

Advantage Dental

From DentaQuest

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<p>PURPOSE: This policy articulates the Advantage Dental From DentaQuest (Advantage Dental) commitment to preventing fraud, waste, and abuse. Advantage Dental is fully committed to the implementation and enforcement of compliance policies that will substantially reduce or eliminate the risk that it or its associates, management, contractors and agents might violate the FCA, comparable State civil and criminal laws or administrative prohibitions on the submission of false claims and statements. The purpose of this policy is as follows:</p> <ul style="list-style-type: none"> • The purpose of this policy is to comply with The Program Fraud Civil Remedies Act of 1986 provides for administrative remedies against persons who make, or cause to be made, a false claim or written statement to certain federal agencies, including the Department of Health and Human Services. • The purpose of this policy is to comply with the Deficit Reduction Act of 2005 (DRA) by providing detailed information, either directly or through reference to other sources about: (1) the federal False Claims Act (FCA); (2) administrative remedies for false claims and statements under the Program Fraud Civil Remedies Act (PFCRA); (3) whistleblower protections; and (4) any State laws pertaining to civil or criminal penalties for false claims and statements. • The purpose of this Policy is to outline and define the scope, responsibilities and operational guidelines, controls and activities to assist in the identification and reporting of potential Fraud, Waste and Abuse (FWA) occurrences. • This policy establishes our plan for fraud, waste and abuse prevention, detection, and reporting. The policy applies to all Advantage Dental employees and subcontractors as required by CMS and are stipulated in Title 42 of the Code of Federal Register, Chapter IV, and Chapter 21 of Medicare Managed Care Manual, applicable state statutes and regulations. <p>Advantage Dental distributes written standards of conduct along with our fraud, waste and abuse policy to all employees and subcontractors to promote Advantage Dental's commitment to compliance.</p>	
<p>DEFINITIONS:</p> <p>Abuse includes an activity or practice undertaken by a member, provider, employee, or contractor that is inconsistent with sound fiscal, business or dental practices and results in</p>	

unnecessary cost to reimburse for services that are not medically necessary, or that fail to meet professionally recognized standards for health care.

Associate: The term “associate” includes any employee or officer of Advantage Dental (as defined below).

Centers for Medicare and Medicaid Services is an agency within the Department of Health and Human Services that is responsible for directing the national Medicare program.

Contractor or Agent: The term “contractor” or “agent” includes any contractor, subcontractor, Agent or other person which or who, on behalf of Advantage Dental, furnishes or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care services arranged by Advantage Dental.

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law (42 CFR 455.2). Member fraud may include a member’s misuse of a dental card, altering or forging a prescription, theft or any fraudulent activity committed against Advantage Dental or any subcontractor.

Incident means a situation of possible fraud, abuse, neglect, and/or exploitation which has the potential for liability to the State of Oregon, Washington, Idaho, Advantage Dental or subcontractor.

Potential means if in one’s professional judgment, it appears as if an incident of fraud or abuse may have occurred. The standard of professional judgment used would be that judgment exercised by a reasonable and prudent person acting in a similar capacity.

Special Investigative Unit is the Department responsible for all investigative efforts regarding allegations of fraud, waste and abuse.

Waste is the extravagant, careless, or unnecessary utilization of or payment for health care services

POLICY:

Advantage Dental requires all workforce to exercise due diligence in the prevention, detection and correction of fraud, waste and abuse. Advantage Dental promotes an ethical culture of compliance with all state and federal regulatory requirements, and mandates the reporting of any suspected fraud, waste and abuse to Advantage Dental compliance department by emailing Compliance@advantagedental.com or calling 541-504-3900 or 360-571-8181 or through the use of an anonymous hotline at 866-654-3433.

In addition to workforce reporting and prevention requirements, Advantage Dental encourages members, affiliates, facilities, vendors, consultants and contractors to report any suspected fraud, waste or abuse to Advantage Dental compliance department directly by calling 360-571-8181 or anonymously through the hot line at 866-654-3433.

Advantage Dental and subcontractors are required to comply with these policies and procedures. Advantage Dental will promote Contractor and Subcontractors compliance with these policies and procedures which:

- a. Promote the Contractor’s commitment to compliance;

- b. Address specific areas of potential fraud, such as claims submission process, and financial relationships with its Subcontractors;
- c. Provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any state or local laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in 42 USC 1320a-7b)
- d. Provide as part of the written policies, detailed provisions regarding the Contractor's policies and procedures for detecting and preventing fraud, waste and abuse; and
- e. Include in any employee handbook for the Contractor, a specific discussion of the laws described in subsection (c) of this section, the rights of employees to be protected as whistleblowers, and the Contractor's policies and procedures for detecting and preventing fraud, waste and abuse.

Advantage Dental is a contractor in state and federal programs such as Medicaid and Medicare and we are required to comply with the following federal laws. Federal and state laws include:

Federal Laws

False Claims Act The FCA Established Under Sections 3729 through 3733 and Title 31 of the United States Code.

The Federal False Claims Act ("FCA") is one of the most effective tools used to recover amounts improperly paid due to fraud and contains provisions designed to enhance the federal government's ability to identify and recover such losses. The FCA prohibits any individual or company from knowingly submitting false or fraudulent claims, causing such claims to be submitted, making a false record or statement in order to secure payment from the federal government for such a claim, or conspiring to get such a claim allowed or paid.

Under the statute the terms "knowing" and "knowingly" mean that a person (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Examples of the types of activity prohibited by the FCA include billing for services that were not actually rendered, and up coding (billing for a more highly reimbursed service or product than the one actually provided).

The FCA defines "claim" to include any request or demand for payment for money that is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property that is requested or demanded, or if the Government will reimburse the contractor, grantee, or other recipient for the money or property.

The FCA is enforced by the filing and prosecution of a civil complaint. Under the Act, civil actions must be brought within six years of a violation, or, if brought by the government, within three years of the date when material facts are known or should have been known to the government, but in no event more than ten years after the date on which the violation was

committed. Individuals or companies found to have violated the statute are liable for a civil penalty for each claim of not less than \$5,500 and not more than \$11,000, plus up to three times the amount of damages sustained by the federal government.

Information on Administrative Remedies for False Claims and Statement Under the PFCRA codified at Chapter 38 of Title 31 of the United States Code.

The PFCRA was enacted in 1986 to allow federal departments and agencies, including the United States Department of Health and Human Services (HHS) to pursue administrative actions against individuals or organizations who knowingly submit false, fictitious or fraudulent claims or statements for benefits or payments under a federal agency program. Under the PFCRA, the United States can obtain an assessment against the offender, in lieu of damages, of twice the amount of the false claim and a penalty of up to \$5,000 for each false claim submitted. The remedies under the PFCRA are in addition to any other remedy prescribed by law. The “knowingly” element of this Act is defined in the same way that it is under the FCA. Deliberate ignorance or reckless disregard for the truth or falsity of the claim or statement is sufficient; actual knowledge does not have to be established.

A determination of liability under the PFCRA may provide the deferral agency with grounds for commencing an administrative or contractual action against the person or organization, debaring or preventing them from eligibility to enter into contracts with the Federal Government.

State Laws

Oregon False Claims Act (ORS 180.750 to 180.780), Washington False Claims Act (RCW 74.66), Idaho Medicaid anti-fraud statute (56-226-227, Idaho Code)

A false claim is any claim that (a) contains, or is based on, false or fraudulent information; (b) contains any statement or representation that is untrue in whole or part; or (c) omits information that could have a material effect on the value, validity or authenticity of the claim. False claims act provides for recovery of damages and civil penalties against anyone who: (1) presenting, or causing to present, for payment or approval a claim to a public agency that the person knows is a false claim; (2) making or using, in the course of presenting, or causing to present, a claim to a public agency for payment or approval, a record or statement that the person knows is a false claim; (3) agreeing or conspiring with other persons to present for payment or approval a claim to a public agency that the person knows is false; (4) making or using, or causing to be made or used, a false or fraudulent statement to conceal, avoid, or decrease an obligation to pay a public agency if the person knows that the statement is false or fraudulent; or (5) failing to disclose a false claim to a public agency that benefits the person within a reasonable time after discovering that the false claim has been presented or submitted for payment or approval. The Oregon Attorney General may bring a civil action against a person that violates this law. If a violation is proven, a court can order the person who violated the law to repay the government for all damages and order a penalty equal to the greater of \$10,000 for each violation or an amount equal to twice the amount of damages occurred for each violation.

Oregon also has laws that prohibit false claims for payment under the Medicaid program. ORS 411.670–411.690. Violation of these laws is a Class C felony and punishable by fines and imprisonment. Oregon’s Department of Human Services or Oregon Health Authority can also recover any prohibited payments under these laws in an administrative or civil action and can

seek triple the amount of the claim as damages if the provider has previously been warned against the wrongful billing practice.

Depending on the factual circumstances presented, additional state laws may also apply and prohibit any false claim submitted for payment under the Medicaid program. These laws include: ORS 646.605 to 646.656 (prohibiting unlawful trade practices); ORS chapter 162 (crimes related to perjury, false swearing and unsworn falsification); ORS chapter 164 (crimes related to theft); ORS chapter 165 (crimes involving fraud or deception including, but not limited to, ORS 165.080 (falsification of business records) and ORS 165.690 to 698 (criminal penalties for false claims for health care payments)); ORS 166.715 to 166.735 (criminal and civil racketeering); OAR 410-120-1395 to 410-120-1510 (program integrity, sanctions, fraud and abuse); and common law claims including Fraud, Money Paid by Mistake and Money Paid by False Pretenses.

Submitting Wrongful Claim or Payment

Any person who accepts from the Department of Human Services any payment made to such person for furnishing any need to or for the benefit of a public assistance recipient shall be liable to refund or credit the amount of such payment to the department if such person has obtained or subsequently obtains from the recipient or from any source any additional payment received for furnishing the same need to or for the benefit of such recipient. However, the liability of such person shall be limited to the lesser of the following amounts: (a) The amount of the payment so accepted from the department; or (b) the amount by which the aggregate sum of all payments so accepted or received by such person exceeds the maximum amount payable for such need from public assistance funds under rules adopted by the department.

Any person who after having been afforded an opportunity for a contested case hearing pursuant to Oregon, Washington and Idaho law, is found to violate law shall be liable to the department for treble the amount of the payment received as a result of such violation.

Whistleblower & Non Retaliation Protections

1. **FCA's Whistleblower Provisions** An individual who commits, attempts to commit, or solicits, coerces, or intimidates another to make a false claim for health care payment may also be guilty of unlawful racketeering activity. Certain uses or investment of proceeds received as a result of such racketeering activity is unlawful and is considered a felony.
 - a. The FCA permits both the United States and private citizens to bring civil actions for violations of its liability provisions. When a private citizen or "whistleblower" brings such an action, it is brought in the name of the United States and the lawsuit is filed "under seal" or in secret. The defendant or person being sued is not notified of the suit and does not receive a copy.
 - b. At the time the suit is filed, the whistleblower must serve the lawsuit on the Government along with a written disclosure of substantially all material evidence of which the whistleblower is aware. The seal remains in place initially for 60 days while the Government investigates the allegations and decides whether to intervene, i.e., to become involved in the prosecution of the case. Typically, the government obtains multiple extensions of the seal. The defendant is served with the suit when the seal is lifted.
 - c. No other whistleblower may file another suit based on the facts underlying the

originally filed suit.

- d. If the government decides to intervene, it has primary responsibility for prosecution of the action, but the whistleblower can continue to participate and may, with some limitations, continue to play an active role in the litigation. Most important, the whistleblower may object to any proposed settlement between the Government and the defendant. If such objection is made, the court must hold a hearing to determine if the proposed settlement is fair, adequate and reasonable.
- e. If the Government decides not to intervene, the whistleblower is entitled to proceed with the case, with his or her own attorney, although the United States continues to be the actual plaintiff.
- f. The whistleblower is entitled to receive from 15 to 25 percent of any recovery through settlement or judgment in those cases where the Government intervenes and between 25 and 30 percent in those cases where the Government declines to intervene. In addition to a share in the recovery, a prevailing whistleblower is also entitled to reasonable attorneys' fees and expenses from the defendant.

2. **Qui Tam and Whistleblower Protection Provisions** – The False Claims Act contains qui tam, or whistleblower provision. Qui tam is a unique mechanism in the law that allows citizens to bring actions in the name of the United States for false or fraudulent claims submitted by individuals or companies that do business with the federal government.

A **qui tam** action brought under the FCA by a private citizen commences upon the filing of a civil complaint in federal court. The government then has sixty days to investigate the allegations in the complaint and decide whether it will join the action. If the government joins the action, it takes the lead role in prosecuting the claim. However, if the government decides not to join, the whistleblower may pursue the action alone, but the government may still join at a later. As compensation for the risk and effort involved when a private citizen brings a qui tam action, the FCA provides that whistleblowers who file a qui tam action may be awarded a portion of the funds recovered (typically between 15 and 25 percent) plus attorneys' fees and costs.

3. **Employment Protections for Whistleblowers and Other Employees**

In addition to a financial award, the FCA entitles whistleblowers to additional relief if the whistleblower has been retaliated against for filing an action under the FCA or committing other lawful acts, such as investigating a false claim or providing testimony for, or assistance in, an FCA action. Such relief includes employment reinstatement; two times the amount of back pay, compensation for special damages including litigation costs and reasonable attorney's fees.

4. **Federal Whistleblower Protections**

Federal law prohibits an employer from discriminating against an employee in the terms or conditions or his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole. 31 USC § 3730(h).

5. State Whistleblower Protections

State law prohibits employers from retaliating against an employee who in good faith reports criminal activity or initiates a criminal proceeding against any person, cooperates in a criminal investigation, or brings or testifies in a civil proceeding against an employer. ORS 659A.230, RCW Title 49 Chapter 49.60. Further, an employee who believes he or she is the victim of retaliation may file a complaint with the Bureau of Labor and Industries.

6. Certain Whistleblowers Actions Barred

A whistleblower may not bring an action that is based upon the public disclosure of allegations in a criminal, civil or administrative hearing; in a congressional, administrative, or GAO report, hearing, audit or investigation; or from the news media – unless the whistleblower is an “original source”. An original source means an individual who has direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the Government before filing an action.

Advantage Dental may not terminate, demote, suspend or in any manner discriminate or retaliate against an employee or subcontractor with regard to promotion, compensation or other terms, conditions or privileges of employment or contracting for the reason that the reporter has in good faith reported fraud, waste or abuse by any person, has in good faith cooperated with any law enforcement agency conducting a criminal investigation into allegations of fraud, waste, or abuse, has in good faith brought a civil proceeding against an employer or has testified in good faith at a civil proceeding or criminal trial. ORS 659(A).230 – ORS 659(A).233, ORS 659(A).200 – ORS 659(A).224, and RCW 49.60.

Advantage Dental Compliance Plan

The following is intended to be a high level overview of the implementation of a comprehensive plan to detect, correct and prevent fraud, waste, and abuse. The core elements of Advantage Dental’s Compliance program include:

1. Written policies, procedures and standards of conduct as reflected in Advantage Dental’s Code of Conduct;
2. Compliance Officer and Compliance Committee which meet Bi-monthly (or more often as needed);
3. Annual required compliance training by all workforce based on responsibilities and OIG identified risk areas.
4. Ongoing education of workforce, network affiliates, vendors, consultants, contractors of regulatory changes and Fraud, Waste and Abuse Awareness through newsletters, web pages, meetings and mail-outs.
5. Effective lines of communication established with internal workforce and external entities through the internet, newsletters, meetings, and other modes of contact.
6. Disciplinary guidelines are published in the Code of Conduct and enforced through the appropriate established internal or external processes.
7. Ongoing auditing and monitoring for compliance with Fraud, Waste and Abuse mandates will include, but not limited to, the resources of Advantage Dental:
8. Internal Audit Department,
9. Special Investigation Unit (SIU),
10. Compliance Committee.

11. Corrective action plans will be implemented, documented and communicated upon discovery of Fraud, Waste and Abuse. Additional monitoring may be initiated as necessary to prevent any future occurrence.
12. An effective fraud, waste and abuse policy promotes:
13. Awareness and recognition of potential Fraud, Waste and Abuse;
14. Processes for reporting fraud, waste and abuse that would be non-retaliatory and;
15. Refining the existing policy as necessary to meet any corporate or regulatory changes.
16. An effective Fraud, Waste and Abuse program addresses the following, but is not limited to just the topics listed below.
17. Laws and regulations related to Medicaid and Medicare Fraud, Waste and Abuse (i.e., False Claims Act, Anti-Kickback statute, HIPAA, etc.);
18. Obligations of the Advantage Dental's appropriate policies, procedures and training to prevent, detect and correct fraud, waste, and abuse;
19. Process for reporting suspected Fraud, Waste and Abuse;
20. Protections for employees who report suspected fraud, waste and abuse;
21. Awareness of types of Fraud, Waste and Abuse that can occur.

In conjunction with our core elements of Advantage Dental's Compliance program, our compliance program has developed internal controls and procedures designed to prevent and detect potential fraud, waste and abuse activities by members, providers and employees. This plan includes controls in areas such as claims, prior authorization, utilization management and quality review, member complaint and grievance resolution, provider credentialing and contracting, provider and employee education, and corrective action plans to address fraud, waste and abuse activities. Cases of potential fraud waste or abuse as indicated below and in the laws will be reported to appropriate regulatory agency.

1. Provider recklessly or intentionally making false statements about other provider's credentials.
2. Primary Care physicians or dentist purposefully misrepresenting medical or dental information to justify referrals when they should provide care.
3. Providers intentionally failing to render medically appropriate covered services that they are obligated to do.
4. Providers knowingly charging members for covered services or balance-billing a member.
5. Any case of theft, embezzlement or misappropriation of Title XIX or Title XXI program money.
6. Evidence of corruption in the enrollment/disenrollment process (Example: the effort of a hypothetical employee to skew the risk of unhealthy patients towards or away from a provider)

Federal Program Fraud Civil Remedies Act Information - The Program Fraud Civil Remedies Act of 1986 provides for administrative remedies against persons who make, or cause to be made, a false claim or written statement to certain federal agencies, including the Department of Health and Human Services. Any person who makes, presents, or submits, or causes to be made, presented or submitted a claim that the person knows or has reason to know is false, fictitious, or fraudulent is subject to civil money penalties of up to \$5,000 per false claim or statement and up to twice the amount claimed in lieu of damages. Penalties may be recovered through a civil action or through an administrative offset against claims that are otherwise payable.

PROCEDURE:

Advantage Dental maintains the following activities and controls within various departments to promote effective utilization of dental resources and/or identify potential fraud, waste, or abuse occurrences (not inclusive):

1. Information system edits and audits claims submitted.
2. Post payment review of claims and other claims analysis activities.
3. Provider credentialing and re-credentialing policies and procedures, including on-site reviews if applicable.
4. Provider and utilization profiling.
5. Prior authorization policies and procedures (member eligibility verification, review of dental necessity and appropriateness of service requested, and covered service verification).
6. Utilization management and prior authorization policies and procedures, including quality improvement committee and peer review, corrective action planning, and provider participation limitations and or termination as applicable.
7. Quality improvement practices, as indicated in Advantage Dental's Quality Improvement Compliance Plan and Code of Conduct policies.
8. Dental claims review for appropriateness of services and level(s) of care, reasonable charges, and potential under and over utilization.
9. As applicable, follow-up and receive recommendations and referrals from committees such as Quality Improvement and Credentialing related to providers and utilization.
10. Provider education regarding potential fraud, waste and abuse occurrences and reporting
11. Employee education regarding potential fraud, waste and abuse occurrences, detection and reporting
12. Provider notice by letter and or phone, and training either by phone or face-to-face by Advantage Dental administration if problem identified.
13. Monitoring of provider and member complaints and grievances.
14. As applicable, apply risk evaluation technologies to monitor compliance and assist in the reduction of identified problem areas.
15. Verification of Services –Sends a Verification of Services letter to members who have received services regardless if the claims were paid, pending or denied. The mailings occur monthly and are based on a random sampling of 5% of unique members who have service dates in the previous month. The letter communicates the following:
 - a. The communication is NOT A BILL for services
 - b. Recipient name
 - c. Member ID#
 - d. Specific services received, showing provider name, service provided, and date(s) of service, paid amount (if any).
 - e. A request that the member returns the mailing in prepaid self- addressed stamped envelope and verify services received with a "yes" indication and services not received with a "no" indication.

The Verification of Services letter will not include specially protected information such as genetic, mental health, alcohol and drug or HIV/AIDS

If a call is received from a member related to the Verification of Service mailing,

customer service will notify the compliance department for investigation in accordance with this policy.

Advantage Dental will provide to CCO/OHA/DHS, upon request, verification that MAP members were contacted to confirm that billed services were provided in accordance with 42 CFR 455.20 and 433.116 (e) and (f).

Violations of the above standards will be reported and reviewed in the Advantage Dental's Compliance Committee meetings.

Corrective action will be required immediately and may require the following actions: increase locations offered, increase resource of practitioners, increase daily schedules. Corrective action will vary depending on circumstances.

Reporting Mechanisms and Primary Contact

Each Advantage Dental employee and subcontractors has an obligation to report suspected fraud, waste, or abuse, regardless of whether such wrongful actions are undertaken by a peer, supervisor, contractor, provider, or member. When an employee suspects fraud, waste or abuse, such employee should submit an anonymous report through the hotline, written, supervisor, management, or compliance department. All reported cases will be reported to Advantage Dental's Compliance Officer. The Compliance Officer is directed to contact the Department of Justice Medicaid Fraud Control Unit (MFCU), Department of Human Services (DHS) Provider Audit unit prior to verification and contracted CCO for any verified instances of FWA.

The Compliance department oversees the investigation of potential fraud, waste and abuse occurrences. The compliance department reports to the compliance committee and board of directors.

Advantage Dental and subcontractors who interact with providers and members are trained in fraud, waste and abuse detection and reporting.

Any potential fraud, waste and abuse occurrence identified by an Advantage Dental employee or subcontractors during the course of his/her performing duties is required to report to the compliance department. The compliance department is required to report to Oregon Health Authority.

The contact information when referring a case of suspected fraud or abuse by a PROVIDER is:

Advantage Dental Compliance Department

14201 NE 20th Ave B200

Vancouver, WA 98686

Anonymous hotline 866-654-3433

Email: Compliance@advantagedental.com

Department of Justice Medicaid Fraud Control Unit (MFCU)

1515 SW 5th Avenue

Suite 410

Portland, Oregon 97201

971-673-1880

Fax 971-673-1890

OHA/DHS Fraud Investigation Audit Unit:

P.O. Box 14152
3406 Cherry Ave
Salem, Oregon 97309-9965
Fraud Hotline: 1-888-372-8301
Fax: 503-378-2577

The contact information when referring a case of suspected fraud or abuse by a MEMBER is:

Advantage Dental Compliance Department

14201 NE 20th Ave B200
Vancouver, WA 98686
Anonymous hotline 866-654-3433
Email: Compliance@advantagedental.com

OHA/DHS Fraud Investigation Audit Unit:

P.O. Box 14150
Salem, Oregon 97309-5027
Fraud Hotline: 1-888-FRAUD01 (1-888-372-8301)
Fax: 503-373-1525 Attn: HOTLINE

Advantage Dental is committed to providing alternative channels for reporting problems and concerns. This policy requires associates to promptly report actual or potential wrongdoing, including any actual or potential violation of law, regulation, policy, or procedure either anonymously or in confidence.

Employees who report concerns in good faith are not subjected to retaliation, retribution, or harassment. No employee is permitted to engage in retaliation, retribution, or any form of harassment against another employee for reporting compliance-related issues. Any retribution, retaliation, or harassment is met with disciplinary action. This policy assures employees that their employment with Advantage Dental is not at risk by such reporting. However, employees cannot exempt themselves from the consequences of wrongdoing by self-reporting, although self-reporting may be considered in determining the appropriate course of action.

Advantage Dental upon notification of program non-compliance will begin an inquiry minimally within two weeks of notification in compliance with Chapter 21-Compliance Program Guidelines for Medicaid and Medicare.

The employee may use any of the following avenues of reporting:

- Compliance Director and analyst
- A member of the Compliance Committee
- Their immediate Supervisor
- A member of executive management
- Human Resources
- Compliance Hotline

Coordinated Care Organization's (CCO): Advantage Dental will work with the CCO on matters

of suspected FWA and shall work with the CCO in referrals to the MFCU if the circumstances warrant such a referral.

Coordination with External Agencies

The Advantage Dental Fraud and Abuse Team coordinates all information requests and reporting, whether initiated internally or externally. Advantage Dental promptly refers all suspected cases of fraud, waste and abuse by groups, members, provider and employees of the organization to the appropriate regulatory agencies for further investigation. In addition, Advantage Dental assists various governmental agencies as practical in providing information and other resources during the course of investigations of potential provider or member fraud or abuse. These agencies include, but are not limited to city, county, state and federal agencies; the DHS Audit Unit, the Medicaid Fraud Control Unit of the Oregon Attorney Generals' Office, and the United States Office of the Inspector General.

How to refer a case of fraud or abuse to external agencies

Advantage Dental will report the following information in a fraud and abuse referral based on the referral characteristics listed in the core contract:

- a. The number of complaints made to OHA or MFCU warranting preliminary investigation
- b. Member name and ID number
- c. Source of complaint
- d. Provider type
- e. Nature of complaint
- f. Appropriate dollars involved
- g. Legal & administrative disposition of the case.

Post-Referral Requirements

Advantage Dental shall comply with, and shall ensure that all employees, providers, and subcontractors comply with all enrollee abuse reporting requirements and fully cooperate with the state for purposes of all applicable laws and administrative rules. B. After referring to the DMFCU or CMS, as appropriate, Advantage Dental shall do all of the following:

- a. Promptly report all identified FWA activity.
- b. Permit the DMFCU or the Department of Human Services (DHS), or both, to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities maintained by or on behalf of Advantage Dental or by or on behalf of any subcontractor, as required to investigate an incident of FWA.
- c. Cooperate and require its employees, providers, and subcontractors to cooperate with the DMFCU and DHS investigator during any investigation of FWA.
- d. In the event Advantage Dental reports suspected fraud, or learns of a DMFCU or DHS investigation, it will not prematurely notify or otherwise advise the employee, provider, or subcontractor under investigation of the investigation.
- e. Provide copies of reports or other documentation, including those required from the employee, provider, or subcontractors regarding the suspected fraud at no cost to DMFCU or DHS during an investigation.

Fraud, Waste, and Abuse Investigations

When acting within the scope of this policy, Advantage Dental personnel have the right to Advantage Dental applicable records necessary to audit or investigate allegations of fraud,

waste, or abuse. This right to audit or inspect does not extend to information subject to legal privilege.

The following summary provides a general overview of the steps typically taken when Advantage Dental receives a report of suspected fraud, waste or abuse, though additional steps may be necessary depending upon the circumstances of each case. Advantage Dental promptly responds to all detected fraud, waste and abuse offenses.

1. **Members** - Upon receipt of an internal member or other fraud communication, the Advantage Dental Fraud and Abuse Team:
 - a. Reviews member demographic database information (county of residence, eligibility segments).
 - b. Reviews member claims history for a period not less than 12 months previous to month of receipt of referral.
 - c. Obtain necessary information based upon the appropriate category of the referral. This may include claims history, dental records, customer service, complaint management, professional relations, or management as circumstances warrant) or obtaining necessary information from outside sources as warranted.
 - d. Performs determined necessary audit steps of encounters, billing, dental procedure coding or other information as circumstances warrant to develop data for further analysis and decision.
 - e. Review case file information and make referral assessment decision. If the circumstances and data warrant referral, the Advantage Dental Fraud and Abuse Team will forward to appropriate state or federal regulatory agencies, or forward Medicaid information to the local Medicaid Fraud Control Unit, the DHS Audit Unit or the appropriate state or federal regulatory agency. If circumstances and data do not warrant referral, a summary of the non-referral decision factors will be included in the file and the case will be closed.
 - f. Provides feedback to originator and management, as appropriate.

2. **Providers** - Upon receipt of internal provider or other communication, the Advantage Dental Fraud and Abuse Team:
 1. Reviews provider data base information (county of practice, provider ID#, tax ID#, contract status, provider type/specialty).
 2. Reviews provider's contract, if applicable.
 3. Reviews provider's claims history/reconciliation report for a period not less than 12 months previous to month of receipt of referral.
 4. Obtains necessary information based upon the issue/incident raised (such as dental abuse or financial/billing/ encounters, coding abuse). This may include contacting others for relevant information or discussion (dental review, quality improvement, professional relations' provider file, customer service, office managers, directors or management as circumstances warrant). In addition, the Advantage Dental Fraud and Abuse Team may obtain necessary information from outside sources as warranted under the circumstances.
 5. Performs appropriate audit steps of encounters, billing, medical/dental procedure coding or other information as circumstances warrant to develop data for further analysis and decision.
 6. Reviews assembled case file information and make decision regarding the appropriate course of action based upon the facts (e.g., provide billing education to provider's office, put provider on focus review, terminate contract etc.). If

circumstances and data warrant referral to an external agency, the Advantage Dental Fraud and Abuse Team will forward information to appropriate state or federal regulatory agencies, and will forward local Medicaid plans information to the DHS Audit Unit or other appropriate regulatory agency. If circumstances and data do not warrant referral, a summary of the non-referral decision factors will be included in the file and the case will be closed.

7. Provides feedback to originator and management, as appropriate.

3. **Employees and Subcontractors** – If an employee suspects that another Advantage Dental employee or an Advantage Dental Subcontractor has engaged in fraud, waste or abuse, the individual should immediately report the incident to their Supervisor, or Executive Management or the compliance department directly or hotline. The Advantage Dental Fraud and Abuse Team is responsible for the investigation and reporting of cases of fraud, waste and abuse committed by Advantage Dental employees and subcontractors. Appropriate disciplinary action, up to and including immediate termination of employment, is taken against employees who have violated Advantage Dental fraud, waste and abuse policies, applicable statutes, regulations, or Federal or State health care program requirements. In accordance with Advantage Dental’s policies relating to subcontractors, Advantage Dental will ensure that appropriate disciplinary action, up to and including immediate termination of the relationship, is enforced against subcontractors who violate Advantage Dental’s fraud and abuse policies, applicable statutes, regulations or Federal or State dental care program requirements.

Corrective Action will be taken as necessary based on the outcome of a fraud, waste and abuse investigation, Advantage Dental will correct any identified system problems.

Special Investigation Units (SIUs)

Advantage Dental does not utilize a distinct internal SIU for investigations relating to FWA. Rather, FWA concerns identified are investigated by the identified body responsible for conducting surveillance, interviews, and other components of investigations relating to potential FWA. Advantage Dental will assist law enforcement by providing any information needed to develop successful prosecutions.

Confidentiality of Investigation

Information identified, researched or obtained for or as part of a suspected fraud, waste or abuse investigation may be considered confidential. Any information used and/or developed by participants in the investigation of a potential fraud, waste, and abuse occurrence is maintained solely for this specific purpose and no other. Advantage Dental assures the anonymity of complainants to the extent permitted by law. Advantage Dental is responsible for maintaining the confidentiality of all potential fraud, waste, and abuse information identified, researched or obtained, in accordance with the terms and conditions of Advantage Dental’ Confidentiality Policy.

Periodic Review of Policies and Procedure

Advantage Dental shall review its fraud, waste and abuse policies at least annually and will submit any such revised policies to contracted Medicaid Plans, on or before January 15 of the current contracted calendar year. Advantage Dental will also review and revise these policies and procedures to address problems in any risk evaluation techniques or internal controls. All Advantage Dental employees and members of the Board of Directors must participate in

compliance training within ninety (90) days of initial hire and annually thereafter.

Advantage Dental satisfies the general compliance training requirements through:

1. Classroom training;
2. Mandatory all-staff trainings annually
3. Attestations that employees have received and read Advantage Dental's Code of Conduct and compliance policies and procedures, including HIPAA and FWA policies.

Advantage Dental maintains records of staff trainings and staff attestations about these trainings and will make attestations available upon request to reviewers. Examples of proof of training include copies of sign-in sheets, employee attestations and electronic certifications from employees taking and completing the training, depending on the mode of delivery for the training.

Advantage Dental communicates the expectation of ongoing general compliance training to their staff through policies around Fraud, Waste and Abuse and HIPAA.

Advantage Dental reviews and updates the general compliance trainings as material changes in regulations, policy or guidance arise, at least annually. The Advantage Dental compliance training focuses on the following topics:

1. A description of the compliance program, including a review of the Code of Conduct, FWA policy, and an articulation about Advantage Dental's commitment to business ethics and compliance with all Medicaid program requirements
2. An overview of how to ask compliance questions, request clarification on compliance issues, or report suspected or detected noncompliance. Training should emphasize confidentiality, anonymity, and non-retaliation for compliance related questions or reports of suspected or detected noncompliance around potential FWA;
3. The requirement to report to Advantage Dental's Compliance Officer actual or suspected Medicaid program noncompliance or potential FWA;
4. Examples of reportable noncompliance that an employee might observe;
5. A review of the disciplinary guidelines for non-compliant or fraudulent behavior. These guidelines communicate how such behavior can result in mandatory retraining and may result disciplinary action, including possible termination when such behavior is serious or repeated or when knowledge of a possible violation is not reported.
6. An overview of HIPAA/HITECH and the importance of maintain the confidentiality of personal health information;
7. Attendance and participation in compliance and FWA training programs as a condition of continued employment;
8. A review of policies related to contracting with the government, including laws addressing fraud and abuse, the False Claims act and Recoveries, and anti-kickback statutes
9. A review of potential conflicts of interest and Advantage Dental's system for disclosure of conflicts of interest as expressed in the organization's Conflict of Interest policy
10. An overview of the monitoring and auditing process
11. A review of the laws that govern employee conduct in the Medicaid program.

Fraud, Waste, and Abuse Training- employees and members of the Board of Directors who are involved in the administration or delivery of Medicaid benefits receive training in Fraud, Waste, and Abuse within 90 days of initial hiring and annually thereafter. This training may be provided:

1. Upon appointment to a new job function;
2. When requirements around FWA change;
3. When employees are found to be noncompliant;
4. As a corrective action to address a noncompliance issue; and
5. When an employee works in an area implicated in past FWA.

Topics to be addressed in acceptable FWA training include, but are not limited to the following:

1. Laws and regulations related to FWA (i.e., False Claims Act, Anti-Kickback statute, HIPAA/HITECH, etc.);
2. policies and procedures to address FWA;
3. Processes for Advantage Dental employees to report suspected FWA to Advantage Dental
4. Protections for sponsor and FDR employees who report suspected FWA; and
5. Types of FWA that can occur in the setting in which Advantage Dental work.
6. Federal and state false claim recovery statutes

All contractors and agents are required to accept educational information offered by Advantage Dental and to distribute it to any of their employees who perform work related to Advantage Dental.

Advantage Dental is accountable for maintaining records for a period of 10 years of the time, attendance, topic, certificates of completion (if applicable), records of training employees, and test scores of any tests administered to their employees.

Effective Lines of Communication

Advantage Dental has established and implemented effective lines of communication, ensuring confidentiality between the Board of Directors, Compliance Officer, Quality & Compliance committees, and Executive management. These lines of communication allow compliance issues to be reported including a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

Advantage Dental has numerous modes of ensuring effective lines of communication. These lines include contacting the Compliance Officer directly, or using the anonymous compliance hotline number published in the Advantage Dental Code of Conduct (reviewed annually by all employees and Board Members), the Fraud, Waste and Abuse policy and through reporting mechanisms embedded in the Fraud, Waste and Abuse website communication and posters published at every location.

Advantage Dental will disseminate its policies to its Contractors and Agents, apprise them of the fraud and abuse provisions of federal and state laws, and inform them that they must adopt these policies. In addition, Advantage Dental shall maintain a mechanism by which Contractors and Agents can report possible fraud and abuse to Advantage Dental policies shall also include a description of how to report possible fraud and abuse to governmental entities.

Enrollee Communications and Education

Advantage Dental educates enrollees about identification and reporting of potential Fraud, Waste and Abuse. Advantage Dental has produced a brochure available on the Advantage Dental website. Additionally, sub-contracted entities are monitored to ensure that they are providing appropriate member education related to reporting of FWA and the methods by which this is accomplished.

Disciplinary Standards

Advantage Dental holds all employees responsible for adhering with compliance standards around FWA training and reporting. Advantage Dental has established and implemented policies and procedures that reflect disciplinary standards related to FWA reporting. Advantage Dental's disciplinary policies describe expectations for the reporting of compliance issues including noncompliant, unethical or illegal behavior and the expectations for assisting in the resolution of reported compliance issues as they arise.

Well Publicized Disciplinary Standards

Advantage Dental has disciplinary standards through the implementation of procedures which encourage good faith participation in the compliance program. These standards include policies that:

1. Articulate expectations for reporting compliance issues and assist in their resolution;
2. Identify noncompliance or unethical behavior; and
3. Provide for timely, consistent, and effective enforcement of the standards when noncompliance or unethical behavior is determined.

Methods to Publicize Disciplinary Standards

To encourage good faith participation in the compliance program, Advantage Dental publicizes disciplinary standards for employees through training Fraud, Waste and Abuse policy and the Code of Conduct. Advantage Dental monitors appropriately publicizing these disciplinary standards through compliance oversight activities.

Enforcing Disciplinary Standards

Prohibition and Enforcement: Advantage Dental cannot knowingly tolerate FWA among its employees and providers or within programs and plans it sponsors or participates in. Hence, this Policy and related FWA identification and reporting activities are essential to the organization's ongoing integrity and wellbeing. To accomplish these objectives, Advantage Dental, through its Compliance Department, employees and all its affiliated individuals, intends to strictly enforce this Policy. All affiliated individuals must immediately report violations of the Policy to the Compliance Department and fully cooperate with the investigation. Failure to do so is itself a violation of this Policy subject to discipline.

1. Promotion of Standards: Advantage Dental shall, under the direction of the Compliance Director, ensure that the disciplinary guidelines developed and implemented under this Policy are well-publicized to all affiliated individuals. This may be accomplished through:
 - a. The release of newsletters that explain FWA;
 - b. Discussing this Policy at staff meetings
 - c. Displaying posters and notices in common areas;
 - d. E-mails;
 - e. Other appropriate methods of communication; and
 - f. Posting information about FWA and reporting methods on Advantage

Dental's Intranet and Internet web sites.

2. **Disciplinary Options:** Advantage Dental shall determine whether a violation has occurred and the facts related to that violation after reasonable investigation. Where violations are documented, the offender shall be disciplined through oral or verbal reprimands, suspension or termination. The severity of discipline shall depend upon the specific circumstances of the violation, the offender's prior history of violations, the offender's motivation, and the nature and degree of the current and prior violations. All violations shall be documented and retained in the employee's personnel file. Possible disciplinary action may include, but shall not be limited to, documented warnings (oral); reprimands (written); probation; demotion; suspension without pay; referral to counseling; withholding of a promotion or salary increase or other financial penalties; termination; failure to renew agreements; contract termination; restitution of damages; and referral for criminal prosecution to law enforcement agencies, CMS or Medicaid as appropriate.
3. **Payment Suspension:** If there are credible allegations pending MFCU investigation, Advantage Dental will suspend payments unless Medicaid determines otherwise.

Advantage Dental maintains records for a period of 10 years for all compliance violation disciplinary actions, including the date the violation was reported, a description of the violation, date of investigation, summary of findings, disciplinary action taken and the date it was taken. These records of discipline are periodically reviewed to ensure that disciplinary actions are appropriate for the seriousness of the violation, fairly and consistently administered and imposed within a reasonable timeframe.

Routine Monitoring, Auditing and Identification of Compliance Risks

Advantage Dental has established a system for routine monitoring and identification of fraud. The system includes internal monitoring and audits and, as appropriate, external audits, to evaluate Advantage Dental's compliance with CMS requirements and the overall effectiveness of the compliance program.

Advantage Dental's Compliance perform monitoring and auditing to test and confirm Advantage Dental compliance with Medicaid regulations and contractual agreements, internal policies and procedures intended to protect against noncompliance, and potential FWA.

These activities include regular reviews performed as part of delegation oversight activities to confirm ongoing compliance and to monitor that corrective actions are undertaken and effective when risks are identified.

System to Identify Compliance Risks

The process of developing an annual compliance work plan includes the Compliance Officer and the Quality Compliance committee determining the appropriate oversight and auditing priorities through an annual risk assessment. The scope of the risk assessment will cover the entirety of Advantage Dental's internal and delegated contractual obligations and operational areas, accounting for the significant amount of delegated activities within Advantage Dental.

The risk assessment will draw from numerous areas and may include, but will not be limited to:

- a. Advantage Dental issues highlighted in previous External Quality Reviews
- b. Internal or external monitoring reports intended to highlight compliance and

regulatory issues

- c. Size of delegated entity
- d. Budget of delegated entity
- e. Credentialing (by volume, type, etc.,)
- f. Potential for enrollment and claims submission violations
- g. Identified instances of FWA within delegated entities
- h. Areas of identified regulatory, financial or privacy risk will be incorporated into the primary functions of the compliance and delegation oversight process for the year, and policies, procedures and assessments will be tailored according to this assessment. Risks identified in the assessment process will be ranked to determine which risk areas have the greatest potential impact on Advantage Dental, and Advantage Dental will prioritize monitoring and auditing activities accordingly. Within the risk assessment process, the Compliance Officer will ensure that newly identified risks—such as those raised by new CMS requirements or laws—are integrated and reevaluated into the baseline risk assessment process. Results of the risk assessment will be shared with Executive management and members of the Board of Directors through the Quality Compliance and Oversight Committee.

Regular Audit Operations and Compliance Program

Advantage Dental is subject to internal audits by operations and compliance program, and will be prioritized based on annual risk assessment activities identified and approved by the Compliance Committee. All annual internal auditing activities will be performed by the Compliance Officer or his/her designee. Advantage Dental will ensure that internal auditors are independent and do not engage in self-policing by including input and analysis by members outside of the Compliance Officer's team through the Compliance Committee.

In addition to internal audits, Advantage Dental is subject to External Quality Review (EQR) and will make all documentation, P&P and oversight activities available for OHA, CMS or other approved EQROs.

OIG/SAM/GSA (General Services Administration) Exclusion

Medicare and Medicaid services may not be performed or paid or prescribed by an excluded provider or entity. Advantage Dental will not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, or employee excluded by the Department of Health and Human Services (DHHS) (GSA) Office of Inspector General (OIG) & System for Award Management (SAM). This extends to payment for administrative and management services furnished by the excluded person not directly related to patient care such as services performed by an excluded administrator, accountant, claims processor or utilization reviewer that are reimbursed directly or indirectly by a federal health care program.

Advantage Dental ensures that employees are checked against the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list. Advantage Dental will perform initial, and, thereafter, monthly exclusion checks or reviews to ensure that prospective and current employees, temporary staff, board members, independent contractors, vendors, subcontractors, and Providers are not excluded from participation in Federal health care programs to prevent hiring or retaining any excluded persons or entities. All verification should be performed no more than 1 day before contracting or hiring or any individual.

Employee/Temporary Staff

To prevent hiring of any ineligible individual, all employees and temporary staff will be screened by Human Resources prior to engaging their services by:

1. Reviewing directly or through an outside vendor, the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list to determine if such individual is an ineligible person; and
2. Requiring any staffing agencies to conduct exclusion screening and provide written verification of eligibility for placement and to screen temporary staff engaged by Advantage Dental monthly in the same manner thereafter.

Contracted & Staff Providers

To prevent contracting with ineligible Providers, Credentialing shall screen any dental Provider who will be or is paid, in whole or in part, directly or indirectly, by a Federal health care program or otherwise with Federal funds. Screening will be conducted upon initial credentialing and thereafter consistent with Credentialing Policies - Practitioner Credentialing Guidelines and Ongoing Monitoring. To prevent engaging in business with an ineligible provider will be screened prior to engaging their services by:

1. Requiring applicants to attest to their eligibility, and
2. Reviewing directly or through an outside vendor, the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list

Brokers, Vendors, Contractors, or independent Contractors

To prevent contracting with ineligible Brokers, Vendors, Contractors, or independent Contractors, accounts payable shall screen any organization who will be or is paid, in whole or in part, directly or indirectly, by a Federal health care program or otherwise with Federal funds. Screening will be conducted upon initial request of contract. To prevent engaging in business with excluded entity, Advantage Dental will screen prior to engaging their services by:

1. Requiring applicants to attest to their eligibility, and
- Reviewing directly or through an outside vendor, the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list

Ongoing Exclusion Monitoring

Employee/Temporary Staff

Human Resources (HR) run a current listing of all employees and temporary, and contract staff through (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list every 30 days;

1. All findings are reported by the external vendor to HR for further review and follow-up as necessary.
2. If a positive, false positive, or needs review is reported, it will be verified by HR through the following verification process:
 - Each employee and temporary, and contract staff who is reported as indicated above, will be individually entered in to the search engine of the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list
 - a. Results of all individual checks will be saved as a PDF and must show or contain the employee, temporary, or contract staff's full name, website name, and date of verification for documentation purposes.
3. Documentation is maintained by HR and compliance in a protected shared drive.
4. All verified results of ineligible/excluded persons must be immediately reported to

the Compliance Department.

Contracted & Staff Providers

Provider relations runs a current listing of all providers through (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list every 30 days;

1. All findings are reported directly to Provider relations for further review and follow-up as necessary.
2. If a positive, false positive, or needs review is reported, it will be verified by Provider relations through the following process:
 - a. Each provider who is reported as indicated above, will be individually entered into the search engine of the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list
 - b. Results of all individual checks will be saved as a PDF and contain the providers full name, website name, and date of verification for documentation purposes.
3. All documentation is maintained by the Compliance Department in a protected shared drive.
4. All verified results of ineligible/excluded persons must be immediately

Brokers, Vendors, Contractors, or independent Contractors

Accounts Payable sends a current listing of all brokers, vendors, contractors, board members and independent contractors to the Compliance Department to be through (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list every 30 days;

1. . If a positive, false positive, or needs review is reported, it will be verified by Compliance Department through the following process:
 - a. Each broker, vendor, contractor, or independent contractor who is reported as indicated above, will be individually entered in to the search engine of the (DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list.
 - b. Results of all individual checks will be saved as a PDF and contain the broker, vendor, contractor, or independent contractor's full name, website name, and date of verification for documentation purposes.
2. All documentation is maintained by the Compliance Department in a protected shared drive.
3. All verified results of ineligible/excluded persons must be immediately

Board Members

Compliance Department will run each individual board member in to the search engine of the ((DHHS) (GSA) Office of Inspector General (OIG) LEIE list & System for Award Management (SAM) list every 30 days.

1. Results of all individual checks will be saved as a PDF and contain the broker, vendor, contractor, or independent contractor's full name, website name, and date of verification for documentation purposes.
2. If a positive, report results directly CEO and VP Compliance Chief Officer
3. All documentation is maintained by the Compliance Department in a protected

shared drive.

4. All verified results of ineligible/excluded persons must be immediately

Exclusion Findings Protocols

If the Human Resources Department, Accounts Payable, Provider Relations, Credentialing, or the Compliance Department identifies an individual/entity who is or has become ineligible to participate in federal health care programs or in federal procurement or non-procurement programs, the employee, temporary staff, independent contractor, Provider, vendor, or subcontractor will immediately be placed on suspension and all payments will be held until an investigation is completed. A full investigation will be performed to verify if exclusion for participation is active or valid. If active, the excluded employee, temporary staff, independent contractor, Provider, vendor, or subcontractor will be relieved from his/her responsibilities, or the contract with the excluded individual or entity will be terminated immediately. Upon request, Advantage Dental will notify the client of any individual/entity excluded from federal or state programs, as well as individuals/entities with confirmed compliance and fraud, waste and abuse violations that may have provided services on behalf of the client.

The following websites are reviewed for any potential matches:

1. General Services Administration's (GSA) Excluded Parties List System (EPLS) and System for Award Management (SAM) (<https://www.sam.gov/>)
2. HHS/OIG Cumulative Sanction Report List of Excluded Individuals and Entities (LEIE) (<http://exclusions.oig.hhs.gov/>)

Participating provider contracts stipulate provider responsibilities to comply with all applicable Federal, State and local laws, rules and regulations, to maintain and furnish records and documents as required by law. Providers who are found to have violated a state or federal law regarding fraud, waste and abuse or are suspended, debarred or excluded from participation in federal programs will have the participating provider agreement terminated with Advantage Dental.

Except in very limited circumstances (i.e., provision of emergency services, sole source provider), the following individuals or entities may not be reimbursed from federal funds for otherwise covered services provided to Advantage Dental members:

1. Providers who are currently suspended, debarred or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued pursuant to any applicable executive order or under guidelines implementing such order;
2. Persons or entities who are currently suspended or terminated from local Medicaid Programs; or
3. Persons who have been convicted of a felony or misdemeanor related to a crime or violation of Title XVIII or XX of the Social Security Act and/or related laws (or entered a plea of nolo contendere).

Advantage Dental does not refer members to such suspended or terminated provider and does not accept billings for services to Advantage Dental members submitted by such providers.

Furthermore, with a credible fraud allegation for which an investigation is pending, plan will, in part or in full, suspend payment to the provider unless /DHS determines cause not to.

Record Retention

Documentation to support employee, subcontractor and provider screenings against the OIG listing and GSA listing prior to hire (contracting) and monthly thereafter will be maintained for a minimum of 10 years in accordance with the DSM Record Retention Schedule.

Use of Data Analysis for Fraud, Waste and Abuse Prevention and Detection

Advantage Dental recognizes the value of data analysis in detecting potential FWA activities. Utilization Management processes are reviewed as part of compliance oversight to ensure that they are actively monitoring for under and over-utilization, including utilization that is a result of FWA activities. Any FWA issues that are identified by the Utilization Management process established are reviewed and investigated for possible FWA activity and founded concerns are reported directly to Advantage Dental's Compliance Director.

Auditing by CMS or its Designee

CMS has the discretionary authority to perform audits under 42 C.F.R. 44 422.504(e)(2) and 423.505(e)(2), which specify the right to audit, evaluate, or inspect any books, contracts, dental records, patient care documentation, and other records of sponsors or FDRs that pertain to any aspect of services performed, reconciliation of benefit liabilities, and determination of amounts payable under the contract or as the Secretary of Health and Human Services may deem necessary to enforce the contract.

Advantage Dental will allow any auditor acting on behalf of the federal government, state insurance departments, OHA or CMS to conduct an on-site audit. The Compliance Officer will ensure that Advantage Dental will include any information needed to determine compliance with Medicaid regulations and contracts. Advantage Dental to information may include interviews of staff. Advantage Dental recognizes that the OIG has independent authority to conduct audits and evaluations necessary to ensure accurate and correct payment and to otherwise oversee Medicaid reimbursement.

Advantage Dental will provide requested records to CMS or its designee. Advantage Dental will cooperate and require all subcontractors to cooperate at no charge in allowing Advantage Dental as requested from MFCU and OHA/DHS PAU and recognizes that failure to do so may result in a referral of Advantage Dental to law enforcement and/or implementation of other corrective actions, including intermediate sanctioning in line with 42 C.F.R. Subpart O. Additionally, Advantage Dental recognizes that contractors tasked to conduct audits by CMS, and those trained by CMS to conduct data validation audits (such as Audit MIC), are acting on behalf of the federal government and are not required to sign Advantage Dental's confidentiality statement prior to the start of an on-site audit.

Advantage Dental will not notify its provider or subcontractors if it reports, or learns of another report made, about an alleged case of fraud and abuse.

Advantage Dental shall assist various governmental agencies, as practical, in providing information and other resources during the course of investigations of potential provider or enrollee FWA. These agencies include but are not limited to: MAP, Medicaid FWA Unit, Oregon Attorney General's Office, CMS, and the United States Office of the Inspector General. Advantage Dental shall coordinate all information requests and reporting, whether initiated internally or externally.

Confidentiality

All information identified, researched or obtained for or as part of a potential FWA investigation of a potential FWA occurrence is maintained solely for this specific purpose and no other. The Compliance Manager is responsible for maintaining the confidentiality of all potential FWA information identified, researched or obtained, in accordance with the terms and conditions of Advantage Dental's Limited Use and Disclosure of Protected Health Information Policy.

To the extent permitted by applicable federal and state authorities, Advantage Dental shall permit its Contractors and Agents to adopt their own policies in compliance with the DRA in lieu of adopting Advantage Dental's policies, but Advantage Dental must approve the policies adopted by the Contractor or Agent. Contractor and Agent policies (including any amendments thereto) shall be subject to the prior written approval of Advantage Dental, which approval shall not unreasonably be withheld.