   Contractor’s written plan must address:   1. Risk evaluation procedures to enable compliance in identified problem areas such as claims, Prior Authorization, service verification, utilization management and quality review. 2. Contractor’s annual risk evaluation/assessment must identify a methodology for assessing risk of Fraud and the likelihood and impact of potential Fraud. The Fraud risk assessment may be integrated into Contractor’s overall compliance risk assessment or be performed separately from Contractor’s overall compliance risk assessment. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Payment Accuracy**: *\*Formerly element 1(l).*   Contractor’s written plan must address the development and implementation of an annual plan to perform PI Audits of Providers and Subcontractors that will enable Contractor to validate the accuracy of Encounter Data against Provider charts. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results for Section II­. Annual FWA Prevention Plan** | | | | | | | |
| **Total** | Compliant | = | # | X | 1.0 | = | # |
|  | Not Compliant | = | # | X | 0.0 | = | # |
| **Total Requirements** | | = | 8 | **Total Score** | | = | # |
|  | | |  |  | |  |  |
| **Total Score ÷ Total Requirements** | | | | | | = | **#%** |

# Section III. Annual FWA Assessment Report

Contractor must submit an annual assessment report of the quality and effectiveness of its Annual FWA Prevention Plan, and the related policies and procedures included in its FWA Prevention Handbook. The Annual FWA Assessment Report must include an introductory narrative of the foregoing efforts over the prior Contract Year and their effectiveness (Exhibit B, Part 9, Section 18).

THE ANNUAL FWA ASSESSMENT REPORT MUST INCLUDE, WITH RESPECT TO THE PREVIOUS CONTRACT YEAR, ALL OF THE FOLLOWING:

| **Section III. Annual FWA Assessment Report** | | |
| --- | --- | --- |
| **Requirement** | **Evidence as Submitted by the CCO** | |
| 1. **Assessment of Compliance and FWA Activities–Preliminary Investigations**: *\*Formerly element 1(a) with a requirement change.* 2. A brief summary of the preliminary investigations conducted by the Contractor, including the rationales for opening the preliminary investigations (e.g., allegations or reports of FWA, information from OHA, self-reporting, etc.); and 3. Outcomes of the preliminary investigations as of the date of submission (e.g., referred to OPI and/or MFCU, investigation still ongoing, characteristics of FWA identified, opened PI audit to recover overpayment, etc.). | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Activities–PI Audits**: *\*Formerly element 1(b) with a requirement change.*   For each PI audit conducted in response to referrals and investigations, the Contractor must provide:   1. A brief summary of the Subcontractor and Participating Provider PI Audits conducted by Contractor in response to referrals and investigations; 2. Whether the PI audits were performed on-site or based on a review of documentation; 3. Findings from the PI audits (e.g., overpayment identified, no overpayment identified, fraud suspected, identification of suspected criminal acts, etc.); and 4. Any corrective action taken (e.g., recoupment of payment, placed on corrective action plan, put on 100% prepayment review, terminated from provider panel, coordination with law enforcement agencies for suspected criminal acts, etc.). | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Activities–Compliance Reviews**: *\*Formerly element 1(c) with a requirement change.*   For each compliance review conducted in response to reported or suspected non-compliance, the Contractor must provide:   1. A brief summary of the Subcontractor and Participating Provider Compliance Reviews conducted by Contractor in response to reported or suspected non-compliance, including rationale for conducting compliance reviews (e.g., report or allegation of non-compliance, self-reporting, compliance issue identified during the course of business, etc.); 2. Whether the reviews were performed on-site or based on a review of documentation; 3. Outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); and 4. Any corrective action taken (e.g., provider/subcontractor education, corrective action plan implemented, federal/State referral, coordination with law enforcement agencies for suspected criminal acts, etc.). | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Training and Education Activities**: *\*Formerly element 1(d).*   Identify the training and education provided during the prior Contract Year and attended by:   1. Contractor’s Chief Compliance Officer, senior management, and all of the Contractor’s other employees; 2. Providers, as applicable; and 3. Subcontractors, as applicable. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Prevention Activities–Planned Provider PI Audits:** *\*Formerly elements 1(e)(1) and (2) with a requirement change.*   Contractor’s Annual FWA Assessment Report must include:   1. Review of the Provider PI Audit activity Contractor performed during the prior Contract Year; 2. Whether such PI Audit activity was in accordance with Contractor’s Annual FWA Prevention Plan from the prior Contract Year; 3. Findings from the PI audits (e.g., overpayment identified, no overpayment identified, identified characteristics of FWA, identification of suspected criminal acts, etc.); 4. Any corrective action taken (e.g., recoupment of payment, placed on corrective action plan, put on 100% prepayment review, terminated from provider panel, referral to OHA and/or MFCU, coordination with law enforcement agencies for suspected criminal acts, etc.); and 5. A description of the methodology used to identify high-risk Providers and services chosen for PI audits.   *\*The work and activities reported in the Annual FWA Assessment Report must align with the prior year’s Annual FWA Prevention Plan. The work and activities must be clearly described and be specific to the reporting year.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Prevention Activities–Planned Compliance Reviews**: *\*Formerly element 1(e)(3) with a requirement change.*   Contractor Annual FWA Assessment Report must include:   1. A summary of the compliance review activity Contractor performed of Subcontractors, Participating Providers, and any other third party during the prior Contract Year; 2. Description of the data analytics relied upon; 3. Whether such activity was in accordance with Contractor’s Annual FWA Prevention Plan for the prior Contract Year; 4. Outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); and 5. Any corrective action taken (e.g., provider/subcontractor education, corrective action plan implemented, federal/State referral, coordination with law enforcement agencies for suspected criminal acts, etc.).   *\*The work and activities reported in the Annual FWA Assessment Report must align with the prior year’s Annual FWA Prevention Plan. The work and activities must be clearly described and be specific to the reporting year.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Prevention Activities–Requests for Technical Assistance**: *\*Formerly element 1(e)(4).*   Contractor must include it its report:  Any applicable request for technical assistance from OHA, DOJ’s MFCU, or CMS during the prior Contract Year on improving the compliance activities performed by Contractor. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Assessment of Compliance and FWA Prevention Activities–Service Verification Letters**: *\*Formerly elements 1(e)(5) and (6).*   Contractor must include in its report:   1. A sample of the service verification letters mailed to Members. 2. A summary report on:  * The number of service verification letters sent; * How Members were selected to receive such Letters; * Member response rates; * The frequency of mailings, including all dates on which such Letters were mailed; * The results of the efforts; and * Other methodologies used to ensure the accuracy of data.   *\*The work and activities reported in the Annual FWA Assessment Report*  *must align with the prior year’s Annual FWA Prevention Plan. The work and*  *activities must be clearly described and be specific to the reporting year.* | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Narrative Assessment of Annual FWA Activities–Outcomes**: *\*Formerly element (f)(1).*   A narrative and other information that advises OHA of:  Outcomes of all of the remaining FWA prevention activities undertaken by Contractor during the prior Contract Year. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Narrative Assessment of Annual FWA Activities–Improvements to Address Deficiencies**: *\*Formerly element (f)(2).*   A narrative and other information that advises OHA of:  Proposed or future improvements to processes, policies, and procedures to address deficiencies identified through the FWA prevention activities conducted during the prior Contract Year. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |
| 1. **Narrative Assessment of Annual FWA Activities–Workplan Modifications**: *\*Formerly element (f)(3).*   A narrative and other information that advises OHA of:   1. Activities identified in its prior Contract Year’s FWA Prevention Plan that were not implemented or were implemented differently than initially described by Contractor in its Annual FWA Prevention Plan. 2. An explanation of how and why the FWA prevention activities changed. | Please check the box if any documentation has already been submitted to OHA for review and indicate the name and date of submission of the document(s) that must be obtained from OHA. *NOTE: When submitting multiple documents, please indicate which documents and pages address each component.* | |
| **2023 HSAG Review:**  **2023 Required Actions:**  **2023 Recommendations:** | | Compliant  Compliant with recommendations  Not compliant |
| **2024 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2024 Required Actions:** | |
| **2024 Recommendations:** | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results for Section III. Annual FWA Assessment Report** | | | | | | | |
| **Total** | Compliant | = | # | X | 1.0 | = | # |
|  | Not Compliant | = | # | X | 0.0 | = | # |
| **Total Requirements** | | = | 11 | **Total Score** | | = | # |
|  | | |  |  | |  |  |
| **Total Score ÷ Total Requirements** | | | | | | = | **#%** |