# 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, 2025 to the CCO Deliverables Portal.

The CCOs must use the same Submission Name/Unique ID for entire submission. In addition, the CCO must **zip all documents into individual folders for each section of the FWA Deliverables Review (i.e., FWA Handbook, FWA Prevention Plan, and FWA Assessment)**. Failure to appropriately zip files may result in the CCO being required to resubmit documents.

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). **Please do not submit any Quarterly and Annual FWA Audit and/or Referrals and Investigations Reports with your submission to HSAG.**

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 *2025 FWA 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 2025 Review Summary

**2025 General Comments**

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## 2025 Required Actions

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## 2025 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 10-12).

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

| **Section I. FWA Prevention Handbook: Policies and Procedures** | |
| --- | --- |
| **Requirement** | **Evidence as Submitted by the CCO** |
| 1. **Chief Compliance Officer:** *\*Revised requirement language.* 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 12 of Exhibit B, Part 9; and *\*Revised contract citation.* * Creating the Annual FWA Prevention Plan (as such Plan is described in Exhibit B, Part 9, Section 13). *\*Revised contract citation.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 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. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **FWA Prevention Resources: Compliance/SIU Team:** *\*Revised requirement language and new components.*   The establishment of a division, department, or team of employees that is dedicated to, and is responsible for, implementing the Annual FWA Prevention Plan; and   1. **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 (c).* 2. **Contractor’s division, department, SIU, or team** **FTE requirements:** must also meet the requirements of Exhibit B, Part 9, Section 11. Policies and procedures must specify correct FTE requirements based on the Contractor’s maximum enrollment limit. *\*New component.* 3. **Contractor’s division, department, SIU, or team composition:** When Contractor designates the FTE Employees, Contractor’s **policies and procedures and position descriptions** must: *\*New component.* 4. Describe how roles work and are apportioned, and 5. Describe hiring practices and qualifications, and 6. Define the scope of each FTE Employee’s role*.*   *NOTE: The names of all FTE employees must be included in the position descriptions for all filled positions.*   1. **Ensuring and increasing qualifications of team**: (1) Description of continuous work toward increasing the qualifications of its employees. (2) Training plan outlines all planned trainings to be provided by or attended by CCO staff during the upcoming year. *\*Formerly component (d).*   ***Note:*** *Investigators must meet mandatory core and specialized training program requirements for such employees. \*Formerly assessed as part of component (e).*   1. **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 (f).* 2. **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 (g).*   *Necessary documentation may include without limitation a combination of policies and procedures, a position description, contracts or other agreements, employee training/education record or professional certifications, or other documentation of work history such as an employment verification letter or offer letter which includes the date(s) of employment and position.* |  |
| **2025 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 |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> |
| 1. **Compliance with the Contract:** *\*Revised contract citation.*   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 1-20 and all other applicable State and federal laws. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 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. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 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. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 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.  1. Subcontractors and Participating Providers. 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 suspected FWA. * Information necessary for its employees, Subcontractors, and Participating Providers to fully comply with the FWA requirements of the Contract. * Oregon Medicaid-specific referral and reporting information, including any time parameters required for compliance with Exhibit B, Part 9. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Additional Training and Education for Employees Conducting Provider Credentialing:** *\*Revised contract citation.* 2. In addition to the training and education required under Exhibit B, Part 9, Section 12, Para. B (8), a system to provide annual education and training to Contractor’s employees who are responsible for credentialing Providers and Subcontracting with third parties. *\*Revised contract citation.* 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 * 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*. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Effective Communication:**   Systems designed to maintain effective lines of communication between the Contractor’s Compliance Officer and the Contractor’s employees and Subcontractors. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Response to Allegations of Improper or Illegal Activities:** *\*Revised requirement.* 2. Systems to respond promptly to allegations of improper or illegal activities; 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; and 4. Include policies for when Contractor may perform an on-site visit for PI audits and investigations of Participating Providers. *\*New component.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> |
| 1. **Reporting FWA–Exclusions**: *\*Revised contract citation.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, 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. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Reporting FWA–Quarterly and Annual Reporting of Program Integrity (PI) Audits:** *\*Revised requirement language and new components.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (b) of the CCO Contract. *\*Revised contract citation.*   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. 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. 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. 4. Contractor must also provide to OHA with each Quarterly FWA Audit Report a copy of the final PI Audit report, which meets the requirements of Exhibit B, Part 9, Section 15, Para. b, Sub Para. (3), Sub-Sub Para. (b) for each PI Audit identified in the FWA Audit Report as closed during the reporting quarter; as well as any other final PI Audit Reports that have not been submitted. *\*Revised requirement language.* 5. The Annual FWA Audit Report is due January 31 of each Contract Year and must be provided to OHA by Administrative Notice via the CCO Contract Deliverables Portal. 6. OHA will notify Contractor, via Administrative Notice, within sixty (60) days from the due date, or within sixty (60) days from the received date if after the due date, of the compliance status of its Annual FWA Audit Report. In the event OHA disapproves of the Annual FWA Audit Report (including one or more of Contractor’s final PI Audit reports for audits identified in the Annual FWA Audit Report as closed) for failing to meet the terms and conditions of this Contract and any other Applicable Laws, Contractor shall, in order to remedy the deficiencies, follow the process set forth in Sec. 5, Ex. D of this Contract*.\*New component.* 7. In addition, OHA OPI may review Contractor’s Quarterly and Annual FWA Audit Reports and copies of final PI Audit reports and request PI Audit supporting documents, Exhibit B, Part 9, Section 20 of the CCO Contract. *\*New component.* 8. The Quarterly FWA Audit Report is due thirty (30) days following the end of each calendar quarter and must be provided to OHA by Administrative Notice via the CCO Contract Deliverables Portal. *\*Formerly component (f).*   *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.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> |
| 1. **Reporting FWA–Quarterly and Annual Reporting of FWA Referrals and Investigations:** *\*Revised requirement language and new components.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (c) of the CCO Contract. *\*Revised contract citation.*   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. 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 17 3. The report must include all of Contractor’s open and closed preliminary investigations of suspected and credible cases. 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 by Administrative Notice via the CCO Contract Deliverables Portal. 5. OHA will notify Contractor, via Administrative Notice, within sixty (60) days from the due date, or within sixty (60) days from the received date if after the due date, of the compliance status of its Annual Referrals and Investigations Report. In the event OHA disapproves of the Annual Referrals and Investigations Report for failing to meet the terms and conditions of this Contract and any other Applicable Laws, Contractor shall, in order to remedy the deficiencies, follow the process set forth in Sec. 5, Ex. D of this Contract*.\*New component.* 6. In addition, OHA OPI may review Contractor’s Quarterly and Annual FWA Referrals and Investigations Reports and request investigation supporting documents, as outlined in Exhibit B, Part 9, Section 20 of the CCO Contract. *\*New component.* 7. 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 by Administrative Notice via the CCO Contract Deliverables Portal. *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. \*Formerly component (e).* |  |
| **2025 HSAG Review:** <add text>   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> |
| 1. **Reporting FWA–Reporting of Suspected FWA:** *\*Revised requirement language.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (d) of the CCO Contract. *\*Revised contract citation.*  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). 2. Reporting (i.e., referrals) must be made promptly but in no event more than seven (7) days after Contractor is initially made aware of the suspicious case. *\*Revised requirement language.*   *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.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Reporting FWA–Reporting of Suspected FWA:** *\*New Element.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (d) of the CCO Contract.  All reporting must be made as set forth in Exhibit B, Part 9, Section 18, Para. (d)(1).   1. Contractor and any Subcontractor sending a referral to OPI and MFCU of suspected Provider FWA or issues with the characteristics of those in Sec. 17 above of this Ex B, Part 9 shall use the FWA Referral Form provided by OHA (available on the CCO Contract Forms Website). The FWA Referral Form must, when sent to OPI and MFCU, include, at a minimum, the following information: 2. Contractor’s name; 3. Name of Provider or Member; 4. The suspected issue or allegation; 5. The information or data Contractor has already reviewed; and 6. Planned next steps for further investigation |  |
| **2025 HSAG Review:**   1. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> |
| **2025 Recommendations:**   1. <add text> |
| 1. **Reporting FWA–Reporting of Suspected FWA:** *\*New element.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (d) of the CCO Contract. All reporting must be made as set forth in Exhibit B, Part 9, Section 18, Para. (d)(2).   1. Contractor shall include, and require all Subcontractors to include, in each written communication or referral sent to OPI and MFCU the following: 2. Contractor’s name; 3. Contractor’s Medicaid contract number; and 4. Which entity (Contractor or Subcontractor), and the name and title of the individual within the entity who is performing the investigation, PI Audit, or other review, and their contract information; 5. Contractor may provide the above information to OPI by completing the FWA Referral Form. |  |
| **2025 HSAG Review:**   1. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> |
| **2025 Recommendations:**   1. <add text> |
| 1. **Reporting FWA–Reporting of Suspected FWA:** *\*New element.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (d)(3) of the CCO Contract.   1. Individual whistleblowers or any other person(s) who make a report of suspected Fraud, Waste, Abuse, or non-compliance to Contractor, or its Subcontractors, shall not be required to use the FWA Referral Form or be required to include identifying information in their anonymous reports. All anonymous FWA reporting shall be accepted by Contractor, Subcontractors, and Participating Providers. |  |
| **2025 HSAG Review:**   1. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> |
| **2025 Recommendations:**   1. <add text> |
| 1. **Reporting FWA–Characteristics of FWA:** *\*Formerly element 15 with revised contract citations.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (e) of the CCO Contract. *\*Revised contract citation.*   1. 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 17. *\*Revised contract citation.*   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for reporting to MFCU, timely.* |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Reporting FWA–Cooperation with MFCU and OPI:** *\*Formerly element 16 with revised contract citations.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (f) of the CCO Contract. *\*Revised contract citation.*  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 18, Para. (f), Subparagraph (1) of the CCO Contract must be provided without cost to MFCU, OPI, or their designees; *\*Revised contract citation.* 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 Office of Program Integrity (OPI) investigation or audit, timely.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| 1. **Reporting FWA–Suspension of Payments:** *\*Formerly element 17 with revised contract citation.*   Procedures for reporting suspected FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, Para. (g) of the CCO Contract. *\*Revised contract citation.*   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. 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. 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). 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.   *NOTE: CCO policies and procedures must demonstrate CCO has developed and maintains an internal process for complying with the requirements of this section, timely.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| 1. **R****eporting FWA–Where to Report FWA:** *\*Formerly element 18 with revised requirement language and contract citation.* 2. Procedures for reporting suspected and/or confirmed FWA to the appropriate agencies in accordance with Exhibit B, Part 9, Section 18, 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. *\*Revised contract citation.*   **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 any methods listed below for MFCU and OPI: *\*Revised requirement language.*  **Medicaid Fraud Control Unit (MFCU)**  Oregon Department of Justice  100 SW Market Street  Portland, OR 97201  Phone: 971-673-1880  Fax: 971-673-1890  Secure email: [Medicaid.Fraud.Referral@doj.state.or.us](mailto:Medicaid.Fraud.Referral@doj.state.or.us)  **OHA Office of Program Integrity (OPI)**  500 Summer St. NE E-36  Salem, OR 97301  Secure email: OPI.Referrals@oha.oregon.gov  Hotline: 1-888-FRAUD01 (888-372-8301)  <https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>   1. Contractor shall include the following information for the ODHS FIU in its FWA Prevention Handbook and Member Handbook. *\*Revised requirement language.*   **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 ODHS Fraud Investigation Unit (FIU). Such reporting may be made by mail, phone, or facsimile transmission using the following contact information: *\*Revised requirement language.*  **ODHS Fraud Investigation Unit**  PO Box 14150  Salem, OR 97309  Hotline: 1-888-FRAUD01 (888-372-8301)  Fax: 503-373-1525 Attn: Hotline  <https://www.oregon.gov/odhs/financial-recovery/Pages/fraud.aspx> |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> |
| **2025 Recommendations**   1. <add text> 2. <add text> 3. <add text> |
| 1. **Whistleblower Protection:** *\*Formerly element 19 with revised contract citation.*   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 suspected FWA under applicable whistleblower laws. The disclosures described in Subparagraph (13) 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. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Procedures to Verify Services:** *\*Formerly element 20.* 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. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Receive, Record and Respond:** *\*Formerly element 21.* 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. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Provision for Contractor to Self-Report Overpayments to OHA:** *\*Formerly element 22.*   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.* |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Provision for Contractor to Report Overpayment to OHA:** *\*Formerly element 23 with revised contract citation.* 2. Provisions for Contractor to conduct PI Audits to identify overpayments. 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. 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. 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. 6. If Contractor suspects an Overpayment identified during a PI Audit or investigation is due to suspected or potential (or both) FWA, such Overpayment must be reported by the Contractor in accordance with Exhibit B, Part 9, Section 18 of the CCO Contract. *\*Revised contract citation.* 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. |  |
| **2025 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 |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> |
| 1. **Accurate Quarterly and Annual Financial Reporting on Exhibit L:** *\*Formerly element 24 with revised contract citations.* 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 12, Para. (b), Subparagraphs (16) and (17) of the CCO Contract; or *\*Revised contract citation.* * A routine or planned PI Audit, or the result of a PI Audit under Sub Para. 22 or other review. *\*Revised contract citations.*   *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.* |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Member Reporting Process:** *\*Formerly element 25.*   A process for Members to report suspected FWA anonymously and to be protected from retaliation under applicable whistleblower laws. |  |
| **2025 HSAG Review:** | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** |
| **2025 Recommendations:** |
| 1. **Notification of a Change in the Enrollee’s Circumstances:** *\*Formerly element 26.*   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. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Notification of a Change in a Provider’s Circumstances:** *\*Formerly element 27.*   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*.* 2. Such Administrative Notice must be made to OHA **within thirty (30) days** of receipt of such information. 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). |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> |
| 1. **Requirements for Performing PI Audits:** *\*New element*. 2. Policies and Procedures pursuant to which Contractor shall perform PI Audits required under Exhibit B, Part 9, Section 15 within **twenty (20) Business Days** when Contractor: 3. Receives a written notice of potential at-risk overpayment from OPI; or 4. Is notified of a potential overpayment by an employee, Subcontractor, Provider, Member, or any other internal or external source. |  |
| **2025 HSAG Review:**   1. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> |
| **2025 Recommendations:**   1. <add text> |
| 1. **Requirements for Performing PI Audits:** *\*New element.*   Each PI audit shall include all of the following:   1. Validate or verify the following information about the Provider (Provider entities as well as billing Providers and individual rendering Providers as may be applicable): 2. Provider name(s); 3. All applicable Provider Medicaid Identification Number(s) and all enrollment file data (e.g., Provider address(es), all practice location(s), and, as applicable for the Provider type, the TIN/SSN/EIN, NPI, and taxonomy codes); 4. Member(s) name(s) and Medicaid ID number, as applicable; 5. Oregon business registration status, legal business name, and, if applicable, assumed business name; 6. Exclusion status of Provider(s) (LEIE & SAM) and any person(s) with ownership or control interest (including all managing employees), as these terms are defined by 42 CFR 455.101; 7. Provider license(s) and billing and rendering provider(s), as applicable; 8. Provider certification(s). 9. Collect information about the billing issues identified; 10. Select a PI Audit focus or question, including the billing code(s) selected for review; 11. Review all Encounter claims or a statistically valid sample of Encounter claims; 12. Review clinical or other financial records, 13. Identify Overpayment or other audit findings; 14. Outcome(s) of a Provider appeal of the audit findings; and 15. Overpayment recovery, repayment plan, or other corrective action to prevent future Overpayments. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> 6. <add text> 7. <add text> 8. <add text> |
| 1. **PI Audit Report Content:** *\*New element.* 2. Procedures outlining information required to be documented in each final PI Audit report: 3. The information gathered about the Provider(s) under Sub. Para.(a) i above of this Sub.Para. (3), 4. The date range of the Encounter claims audited; 5. PI Audit focus or question, including the billing code(s) selected for review; 6. Summary table: Data mining and report on the universe and sample of Encounters audited; the clinical or financial records reviewed; 7. Referrals made by Contractor to licensing boards or other state or federal regulatory entities; 8. Summary of audit criteria applied and the resulting financial and other relevant findings, 9. Final Overpayment; 10. The outcome of any Provider appeal(s), as applicable; 11. Summary of Overpayments recovered, repayment plan, and other Provider corrective action(s) or education or both to prevent future Overpayments by Contractor and the disposition of the PI Audit; and 12. Other relevant audit findings as Contractor deems necessary. 13. Policies and Procedures pursuant to which Contractor shall review all PI Audit(s) performed by its Subcontractor. Contractor shall evaluate its Subcontractor’s completed final PI Audit report to determine whether these are complete, accurate, and includes the same information required under Exhibit B, Part 9, Section 15, Para. b. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Responding to Requests for Additional Information:** *\*New element*.   Procedures for Contractor to respond to a written request from OPI for additional information or Encounter Data about any PI Audit conducted by Contractor or its Subcontractor.   1. Contractor shall, and shall contractually require all of its Subcontractors to, in addition to those requirements set forth in Exhibit B, Part 4, Section 11, Para. B (1)(k) and (l), to comply with all of the following: 2. Contractor and Subcontractor shall maintain records, including records of all PI Audits and investigations related to suspected Fraud, Waste, and Abuse or overpayments. The records must include the detail necessary to substantiate all actions taken and outcome(s) reached for each PI audit or investigation for the CCO Contract. 3. Allow access to all PI Audit and investigation supporting documents, information, systems, and facilities in accordance with Exhibit B, Part 9, Section 18 and Exhibit D, Section 15 of the CCO Contract. 4. Contractor must not Delegate to its Subcontractors, Contractor’s obligation under Sub. Para. (23) to respond to an OPI request for additional information or Encounter Data about a PI audit or investigation. 5. Contractor must send a response to OPI **within five (5) business days** regardless of whether the records are maintained by Contractor or maintained separately with one or more of the Contractor’s Subcontractors. 6. Contractor shall send to OPI copies of all PI Audit files, Encounter Data, and other PI Audit supporting documentation in any form and criteria used for the PI Audit **within twenty (20) business days of a request** as required by Exhibit B, Part 9, Section 20. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> |
| 1. **FWA Information for Contractor’s Employees and Members:** *\*Formerly element 28.* 2. Contractor must provide its FWA Prevention Handbook to all employees or otherwise include its complete contents in Contractor’s employee handbook. 3. Contractor 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 suspected FWA. A Member’s right to report suspected FWA anonymously and to be protected under the applicable whistleblower laws. |  |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> |
| **2025 Recommendations:**   1. <add text> 2. <add text> |
| 1. **Compliance Monitoring Criteria**: *\*New element.*   Criteria developed and implemented to perform routine internal monitoring and routine evaluation of Subcontractors and Participating Providers for other related compliance risks. | \*See Appendix A to populate the *OPI CCO Criteria Review Template 2025.*    Compliant  Not compliant  *Note: This element was reviewed independently by OHA/OPI and the Compliant/Not compliant scoring reflected for this element is based on the CCO’s overall compliance with the three required components outlined in the OPI CCO Criteria Review Template 2025.* |

| **Results for Section I. FWA Prevention Handbook** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | Compliant | = | # | X | 1.0 | = | # |
|  | Not Compliant | = | # | X | 0.0 | = | # |
| **Total Requirements** | | = | 36 | **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 (Exhibit B, Part 9, Section 13).

**THE CONTRACTOR’S ANNUAL FWA PREVENTION PLAN FOR THE CURRENT CONTRACT YEAR 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**:   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/or desk review, and when each review is scheduled to begin*.* |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Monitoring and Auditing of Other Compliance Related Risks**:   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 or by desk review, or both, and when each review is scheduled to begin*.* |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Prompt Response**:   Contractor’s written plan includes:   1. The CCO’s process for promptly responding to allegations of suspected 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. 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). |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Investigations**:   Contractor’s written plan must address:   1. Investigation of potential FWA as reported or identified in the course of self-evaluation and PI Audits. 2. Investigation of other related compliance problems as reported or identified in the course of self-evaluation and PI Audits. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Prompt and Thorough Correction**:   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. 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. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Activities that Support FWA Prevention and Compliance**: Contractor’s written plan must address: 2. Activities that support ongoing compliance with the FWA prevention under the Contract. 3. Activities that support ongoing compliance with other related compliance requirements under the Contract. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Risk Evaluation Procedures**:   Contractor’s written plan must address:   1. Risk evaluation procedures to enable compliance in identified problem areas such as (at a minimum): 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. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **Payment Accuracy**:   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. |  | |
| **2025 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** | |
| **2025 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 Contractor’s efforts over the prior Contract Year and their effectiveness. Contractor shall implement a structured and constant process to assess, Monitor, and improve the quality and effectiveness of PI Audits and investigations. An effective Medicaid Program Integrity and risk management approach means that Contractor’s program integrity program or SIU has internal controls to (i) prevent instances of Fraud, Waste, Abuse and other misconduct from occurring; (ii) detect instances of potential Fraud, Waste, Abuse and other misconduct; and (iii) respond appropriately when integrity breakdowns are identified (Exhibit B, Part 9, Section 19).

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. **A****ssessment of Compliance and FWA Activities–Preliminary Investigations**: *\*Revised requirement language and new component.* 2. A high-level synopsis of the FWA investigations conducted by Contractor; 3. Lessons learned from these investigations; and 4. Strategies being employed to improve Contractor’s FWA prevention program. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> | |
| 1. **A****ssessment of Compliance and FWA Activities–PI Audits**: *\*Revised requirement language and eliminated components.*   For each PI audit conducted in response to referrals and investigations, the Contractor must provide:   1. A high-level synopsis of the Subcontractor and Participating Provider PI Audits conducted by Contractor in response to referrals and investigations; and 2. Strategies being employed to improve Contractor’s FWA prevention program. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **A****ssessment of Compliance and FWA Activities–Compliance Reviews**: *\*Revised requirement language.*   For each compliance review conducted in response to reported or suspected non-compliance, the Contractor must provide:   1. A summary of all **unplanned compliance reviews** performed by the Contractor of its Subcontractors, Participating Providers, and any other third parties during the prior contract year; 2. Rationale for conducting the review 3. Whether the review was performed on-site or based on a review of documentation; 4. Outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); and 5. Any corrective action taken. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | |
| 1. **As****sessment of Training and Education Activities**: *\*Revised requirement language.*   Identify the training and education provided during the prior Contract Year and attended by:   1. Contractor’s Chief Compliance Officer, and all employees including senior management; 2. Board of Directors; *\*New component.* 3. Providers; and 4. Subcontractors. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> | |
| 1. **As****sessment of Compliance and FWA Prevention Activities–Planned Provider PI Audits:** *\*Revised requirement language and eliminated components.*   Contractor’s Annual FWA Assessment Report must include:   1. A high-level self-evaluation of the **planned Provider PI Audit** activities Contractor performed during the prior Contract Year; *\*Revised requirement language.* 2. Whether such PI Audit activity was in accordance with Contractor’s Annual FWA Prevention Plan from the prior Contract Year; 3. 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.* |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> | |
| 1. **Asse****ssment of Compliance and FWA Prevention Activities–Planned Compliance Reviews**: *\*Revised requirement language.*   Contractor Annual FWA Assessment Report must include:   1. A summary of the **planned compliance review activity** Contractor performed of Subcontractors, Participating Providers, and any other third party during the prior Contract Year; *\*Revised requirement language.* 2. Description of the data analytics relied upon; 3. Narrative of whether and how such activity was or was not performed in accordance with Contractor’s Annual FWA Prevention Plan for the prior Contract Year; *\*Revised requirement language.* 4. Narrative of the outcomes of the compliance reviews (e.g., any non-compliance identified, identification of suspected criminal acts, etc.); *\*Revised requirement language.* and 5. A copy of the corrective action plan for any required action taken. *\*Revised requirement language.*   *\*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.* |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> 3. <add text> 4. <add text> 5. <add text> | |
| 1. **Asse****ssment of Compliance and FWA Prevention Activities–Requests for Technical Assistance**:   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. |  | |
| **2025 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** | |
| **2025 Recommendations:** | |
| 1. **Asse****ssment of Compliance and FWA Prevention Activities–Service Verification Letters**:   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.* |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |
| 1. **N****arrative Assessment of Annual FWA Activities–Outcomes**:   A narrative and other information that advises OHA of:  Outcomes of all of the **FWA prevention activities** undertaken by Contractor during the prior Contract Year. |  | |
| **2025 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** | |
| **2025 Recommendations:** | |
| 1. **N****arrative Assessment of Annual FWA Activities–Activities to Assess, Monitor, and Improve the Quality and Effectiveness of PI Audits and Investigations**: *\*New element.*   A narrative and other information that advises OHA of:  Activities undertaken by the Contractor to assess, monitor, and improve the **quality and effectiveness** (as defined in *Exhibit B, Part 4, Section 19, Para. b.)* of **PI audits and investigations**.  *Note: For the purposes of the Annual FWA Assessment Report, “effectiveness” is defined as: An effective Medicaid Program Integrity and risk management approach means that Contractor’s program integrity program or SIU has* ***internal controls*** *to prevent instances of Fraud, Waste, Abuse and other misconduct from occurring; to detect instances of potential Fraud, Waste, Abuse and other misconduct; and to respond appropriately when integrity breakdowns are identified.* |  | |
| 1. **N****arrative Assessment of Annual FWA Activities–Improvements to Address Deficiencies**: *\*Formerly element 10.*   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. |  | |
| **2025 HSAG Review:** | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:** | |
| **2025 Recommendations:** | |
| 1. **N****arrative Assessment of Annual FWA Activities–Workplan Modifications**: *\*Formerly element 11 with revised requirement language.*   A narrative and other information that advises OHA of:   1. With particularity, whether work or activities identified in the prior Contract Year’s FWA Prevention Plan **were or were not implemented or were implemented differently** than initially described in the Contractor’s FWA Prevention Plan. *\*Revised requirement language.* 2. An explanation of how and why the FWA prevention activities changed. |  | |
| **2025 HSAG Review:**   1. <add text> 2. <add text> | | Compliant  Compliant with recommendations  Not compliant |
| **2025 Required Actions:**   1. <add text> 2. <add text> | |
| **2025 Recommendations:**   1. <add text> 2. <add text> | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Results for Section III. Annual FWA Assessment Report** | | | | | | | |
| **Total** | Compliant | = | # | X | 1.0 | = | # |
|  | Not Compliant | = | # | X | 0.0 | = | # |
| **Total Requirements** | | = | 12 | **Total Score** | | = | # |
|  | | |  |  | |  |  |
| **Total Score ÷ Total Requirements** | | | | | | = | **#%** |

# Appendix A

**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. The OHA Office of Program Integrity (OPI) will utilize this review tool to evaluate the following contract deliverable:

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Contract Citation** | **Due Date** |
| 2025 Fraud, Waste and Abuse (FWA) Prevention Handbook – CCO criteria for routine internal Monitoring and evaluationof Subcontractors and Participating Providers for other related compliance risks | Exh. B, Part 9, Sec. 12, Para. b (4) | January 31 of each Contract Year |

**Review plan:** OHA OPI will use ‘compliant’ and ‘non-compliant’ criteria to review compliance with the FWA Prevention Handbook - CCO criteria for routine internal monitoring of subcontractors and participating providers for other related compliance risks.

**Review process:** OHA OPI will use the process in CCO Contract Exhibit D, Section 5 – Correction of Deficient Documents to approve or disapprove your CCO’s deliverable.

**Instructions:** FWA deliverables must be submitted via the CCO Contract Deliverables [portal](https://oha-cco.powerappsportals.us/).Before submitting each FWA deliverable, check that it is complete and the data in each criteria meet the minimum requirements. See page 3 for additional information about the data required within each criteria.

The OHA OPI’s evaluation results will be provided to your CCO via the CCO Contract Deliverables [portal](https://oha-cco.powerappsportals.us/). Your CCO’s Contract Administrator, Compliance Officer (CO), and anyone else in your CCO who has a portal account will receive an automated notice when the evaluation results letter and the results themselves are available in the portal (delivery of the letter and results via the portal serves as Administrative Notice as described in the contract). The results letter will indicate whether the deliverable has been approved. If it has not, then the letter will include the deadline for resubmission. You should download the letter and results from the portal; you will not receive them by email. Upon receipt of OHA’s Administrative Notice via the portal, CCO must remedy the deliverable as directed by OHA.

If you have questions about this document or about OHA’s review process, please contact the OHA OPI at [Caleb.Richards@oha.oregon.gov](mailto:Caleb.Richards@oha.oregon.gov) or [Allison.m.Tonge@oha.oregon.gov](mailto:Allison.m.Tonge@oha.oregon.gov).

*Note*: As a reminder, the CCO’s compliance with Ex B, Part 4, Sec. 12. Subcontract Requirements and the Subcontractor and Delegated Work Report is reviewed through a separate process involving OHA Medicaid Division Quality Assurance (QA) team. The QA team’s review of the Subcontractor and Delegated Work Report excludes Contract Ex. B, Part 9, Sec. 10 through Sec. 20.

OPI will only evaluate criteria related to Exh. B Part 9 program integrity. For administrative efficiency, CCOs may combine routine monitoring and evaluation of subcontractor’s and participating provider’s compliance with Exh. B, Part 9 program integrity requirements with the monitoring and evaluation other Contract requirements, however only the criteria related to Exh. B Part 9 program integrity will be evaluated by OHA OPI. OHA OPI will not approve or disapprove any criteria for monitoring and evaluating subcontractors and participating providers which falls outside of Contract Ex. B Part 9 and related compliance risks.

**Choose an item.**

**CCO documents submitted for OHA OPI Review**

For each criteria, the CCO must complete the green sections below, adding rows to the table as needed to list all files submitted to OHA OPI for review. Files submitted must be the CCO’s current version and assign a title most appropriate to the document submitted.

*Pre-populated list offers* ***examples*** *of the types of documents that may be applicable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Title** | **Document Owner** | **Date** | **Date of Receipt**  **(for OHA Use only)** |
| ***Criteria for review of BH subcontractor(s)*** | ***CO Name*** | ***XX/XX/XXXX*** |  |
| ***Criteria for review of Dental subcontractor(s)*** | ***CO Name*** | ***XX/XX/XXXX*** |  |
| ***Criteria for review of PI Audits performed by subcontractor(s)*** | ***CO Name*** | ***XX/XX/XXXX*** |  |
| ***Criteria for review of participating provider(s) - DME*** | ***CO Name*** | ***XX/XX/XXXX*** |  |
| ***Criteria for readiness review – subcontractor(s)*** | ***CO Name*** | ***XX/XX/XXXX*** |  |

**CCO’S FWA PREVENTION HANDBOOK – CCO CRITERIA FOR ROUTINE MONITORING AND EVALUATION OF RELATED COMPLIANCE RISKS**

Using this review tool provided by OHA on the CCO Contract Forms [Website](https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx), and in accordance with CCO’s FWA Prevention Handbook and Annual FWA Prevention Plan, CCO must provide OHA with the criteria developed and implemented to perform routine internal monitoring and routine evaluation of subcontractors and participating providers for other related compliance risks (2025 CCO Contract Exh. B, Part 9, Sec. 12 (4)).

Pursuant to 42 CFR § 438.608, to the extent that a CCO subcontracts to any third party any responsibility for providing services to members or processing and paying for claims, CCO shall require its subcontractors, pursuant to its subcontracts, to comply with the terms and conditions set forth in Secs. 12 through 20 of Ex. B, Part 9. With respect to the requirements in Secs. 12 through 20 Ex B, Part 9, a prospective or existing subcontractor’s or participating provider’s attestation of compliance may not replace CCO conducting, as applicable, a pre-contracting readiness review or a formal annual compliance review.

The CCO’s criteria must be designed to monitor and evaluate the compliance of CCO’s subcontractors and participating providers with Sec. 12 through 20 of Contract Ex B, Part 9 program integrity, and related compliance risks.

* The scope of CCO’s compliance monitoring and evaluation must include Medicaid program integrity and the program integrity operations established by each CCO for its Medicaid managed care contract with OHA.
* The criteria developed by the CCO may be one document or multiple documents, as appropriate for CCO’s subcontractors and participating providers and the CCO’s program integrity operations.
* The CCO’s routine internal monitoring and evaluation must be at a minimum an annual formal compliance review or, as applicable, a pre-contracting readiness review of a subcontractor or participating provider.
* The criteria must be customized to the extent necessary to be applicable for the subcontractor or participating provider. The criteria used for routine evaluation or monitoring may be a combination of:
  + Subcontractor/participating provider compliance with CCO Contract Ex. B, Part 9
  + Subcontractor/participating provider compliance with state and federal Medicaid regulations ([Code of Federal Regulations](https://www.ecfr.gov/current/title-42/part-438/subpart-H) and [Oregon Administrative Rules](https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx))
  + Subcontractor/participating provider compliance with a subcontract/provider agreement
  + Subcontractor/participating provider compliance specific to work delegated
* The information within the CCO’s criteria must be sufficiently detailed for OHA to determine whether the criteria meets the intent of the requirement. OHA cannot evaluate compliance of materials that are not provided.
* CCO’s are not permitted to delegate this monitoring and evaluation.
* CCO’s are not permitted to replace this monitoring and evaluation with an attestation of compliance by a subcontractor or participating provider.

CCO 2025 contract terms and definitions applicable to program integrity and this requirement:

* “Abuse” has the meaning provided for in [42 CFR 455.2](https://www.ecfr.gov/current/title-42/part-455/section-455.2#p-455.2(Abuse)).
* Delegate means the act of Contractor assigning Work to either (i) a Subcontractor under a Subcontract, or (ii) a governmental entity or agency pursuant to a Memorandum of Understanding.
* Downstream Entity means any party that enters into a written or oral contract or other agreement with a CCO’s Subcontractor pursuant to which such party performs one or more of the obligations of the Subcontractor under the Subcontractor’s Subcontract with the CCO. Regardless of the number of parties that are downstream from a CCO’s Subcontractor, a party is deemed a “Downstream Entity” of a CCO Subcontractor if such party is, pursuant to a written or oral contract or agreement, performing the obligations the Subcontractor is required to perform on behalf of the CCO under its Subcontract therewith.
* “False Claim” has the meaning provided for in [OAR 410-120-0000](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-120-0000). See also Oregon False Claims Act as set forth in ORS 180.750-180.785 and federal False Claims Act as set forth in 31 USC 3729 through 3733.
* “Fraud” means the intentional deception or misrepresentation that Person knows, or should know, to be false, or does not believe to be true, and makes knowing the deception could result in some unauthorized benefit to themselves or some other Person(s).
* “Overpayment” has the meaning provided for in [42 CFR 438.2](https://www.ecfr.gov/current/title-42/part-438/section-438.2#p-438.2(Overpayment)).
* Participating Provider has the meaning provided for in [OAR 410-141-3500](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-141-3500).
* “Program Integrity Audit” and “PI Audit” each means, but is not limited to, the review of Medicaid claims for suspicious aberrancies to establish evidence that fraud, waste, or abuse has occurred, is likely to occur, or whether actions of individuals or entities have the potential for resulting in an expenditure of Medicaid funds which is not intended under the provisions of this Contract, State or Federal Medicaid regulations, and whether improper payment has occurred
* Subcontract has the meaning provided for in [OAR 410-141-3500](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-141-3500).
* Subcontractor has the meaning provided for in [OAR 410-141-3500](https://secure.sos.state.or.us/oard/view.action?ruleNumber=410-141-3500).
* Monitor means:
  + To observe and check the progress or quality of something,
  + To undertake some acts over a period of time,
  + To otherwise engage in activities, or
  + Any combination, or all, of the foregoing, which enables the party or persons undertaking such observations, acts, or activities to determine the quality, progress, or compliance (or any and all combination thereof) of the activities that are subject to observation, acts, or activities.
* “Waste” means over-utilization of services, or practices that result in unnecessary costs, such as providing services that are not medically necessary.

**Compliance Review**

1. **Required criteria:**

To the extent that a CCO subcontracts to any third party any responsibility for providing services to members or processing and paying for claims, CCO shall require its subcontractors, pursuant to its subcontracts, to comply with the terms and conditions set forth in Secs. 12 through 20 of Ex. B, Part 9.

1. CCO must develop and implement a criteria to perform routine internal monitoring and routine evaluation of program integrity related compliance risks for:
2. Subcontractors responsible for providing services to members
3. Subcontractors processing and paying claims

*NOTE: All information in the criteria must be specific to CCO’s Medicaid managed care contract.*

|  |  |
| --- | --- |
| **OHA OPI Review:** | Compliant |
| Not Compliant |

1. **Required information about CCO’s criteria**

CCO must include the following information about its criteria(s):

1. Name(s) of the subcontractor(s)/participating provider(s) that CCO will use each criteria to review
2. The delegated activities/work or type of services (or provider type)
3. Date(s) when the review(s) will begin and the frequency that routine internal monitoring and routine evaluation is performed (must be at least annually); CCO may use a risk assessment or other method to prioritize its review
4. The resources CCO has assigned (i.e. staff or departments/committees) to perform routine internal monitoring and evaluation
5. The rubric or standard CCO uses to score or measure compliance
6. The scope of the compliance review:

* Subcontractor/participating provider compliance with CCO Contract Ex. B, Part 9
* Subcontractor/participating provider compliance with state and federal Medicaid regulations ([Code of Federal Regulations](https://www.ecfr.gov/current/title-42/part-438/subpart-H) and [Oregon Administrative Rules](https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx))
* Subcontractor/participating provider compliance with a subcontract/provider agreement
* Subcontractor/participating provider compliance specific to work delegated; or
* A combination of these

1. Whether CCO monitoring and evaluation is performed in-person, as a desk-review of documentation, or both
2. The data or information sources CCO uses/relies upon (e.g. policies and procedures, evidence of implementation of policies such as reviewing a sample of records, employee FWA training records, or analysis of claims data, or other data or reports)
3. A plan for reporting activities/actions (e.g. how CCO’s monitoring or review results will be provided to the subcontractor/participating provider);
4. Outcome(s) of the routine internal monitoring or evaluation:

* CCO operations modifications
* Subcontract update/modification(s)
* Subcontractor corrective action plan (CAP)
* Subcontractor termination; or
* other action(s) to remedy the issue(s) identified

1. Identify when the CCO may perform additional or more frequent routine monitoring or evaluation, as necessary, in response to data anomalies identified by an internal review or receipt of an allegation of noncompliance or fraudulent activity by a subcontractor/participating provider

*NOTE: All criteria must be specific to CCO’s Medicaid managed care contract.*

*NOTE: The criteria developed by the CCO may be one document or multiple documents, as appropriate for CCO’s subcontractors and participating providers and the CCO’s program integrity operations. The information about the criteria is provided in a CCO policy or procedure or within each criteria – as an introduction or within the template CCO has developed to perform its monitoring and evaluation.*

|  |  |
| --- | --- |
| **OHA OPI Review:** | Compliant |
| Not Compliant |

1. **CCO criteria for routine internal monitoring and evaluation of program integrity related compliance risks**

*CCO must provide copies of its criteria(s) for OHA review of this requirement.*

*CCO must develop and implement a criteria for CCO to perform routine internal monitoring and routine evaluation of CCO’s subcontractors and participating providers for other related compliance risks. This criteria must:*

1. Contain the requirements in CCO Contract Ex. B, Part 9 program integrity (Sec. 10 through Sec. 20 of Ex. B, Part 9 of the CCO contract); this may also include:

* Applicable CFR citations
* Applicable OAR citations
* Requirements in a subcontract/provider agreement; or
* A combination of these

1. Be customized to the subcontractor/participating provider and the delegated program integrity related activities/work the subcontractor/participating provider performs for a CCO (e.g. subcontractors who review CCO’s participating provider’s prior authorization requests, adjudicate CCO encounter claims, and below\*)
2. Be specific to the type of services (or the provider type); the criteria is appropriate to the subcontracted activities/work or the provider type (e.g. OAR for dental services are not used to evaluate the compliance of a NEMT subcontractor)
3. Address the program integrity related compliance risks of the delegated activity/work that the subcontractor/participating provider performs for the CCO (e.g. newly added subcontractors that: authorize and pay encounter claims, screen and enroll providers, or contract with downstream entities, and below\*\*)
4. Include routine monitoring and review of compliance with the necessary coordination of program integrity activities, as applicable to subcontractor/participating provider (e.g. sending FWA Referrals to CCO or OHA OPI, or conducting a PI Audit or investigation on behalf of the CCO, and below\*\*\*)
5. Include routine monitoring and review of compliance with any required deadlines, as applicable to the program integrity operations of the CCO and the subcontract/provider agreement between the CCO and subcontractor/participating provider (e.g. suspected provider FWA must be referred to OHA OPI and MFCU within 7-days of identification)

*NOTE: Criteria must be specific to CCO’s Medicaid managed care contract.*

*NOTE: The criteria developed by the CCO may be one document or multiple documents, as appropriate for CCO’s subcontractors and participating providers and the CCO’s program integrity operations.*

*\* Examples included without limitation CCO subcontractors who perform data mining and analysis to detect billing patterns/trends of potential FWA, perform CCO’s PI Audits, maintain a CCO’s FWA hotline, send CCO’s FWA referrals to OPI and MFCU, or complete a CCO’s FWA quarterly and annual reports.*

*\*\*Examples include without limitation existing CCO subcontractors that: adjudicate claims with billing codes which CCO has identified as ‘high-risk’ for FWA, new or existing subcontractors that monitor claims and perform data mining to identify billing patterns/trends for suspected FWA, or program integrity risks associated with telehealth services.*

*\*\*\* Examples include without limitation CCO subcontractor/participating provider completing and sending to CCO a final PI Audit report, fraud hotline and the investigation or referral of tips/allegations, or sending a data analysis/data mining report to the CCO*

|  |  |
| --- | --- |
| **OHA OPI Review:** | Compliant |
| Not Compliant |