



## Delegated Entity Compliance Package

September 3, 2015

To: First Tier, Downstream or Related Entities (FDR) (Delegated Entities)  
Contracting with Trillium Community Health Plan (Trillium) to provide  
administrative or health care services to Trillium enrollees

Re: Trillium Compliance Program Materials

Trillium Community Health Plan (Trillium) is committed to compliance with all requirements set forth by federal and state statutes, regulations, and rules, and has a formal compliance program which supports that commitment. As required by the Centers for Medicare and Medicaid Services (CMS) and the Department of Medical Assistance Programs (DMAP), Delegated Entities agree to cooperate and participate in ensuring this regulatory compliance in the signing of their contracts with Trillium. The Trillium Compliance Program is overseen by a Compliance Committee composed of physicians, community professionals, Trillium Senior Management, and the Trillium Compliance Officer. Both the Compliance Committee and the Compliance Officer are accountable to the Trillium Board of Directors. The Trillium Compliance Program contains policies and procedures for the monitoring of compliance or non-compliance, including risk assessments, audit protocols and mandatory reporting by Delegated Entities when infractions are suspected. Policies, procedures and forms that are relevant to Delegated Entities are attached to this memo in **Appendix A**.

Trillium monitors claims and other transactions for indications of fraud or abuse, and workforce members are instructed to monitor such documents and report suspicions of fraud and abuse. The goal of monitoring is both early warning about potential problems and opportunities for Delegated Entity education.

The attached Trillium Compliance Program materials are provided within 90 days of contract execution, whenever changes are made, and annually thereafter. Attachments include the Employee Code of Conduct and Ethics; compliance policies and procedures, an overview of monitoring, risk assessment, auditing and corrective action activities; and provisions for annual review of the program.

### **Contact Information**

**Compliance Team Phone: 541-341-1753** – Direct line to Trillium's Compliance staff to make a report or ask questions.

**Compliance Team Email:** [ComplianceComm@trilliumchp.com](mailto:ComplianceComm@trilliumchp.com)

**Compliance Anonymous Reporting Hotline: 541-338-2936 or toll-free: 1-877-367-1332** - Trillium maintains a reporting hotline for participating practitioners, providers, vendors and their staff, Trillium staff, Delegated Entities, and Trillium enrollees (including their representatives or caregivers) to report concerns or complaints about suspected fraud, waste and abuse, non-compliant behavior, or other issues. Reports may be made anonymously.

Implemented June 2007  
Annual review thereafter  
Revised 8/27/2015

## **APPENDIX A**

- Complainant & Whistleblower Protection Policy *(Pgs. 4-6)*
- Compliance Incident Report Policy *(Pgs. 7-8)*
- Coordination of Benefits Policy *(Pgs. 9-10)*
- Delegated Entity Auditing, Monitoring, and Risk Assessment Procedure *(Pgs. 11-16)*
- Delegated Entity Communication Policy *(Pgs. 17-18)*
- Delegated Entity Oversight Policy *(Pgs. 19-21)*
- Delegated Entity Training Policy *(Pgs. 22-24)*
- Disclosure of PHI with Authorization Procedure *(Pgs. 25-31)*
- Employee Code of Conduct and Ethics *(Pgs. 32-37)*
- Ensuring a Compliant Workforce Policy *(Pgs. 38-39)*
- False Claims Act Policy *(Pgs. 40-46)*
- Fraud, Waste and Abuse Policy *(Pgs. 47-51)*
- Medicaid HIPAA Privacy Complaint Form *(Pgs. 52-53)*
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- Medicare HIPAA Complaint form *(Pgs. 55-56)*
- Medicare Problem Solving Form *(Pg. 57)*
- Member Concern, Complaint and Grievance Policy (Medicare) *(Pgs. 58-60)*
- Member Concern, Complaint and Grievance Policy (Medicaid) *(Pgs. 61-63)*
- Member Right to Access to PHI Procedure *(Pgs. 64-67)*
- Non-Compliance Policy *(Pgs. 68-71)*
- Privacy Complaints Procedure *(Pgs. 72-74)*
- Request for Confidential Communication Procedure *(Pgs. 75-76)*
- Request for Restriction Procedure *(Pgs. 77-79)*
- Request to Amend Member Record Procedure *(Pgs. 80-82)*

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Complainant & Whistleblower Protection			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	1/27/2005		<b>Date Removed:</b> 3T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Trillium Board	
<b>Distribution:</b>	Workforce Members, Delegated Entity, Provider website			
<b>Keywords:</b>	Complainant, Whistleblower, Delegated Entity			

## A. Purpose

In accordance with Oregon Health Authority (OHA) and Centers for Medicare and Medicaid Services (CMS) rules and the False Claims Act, no Trillium Community Health Plan (Trillium) shareholder, officer, director, workforce member or delegated entity may take any retaliatory or intimidating action against any delegated entity, workforce member or member (including a member's representative or caregiver) for filing a complaint of any kind, including a report of potential, suspected or actual fraud, waste and abuse.

## B. Definitions

Word/Term	Definition
Complainant	An individual filing a complaint. A complaint includes (1) the filing of any complaint, grievance or appeal challenging any Trillium decision, action, policy or practice either with Trillium or with any state or federal agency that regulates Trillium; or (2) the exercising of any legal right in relation to a complaint, appeal or grievance;
Deficit Reduction Act of 2005 (DRA)	Legislation allowing the federal government to employ the False Claims Act to reduce expenditures by prohibiting the submission of false claims and requiring that Trillium provide information about false claims to workforce member and delegated entities.
Delegated Entity	A Trillium First Tier, Downstream or Related entity (FDR) who, under contract, provides administrative services or health care services to Trillium enrollees.
False Claims Act	Federal legislation which allows the government recourse against any person who knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; conspires to defraud the Government by getting a false or

	fraudulent claim paid or approved by the Government; or knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government. Requires no proof of specific intent to defraud.
Fraud, Waste & Abuse	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Waste: an overuse of services or other practices that, directly or indirectly result in unnecessary cost; the misuse of resources. Abuse: Payment for items or services that are billed by mistake by providers but should not be paid.
Good Faith	Something is done in good faith, it is done with sincerity and with honest intentions.
Intimidation	Intentional behavior that "would cause a person of ordinary sensibilities" fear of being coerced, frightened, or threatened to not report a non-compliance or a suspected violation of state or federal laws, or policy.
Retaliation	Any adverse action taken against a delegated entity, workforce member or member (including a member's representative or caregiver) because the person has, in good faith, disclosed or filed a report of potential, suspected or actual fraud, or wrongdoing, or a violation of state or federal law, or has cooperated in/with an officially sanctioned investigation.
Whistleblower	A complainant reporting alleged misconduct and may file a "Qui Tam" civil suit. Federal and state rules ensure protections against retaliation or intimidation for reporting misconduct in government programs.
Workforce	Employees, Temporary Employees, Interns, Consultants, Volunteers, Agents, Independent Contactor's and Board Member's

### **C. Policy**

1. Trillium policies, CMS and OHA rules define a procedure for filing a complaint about Trillium decisions that affect Trillium plan members.
  - 1.1. In addition, Trillium has created a hotline for delegated entities, workforce members and members (including their representatives or caregivers) to report concerns or complaints about Trillium decisions, actions, policies or practices, or reports about potential, suspected or actual fraud, waste and abuse.
2. No Trillium shareholder, officer, director, workforce member or delegated entity may take any retaliatory or intimidating action against any delegated entity, workforce member or member (including a member's representative or caregiver) for filing a good faith complaint whether such complaint involves Trillium decisions or alleged misconduct.
3. Trillium ensures that all members and delegated entities are aware of this policy against retaliation and intimidation.
  - 3.1. Trillium posts a statement summarizing this policy, Complainant and Whistleblower Protection policy, and the hotline number on its website.
    - 3.1.1. Hotline number: Toll-free 877-367-1332 or local 541-338-2936

- 3.2. Trillium supplies all delegated entities and Trillium workforce members with a copy of this policy, Complainant and Whistleblower Protection policy, and informs them of the hotline number.
4. Trillium workforce members should immediately report any action or decision that appears to be in violation of this policy against retaliation and intimidation to their supervisor. If the action or decision about the issue concerns that supervisor the report should be made to the Trillium Compliance Officer or the Chief Executive Officer.
5. Delegated entities should report any action or decision that appears to be in violation of this policy to Trillium’s Compliance Officer or Chief Executive Officer.
6. Violation of this policy:
  - 6.1. By any Trillium officer or workforce member may result in administrative action including, without limitation, termination of employment or board position.
  - 6.2. By any Trillium delegated entity may result in administrative action under the contract.
7. Nothing in this policy prevents Trillium, its board members, shareholders, officers, directors, workforce members or delegated entities from disputing or denying any contractual, administrative or legal complaint or petition in the appropriate forum. Nor should there be any hindrance from carrying out Trillium policies, CMS and OHA rules with respect to the member affected by the decision at issue in the complaint.

#### ***D. Regulatory or Administrative Citations***

Name	Citation Reference
Federal – False Claims Act, Whistleblower	<a href="#">31 USC§ 3730(h)</a>
Oregon	<a href="#">ORS 659A.230, ORS 659A.199 and ORS 659A.885</a>
NCQA	<a href="#">QI03</a>

#### ***E. Related Materials***

Name	Location
False Claims Act Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Fraud, Waste and Abuse Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Non-Compliance Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Compliance Incident Report Policy	<a href="#">SharePoint P&amp;P Central Database</a>

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Compliance Incident Report			
<b>Current Effective Date:</b>	8/28/2015			
<b>Schedule Review Date:</b>	8/28/2016			
<b>Date of Origin:</b>	8/28/2015		<b>Date Removed:</b>	2T
<b>Responsible Department:</b>	Compliance			2T
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Compliance Committee	
<b>Distribution:</b>	Managers, Supervisors, Employees			
<b>Keywords:</b>	Incident			

## A. Purpose

Workforce Members and Delegated Entities are required to immediately report all incidents of potential, suspected, or actual non-compliant, unethical, or illegal acts.

## B. Definitions

Word/Term	Definition
Workforce	Employees, Temporary Employees, interns, consultants, volunteers, agents, independent contractors and Board Member's
Delegated Entities	A Trillium First Tier, Downstream or Related Entity (FDR) who, under contract, provides administrative services or health care services to Trillium enrollees.

## C. Policy

1. Non-compliant, unethical, or illegal acts to be reported may include but are not limited to:
  - 1.1. Health Insurance Portability and Accountability Act (HIPAA) violations;
  - 1.2. Fraud, Waste, and Abuse (FWA) activities;
  - 1.3. Violations of applicable state or federal laws; and/or
  - 1.4. Violations of Trillium's policies or procedures.
2. Compliance incident report forms are available via:
  - 2.1. Compliance department SharePoint website: <http://private.lipaweb.net/Compliance/Lists/Member%20Compliance%20Forms/AllItems.aspx>; and
  - 2.2. Trillium website: <http://trilliumchp.com/providers-Medicare.php>.
3. Compliance incident reports may be submitted verbally, electronically, or directly via:
  - 3.1. Compliance hotline (available 24/7/365): Toll free 1-877-367-1332, Local 541-338-2936 ;
  - 3.2. Compliance drop boxes (located in workforce member break areas);
  - 3.3. Compliance fax: 541-434-1074;
  - 3.4. Email / Phone call/Face-to-Face report to:

- 3.4.1. Compliance Officer/Privacy Officer: [privacyofficer@trilliumchp.com](mailto:privacyofficer@trilliumchp.com), Local 541-485-2155, Toll free 1-877-367-1332;
- 3.4.2. Compliance workforce member;
- 3.4.3. Chief Executive Officer (CEO);
- 3.4.4. Senior Manager; and/or
- 3.4.5. Supervisor.
- 3.5. All Workforce Members and Delegated Entities that make a good faith disclosure of a suspected or actual non-compliant, unethical, or illegal activity will be protected against intimidation and retaliation.
- 3.6. All compliance incident reports received by Compliance staff/CEO/Senior Manager/and/or Supervisor must be directed to the Compliance Officer/Privacy Officer within 24 hours of receipt.
- 4. The Compliance Officer/Privacy Officer and/or designated Compliance workforce members will make a reasonable inquiry into all compliance incident reports within two weeks of receipt.
  - 4.1. Anonymous reports will remain confidential to the extent possible throughout the investigation.
  - 4.2. The Compliance Officer will report all confirmed incidents of non-compliance to the CEO and Compliance Committee.
- 5. All compliance incident reports received will be logged, filed, or otherwise documented by the Compliance Officer/Privacy Officer and kept in electronic files as part of the company record for a period of 10 years.

## ***D. Regulatory or Administrative Citations***

Name	Citation Reference
Code of Federal Regulations	§422.503(b)(4)(vi)(E)

## ***E. Related Materials***

Name	Location
Non-Compliance Policy	SharePoint P&P Database
Fraud, Waste and Abuse Policy	SharePoint P&P Database
Corrective Action Plan Policy	SharePoint P&P Database
False Claims Act Policy	SharePoint P&P Database
Employee Code of Conduct and Ethics	SharePoint Compliance Page
Ensuring a Compliant Workforce Policy	SharePoint P&P Database
Complainant & Whistleblower Protection Policy	SharePoint P&P Database
Compliance Incident Report Forms	SharePoint Compliance Page and Trillium Website



<b>Plan:</b>	Medicaid <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Exchange <input type="checkbox"/> Trillium (All Plans) <input type="checkbox"/> NCQA <input type="checkbox"/>		
<b>Name:</b>	Coordination of Benefits		
<b>Current Effective Date:</b> 6/10/2014			
<b>Scheduled Review Date:</b> 6/10/2015			
<b>Date of Origin:</b> 2/25/2008	<b>Date Removed:</b>		
<b>Responsible Department:</b> Operations	<b>Subject Matter Expert:</b> Operations		
<b>Approval(s):</b>	<table border="1"> <tr> <td><b>First Level Review:</b> Senior Management</td> <td><b>Final Review:</b> Senior Management</td> </tr> </table>	<b>First Level Review:</b> Senior Management	<b>Final Review:</b> Senior Management
<b>First Level Review:</b> Senior Management	<b>Final Review:</b> Senior Management		
<b>Distribution:</b>	Providers (PCP's, Specialists, Vendors, Pharmacies, Suppliers), Insurance Companies		
<b>Keywords:</b>	COB, Secondary Player		

## A. Purpose

The Coordination of Benefits (COB) policy is intended to establish consistency in the identification of other coverage.

## B. Definitions

Word / Term	Definition
COB	Coordination of Benefits

## C. Policy

1. When COB information is identified, the verification process begins immediately to ensure quality performance in assessing claim(s) payment(s).
2. With timely and accurate information, the COB process can evaluate all relevant information and appropriately update the files for proper claims adjudication.
3. Throughout the claims payment process, steps are taken to ensure that all secondary payer situations are identified. Trillium Medicaid understands the importance of proactive identification of other coverage as well as elimination of the need for claims payment recovery. Trillium Medicaid is secondary payer for:
  - 3.1. Workers' compensation claims
  - 3.2. Claims resulting from accidents in which there may be payment available from MVA or no-fault insurance of all types, including personal injury protection
  - 3.3. Claims resulting from accidents where there may be liability insurance coverage
  - 3.4. Claims for services for employees, spouses and their children who have primary coverage through another health plan

### Identification of Other Coverage

4. Identification of primary coverage includes the efforts of Trillium Medicaid staff and the Trillium Medicaid member. The Trillium Medicaid member will be educated on the information needed for coordination of benefits and provided with the necessary forms for submission by the following methods:

- 4.1. Member Handbook: The member handbook will include information on the Trillium Medicaid member's responsibilities regarding other coverage and the process for notification to the plan.
- 4.2. Trillium Medicaid Customer Service Representatives will be available to take COB information over the phone when needed.
- 4.3. Trillium Medicaid staff may identify other coverage during the claims payment process through Explanation of Benefits (EOB)/Risk Adjustment (RA) attachments included with the claims submission.
- 5. Upon identification of other coverage, COB information is loaded into the COB insurance field following verification of dates of eligibility. Activation of the COB indicator will flag all future claims to be processed that COB exists. The final step in the initial identification of COB is a review of previously paid claims dating back to the initial date of medical coverage insuring overpayment and underpayment issues are resolved. The retroactive review of claims will be no more than 12 months.

***D. Regulatory or Administrative Citations***

Name	Citation Reference
CFR 42	<a href="#">§ 422.108</a>

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Delegated Entity Auditing, Monitoring and Risk Assessment			
<b>Current Effective Date:</b>	8/28/2015			
<b>Schedule Review Date:</b>	8/28/2016			
<b>Date of Origin:</b>	8/24/2015	<b>Date Removed:</b> 2T		
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Dept. Sr. Manager		<b>Final Review:</b> Dept. Manager	
<b>Distribution:</b>	Department Managers			
<b>Keywords:</b>	Audit, Risk Assessment, CAP/QPIP, Delegated Entity			

## A. Purpose

Trillium Community Health Plan (Trillium) conducts risk assessments and audits of delegated entities to ensure compliance.

## B. Definitions

Word/Term	Definition
Auditing	A formal review of compliance with regulatory guidelines with particular sets of standards as base measures.
CAP/QPIP	Corrective Action Plan/Quality & Process Improvement Plan: Documents the resolution of concerns, issues, or problems identified regarding non-compliance and or quality & process improvements.
Delegated Entity (DE)	Trillium First Tier, Downstream or Related entity (FDR) who provides administrative services or health care services to Trillium enrollees.
Delegated Entity Representative (DER)	Responsible person representing the delegated entity regarding compliance activities.
Desk Audit	An examination of documents that is done off site of the Delegated Entity.
Monitoring	A planned, systematic, and ongoing process to gather and organize data, and aggregate results in order to evaluate performance.
On-site audit	Accomplished or located at the site of a particular activity or concern.
Requestor	DER may request an audit.

Risk Assessment	For the purposes of this procedure, risk assessments are conducted proactively by the Compliance Officer and Auditors to assess Trillium’s internal and external.
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## **C. Procedure**

### **Auditing**

1. A Pre-Contract audit assessment process takes place prior to new Delegated Entity contract execution. This includes OIG and GSA Exclusion List review.
2. Two types of audits are conducted for Delegated Entities:
  - 2.1. Desk audit
  - 2.2. On-site audit
3. The Compliance Work Plan identifies a delegated entity audit opportunity for the DE Auditor. In event of an On-site audit, the auditor schedules a meeting, if necessary with the Delegated Entity Representative (DER) of the area under audit and, if necessary, the Compliance Officer.
  - 3.1. If a Desk Audit is planned, the DE Auditor will generally communicate via email with the DER to discuss the area of audit and to request necessary audit materials.
4. If meeting in person, the DE Auditor and DER will review the objective and scope of the audit and address all questions. For Desk Audits, this information is conveyed via email.
5. The auditor initiates the audit report and requests or generates any reports necessary to conduct the audit.
6. The DE Auditor analyzes data and records all observations in the audit report.
7. Auditor sends the audit observations report electronically to the DER. It may be necessary for the DE Auditor to meet with the DER to discuss the Auditor’s observations.
8. The DER responds to the DE Auditor’s observations within 6 business days and includes any necessary plan of action and the expected completion date in the audit report.
9. The DE Auditor develops the audit recommendations and, if appropriate, includes the DER’s action plan. If appropriate, the Auditor incorporates the response from the DER to the DE Auditor regarding any positive or negative dollar impacts associated with the audit.
  - 9.1. The recommendations can include corrective action plans/quality & process improvement plans (CAP/QPIP), follow up audits and or risk assessments. If the DE Auditor has identified the need for a risk assessment or follow up audit, the recommendation will include the scope, objective and proposed start date for the risk assessment or audit.
  - 9.2. Corrective action plans/quality & process improvement plans are reviewed by the Compliance Specialist-External Monitoring (CS-EM) 6 months after being closed. The review is to verify corrective measures, process improvements and recommendations implemented continue to address the original issue(s).
10. The DE Auditor sends the preliminary audit report including the recommendations to the DER for review.

11. The DER reviews the recommendations and responds to the DE Auditor.
12. The DE Auditor incorporates the DER's response when finalizing the recommendations. If the Auditor's recommendations include a CAP/QPIP the DER initiates the CAP/QPIP according to the CAP/QPIP procedure.
13. The DE Auditor completes the audit report and electronically sends it to the DER of the area under audit, the representative's senior, as necessary, Compliance Officer, and the CS-EM. The DE Auditor attaches any initiated CAPs/QPIPs and indicates if the DER has initiated a CAP/QPIP. The Compliance Officer is available to assist DER s develop and/or implement any CAPs/QPIPs.
14. As the recommendations of the audit are developed, the DE Auditor indicates the results in the recommendations section in the audit report.
15. When all recommendations are implemented, the DE Auditor closes the audit, sends the audit report with the recommendation results to all parties involved.
16. The CS-EM schedules a 6 month review of the recommended implementation to assure the implementation continues to address the original issue(s).
17. Should the 6 month review show continued non-compliance, the following written ramifications shall apply:
  - 17.1. Written warning
  - 17.2. Suspension of contract
  - 17.3. Termination of contract

## **Monitoring**

18. The Compliance Officer and CS-EM assist the Delegated Entity monitoring effort by providing the DER with a listing of monitoring areas, required documents, reports and other materials necessary to perform continuous monitoring for the Delegated Entity.
  - 18.1. The monitoring guides to be used for Trillium include but are not limited to: for Part C, the Medicare Advantage Audit Guide and URAC standards; for Part D, the Medicare Advantage Prescription Drug Plan (MA-PD) Sponsor Part D Audit Guide and URAC standards.
19. The DERs establish routine monitoring processes in their areas.
  - 19.1. The DER determines the monitoring frequency and reporting dates for each standard from the Medicare Advantage Audit Review Guide assigned by the Compliance Officer and submits the monitoring schedule to the CS-EM.
  - 19.2. The DER completes their monitoring and submits the monitoring results to the CS-EM according to the pre-determined reporting frequency, using the Delegated Entity Monitoring Report.
20. DER's report monitoring results to the CS-EM.
  - 20.1. DER's use the Monitoring Report to communicate their monitoring results to the CS-EM.
  - 20.2. DER indicates any findings on the Monitoring Report.

- 20.3.** If unsure of compliance status, the DER should consult with the DE Auditor.
- 21.** The CS-EM and DE Auditor review the monitoring reports and evaluate any reported findings. During evaluation of the findings the DE Auditor may request the Compliance Officer review the findings to decide if there is a need to conduct an audit to further investigate the reported findings.
- 22.** As findings are reported, the DER also initiates corrective actions/quality & process improvement plans.
- 23.** The DER completes the CAP/QPIP form according to the CAP/QPIP procedure.
- 23.1.** The Compliance Officer is available as a resource to assist DER as they develop the action plan.
- 23.2.** The DER submits the CAP/QPIP to the DE Auditor and CS-EM for Compliance Officer review and approval.
- 23.3.** The CS-EM logs the CAP/QPIP and tracks its progress via updates submitted by the DER or other responsible person.
- 24.** Once the DER has fully implemented the actions of the CA/QPIP and completed the submitter's description/summary of resulting changes, s/he returns the fully implemented CAP/QPIP document to the DE Auditor and CS-EM for Compliance Officer review and approval.
- 25.** Following full implementation of a CAP/QPIP, the Compliance Officer evaluates the results of the CAP/QPIP by reviewing the final summary to determine the status of the CAP/QPIP and whether or not an audit and or QM/UM review will be scheduled.
- 26.** When appropriate, audit of a CAP/QPIP is performed three to six months following its implementation.
- 26.1.** Before initiation of the audit, the DER is notified that an internal audit to monitor the implementation of the CAP/QPIP will be conducted.
- 27.** At the conclusion of the audit, the DE Auditor submits to the Compliance Officer a report stating the findings regarding implementation of the CAP/QPIP and indicating that:
- 27.1.** The issue is resolved; the CAP/QPIP is closed.
- 27.2.** The issue is not resolved; revise the original CAP/QPIP. Repeat #s 6-7.
- 27.3.** The issue is not resolved; initiate a new CAP/QPIP. Repeat #s 6-7.

### **Data Validation**

- 28.** The DE Auditor(s) and Compliance Officer review the external data validation audit report annually.
- 29.** The DER(s) initiate any necessary corrective action/quality & process improvement plans as a result of the external data validation audit report.
- 29.1.** The DE Auditor assists the DERs as they develop and implement the corrective actions and quality & process improvement plans.

## **Risk Assessments**

- 30.** The Compliance Officer schedules a meeting with the DER of the area being assessed and that is attended by the DE Auditor.
- 31.** During the meeting the DE Auditor, Compliance Officer and DER determine the objective and scope of the risk assessment and address all questions.
- 32.** DE Auditor initiates the risk assessment report and requests or generates any reports necessary to conduct the risk assessment.
- 33.** DE Auditor analyzes the data and records all observations on the risk assessment observations report.
- 34.** DE Auditor sends the risk assessment observations report electronically to the DER. It may be necessary for the Auditor to meet with the DER to discuss the Auditor's observations.
- 35.** The DER responds to the DE Auditor's observations within 10 business days and includes any necessary plan of action and the expected completion date on the risk assessment observations report.
- 36.** The DE Auditor develops the risk assessment recommendations and, if appropriate, includes the DER's action plan. If appropriate, the DE Auditor incorporates the feedback from the DER in to the assessment report regarding any positive or negative dollar impacts associated with the risk assessment.
  - 36.1.** The recommendations can include necessary CAPs/QPIPs, risk assessments or audits. If the Auditor has identified the need for a risk assessment and /or audit the recommendation will include the scope, objective and proposed start date for the audit.
- 37.** The DE Auditor sends the preliminary risk assessment report including the recommendations to the DER and the Compliance Officer for review.
- 38.** The DER reviews the recommendations and responds to the DE Auditor.
- 39.** The DE Auditor incorporates the DER's response when finalizing the recommendations. If the Auditor's recommendations include a CAP/QPIP, the Compliance Officer initiates the CAP/QPIP according to the CAP/QPIP procedure.
- 40.** The DE Auditor completes the risk assessment report and indicates if the area is a high, moderate or low risk for Trillium in the conclusion.
- 41.** The DE Auditor sends the risk assessment report to the DER, the representative's senior, as necessary, Compliance Officer, and the CS-EM involved with the risk assessment. The Auditor attaches any initiated CAPs/QPIPs and indicates which DER have been assigned a CAP/QPIP. The DE Auditor(s) work with the DERs to develop and implement any CAPs/QPIPs.
- 42.** As the recommendations of the risk assessment are implemented, the DE Auditor indicates the results in the recommendations section in the risk assessment report.
- 43.** When all recommendations are implemented, the DE Auditor closes the risk assessment and sends the risk assessment report with the recommendation results to all parties involved with the risk assessment.

44. The CS-EM schedules a 6 month review of the implementation to assure the implementation continues to address the original issue(s).

**Reporting**

- 45. Trillium’s auditing and risk assessment activities are included in the quarterly and annual compliance reports prepared by the DE Auditor.
- 46. Any potential fraud, waste and/or abuse that are discovered through the course of auditing or risk assessments are immediately reported to the Compliance Officer.

***D. Related Materials***

Name	Location
Delegated Entity Communication Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Communication Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Contract Compliance	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Oversight Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
OIG Annual Work Plan	<a href="#">SharePoint P&amp;P Central Database</a>



<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Delegated Entity Communication			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	6/15/2015	<b>Date Removed:</b>	3T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee	<b>Final Review:</b> Compliance Committee		
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Compliance, Delegated Entity, Email			

### A. Purpose

An external compliance email address is used for distribution of guidance information to delegated entities ensuring timely communication of appropriate training, best practices, FAQs, comments and guidance as the guidance is published.

### B. Definitions

Word/ Term	Definition
Delegated Entity (DE)	A Trillium First Tier, Downstream or Related entity (FDR) who provides administrative services or health care services to Trillium enrollees.

### C. Policy

1. Open, transparent and consistent two-way communication with all delegated entities is ensured through;
  - 1.1. Email: [ComplianceComm@Trilliumchp.com](mailto:ComplianceComm@Trilliumchp.com)
  - 1.2. The Compliance DE Auditor, Compliance Specialist-External Monitoring (CS-EM), and Trillium Regulatory Resource Center (TRRC).
2. Delegated Entities are provided compliance training, monitoring, best practices, CMS, OHA, Trillium and other guidance through informational emails, Provider Newsletters, and other forms of communication.
3. The Compliance DE Auditor and CS-EM are responsible for all communication to and from the delegated entities through the [ComplianceComm@Trilliumchp.com](mailto:ComplianceComm@Trilliumchp.com) mail box using read receipts and by archiving all communications for 10 years.

### D. Regulatory or Administrative Citations

Name	Citation Reference
42 CFR Public Health	§422.503(b)(4)(vi)(G)(1)
42 CFR Public Health	§423.504(b)(4)(vi)(G)(1)
45 CFR Public Welfare	§156.20
Medicare Prescription Drug Benefit Manual	Chapter 9, Part 50.4.1 through 50.4.2
Medicare Managed Care Manual (MCM)	Chapter 11, Part 110 through 110.2
Medicare Managed Care Manual (MCM)	Chapter 21, Part 50.4.1 through 50.4.2

***E. Related Materials***

Name	Location
Delegated Entity Communication Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Oversight Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Assessment Committee Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Assessment Committee Procedure	<a href="#">SharePoint P&amp;P Central Database</a>

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Delegated Entity Oversight			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	8/24/2015		<b>Date Removed:</b> 1T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Compliance Committee	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Audit, Delegated Entity, Monitoring, Oversight, Risk Assessment			

## A. Purpose

Provide a framework used to identify non-compliance through monitoring, auditing and oversight for CMS and OHA regulatory guidance, laws, and Trillium’s policies.

## B. Definitions

Word/Term	Definition
Compliance Committee	Group of individuals at the highest level of governance of the sponsor, such as the Board of Directors or the Board of Trustees, who formulate policy and direct and control the sponsor in the best interest of the organization and its enrollees.
Delegated Entity (DE)	Trillium First Tier, Downstream or Related entity (FDR) who provides administrative services or health care services to Trillium enrollees.
CMS Medicare Learning Network (CMS MLN)	Centers for Medicare and Medicaid Services Medicare Learning Network. Contains educational products that inform health care professionals on how to avoid common billing errors and other improper activities when dealing with various CMS Programs.
Fraud, Waste and Abuse (FWA)	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Waste: an overuse of services or other practices that, directly or indirectly result in unnecessary cost; the misuse of resources. Abuse: Payment for items or services that are billed by mistake by providers but should not be paid.
Part C & D	Medicare Managed Care and Prescription Drug Plans.

## **C. Policy**

The annual Compliance Work Plan identifies potential compliance risks through routine monitoring and auditing as part of their oversight of Delegated Entities to ensure compliance training, best practices, regulatory guidance and policies are the focus of monitoring and auditing.

## **D. Oversight:**

1. Trillium conducts oversight of Delegated Entities via year round risk assessment, monitoring and auditing activities to ensure compliance with federal and state laws, CMS, OHA, and Marketplace contractual requirements, CMS best practices, regulatory guidance, and Trillium policies and procedures.
  - 1.1. Trillium and Delegated Entity workforce members must immediately report to Trillium's Compliance Officer any non-compliance and/or potential, suspected or actual fraud, waste or abuse issues that are discovered via monitoring, auditing or otherwise.
  - 1.2. All Delegated Entities are required to provide documentation of Downstream entity/contracted vendor monitoring, either by providing supporting policies and procedures, or proof of monitoring activities to Trillium on a quarterly basis.
2. Delegated Entity Expectations:
  - 2.1. Trillium's Compliance Officer communicates compliance expectations of all Delegated Entities.
  - 2.2. The Delegated Entities are expected to monitor their Downstream Entities/vendors by providing the CMS MLN FWA and Part C & D Compliance training module, and other required training deemed necessary by Trillium. They are required to receive attestations or Certification of Completion from their Downstream Entities/vendors and forward copies to Trillium ensuring oversight.
  - 2.3. The Delegated Entities are expected to conduct annual training each year and forward attestations or Certificates of Completion to Trillium.
    - 2.3.1. All Delegated Entities will train new workforce members within the first 90 days of employment.
3. Reporting:
  - 3.1. Delegated Entities make good faith reporting to the Compliance Officer.
  - 3.2. The Compliance Officer reports incidents to the Compliance Committee.
  - 3.3. Trillium's Compliance Committee reports incidents to the Board of Directors.

## **E. Regulatory or Administrative Citations**

Name	Citation Reference
42 CFR Public Health	§422.503
42 CFR Public Health	§423.504
45 CFR Public Welfare	§156.20
Medicare Prescription Drug Benefit Manual	Chapter 9, Part 50 through 50.7.7

Medicare Managed Care Manual (MCM)	Chapter 11, Part 110 through 110.2
Medicare Managed Care Manual (MCM)	Chapter 21, Part 50 through 50.7.7
NCQA Credentialing and Re-Credentialing	CR5, Element B2

## ***F. Related Materials***

Name	Location
Delegated Entity Communication Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Communication Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Training Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Assessment Committee Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Assessment Committee Procedure	<a href="#">SharePoint P&amp;P Central Database</a>

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Delegated Entity Training			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	8/24/2015		<b>Date Removed:</b> 1T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Compliance Committee	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Delegated Entity Training, Downstream			

## A. Purpose

Provide training to all Delegated Entities including but not limited to: Centers for Medicare and Medicaid Services (CMS) Fraud, Waste and Abuse (FWA) and Part C&D Compliance training, monitoring, best practices, Oregon Health Authority (OHA) and other regulatory guidance, and Trillium policies and procedures.

## B. Definitions

Word/Term	Definition
CMS Medicare Learning Network (CMS MLN)	Centers for Medicare and Medicaid Services Medicare Learning Network. Contains educational products that inform health care professionals on how to avoid common billing errors and other improper activities when dealing with various CMS Programs.
Delegated Entity	Trillium First Tier, Downstream or Related entity (FDR) who provides administrative services or health care services to Trillium enrollees.
Affordable Care Act (ACA)	Access to quality, affordable health insurance and helps to curb the growth of healthcare spending in the U.S.
Fraud, Waste and Abuse (FWA)	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Waste: an overuse of services or other practices that, directly or indirectly, result in unnecessary cost; the misuse of resources. Abuse: Payment for items or services that are billed by mistake by providers, but should not be paid for by Medicare. This is not the same as fraud.

Oregon Health Authority (OHA)	OHA includes most of the state's health care programs, including <a href="#">Public Health</a> , the <a href="#">Oregon Health Plan</a> , <a href="#">Healthy Kids</a> , employee benefits and <a href="#">public-private partnerships</a> .
Oregon Health Plan (OHP)	The Oregon Health Plan is Oregon's Medicaid program.
Office of the Inspector General (OIG)	Office of Inspector General's (OIG) mission is to protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries.
Oregon Administrative Rules (OARs)	The Oregon Revised Statutes are the codified laws of the State of Oregon.
Part C & D	Medicare Managed Care and Prescription Drug Plans.

### ***C. Policy***

Trillium provides training to its Delegated Entities within 90 days of hire and annually thereafter. All Delegated Entities must monitor their downstream entities/contracted vendors who conduct business on Trillium's behalf. Attestations or copies of Certificates of Completion verifying training has occurred for themselves and their vendors will be supplied to Trillium within 90 days of hire, annually or as it occurs thereafter.

1. Trillium provides appropriate training to Delegated Entities for the following, but is not limited to: federal and state, CMS annual audit Best Practices and Common Findings, the OIG Annual Work Plan, OHA OARs, and other regulatory guidance as applicable.
2. Delegated Entities are provided with initial and annual FWA and Part C & D Compliance Training via hyperlink to the CMS MLN website.
3. Trillium provides the CMS MLN training link on our website's Provider Portal and by emailing the link to the Delegated Entities.
4. Each Delegated Entity is required to provide initial compliance training to all their workforce members within 90 days of hire.
5. Downstream Entities/vendors conducting business on Trillium's behalf must provide compliance training to their new workforce members within 90 days and annually thereafter. Attestations or Certificates of Completion of training are forwarded to their First Tier/Contracted Entities.
6. The Delegated Entities are expected to monitor their Downstream Entities/vendors by providing the CMS MLN FWA and Part C & D Compliance training module, and other required training deemed necessary by Trillium. They are required to receive attestations or Certification of Completion from their Downstream Entities/vendors and forward copies to Trillium ensuring oversight.
7. The Delegated Entities are expected to conduct annual training each year and forward attestations or Certificates of Completion to Trillium.

### ***D. Regulatory or Administrative Citations***

Name	Citation Reference
42 CFR Public Health	§422.503(b)(4)(vi)(C)(3)
42 CFR Public Health	§423.504(b)(4)(vi)(C)
Medicare Prescription Drug Benefit Manual	Chapter 9 , 50.3-50.3.2
Medicare Managed Care Manual (MCM)	Chapter 21, 50.3-50.3.2

### ***E. Related Materials***

Name	Location
Delegated Entity Communication Policy	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Communication Procedure	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Contract Compliance	<a href="#">SharePoint P&amp;P Central Database</a>
Delegated Entity Oversight Policy	<a href="#">SharePoint P&amp;P Central Database</a>



<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input checked="" type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Disclosure of PHI with Authorization			
<b>Current Effective Date:</b>	5/18/2015			
<b>Schedule Review Date:</b>	5/18/2016			
<b>Date of Origin:</b>	12/9/2013		<b>Date Removed:</b> Compliance Coordinator will enter effective date	
<b>Responsible Department:</b>	Quality Management and Improvement			NCQA Review Required
<b>Approval(s):</b>	<b>First Level Review:</b> Senior Manager		<b>Final Review:</b> Senior Manager	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Disclosure, PHI			

## A. Purpose

Trillium Community Health Plan (Trillium) and its workforce appropriately protects the privacy of health information that can identify a member in compliance with federal and state law.

## B. Definitions

Word/Term	Definition
Appointment of Representative Form (AOR)	A form used by a member to appoint another party, or authorized person under State or other applicable law, to act on behalf of a member in an appeal or grievance. The representative has all of the rights and responsibilities of a member in obtaining an organization determination, filing a grievance, or in dealing with any of the levels of the appeals process.
Authorization for Use and Disclosure of PHI Form (Authorization)	A form to authorize use and disclosure of protected health information to an individual other than the member, or to allow the collection of protected health information from another entity on behalf of the member for treatment, payment, or health plan operations.
Electronic Protected Health Information (ePHI)	Electronic health information or healthcare payment information, including demographic information collected from a member, which identifies the member or can be used to identify the member. ePHI does not include students records held by educational institutions or employment records held by employers, or records for persons deceased for over 50 years.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Federal legislation requiring individuals, organizations, and agencies that meet the HHS definition of covered entity under HIPAA to comply with the requirements to protect the privacy and security of health information.

Word/Term	Definition
Privacy Officer	Individual appointed by Trillium under 42 CFR 164.530(a) (1) of the HIPAA Privacy Rule. Trillium's designated Privacy Officer oversees HIPAA and Omnibus Act of 2013 privacy matters and coordinates authorized disclosures of health information.
Protected Health Information (PHI)	<p>Health information that identifies a member or includes any of the following identifiers that could be used to reasonably identify a member: 1) Names, including the member's name, names of the member's family or household, and the name of the member's employer(s); 2) Address, including street number and name, city, county, precinct, zip code; 3) All elements of dates (except for year), for dates directly related to a member, including birth date, admission date, discharge date, date of death, and all ages over 89; 4) Telephone numbers; 5) Fax numbers; 6) Electronic mail addresses; 7) Social Security numbers; 8) Medical record numbers; 9) Health plan beneficiary numbers; 10) Account numbers; 11) Certificate/license numbers; 12) Vehicle identifiers and serial numbers, including license plate numbers; 13) Device identifiers and serial numbers; 14) Web universal resource locators (URLs); 15) Internet Protocol (IP) address numbers; 16) Biometric identifiers, including finger and voice prints; 17) Full face photographic images and any comparable images; 18) Any other unique identifying number, characteristic, or code.</p> <p>Means Individually identifiable health information held or maintained by a covered entity or business associate acting for the covered entity, transmitted or maintained in any format or medium (electronic, written or oral information). PHI excludes individually identifiable information in education records covered by the Family Educational Rights and Privacy Act. 20 U.S.C. 1232.</p>
Third Party Access Administrator	The workforce member that receives and validates written requests granting/allowing third party access to members' protected health information.

### **C. Procedure**

1. Trillium does not use or disclose protected health information (PHI) without a valid authorization by the individual unless required or permitted. See Protected Health Information Uses and Disclosure Policy, Required Disclosures of PHI Procedure, and Permitted Disclosures of PHI Procedure.
2. **Written Authorizations**

- 2.1. When Trillium receives a written request or signed Authorization for Use and Disclosure Form (Authorization), Appointment of Representative Form (AOR) or similar release of information form, staff forwards request to the Third Party Access Administrator (TPAA).
- 2.2. TPAA verifies the validity of release of information document. If Trillium receives authorization was received from the member or third party, the TPAA determines the validity of the authorization. The following elements must be present:
  - 2.2.1. A description of the specific information to be used or disclosed;
  - 2.2.2. Name of the specific person or entity authorized to receive the information;
  - 2.2.3. Name of the specific person or entity to whom the information is to be mailed, the address of the person or entity;
  - 2.2.4. The date, event or condition upon which the authorization will expire;
  - 2.2.5. The individual's signature and date;
  - 2.2.6. A description of the personal representative's authority to sign, if applicable;
  - 2.2.7. A description of the purpose for the disclosure (not required if the individual requests disclosure for own use);
  - 2.2.8. A statement describing the member's right to revoke the authorization and instructions on how to exercise such right. See section 2.7.
  - 2.2.9. A statement that enrollment, benefits, treatment or the amount Trillium pays for services does not depend on Trillium releasing PHI;
  - 2.2.10. A statement in which the member acknowledges that information used or disclosed to any entity other than a health plan or healthcare provider may no longer be protected by federal privacy law;
  - 2.2.11. If the Authorization is for marketing purposes and the marketing is expected to result in direct or indirect remuneration to Trillium from a third party, a statement to this effect must be included;
  - 2.2.12. If the disclosure requested involves mental health information, the authorization must also include the following:
    - 2.2.12.1. The specific purposes for which the information may be used, both at the time of disclosure and any time in the future; and
    - 2.2.12.2. That the member is informed that confidential communications between a patient and a licensed psychologist and psychiatrist is considered to be psychotherapy notes. Psychotherapy notes are not disclosable.
- 2.3. **Defective Authorizations.** An authorization is not considered valid if it has any of the following defects:
  - 2.3.1. The expiration date has passed;
  - 2.3.2. The form has not been filled out completely;
  - 2.3.3. The authorization is known by Trillium to have been revoked;
  - 2.3.4. The form lacks any required element;
  - 2.3.5. The information on the form is known by Trillium to be false;
  - 2.3.6. Treatment was conditioned upon obtaining the authorization.
- 2.4. If release of information document is valid, the TPAA reviews member communications screen in Lipacap.

- 2.4.1.1. If current request is not logged in Lipacap or is a revision to an Authorization or AOR already in place, TPAA enters release of information and Authorization information into communication screen, and scans release of information document into member documents in Lipacap. TPAA emails Authorization information to Operations permitting release of appropriate PHI.
    - 2.4.1.2. If current request is a duplicate of an Authorization or AOR already in place, TPAA disposes of the current request in secure document bin.
  - 2.4.2. If release of information is not a valid Authorization, TPAA sends original release of information document, Invalid Authorization for Use and Disclosure of PHI letter, and Authorization for Use and Disclosure of PHI Form (including completion instructions) to the member.
  - 2.4.3. If release of information is not a valid AOR, TPAA sends original AOR, Invalid Appointment of Representative Form letter and Appointment of Representative Form (including completion instructions) to the member.
- 2.5. If Trillium receives authorization was received from the member or third party, the TPAA determines the validity of the authorization. The following elements must be present:
  - 2.5.1. A description of the specific information to be used or disclosed;
  - 2.5.2. Name of the specific person or entity authorized to receive the information;
  - 2.5.3. Name of the specific person or entity to whom the information is to be mailed, the address of the person or entity;
  - 2.5.4. The date, event or condition upon which the authorization will expire;
  - 2.5.5. The individual's signature and date;
  - 2.5.6. A description of the personal representative's authority to sign, if applicable;
  - 2.5.7. A description of the purpose for the disclosure (not required if the individual requests disclosure for own use);
  - 2.5.8. A statement describing the member's right to revoke the authorization and instructions on how to exercise such right. See section 2.7.
  - 2.5.9. A statement that enrollment, benefits, treatment or the amount Trillium pays for services does not depend on Trillium releasing PHI;
  - 2.5.10. A statement in which the member acknowledges that information used or disclosed to any entity other than a health plan or healthcare provider may no longer be protected by federal privacy law;
  - 2.5.11. If the Authorization is for marketing purposes and the marketing is expected to result in direct or indirect remuneration to Trillium from a third party, a statement to this effect must be included;
  - 2.5.12. If the disclosure requested involves mental health information, the authorization must also include the following:
    - 2.5.12.1. The specific purposes for which the information may be used, both at the time of disclosure and any time in the future; and
    - 2.5.12.2. That the member is informed that confidential communications between a patient and a licensed psychologist and psychiatrist is considered to be psychotherapy notes. Psychotherapy notes are not disclosable.

- 2.6. Defective Authorizations.** An authorization is not considered valid if it has any of the following defects:
  - 2.6.1.** The expiration date has passed;
  - 2.6.2.** The form has not been filled out completely;
  - 2.6.3.** The authorization is known by Trillium to have been revoked;
  - 2.6.4.** The form lacks any required element;
  - 2.6.5.** The information on the form is known by Trillium to be false;
  - 2.6.6.** Treatment was conditioned upon obtaining the authorization.
- 2.7. Legal Representatives.** If the Authorization is signed by a legal representative or other person authorized to act for the individual, the request must be accompanied by documentation of the representative's legal authority to act on behalf of the individual.
- 2.8. Revocation of Authorization.** A member who has requested an authorization for disclosure or use of personal health information may revoke the authorization at any time by sending a written notice to Trillium as described in Trillium's Notice of Privacy Practices.
  - 2.8.1.** The written notice must refer to the specific authorization being revoked (e.g., "my authorization of January 27, 2002") and be signed and dated by the individual or his or her legal representative.
  - 2.8.2.** Member may revoke Authorization for Alcohol or Drug PHI by phone call.
  - 2.8.3.** The revocation becomes effective upon receipt by Trillium, with the exception of uses or disclosures made by Trillium prior to receipt.
- 2.9. Authorization expiration dates**
  - 2.9.1. Medicare**
    - 2.9.1.1. AOR Form**
      - 2.9.1.1.1.** Per 42 CFR 405.910 AOR Authorizations are valid until the date specified on the AOR form. If no date is specified, Authorization is valid forever.
    - 2.9.1.2. Authorization for Use and Disclosure of PHI form**
      - 2.9.1.2.1.** Per 45 CFR 164.512 Authorization for Use and Disclosure of PHI forms are valid until the date specified on the form. If no date is specified, Authorization is valid for one year from the date of the authorization.
  - 2.9.2. Medicaid**
    - 2.9.2.1. AOR Form**
      - 2.9.2.1.1.** Per ORS §127.535 AOR Authorizations are valid until the date specified on the AOR form. If no date is specified, Authorization is valid forever.
    - 2.9.2.2. Authorization for Use and Disclosure of PHI form**
      - 2.9.2.2.1.** Per ORS §192.566 and OAR 407-014-0020 Authorization for Use and Disclosure of PHI forms are valid until the date specified on the form. If no date is specified, Authorization is valid for one year from the date of the authorization.

## **2.10. Research-Related Protected Health Information**

- 2.10.1.** The core elements of an authorization as described below may be combined with the informed consent to participate in the research.
- 2.10.2.** Trillium may condition the provision of research related treatment (related to the clinical trial) on obtaining authorization.
- 2.10.3.** For a specific research study, Trillium may use and disclose PHI created or received before and after HIPAA's compliance date (April 14, 2003), and/or prior to the new authorizations being implemented, as long as some other express legal permission to use and disclose the information for the research study was obtained.
- 2.10.4.** Archived information may continue to be used and disclosed for the research study if an individual had originally signed an informed consent to participate in the research study, or Institutional Review Board (IRB) waived informed consent, in accordance with the Common Rule or Food and Drug Administration's (FDA) human subject protection regulations.
- 2.10.5.** An accounting of all disclosures made under an authorization must be documented and maintained. See **Accounting of Disclosures Procedure**.

## **3. Deceased Individuals**

- 3.1.** A deceased person's PHI is to be treated the same way as a living person's PHI. TPAA obtains an authorization signed by the legal representative authorized by Oregon law to act on behalf of the deceased person or his or her estate (such as an executor or administrator), to release records for purposes other than payment, operations, or as required by law. Records for persons deceased for over 50 years are no longer subject to the HIPAA privacy provisions and can be released upon request without authorization.

## **4. Extent of the Information That May Be Used and Disclosed**

- 4.1.** For disclosures made under a valid authorization, Trillium discloses the information to the extent specified in the authorization.
- 4.2.** Absent an authorization, TPAA makes reasonable effort to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. The minimum necessary rule does not apply to the following circumstances:
  - 4.2.1.** Disclosures to or requests by a healthcare provider for treatment purposes.
  - 4.2.2.** Disclosures to the individual who is the subject of the information or personal legal representative.
  - 4.2.3.** Uses and disclosures made pursuant to an authorization.
  - 4.2.4.** Uses or disclosures required for compliance with standardized HIPAA electronic transactions.
  - 4.2.5.** Disclosures to the Department of Health and Human Services when disclosure of information is required under HIPAA for enforcement purposes.
  - 4.2.6.** Uses and disclosures required by law.
- 4.3.** TPAA assesses PHI that is reasonably necessary for a particular purpose using the Minimum Necessary standard.

## **5. Verification Requirement**

- 5.1.** TPAA verifies the identity of persons requesting PHI using the following procedure.
- 5.2.** If the requesting person is a public official or someone acting on his or her behalf, rely upon the following:
  - 5.2.1.** If request is in person;
    - 5.2.1.1.** Agency identification badge, credentials or other proof of status.
  - 5.2.2.** If request is written;
    - 5.2.2.1.** Government letterhead;
    - 5.2.2.2.** A written statement of the legal authority (or, if impracticable, an oral statement) under which the information is requested.
  - 5.2.3.** If a request is made pursuant to a legal process;
    - 5.2.3.1.** Search warrant, subpoena duces tecum, court order, or other legal process is presumed to constitute legal authority.
  - 5.2.4.** For persons acting on behalf of an official:
    - 5.2.4.1.** A written statement on government letterhead, other evidence or documentation that establishes that the person is acting under the public official's authority (such as contract for services, memo of understanding). In this event, the workforce member must contact the Compliance Officer.
- 5.3.** A workforce member may rely on the exercise of professional judgment as to disclosures pursuant to persons involved in a patient's care or payment and notification, and in relation to disaster relief, and as to disclosures regarding serious threats to health and safety.



# Employee Code of Conduct & Ethics

Trillium Community Health Plan's (Trillium) success depends on our public image and on our character, integrity and trustworthiness. Trillium is committed to building a company of which it can be proud—not only of the results that are achieved, but the manner in which the employees achieve them.

This Employee Code of Conduct and Ethics (Code) covers a wide range of business practices and procedures. It does not cover every legal and ethical issue that may arise, but it does set out basic principles to guide all Trillium employees, Delegated Entities, providers, practitioners, contractors and subcontractors. Employees, Delegated Entities, providers, practitioners, contractors and subcontractors are expected to follow the standards set forth in this Code. All employees must conduct themselves ethically and endeavor to avoid even the appearance of improper behavior.

The Code is a critical component of our overall Ethics and Compliance Program. Trillium developed the Code to ensure employees, Delegated Entity, providers, practitioners, contractors and subcontractors meet Trillium's ethical standards and comply with applicable laws and regulations.

In concert with this Code, Trillium has developed a comprehensive set of compliance policies and procedures which may be accessed through the Policies and Procedures website on the SharePoint Intranet. Those policies and procedures expand or supplement many of the principals found within this Code. The policies and procedures applicable to Delegated Entities, providers, practitioners, contractors and subcontractors are on the Trillium Provider's website and in the Delegated Entity Compliance Package.

If laws or other policies differ from this Code, or if there is a question as to whether this Code applies to a particular situation, employees, Delegated Entity's, providers, practitioners, contractors and subcontractors should check with the Trillium Compliance Officer before acting. However, every Trillium supervisor, manager, and Delegated Entity, providers, practitioners, contractors and subcontractors are responsible for helping employees to understand and comply with the Code.

If a Trillium employee, Delegated Entity, provider, practitioner, contractor or subcontractor employee violates the standards in this Code, the employee may be subject to administrative or disciplinary action, including possible termination of employment or contract. If an employee, Delegated Entity, provider, practitioner, contractor, subcontractor, or someone the employee, Delegated Entity, provider, practitioner, contractor or subcontractor know is in a situation they believe



may violate or lead to a violation of this Code; please follow the guidelines described in Section 2.

## **1. ETHICAL AND MORAL STANDARDS**

Employees, Delegated Entities, providers, practitioners, contractors and subcontractors should act in good faith, responsibly, competently and with diligence, under the highest ethical and moral standards, and ensure that business activities comply with all applicable state and federal laws and with Trillium's policies and procedures. Employee, Delegated Entity, provider, practitioner, contractor and subcontractor participation in annual mandatory training and education regarding these standards is required.

Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must respect the rights of and deal fairly and honestly with Trillium's membership. Employees, Delegated Entity, providers, practitioners, contractors and subcontractors should not take unfair advantage of anyone through fraud, abuse of privileged information or any other unethical practice.

## **2. COMPLIANCE WITH LAWS, RULES AND REGULATIONS**

Complying with the letter and the spirit of the law is the foundation of Trillium's ethical standards. Each Trillium employee, Delegated Entity, provider, practitioner, contractor or subcontractor must respect and obey local, state, and federal laws. Trillium encourages employees, Delegated Entities, providers, practitioners, contractors and subcontractors to consult regularly with the Trillium Compliance Officer or their Human Resources department regarding compliance with laws, rules and regulations.

Violations of laws may subject employees, Delegated Entities, providers, practitioners, contractors and subcontractors to individual criminal or civil liability, as well as to administrative action by Trillium. Such individual violations may also subject Trillium to civil or criminal liability and/or the loss of reputation or business.

**Statements and Documents** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must not make, file or use any false, fictitious, or fraudulent statements or documents in connection with the delivery of, or payment for, health care benefits, items or services. Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must not falsify, conceal or cover up a material fact in the performance of their duties. Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must make every effort to comply with fraud and abuse laws, including the detection, prevention, and reporting of suspected fraud and abuse activities.

Should an employee, Delegated Entities, provider, practitioner, contractor or subcontractor observe, learn of, or in good faith, suspect a violation of this Code, they must immediately report the violation as directed in the "Complainant & Whistleblower Protection" policy.

**Reporting Actual, Potential or Suspected Violations** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors are required to report any actual, potential, or suspected employee or provider violations of any applicable state and federal laws or Trillium's policies and procedures. If an employee, Delegated Entity, provider, practitioner, contractor or subcontractor feels that some activity is ethically or legally wrong, they are required to seek immediate guidance before permitting the activity to continue. Reporting must be to the Trillium Compliance Officer or through the Trillium Compliance Hotline. Any employee who makes a good faith disclosure of a suspected violation shall be protected against intimidation and retaliation by policy, State and federal law.

Reports may be made directly to the Compliance Officer (541-762-9086), through the Compliance department SharePoint website using the Compliance Incident Report, by accessing the Provider Website or the Trillium Hotline (Toll free 877-367-1332 or local 541-338-2936). Any report may be made anonymously.

### **3. Conflicts of Interest and Gifts**

**Conflict of Interest** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must avoid conflicts of interest. A "conflict of interest" exists when a person's private interest interferes in any way with the interests of Trillium. Conflicts of interest may also arise when an employee, Delegated Entities, provider, practitioner, contractor, subcontractor, or members of their family receive improper personal benefits resulting from the employee's, Delegated Entities, provider's, practitioner's, contractor's or subcontractor's position or association with Trillium.

**Confidential Information** Confidential information broadly covers any information related to Trillium's operations that are not publicly known, such as: clinical information; patient financial information (including social security numbers); passwords; affiliations; acquisitions; financial data; strategic plans; marketing strategies; supplier and sub-contractor information; and proprietary computer software. The unauthorized or inappropriate access, modification, destruction, use or disclosure (whether intentional or accidental) of confidential information in any medium (electronic, paper, verbal, etc.) is prohibited.

**Outside Activities** Any outside activity must not significantly encroach on the time and attention employees devote to their duties for Trillium and should not adversely affect the quality or quantity of their work. In addition, an employee may not imply Trillium's sponsorship or support of any outside activity that is not official Trillium business. Delegated Entities, providers, practitioners, contractors and subcontractors should provide similar guidance to their employees.

**Outside Employment** Trillium employees are prohibited from taking part in any outside employment activities that may conflict with any of Trillium's business interests or the mutual interests of its business associates, Delegated Entities, providers, practitioners, contractors, subcontractors, or other active business

partners. Outside employment by Trillium employees with Trillium's business competitors is prohibited.

**Gifts** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must not accept gifts if the value of the gift may be construed to indicate intent to improperly influence the business relationships between Trillium and its suppliers, customers, competitors or any outside party. Small gifts or the exchange of nominal social amenities may be permitted in some circumstances.

Although Trillium generally relies on employees, Delegated Entities, providers, practitioners, contractors and subcontractors good judgment to comply with its gift policy, they are specifically prohibited from (a) accepting gifts for relatives, friends or other employees, or (b) accepting a cash gift at any time. If Trillium employees receive a cash gift (including gift cards), they must promptly report the gift to the Chief Executive Officer. If the return of the cash gift may result in undue embarrassment, or if the donor of the cash gift cannot be readily identified, the cash gift must be turned over to Trillium.

If a Trillium employee receives a non-cash gift with a value in excess of one hundred U.S. dollars (\$100.00), or if they are in doubt about the value of a gift, they should report the gift to the Chief Executive Officer. Non-cash gifts may include benefits that are not routinely thought of as a "gift," such as trips, concert or other event tickets, or social outings. Trillium employees may be required to turn over any such gifts to Trillium.

Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must comply with all applicable internal, federal, state or local laws or regulations relating to gifts.

#### **4. PROTECTION AND PROPER USE OF RESOURCES AND INFORMATION**

**Assets** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors are responsible for taking all reasonable steps to protect Trillium's assets. Any suspected fraud, theft or misuse of Trillium's assets must be immediately reported to Trillium in accordance with the guidelines described in Section 2. An employee's, Delegated Entities, provider's, practitioner's, contractor's or subcontractor's obligation to protect Trillium's assets extends to property, products, intellectual property, and proprietary information.

Proprietary information includes, among other things, business methods, analytical tools, software programs, source and object codes, ideas, techniques, and other information relating to economic analysis, designs, algorithms and research. It also includes information relating to marketing, pricing, and membership.

**Information** Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must take reasonable security precautions and other actions necessary to ensure that there is no unauthorized use, access, or disclosure of confidential or protected health information. Confidential information includes all

information relating to Trillium that is not publicly available or that is treated by Trillium as confidential. Medical records, health care billing records, protected health information, or any other records that contain information related to health care services to individuals must be kept confidential and disclosed only in accordance with state and federal laws. Employees, Delegated Entities, providers, practitioners, contractors and subcontractors must protect confidential information even if their relationship with Trillium ends.

## 5. PUBLIC DISCLOSURES

Only Trillium's Chief Executive Officer, Chief Financial Officer, or the Director of Government and Public Affairs are permitted to speak with the media about matters involving Trillium operations. News reporters or others seeking information about Trillium must be referred to one of the individuals above.

## 6. Patient Rights

Trillium has identified member rights and responsibilities in a policy (Member Rights and Responsibilities Statement). Trillium members may exercise these rights personally or through representatives, guardians, patient advocates or other surrogates when unable to do so or by direction or consent. Trillium's policy is not intended to expand or diminish member rights or responsibilities otherwise provided and protected by law.

## 7. WORK ENVIRONMENT

Trillium's goal is to make Trillium an exciting and dynamic place to work, where all employees, Delegated Entities, providers, practitioners, contractors and subcontractors are given the opportunity to achieve their potential. Trillium is committed to an environment that supports honesty, integrity, respect and trust in the treatment of every employee. Crucial to reaching this goal is assuring that Trillium's work environment is safe and free of illegal discrimination or harassment. Employees, Delegated Entities, providers, practitioners, contractors and subcontractors should review and be familiar with Trillium's Employee Handbook for complete information regarding Trillium's employment policies.

## 8. COMPLIANCE AND WHISTLEBLOWER PROCEDURES

If employees, Delegated Entities, providers, practitioners, contractors and subcontractors have questions or concerns about this Code, or about conduct that they believe violates or may lead to a violation of this Code, they must bring their concern to the Compliance Officer or CEO. Trillium **does not allow intimidation or retaliation against** employees, Delegated Entities, providers, practitioners, contractors or subcontractors **for good faith reports of misconduct**; any such intimidation or retaliation would be a violation of this Code and is prohibited under certain state and federal laws. Reporting mechanisms located in Section 2 are user-friendly and the Website and Compliance Hotline are available 24 hours a day for

employees, members of the Board of Directors, Delegated Entities, providers, practitioners, contractors and subcontractors.

**Investigations** Trillium investigates all reports of non-compliance, unethical behavior, suspected or potential fraud or abuse, or other violations of State or federal laws and concludes the investigation within 60 days where possible. When appropriate, Trillium coordinates investigations with local, State and/or federal investigators. Any Trillium employee approached by a person identifying themselves as a government investigator must immediately report to the Compliance Officer or CEO. Reporting includes notice of an inquiry or audit, including phone calls or letters received from officials or agents, search warrants presented, and/or on-site investigations or audits. In the event of an inquiry or audit, employees are expected to fully cooperate with investigators and follow the instructions of the Compliance Officer. Trillium employees shall cooperate and assist as requested in any internal or external investigation to determine non-compliant or unethical activity or conduct. Delegated Entities, providers, practitioners, contractors and subcontractors should also have a policy for their employees to follow in the event they are approached by a government investigator.

## **9. ADMINISTRATION AND ENFORCEMENT**

This Code is available to Trillium employees on Trillium's internal website, and copies of the applicable policies and procedures are provided or made available to employees upon their hiring or appointment, upon request, and, through the Compliance education program.

Employees who do not comply with the Code will undergo an investigation with possible sanctions including verbal and/or written warning, training or re-training, job reassignment, probation, suspension or termination, and/or any other response Trillium determines appropriate.

Delegated Entities, providers, practitioners, contractors and subcontractors are provided copies of Trillium's compliance policies through the Provider Website or in the Delegated Entity Compliance Package accompanying their annual contract.

Employee, Delegated Entities, provider, practitioner, contractor or subcontractor suggestions for the improvement or enhancement of this Code should be directed to the Compliance Officer or CEO.

This Employee, Delegated Entities, provider, practitioner, contractor and subcontractor Code of Conduct is approved annually by the Compliance Committee and the Trillium Board of Directors.

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Ensuring a Compliant Workforce			
<b>Current Effective Date:</b>	8/28/2015			
<b>Schedule Review Date:</b>	8/28/2016			
<b>Date of Origin:</b>	7/17/2010		<b>Date Removed:</b> 2T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Compliance Committee	
<b>Distribution:</b>	Workforce Members			
<b>Keywords:</b>	Workforce, Delegated Entity, Compliant			

## A. Purpose

Trillium Community Health Plan (Trillium) ensures a compliant workforce by conducting employment screening, training, oversight, monitoring and sanctions. Adherence to federal and State laws and health care program regulations is required of all workforce members. Each step in the policy adheres to confidentiality.

## B. Definitions

Word/Term	Definition
Clinical Workforce	Workforce member required to have a Oregon medical license to perform their job duties.
Delegated Entity	A Trillium First Tier, Downstream or Related entity (FDR) who, under contract, provides administrative services or health care services to Trillium
Workforce	Employees, Temporary Employees, interns, consultants, volunteers, agents, independent contractors and Board Member's

## C. Policy

1. Employment and Contracting.
  - 1.1. Trillium does not knowingly employ or contract with any individual who has been convicted of a criminal offense related to health care, or listed by a federal or State agency as debarred, excluded or otherwise ineligible for federal program participation.
    - 1.1.1. The Office of Inspector General List of Excluded Individuals and Entities (LEIE) and General Services Administration's System for Award Management (SAM) exclusion lists are checked before an offer of employment/appointment/contract is made and monthly thereafter.
  - 1.2. Any workforce member charged with criminal offenses related to health care, proposed for debarment or exclusion by a federal or State agency are removed from active involvement with Trillium's business affairs until the resolution of the criminal charges, proposed debarment or exclusion.

- 1.3. All clinical workforce members are required to maintain an active and appropriate Oregon medical license. Verification of license status is performed at least every two years.
2. All workforce members must read and attend training on the Employee Code of Conduct and Ethics, Fraud, Waste and Abuse and Compliance policies within 90 days of hire and annually thereafter.
3. All delegated entities are required to have a Compliance Program and are required to perform licensing, debarment and exclusion checks on their employees.
4. All workforce members are required to report any potential, suspected or actual compliance issues. Reporting methods as outlined in compliance training include anonymous reporting options. Workforce members who, in good faith, report acts of fraud, waste or abuse, misconduct or other non-compliance issues are protected from intimidation and retaliation.
  - 4.1. Trillium provides several options to individuals wishing to make complaints about Trillium, including a confidential hotline, and has a well-publicized process for receiving complaints, for protecting the anonymity of the complainant and for protecting the complainant against retaliation/intimidation. These complaints are addressed within regulatory timelines.
  - 4.2. Trillium's Member Handbooks, Evidence of Coverage, website, and member newsletter inform plan members about how to complain and about rights and protections for complainants.
5. Federal and State legislation protects individuals who report potential, suspected or actual fraud, waste and abuse or other types of complaints. Trillium's Complainant and Whistleblower Protection Policy informs workforce members, plan members and delegated entities about these protections; about how to report potential, suspected or actual fraud, waste and abuse; how to make an anonymous report, if desired; and about the option to report directly to a government agency rather than Trillium.
6. Trillium department managers conduct routine monitoring of workforce member compliance and send the monitoring results to the Compliance department. The Compliance department also performs internal audits as outlined in the Annual Compliance Work Plan.
7. Workforce members found to be non-compliant are subject to administrative sanctions as outlined in the Non-Compliance Policy and Workforce Non-Compliance Sanctioning Procedure.

### ***D. Regulatory or Administrative Citations***

Name	Citation Reference
CFR 42	<a href="#">422.503(b)(4)(vi)</a>

### ***E. Related Materials***

Name	Location
Workforce Member Compliance Training Procedure	SharePoint P&P Database
Complainant & Whistleblower Protection Policy	SharePoint P&P Database
Delegation of Health Plan Activities Policy	SharePoint P&P Database
Workforce Member Non-Compliance Sanctioning Procedure	SharePoint P&P Database
Non-Compliance Policy	SharePoint P&P Database

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	False Claims Act			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	1/24/2007		<b>Date Removed:</b> 2T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Trillium Board	
<b>Distribution:</b>	Workforce Members, Delegated Entity, Provider website			
<b>Keywords:</b>	False Claims			

## A. Purpose

Trillium Community Health Plan (Trillium) is committed to complying with Centers for Medicare and Medicaid Services (CMS) and the Oregon Health Authority (OHA) requirements to monitor and audit for fraud, waste and abuse. As required by the Deficit Reduction Act of 2005, Trillium educates workforce members and delegated entities about all aspects of the False Claims Act.

## B. Definitions

Word/Term	Definition
Deficit Reduction Act of 2005 (DRA)	Legislation allowing the federal government to employ the False Claims Act to reduce expenditures by prohibiting the submission of false claims and requiring that Trillium provide information about false claims to workforce members and contracted entities.
Delegated Entity	Trillium First Tier, Downstream or Related entity (FDR) who, under contract, provides administrative services or health care services to Trillium enrollees.
False Claims	Prohibited activities including but not limited to: <ul style="list-style-type: none"> <li>▪ Billing for services not performed or not necessary;</li> <li>▪ Overstating or up-coding levels of service;</li> <li>▪ Clustering (coding/charging a single level service code on all claims with the intent that charges will net out over time, but actually result in under/over-charging on individual claims);</li> <li>▪ Systemic or repeated duplicate billing;</li> <li>▪ Unbundling (billing for multiple components of a service that should be submitted in a single claim); and</li> <li>▪ Falsifying information in the medical record to justify a claim.</li> </ul>



False Claims Act	Federal legislation which allows the government recourse against any person who knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; or knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government. Requires no proof of specific intent to defraud.
Workforce	Employees, Temporary Employees, interns, consultants, volunteers, agents, independent contractors and Board Member's.

### **C. Policy**

1. Trillium's False Claims Act Policy complements other policies supporting the compliance program's effort to prevent and detect potential fraudulent and abusive activities.
  - 1.2 Trillium complies with the False Claims and Deficit Reduction Acts and has policies in place to detect and prevent health care fraud, waste and abuse.
  - 1.3 Trillium provides mandatory training and information to all workforce members and delegated entities about the Federal False Claims Act, and similar state civil and criminal statutes.

#### **Protection for Persons who Report Violations of These Laws**

2. Trillium does not intimidate or retaliate against workforce members or delegated entities who inform Trillium, federal, or State agencies of a possible violation of the laws described in this policy.
  - 2.1. Trillium's Complainant & Whistleblower Protection Policy affirms Trillium's adherence to laws against intimidation and retaliation.
  - 2.2. A Trillium workforce member who believes he or she is the victim of intimidation or retaliation may file a complaint with the Oregon Bureau of Labor and Industries.
  - 2.3. A delegated entity should report any action or decision that appears to be in violation of this policy against intimidation and retaliation to the Trillium Compliance Officer or the Chief Executive Officer.
  - 2.4. Refer to the contacts for reporting false claims, retaliation and intimidation on page 7 of this policy.

#### **Reporting Suspicion of a False Claim**

3. Suspicions of false claims should be reported to the Trillium Compliance Officer.
4. Trillium does not release the identity of a reporter unless the individual consents to release of his/her identity or Trillium is required by law, regulation or contract to release the identity.

5. Individuals who have evidence indicating the involvement of Trillium management in fraudulent activity may report concerns directly to CMS or other government agencies, rather than to Trillium.
6. Refer to the contacts for reporting false claims, retaliation and intimidation on page 7 of this policy.

**Education about False Claims Required by the Deficit Reduction Act**

7. Trillium informs workforce members about federal and State false claim recovery statutes. All delegated entities are required to accept educational information offered by Trillium and to distribute it to any of their employees who perform work related to Trillium.
  - 7.1. Workforce members and delegated entities are given contact information for reporting suspicions of false claims inside and outside the organization.
8. Delegated entities receive a Delegated Entity Compliance Package which includes, but not limited to, this False Claims Act policy, Trillium's Fraud, Waste and Abuse Policy, Non-Compliance policy and the Complainant & Whistleblower Protection Policy.
9. The Delegated Entity Compliance Package is distributed to delegated entities upon initial contract finalization, after updates are made and annually.

***D. Regulatory or Administrative Citations***

Name	Citation Reference
Federal False Claims Act	<a href="#">31 USC §§ 3729 to 3733</a>
Oregon Revised Statutes	<a href="#">ORS 411.620-690</a>

***E. Related Materials***

Name	Location
Code of Conduct and Ethics	SharePoint Compliance Page
Delegated Entity Compliance Package: [False Claims Act Policy] Fraud, Waste & Abuse Policy Complainant & Whistleblower Protection Policy Non-Compliance Policy	Package: Provider Website, Provider tab  Individual policies: SharePoint P&P Database
Fraud, Waste & Abuse Procedure	SharePoint P&P Database

## **FEDERAL FALSE CLAIMS RECOVERY INFORMATION**

### **Supplemental Information for Staff, Contracted Providers, Pharmacy Benefit Managers and Other Trillium Workforce**

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As a Medicare program, Trillium takes health care fraud and abuse very seriously. Because payments from Trillium are considered payments under the Medicare program, both federal and state laws may govern if claims for such payments are falsely submitted. With this policy we are providing information to all employees, contractors and agents about the federal False Claims Act, federal administrative remedies available for false claims and statements, and similar state civil and criminal statutes. Our policy also provides information about federal and state law whistleblower protections available to those who report a violation of these laws. In addition, we are advising our employees, contractors and agents of the policies and procedures Trillium has in place to detect and prevent health care fraud and abuse.

#### **Federal and State False Claims Recovery Laws**

##### **Federal False Claims Act (31 USC §§ 3729 to 3733)**

The federal False Claims Act provides for recovery of damages and civil penalties against anyone who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

Some examples of what could be considered a “false claim” against the Trillium program, under the federal False Claims Act include intentionally or recklessly:

- Billing for services not performed or not necessary;
- Overstating or up-coding levels of service;
- Clustering (coding/charging a single level service code on all claims with the intent that charges will net out over time, but actually result in under/over-charging on individual claims);

- Systemic or repeated duplicate billing;
- Unbundling (billing for multiple components of a service that should be submitted in a single claim)
- Falsifying information in the medical record to justify a claim.

If someone violates the False Claims Act, a federal false claims action may be brought by the U.S. Department of Justice. Under certain circumstances, a case can also be brought under the False Claims Act by an individual (or *qui tam* relator) on behalf of the federal government. The Department of Justice can then decide whether to intervene and take over prosecution of the case.

If a violation of the False Claims Act is proven, a court can order the person who submitted the false claim to repay the government three times the amount of damages and a civil penalty of between \$5,500 and \$11,000 for each false claim submitted. Under certain circumstances the *qui tam* relator may share in a portion of these recoveries.

### **Program Fraud Civil Remedies Act of 1986 (31 USC §§ 3801 to 3812)**

Submitting false claims for payment to the federal government is also prohibited by the Program Fraud Civil Remedies Act of 1986. Under this statute, the federal government can seek administrative civil penalties of up to \$5,000 per claim and damages of twice the amount of the claim. In addition, providers who violate this statute can be suspended or debarred from contracting with the federal government or participating in government programs.

### **State Laws Prohibiting False Claims and Statements**

Oregon does not have an express false claims act, but it does have laws that prohibit false claims for payment under the Medicare 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 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 Medicare program. These laws include: ORS 646.505 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 616.715 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.

## **Protection for Persons who Report Violations of These Laws**

### **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).

### **State Whistleblower Protections**

Oregon law (ORS 659A.230) 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. Further, an employee who believes he or she is the victim of retaliation may file a complaint with the Oregon Bureau of Labor and Industries.

### **What You Should Do If You Think A False Claim Has Been Made**

If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, Trillium encourages you to report it to Trillium for further investigation. You may make your report to Trillium's Compliance Officer.

Trillium will not release your identity as a reporter outside Trillium unless you consent to release of your identity or Trillium is required by law, regulation or its contract with the State of Oregon to release your identity.

You are not required to report a possible law violation to Trillium first. You may report directly to the federal Department of Justice or MEDIC.

Trillium will not retaliate against you if you inform Trillium or the federal or state governments of a possible violation of the laws described in this policy.

Contact information is provided on the following pages.

### **Trillium Has Policies And Procedures For Detecting Fraud, Waste And Abuse**

Trillium has detailed fraud and abuse policies and procedures which are available upon request. These policies and procedures include the following: (1) a Fraud, Waste and Abuse Policy which outlines Trillium's policy for handling reported or suspected cases of fraud and abuse; (2) a Code of Conduct and Ethics setting forth the standards that Trillium employees are expected to follow including the duty to report suspected cases of fraud and abuse and to cooperate and assist with related investigations; (3) Complainant and Whistleblower Protection Policy prohibiting retaliation against any employee or contractor reporting concerns or complaints; (4) a policy regarding employer compliance responsibilities for employee screening, education, reviews and audits, and reports of actual or suspected compliance issues and government audits or inquiries related to fraud and abuse and false claims.

**FALSE CLAIMS ACT**

**Requests for Information  
Contacts for Reporting Suspected False Claims  
Contacts for Reporting Suspected Retaliation**

**CONTACT INFORMATION**

<b>Issue</b>	<b>Contact</b>
<p>If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, Trillium encourages you to report it to Trillium for further investigation. You may make your report to Trillium’s Compliance Officer, at this address:</p> <p>In addition, call the Compliance Officer if you have any questions about these policies or the information in this Policy.</p>	<p>Compliance Officer 1800 Millrace Eugene, OR 97403 Phone: 541-762-9086 Fax: 541-434-1291</p> <p>Compliance Hotline Toll free: 877-367-1332</p>
<p>If you have evidence indicating the involvement of Trillium management in a fraudulent activity, you should report the fraud and abuse concerns directly to the NBI MEDIC (National Benefit Integrity Medicare Drug Integrity Contractor) or other government agencies, rather than to Trillium.</p>	<p>NBI MEDIC North 28464 Marlboro Avenue Easton, Maryland 21601-2732</p> <p>Phone: 877-772-3379 Fax: 410-819-8698</p>
<p>If you are an employee who has reported false claims and you believe Trillium is violating the law against retaliation/intimidation, contact the Oregon Bureau of Labor and Industries at <a href="http://www.oregon.gov/boli">www.oregon.gov/boli</a> or at the local address listed here.</p>	<p>BOLI: Eugene Office 1400 Executive Pkwy Suite 200 Eugene, OR 97401 Phone: 541-686-7623</p>
<p>Trillium has detailed fraud, waste and abuse policies and procedures which are available upon request to:</p>	<p>Compliance Specialist - Policies &amp; Procedures 1800 Millrace Drive Eugene, OR 97403 Phone: 541-762-2448 Fax: 541-434-1291</p>

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Fraud, Waste and Abuse			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	5/25/2005		<b>Date Removed:</b> 2T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Compliance Committee	
<b>Distribution:</b>	Workforce Members, Provider Website, Delegated Entity			
<b>Keywords:</b>	Fraud, Waste, Abuse			

## A. Purpose

Trillium Community Health Plan (Trillium) is committed to complying with Centers for Medicare and Medicaid Services (CMS) and the Oregon Health Authority (OHA) requirements to monitor and audit for fraud, waste and abuse. As required by the Deficit Reduction Act of 2005, Trillium educates its workforce members and delegated entities about all aspects of the False Claims Act Legislation.

## B. Definitions

Word/Term	Definition
Deficit Reduction Act of 2005 (DRA)	Legislation allowing the federal government to employ the False Claims Act to reduce expenditures by prohibiting the submission of false claims and requiring that Trillium provide information about false claims to workforce member and delegated entities.
Delegated Entity	A Trillium First Tier, Downstream or Related entity (FDR) who, under contract, provides administrative services or health care services to Trillium enrollees.
False Claims Act	Federal legislation which allows the government recourse against any person who knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; or knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government. Requires no proof of specific intent to defraud.
Fraud, Waste & Abuse	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Waste: an

	overuse of services or other practices that, directly or indirectly result in unnecessary cost; the misuse of resources. Abuse: Payment for items or services that are billed by mistake by providers but should not be paid.
Whistleblower	Generally, a complainant who is reporting alleged misconduct and may file a "Qui Tam" civil suit. The Deficit Reduction Act ensures protections against retaliation/intimidation for reporting misconduct in government programs.
Workforce	Employees, Temporary Employees, interns, consultants, volunteers, agents, independent contractors and Board Member's.

## **C. Policy**

Trillium's fraud, waste and abuse (FWA) practices are integrated into several policies that complement this Fraud, Waste and Abuse Policy and are cited in Section D, Related Material, and summarized in this policy. In accordance with the Deficit Reduction Act of 2005, Section 6032, Trillium's fraud, waste and abuse program includes the following elements:

1. False Claims education – Trillium implemented its False Claims Act Policy to educate workforce members and delegated entities about applicable laws related to false claims and about protections for individuals reporting false claims, etc., including the Deficit Reduction Act of 2005 and applicable State laws as listed in the policy.
  - 1.1. Specific education about the Deficit Reduction Act of 2005 - The False Claims Act Policy and other material distributed to workforce members are designed to educate staff about specific state laws pertaining to false claims and fraud (a detailed list appears in the policy) and about the responsibility of individuals to maintain awareness of fraud, waste and abuse issues and to report suspicious activity detected in the course of one's work. The information is readily accessible to workforce members in a central policy and procedure database (SharePoint) and is a component of new workforce member compliance orientation education. This education emphasizes Trillium's prohibition against intimidation or retaliation, as required by law and as outlined in Trillium's Complainant and Whistleblower Protection Policy.
  - 1.2. Examples of fraud, waste and abuse which might be evident during the course of daily work - occurrences ranging from evidence of consistent up-coding of claims to indications of purposeful altering of records in attempts to solicit kickbacks. For a more detailed listing of potential fraud, waste and abuse examples, refer to both the False Claims Act Policy and the Oregon Health Authority's (OHA) Health Plans Services Coordinated Care Organization Contract.
  - 1.3. Trillium undertakes education and training for all workforce members and delegated entities in accordance with Section 6032 of the Deficit Reduction Act of 2005.
    - 1.3.1. The Workforce Member Compliance Training Policy affirms Trillium's commitment to provide mandatory training on the prevention and detection of fraud, waste and abuse, false claims recoveries and whistleblower protections. It further affirms compliance and awareness of other regulatory or contractual requirements. New workforce members are required to complete a comprehensive overview of these topics within 90 days of their date of hire. These topics are part of ongoing formal and informal education for all workforce members.
    - 1.3.2. Delegated entities receive a Delegated Entity Compliance Package which includes, but are not limited to, Trillium's Fraud, Waste and Abuse Policy, the False Claims Act Policy, the Complainant and Whistleblower Protection Policy



and the Non-Compliance Policy. This package is also posted for providers on Trillium's provider website. New workforce members of delegated entities are required to complete training of fraud, waste and abuse and compliance within 90 days of their date of hire and annually thereafter. Records of completion of both the FWA and compliance trainings are to be maintained by the Delegated Entity for a period of 10 years.

2. A Code of Conduct and Ethics for all workforce members - The Employee Code of Conduct & Ethics is communicated at new workforce member orientation training, and new workforce members are required to sign an affirmation statement at that time. The Employee Code of Conduct and Ethics is always available to workforce members on the company's internal website.
3. A separate Board of Directors Code of Business Conduct & Ethics governs the expected behavior of the Trillium Board of Directors, consultants, and company officers.
4. Compliance Officer – Trillium has appointed a Compliance Officer who oversees Trillium programs and reports directly to the CEO and has direct access to the Board of Directors. In addition, an active Compliance Committee is involved in fraud, waste and abuse monitoring and investigation activities.
5. Trillium does not employ or contract with persons or entities that are currently suspended, debarred or otherwise excluded from participating in the Medicare program, as detailed in the Ensuring a Compliant Workforce policy.
6. Availability of Information - This Fraud, Waste and Abuse Policy and the policies that support it are readily accessible to staff in SharePoint and to delegated entities on the Trillium's provider website.
7. Options for making complaints – Trillium provides several options to individuals wishing to make complaints about Trillium, including a confidential hotline, and has a well-publicized process for receiving complaints, for protecting the anonymity of the complainant and for protecting the complainant against retaliation/intimidation. These complaints are addressed within regulatory timelines.
  - 7.1. Trillium's Member Handbooks, Evidence of Coverage, website, and member newsletter inform plan members about how to complain and about rights and protections for complainants.
  - 7.2. Trillium new workforce members receive training about detection of fraud, waste and abuse and how to report it. Included in the workforce member handbook, distributed to all new hires, is a section addressing all areas of compliance. The workforce member handbook is also available on the HR SharePoint website.
  - 7.3. Individuals who have evidence indicating the involvement of Trillium management in fraudulent activity may report potential, suspected or actual fraud, waste and abuse concerns directly to OHA, CMS or other government agencies, rather than to Trillium.
  - 7.4. The Qui Tam provision of the Deficit Reduction Act of 2005 enables a private person to bring a lawsuit in the name of the United States if s/he has personal knowledge of a false claim. This individual, whom the Act calls a Relator, can potentially share in any monetary recovery that might result if the government were to accept the case and if the lawsuit were successful. The State of Oregon does not have a Qui Tam provision.
8. Protections for Complainants - Federal and State legislation protects individuals who report potential, suspected or actual fraud, waste and abuse or other types of complaints. Trillium's Complainant and Whistleblower Protection Policy informs workforce members, plan members and delegated entities about these protections; about how to report potential, suspected or actual fraud, waste and abuse; how to make an anonymous report, if desired; and about the option to report directly to a government agency rather than Trillium. This policy is a component of new workforce member education.

9. Monitoring for Fraud, Waste and Abuse Detection – Trillium utilizes multiple tools to help identify potential, suspected or actual fraud. Examples include, but are not limited to, data analysis review, face to face interviews, referrals from the Compliance Hotline and federal and State regulatory advisement. All collaborative department contacts and materials assist in monitoring compliance in the reduction of problem areas or behavior. Trillium audits and monitors health plan functions for compliance with State and federal law and Trillium’s own policies and procedures.
  - 9.1. Organizational Responses to allegations of Fraud, Waste or Abuse are reported to the appropriate federal or State offices. The Fraud, Waste and Abuse Procedure outlines the steps Trillium takes to have a consistent, confidential response to reports of potential, suspected or actual fraud, waste and abuse, including investigation, assembly of a case file, and presentation to the Trillium Compliance Committee and forwarding when warranted to the appropriate authorities, with a copy to CMS’s regional X(ten) office.
  - 9.2. Trillium utilizes an internal process improvement / corrective action method to identify and address both non-compliance and systemic problems, as outlined in the Corrective Action Plan (CAP) Policy and the Quality Process Improvement Plan (QPIP) Policy. Corrective action is directed at non-compliance, while process improvement focuses on systemic problems and quality issues.
10. Non-Compliance – Trillium publicizes its disciplinary guidelines through distribution to workforce members and delegated entities of a Non-Compliance Policy. The policy details specific types of non-compliance for which administrative actions will be taken, including:
  - Failure to address infractions
  - Failure to implement corrective actions resulting in Administrative Actions
  - Failure to report indications of criminal activity/supply supporting documents for the sanctioning/disciplinary process to CMS/OHA
11. Investigations- the FWA Senior Auditor investigates and assesses all referrals of suspected, potential and actual fraud, waste and abuse. A preliminary investigation is completed within 48 hours and the findings are presented to the Compliance Officer. If an investigation is warranted it shall be completed within a timeframe of 60 days, but if the need arises the timeframe may be extended. The FWA Senior Auditor is accessible by multiple channels, i.e. phone, email, in-person, member website, mailings.
  - 11.1. The FWA Senior Auditor and Compliance Officer communicate regularly and routinely about all activities in the FWA department.
12. Trillium shall provide to Department of Human Services, upon request, verification that Trillium members were contacted to confirm that billed services were provided in accordance with 42 CFR 455.20 and 433.116(e) and (f) by:
  - 12.1. Providing a notice within 45 days of the payment of a claim, to all or a sample group of Trillium members who received services.
  - 12.2. The notice must, based on information from Trillium’s claim payment system, specify:
    - 12.2.1. The services furnished, and
    - 12.2.2. The name of the Provider furnishing the services, and
    - 12.2.3. The date on which the service was furnished, and
    - 12.2.4. The amount of the payment made by the Trillium member, if any, for the service, and
    - 12.2.5. The sample shall not include specially protected information such as genetic, mental health, alcohol and drug or HIV/AIDS.

### ***D. Regulatory or Administrative Citations***

Name	Citation Reference
Federal False Claims Act	31 USC §§ 3729 to 3733
Oregon Revised Statutes	ORS 411.670 to 411.690; ORS 659A.199 and ORS 659A.885
Code of Federal Regulation	42 CFR 455.20 and 433.116(e) and (f)
Criminal Health Care Fraud	18 U.S.C. Section 1347

### ***E. Related Materials***

Name	Location
Fraud, Waste and Abuse Procedure	SharePoint P&P database
Employee Code of Conduct and Ethics	SharePoint Compliance Page
Delegated Entity Compliance Package: False Claims Act Policy [Fraud, Waste & Abuse Policy] Complainant & Whistleblower Protection Policy Non-Compliance Policy	Package: Provider website, Provider Tab  Individual policies: SharePoint P&P database
Workforce Member Compliance Training Policy	SharePoint P&P database
Ensuring a Compliant Workforce Policy	SharePoint P&P database
Monitoring Audit and Risk Assessment Procedure	SharePoint P&P database
Corrective Action Plan (CAP) Policy	SharePoint P&P database
Trillium Compliance Work Plan	SharePoint Compliance Page
Quality Process Improvement Plan (QPIP) Policy	SharePoint P&P database



## MEDICAID HIPAA PRIVACY COMPLAINT FORM

Use this form to file a HIPAA Privacy complaint. Please see Section 6 of this form. Section 6 tells about your HIPAA privacy rights.

<b>Section 1: Member information.</b>			
Last name:	First:	Middle:	
ID number:	Date of birth:	Phone number:	
Address:	City:	State:	ZIP:
<input type="checkbox"/> Check this box if you have both Medicare and Oregon Health Plan (Medicaid). You may use this form to file a HIPAA complaint for both plans.			
<b>Section 2: Fill out this section if you are filing a complaint for someone else.</b>			
Your last name:		Your first name:	
Your phone number:			
Your address:	City:	State:	ZIP:
<b>Section 3: Who is this complaint about?</b>			
Person's name:			
Company's name:			
Address:	City:	State:	ZIP:
<b>Section 4: When do you believe your HIPAA rights were violated?</b>			
List the date(s):			
<b>Section 5: Tell how and why you believe your HIPAA rights were violated. Give as much detail as you can.</b>			


**Section 6: Know your HIPAA privacy rights.**

The HIPAA law gives you rights over the records Trillium keeps about you.

- The law states that you can ask Trillium to see or get a copy of your records.
- The law also states that you can ask for a correction to your records.
- In some cases, Trillium must ask for your permission to share your records.
- You may also ask Trillium to give you a list of when and why your records were shared.
- If you think your HIPAA rights have been violated, you may file a complaint.
- You may also ask for a copy of the notice that tells how Trillium uses or shares your records. This notice is called the Notice of Privacy Practices.

If you need a copy of the notice, please call Trillium Customer Service at (541) 485-2155. TTY users call 1(877) 600-5473.

**Section 7: Sign and date this form.**

Sign your name:

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Print your name:

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Date you signed this form:

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**Section 8: You can mail, fax, or bring this form to Trillium.**

<b>Mail to:</b> Trillium Community Health Plan PO Box 11740 Eugene, Oregon 97440-1740 Attn: Privacy Officer	<b>Or Fax to:</b> Trillium Community Health Plan Fax: (541) 434-1291 Attn: Privacy Officer	<b>Or Bring to:</b> Trillium Community Health Plan 1800 Millrace Dr. Eugene, Oregon 97403 Attn: Privacy Officer
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Please call the Trillium Privacy Officer if you need help with this form. The Privacy Officer is here to help you Monday through Friday, from 8:00am to 5:00pm. The number is: (541) 762-6692. For TTY Users, dial: 711, then (541) 762-6692.

Trillium Community Health Plan® is a health plan with a Medicaid contract. This information is available for free in other languages. Please contact our member services number at: 1(877) 600-5472 or TTY 1(877) 600-5473.



**OHP PROBLEM SOLVING INFORMATION FORM**

Attention: Complaint Specialist

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_ Date of Service if it applies: \_\_\_\_\_

Please explain your grievance, complaint, or concern as fully as you can. You may use more paper, if necessary.

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Tell us what you think should be done. You may use more paper, if necessary.

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Signature of Patient or Authorized Representative: \_\_\_\_\_

Your signature allows Trillium to request records or other information we need to look into your grievance. We will send you a written response within 30 calendar days of the date you send it.

**Send your completed form to: Trillium Community Health Plan (TCHP), PO Box 11740, Eugene, OR 97440-1740**

For more information or to get this form in another language or format, please call our member services department at Toll Free: (877) 600-5472 or TTY: (877) 600-5473. Trillium Member Services can answer your call Monday through Friday (except on holidays) 8 a.m. to 5 p.m. Our self-service message system is available anytime, including after hours, weekends, and holidays. Member Services also has free language interpreter service if you need one.



## MEDICARE HIPAA PRIVACY COMPLAINT FORM

Use this form to file a HIPAA Privacy complaint. Please see Section 6 of this form. Section 6 tells about your HIPAA privacy rights.

<b>Section 1: Member information.</b>			
Last name:	First:	Middle:	
ID number:	Date of birth:	Phone number:	
Address:	City:	State:	ZIP:
<p>Check this box if you have both Medicare and Oregon Health Plan (Medicaid). You may use this form to file a HIPAA complaint for both plans.</p>			
<b>Section 2: Fill out this section if you are filing a complaint for someone else.</b>			
Your last name:		Your first name:	
Your phone number:			
Your address:	City:	State:	ZIP:
<b>Section 3: Who is this complaint about?</b>			
Person's name:			
Company's name:			
Address:	City:	State:	ZIP:
<b>Section 4: When do you believe your HIPAA rights were violated?</b>			
List the date(s):			
<b>Section 5: Tell how and why you believe your HIPAA rights were violated. Give as much detail as you can.</b>			


**Section 6: Know your HIPAA privacy rights.**

The HIPAA law gives you rights over the records Trillium keeps about you.

- The law states that you can ask Trillium to see or get a copy of your records.
- The law also states that you can ask for a correction to your records.
- In some cases, Trillium must ask for your permission to share your records.
- You may also ask Trillium to give you a list of when and why your records were shared.
- If you think your HIPAA rights have been violated, you may file a complaint.
- You may also ask for a copy of the notice that tells how Trillium uses or shares your records. This notice is called the Notice of Privacy Practices.

If you need a copy of the notice, please call Trillium Customer Service at 1(800) 910-3906. TTY users call 1(866) 279-9750.

**Section 7: Sign and date this form.**

Sign your name:

Print your name:

Date you signed this form:

**Section 8: You can mail, fax, or bring this form to Trillium.**

<p><b>Mail to:</b>  Trillium Community Health Plan  PO Box 11756  Eugene, Oregon 97440-3956  Attn: Privacy Officer</p>	<p><b>Or Fax to:</b>  Trillium Community Health Plan  Fax: (541) 434-1291  Attn: Privacy Officer</p>	<p><b>Or Bring to:</b>  Trillium Community Health Plan  1800 Millrace Dr.  Eugene, Oregon 97403  Attn: Privacy Officer</p>
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Please call the Trillium Privacy Officer if you need help with this form. The Privacy Officer is here to help you Monday through Friday, from 8:00am to 5:00pm. The number is: (541) 762-6692. For TTY Users, dial: 711, then (541) 762-6692.

Trillium Community Health Plan<sup>®</sup> is a health plan with a Medicare contract. This information is available for free in other languages. Please contact our member services number at: 1(800) 910-3906 or TTY 1(866) 279-9750.





MEDICARE PROBLEM SOLVING INFORMATION FORM

Attention: Grievance Coordinator

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_ Date of Service if it applies: \_\_\_\_\_

Please explain your complaint or concern as fully as you can. You may use more paper, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us what you think should be done. You may use more paper, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient or Authorized Representative: \_\_\_\_\_

Your signature authorizes Trillium to request records or other information needed to investigate your grievance. Send to: Trillium Community Health Plan, PO Box 11756, Eugene, OR 97440-3956. You will receive a written response within 30 calendar days of the date returned to the Trillium Community Health Plan office.

This information is available for free in other languages. Please call our customer service number at Toll Free 1(800) 910-3906 or TTY 1(866) 279-9750. Trillium Member Services is available to answer your call directly during the following times: October 1st through February 14th from 8 a.m. to 8 p.m., Monday through Sunday and February 15th through September 30th from 8 a.m. to 8 p.m., Monday through Friday (except on holidays). Our automated system is available anytime for self-service options, including after hours, weekends, and holidays. Member Services also has free language interpreter service available for non-English speakers.

Trillium Community Health Plan® is an HMO and a PPO plan with a Medicare contract. Enrollment in Trillium Community Health Plan depends on contract renewal .



# Policy

<b>Plan:</b> <b>Medicaid</b> <input type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Sprout</b> <input type="checkbox"/> <b>Trillium</b> <input type="checkbox"/>		
<b>Name:</b> Member Concern, Complaint, Grievance Policy		
<b>Current Effective Date:</b> 06/14/2012		
<b>Scheduled Review Date:</b> 06/14/2013		
<b>Date of Origin:</b> 11/27/2006		<b>Date Removed:</b>
<b>Responsible Department:</b> Compliance		
<b>Approval(s):</b>	<b>First Level Review:</b> QM/UM Committee	<b>Final Review:</b> QM/UM Committee
<b>Distribution:</b>	All Staff	
<b>Keywords:</b>		

## A. Purpose

Trillium Community Health Plan (Trillium) provides a concern, complaint and grievance process for members and member representatives and maintains written procedures for accepting, processing and responding to all member concerns, complaints and grievances.

## B. Definitions

Word / Term	Definition
Appeal	A complaint regarding an organization determination. Please see Trillium's appeal policies and procedures.
Complaint	Any expression of dissatisfaction to Trillium, provider, facility or Quality Improvement Organization by a member or member representative made orally or in writing. Complaints include dissatisfactions that fall under either grievance or appeal procedures, and all complaints will be handled using the appropriate grievance and/or appeal process.
Downstream Entity	Any party that enters into an acceptable written arrangement below the level of the arrangement between an MA organization (and contract applicant) and a first tier entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
First Tier Entity	any party that enters into a written arrangement with an MA organization or contract applicant to provide administrative services or health care services for a Medicare eligible individual.
Grievance	Any oral or written complaint, other than one involving an organization determination (appeal), expressing dissatisfaction with the manner in which Trillium or a delegated entity provides health care services, regardless of whether any remedial action can be taken. Grievance issues may include treatment that did not meet accepted standards for delivery of health care. Grievances may also include complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided health service, procedure, or item. An expedited grievance may include a complaint that health plan refused to expedite an organization determination or reconsideration, or invoked an extension to an organization determination or reconsideration time frame.

Member Representative	An individual speaking on behalf of a member. Any action in this policy which may be taken by a member applies to a member's representative as well.
Quality of Care Issue	A quality of care complaint may be filed through Trillium's grievance process and/or through the Quality Improvement Organization. If filed through the Quality Improvement Organization they will determine whether the quality of services (including both inpatient and outpatient services) provided met professionally recognized standards of health care, including whether appropriate health care services have been provided and whether services have been provided in appropriate settings.
Related Entity	any entity that is related to the MA organization by common ownership or control and: 1. Performs some of the MA organization's management functions under contract or delegation; 2. Furnishes services to Medicare enrollees under an oral or written agreement; or 3. Leases real property or sells materials to the MA organization at a cost of more than \$2,500 during a contract period;

### **C. Policy**

1. Trillium does not retaliate or discriminate against any member or other individual who makes a complaint or grievance.
2. Any finding that is reportable under the child abuse or adult abuse reporting acts will be reported promptly to the appropriate authority as required by law.
3. All concerns, complaints and grievances are considered sensitive and confidential, and all persons who have access to this information are required to agree to preserve and protect the confidentiality of the information.
4. Trillium provides assistance to members making complaints, including assistance with forms and coordination of interpreter service, if appropriate. If the member is unable to advocate for him/herself, the Trillium RN Care Coordinator will communicate with the member's representative to ensure the member has access to the complaint process.
5. A grievance can be made verbally or in writing. A member may indicate dissatisfaction with Trillium, a facility, a provider or a staff person employed in the same setting as the provider. An expression of dissatisfaction may be in whatever form of communication or language that is used by the member. Grievances may be also termed "concerns," "problems," or "issues" by the member and may or may not be identified by the member as needing resolution. The dissatisfaction must be expressed no later than 60 days after the precipitating event or incident.
6. All written grievances are responded to in writing no later than 30 calendar days from the date the written grievance is received, unless the member requests a 14-day extension or Trillium justifies a need for additional information and documents how the delay is in the interest of the member, in which case Trillium may extend the decision by an additional 14 days.
7. All quality of care grievances either received verbally or in writing will be reviewed by Trillium's Chief Medical Officer and the member will receive a written response.
  - 7.1. The written response will contain directions on how the member may file a grievance with the Quality Improvement Organization.
  - 7.2. Trillium will cooperate with the Quality Improvement Organization to resolve any quality of care grievances submitted to them.

### **Reporting**

8. Quarterly and annual reports based on the Electronic Complaint Log are prepared by the Complaint Specialist for review by Trillium's Quality Management/Utilization Management and/or Compliance Committee(s) for reporting purposes.

8.1. The Quality Management/ Utilization Management Committee reviews complaint reports no less than quarterly to identify persistent and significant grievances.

Committee meeting minutes shall include documentation of any follow-up actions recommended by the committee.

***D. Regulatory or Administrative Citations***

Name	Citation Reference
CMS Medicare Managed Care Manual	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/DownloadChapter13">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/DownloadChapter13</a>
Grievance Procedures	CFR § <a href="#">422.564</a>

***E. Related Material***

Name	Location
Complaint and Grievances – Procedure for Handling	SharePoint P&P Central Database
Complaint and Grievances Reporting and Tracking Procedure	SharePoint P&P Central Database
Trillium Problem Solving Form for documenting complaints	SharePoint staff pages / Compliance tab



# Policy

<b>Plan:</b>	Medicaid <input checked="" type="checkbox"/>	Medicare <input type="checkbox"/>	Sprout <input type="checkbox"/>	Trillium <input type="checkbox"/>
<b>Name:</b>	Member Concern, Complaint, & Grievance			
<b>Current Effective Date:</b>	06/14/2012			
<b>Scheduled Review Date:</b>	06/14/2013			
<b>Date of Origin:</b>	12/09/2004	<b>Date Removed:</b>		
<b>Responsible Department:</b>	Compliance			
<b>Approval(s):</b>	First Level Review: QM/UM Committee	Final Review:	QM/UM Committee	
<b>Distribution:</b>	All Staff; Providers			
<b>Keywords:</b>				

## A. Purpose

Trillium Community Health Plan (Trillium) provides a confidential concern, complaint and grievance process for Members or their representatives and maintains written procedures for accepting, processing, reporting, and responding to all Member concerns, complaints and grievances. Members are informed of this complaint process through the Member handbook and Trillium staff.

## B. Definitions

Word / Term	Definition
Appeal	A complaint regarding an organization determination. Please see Trillium's appeal policies and procedures.
Complaint	Any expression of dissatisfaction to Trillium action, Trillium provider, provider staff or facility by a Member or Member representative made orally or in writing. Complaints include dissatisfactions that fall under either grievance or appeal procedures, and all complaints will be handled using the appropriate grievance and/or appeal process.
Downstream Entity	Any party that enters into an acceptable written arrangement below the level of the arrangement between an MA organization (and contract applicant) and a first tier entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
First Tier Entity	Any party that enters into a written arrangement with an MA organization or contract applicant to provide administrative services or health care services for a Medicare eligible individual.
Grievance	Any oral or written complaint, other than one involving an organization determination (appeal), expressing dissatisfaction with the manner in which Trillium or a delegated entity provides health care services, regardless of whether any remedial action can be taken. Grievance issues may include treatment that did not meet accepted standards for delivery of health care. Grievances may also include complaints regarding the timeliness, appropriateness, access to, and/or setting of a

	provided health service, procedure, or item.
Member Representative	An individual speaking on behalf of a Member. Any action in this policy which may be taken by a Member applies to a Member's representative as well.
Other Terms for "Complaint"	Complaints may also be called "concerns", "problems", "grievances" or "issues."
Quality of Care Complaint	Complaint regarding inadequate care, misdiagnosis, or undelivered clinical information.
Related Entity	Any entity that is related to the MA organization by common ownership or control and: <ol style="list-style-type: none"> <li>1. Performs some of the MA organization's management functions under contract or delegation;</li> <li>2. Furnishes services to Medicare enrollees under an oral or written agreement; or</li> <li>3. Leases real property or sells materials to the MA organization at a cost of more than \$2,500 during a contract period;</li> </ol>

### **C. Policy**

1. Trillium does not retaliate or discriminate against any Member or other individual who makes a complaint.
2. Any finding that is reportable under the child abuse or adult abuse reporting acts will be reported promptly as required by law.
3. All concerns, complaints and grievances are considered sensitive and confidential, and all persons who have access to this information are required to agree to preserve and protect the confidentiality of the information.
4. Trillium Members and/or their representatives may have reasonable opportunity to present evidence and make arguments in person.
5. Trillium provides assistance to Members or Member's representative making complaints, including assistance with forms and coordination of interpreter service, if appropriate. If the Member is unable to advocate for him/herself, the Exceptional Needs Care Coordinator will communicate with the Member's representative to ensure the Member has access to the complaint process. Trillium maintains adequate TTY/TTD lines for hearing impaired Member's.
6. All concerns, complaints and grievances are documented in an electronic complaint log.
7. A complaint may be made verbally or in writing by a Member or Member representative to indicate dissatisfaction with Trillium, a facility, a provider, or a staff person employed in the same setting as the provider. An expression of dissatisfaction, whether called a "concern", a "problem", or an "issue" by the Member or Member representative may be in whatever form of communication or language that is used by the Member or Member representative and may or may not be identified by the Member or Member representative as needing resolution.
  - 7.1. Verbal complaints are resolved within 5 days; a delay of up to 30 days is allowed if necessary and with notice to the Member.
    - 7.1.1. Written complaints are resolved in writing no later than 30 calendar days from the date the written complaint is received.
8. Members who are dissatisfied with the disposition of complaints may present their complaints to the Governors Advocacy Office (GAO) or to the Oregon Health Authority (OHA) Ombudsman. Trillium will cooperate with the investigation and resolution of the grievance by the GAO or OHA's Ombudsman, including providing all requested records.

9. All written quality of care complaints are reviewed by Trillium’s Chief Medical Officer.

**Reporting**

10. Quarterly and annual reports based on the Electronic Complaint Log are prepared by the Complaint Specialist for review by Trillium’s Quality Management/Utilization Management and/or Compliance Committee(s) for reporting purposes.

10.1. The Quality Management/ Utilization Management Committee reviews complaint reports no less than quarterly to identify persistent and significant complaints.

10.1.1. Committee meeting minutes shall include documentation of any follow-up actions recommended by the committee.

11. A Quarterly Complaint Report is submitted to the OHA within 60 days of the end of the each calendar quarter.

***D. Regulatory or Administrative Citations***

Name	Citation Reference
Managed Care Prepaid Health Plan Complaint or Grievance and Appeal Procedures	<a href="#">OAR 410-141-0260</a>
PHP Complaint Procedures	<a href="#">OAR 410-141-0261</a>
Notice of Action by Prepaid Health Plan	<a href="#">OAR 410-141-0263</a>
PHP Responsibility for Documentation & QI Review of the Grievance System	<a href="#">OAR 410-141-0266</a>
Managed Care	42 CFR <a href="#">438</a>

***E. Related Material***

Name	Location
Member Complaint Concern Grievance Procedure	SharePoint P&P Central Database
Complaint Reporting and Tracking Procedure	SharePoint P&P Central Database
Trillium Problem Solving Form for documenting complaints	Agate Staff Pages / Forms



# Procedure

<b>Plan:</b>	Medicaid <input type="checkbox"/>	Medicare <input type="checkbox"/>	Exchange <input type="checkbox"/>	Trillium (All Plans) <input checked="" type="checkbox"/>
<b>Name:</b>	Member Right to Access PHI			
<b>Current Effective Date:</b> 1/14/2015				
<b>Scheduled Review Date:</b> 1/14/2016				
<b>Date of Origin:</b> 4/15/2008				
<b>Responsible Department:</b> Compliance				
<b>Approval(s):</b>	First Level Review: Department Senior Manager		Final Review: Senior Manager	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Access, PHI			

## A. Purpose / Summary

Members have a right to access the Designated Record Set (DRS).

## B. Definitions

Word / Term	Definition
Designated Record Set (DRS)	<ul style="list-style-type: none"> <li>• Payment, claims adjudication, and case or medical management records including, but not limited to, utilization management records and determinations of medical necessity.</li> <li>• Other records used, in whole or in part, by or for Trillium to make decisions about members which include the records of grievances and appeals filed by members or their representatives.</li> </ul>
Records which are <b>not</b> part of the Designated Record Set	<ul style="list-style-type: none"> <li>• Protected Health Information (PHI) generated, collected, or maintained for purposes that do not include decision-making about the member.</li> <li>• Psychotherapy and other mental health notes; substance abuse and HIV/Aids records.</li> <li>• Information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding.</li> <li>• Business associate records that meet the definition of Designated Record Set but that merely duplicate information maintained by the covered entity (documents that did not originate with Trillium).</li> </ul>

## C. Procedure

### Guidelines for Access to DRS

1. When a member or a member's representative calls Trillium Community Healthcare Plan (Trillium) requesting access to the member's Designated Record Set (DRS), the following procedure is followed:
  - 1.1. If the request is from a member's representative, the member file is checked for appropriate documentation. If documentation is not on file, an Appointment of Representative form or other appropriate documentation is requested before proceeding with the request for access.
  - 1.2. Staff verifies that the item is part of the DRS maintained by Trillium, per the definitions above. If the item is part of the DRS, the employee mails the member a Request for Access to Records Form. The member must submit the request in



writing to the Compliance Specialist-Privacy, either by filling out the form or submitting a letter. A fee is charged if Trillium is asked to provide records. This fee will be for the cost of labor, materials and postage as applicable.

- 1.3. If the request is for records which Trillium does not have, the employee advises the requester who to contact, if this is known (usually a provider office).

### **Privacy Officer Procedure**

2. A Request for Access form or a letter requesting access is received by Trillium, date-stamped in the mailroom and forwarded to the Compliance Specialist-Privacy, who:
  - 2.1. Records receipt of the request in the Records Request Log
  - 2.2. Reviews the request form for completeness.
  - 2.3. Reviews the request for appropriateness of release; records as described below are excluded from access:
    - 2.3.1. The PHI was not created by Trillium;
    - 2.3.2. The PHI is not part of a designated record set; and
    - 2.3.3. The PHI is not available for access or inspection under the member's right to inspect and copy PHI; for example, it contains material which the member's physician may consider harmful to the member.
  - 2.4. Makes a determination to approve or deny the request within 30 days of receipt.
    - 2.4.1. If necessary, the Compliance Specialist-Privacy may request an extension of 30 days; the Compliance Specialist-Privacy mails the member a written extension notice, within 30 days of the member request for access that includes the date by which Trillium will respond and records the extension in the Records Request Log.
  - 2.5. If Trillium is approving the request, the Compliance Specialist-Privacy sends a letter indicating approval, with the date the records will be available and a request for the any applicable fee.
    - 2.5.1. If the member wishes to review the records, the Compliance Specialist-Privacy arranges a day and time for the review, or,
    - 2.5.2. For copies of records, following receipt of the required fee, the Compliance Specialist-Privacy coordinates preparation and delivery of the records for pickup by or mailing to the member.
      - 2.5.2.1. For paper or hard copy records, the fee will not exceed the cost of labor expended to assemble the records, materials and postage.
      - 2.5.2.2. For records provided electronically, the fee will not exceed the cost of the labor expended to assemble the records.
  - 2.6. If Trillium is denying the request, the Compliance Specialist-Privacy sends a written denial to the member, explaining the reason for denial and informing the member of the right to submit a complaint to Trillium or to the Office for Civil Rights.
    - 2.6.1. Trillium provides a timely, written denial to the individual. The denial will be in plain language and contains:
      - 2.6.1.1. The basis for the denial;

- 2.6.1.2. If applicable, a statement of the individual's right to have the denial reviewed, including a description of how the individual may exercise such right; and
    - 2.6.1.3. A description of how the individual file a complaint with Trillium or to the Secretary of HHS. The description must include the name, or title, and telephone number of the contact person or office for Trillium.
  - 2.6.2. Trillium, to the extent possible, gives the individual access to any other PHI requested, after excluding the PHI as to which Trillium has a ground to deny access.
- 2.7. Trillium may deny an individual access without providing the individual an opportunity for review, in the following circumstances:
  - 2.7.1. PHI is exempted from right to access;
  - 2.7.2. An individual's access to PHI created or obtained by a covered health care provider in the course of research that includes treatment may be suspended while the research is in progress if the individual agreed to the denial of access when consenting to participate in the research, and the provider informed the individual that right of access will be reinstated upon completion of the research;
  - 2.7.3. An individual's access to PHI contained in records subject to the Privacy Act (5 U.S.C. 552a) may be denied in accordance with the requirements of the Act;
  - 2.7.4. The PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- 2.8. In all other instances of denial Trillium may deny an individual access, provided that the individual is given a right to have such denials reviewed. These denial reasons may include:
  - 2.8.1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
  - 2.8.2. The request for access is made by the individual's personal representative and the PHI makes reference to another person (not a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the individual or another person;
  - 2.8.3. The PHI makes reference to another person (not a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.

### **Review Procedure**

- 3. The procedure for review is:
  - 3.1. Upon request of the individual, the denial is reviewed by a licensed health care professional, designated by Trillium to act as a reviewing official, who did not participate in the original decision to deny.

- 3.2. Trillium promptly refers a request for review to the reviewing official, who must then determine, within a reasonable period of time, whether or not to deny the access requested based on the grounds set forth above.
- 3.3. Trillium promptly provides written notice to the individual of the reviewing official's determination, and must provide or deny access in accordance with the determination.

**Documentation**

- 4. The Compliance Specialist-Privacy records the transaction, including a description of the records, the reasoning for denial or approval, relevant dates and other information as necessary in the Records Request Log.

***D. Related Material***

Name	Location
HIPAA Oversight Policy	SharePoint P&P Central Database
Request for Access to Records Form	SharePoint P&P Central Database: Other Templates and Forms
Release of PHI Procedure	SharePoint P&P Central Database

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Non-Compliance Policy			
<b>Current Effective Date:</b>	8/24/2015			
<b>Schedule Review Date:</b>	8/24/2016			
<b>Date of Origin:</b>	5/31/2007		<b>Date Removed:</b> 1T	
<b>Responsible Department:</b>	Compliance		NCQA Review NOT Required	
<b>Approval(s):</b>	<b>First Level Review:</b> Compliance Committee		<b>Final Review:</b> Trillium Board	
<b>Distribution:</b>	Workforce members, Delegated Entity, Trillium Provider Website			
<b>Keywords:</b>	Non-Compliance			

## A. Purpose

Trillium Community Health Plan (Trillium) is committed to complying with all federal and State regulations, contractual requirements, Oregon Health Authority (OHA) and Centers for Medicare and Medicaid Services (CMS) program rules. Trillium developed a Code of Conduct and Ethics to affirm its commitment to ethical standards. Trillium instituted policies and procedures for reporting potential, suspected or actual incidences of fraud, waste or abuse, as well as other non-compliance with regulations, contracts and CMS program rules, and instituted sanctions for non-compliance.

## B. Definitions

Word/Term	Definition
Non-Compliance	For the purposes of this policy, non-compliance is defined as failure to comply with the Trillium Code of Conduct and Trillium policies particularly those related to compliance and fraud, waste and abuse programs, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). Non-compliance with regulations, contracts and CMS program rules can be intentional or unintentional and includes failure to report suspected fraud or abuse.
Code of Conduct	The written set of rules outlining Trillium's principles and values, the expectations for ethical behavior and compliance with state and federal laws and contracts which govern Trillium and proper practices required of all Trillium employees, Board of Directors, and other individuals identified in the Codes of Conduct.
Good faith	Something is done in good faith; it is done with sincerity and with honest intentions.
Delegated Entity	A Trillium First Tier, Downstream or Related entity (FDR) who, under contract, provides administrative services or health care services to Trillium enrollees.
Workforce	Employees, Temporary Employees, interns, consultants, volunteers, agents, independent

## **C. Policy**

### **Obligations Regarding Suspected or Identified Non-Compliance**

1. Trillium workforce members, delegated entities and members must report good-faith concerns of non-compliance and can do so without fear of intimidation or retaliation.
  - 1.1. Concerns may be reported anonymously.
2. Reports can be made using any of several options:
  - 2.1. Reporting on Trillium's Compliance Hotline (available 24/7/365): Toll free 1-877-367-1332, Local 541-338-2936;
  - 2.2. Reporting using Trillium's workforce member drop-boxes, located in the break areas, for complaints and compliance concerns;
  - 2.3. Reporting verbally, either face-to-face or via telephone, to the Compliance Officer/Privacy Officer, Compliance Specialist, CEO, any member of Senior Management or supervisor;
  - 2.4. Reporting via written documents, forms, faxes, emails and letters.
  - 2.5. Reporting directly to CMS, OHA or other government agencies, rather than to Trillium, when the individual has credible evidence that Trillium management is involved in non-compliance.
3. The Compliance Officer or a member of Senior Management must be made aware of all reports, regardless of delivery method, within 24 hours of receipt.
4. Trillium investigates, as quickly as possible, but no later than two weeks, after the receipt of reports of non-compliance using the appropriate procedure, for example, Fraud, Waste and Abuse procedure or the Privacy Complaints procedure.
  - 4.1. Assistance may be required during an investigation by the reporter or subject matter expert(s).

### **Sanctions for Non-Compliance: Workforce Member**

5. The following incidences of non-compliance are subject to sanctions which include, but not limited to, verbal warnings, written warnings, re-training, job reassignment and/or any other administrative response Trillium determines appropriate to help resolve the non-compliance:
  - 5.1. Failure to comply with OHA and CMS program requirements;
  - 5.2. Failure to comply with the Code of Conduct and Ethics;
  - 5.3. Failure to detect non-compliance when routine observation or due diligence should have provided adequate clues or put a workforce member on notice;
  - 5.4. Failure to report actual or suspected non-compliance;
  - 5.5. Any other act Trillium determines warrants sanctions.
6. More stringent sanctions, including, but not limited to, verbal warnings, written warnings, suspension or termination, probation and/or any other administrative response Trillium determines appropriate will be imposed on workforce members for:
  - 6.1. Intentional misconduct and non-compliance with OHA and CMS program requirements;
  - 6.2. Intentional non-compliance with the Code of Conduct and Ethics;
  - 6.3. Intimidation or retaliation against an employee who reports a violation;
  - 6.4. Any other act Trillium determines warrants stringent sanctions.

7. Termination of employment and/or legal action will occur in cases of:
  - 7.1. Intentional, fully knowledgeable violation of statutory, OHA, and/or CMS program requirements for personal gain;
  - 7.2. Intentional, fully knowledgeable violation of State and/or federal law;
  - 7.3. Intentional, fully knowledgeable violation of HIPAA requirements;
  - 7.4. Threats, extortion or violence toward an employee who reported a violation;
  - 7.5. Any other action Trillium determines warrants termination and/or legal action.

**Sanctions for Non-Compliance: Delegated Entity**

8. For delegated entity non-compliance, Trillium may recommend and implement training, written warning, a corrective active plan, peer review, dissolution of contract and/or reporting to legal authorities.
  - 8.1. When corrective action for non-compliance is not addressed and/or implemented effectively by the delegated entity Trillium will enforce administrative action(s) as outlined in the delegated entity contract.

**Sanctioning Considerations**

9. Prior to sanctioning, during any action to determine non-compliance, Trillium will take into consideration:
  - 9.1. How much training/education the workforce member/delegated entity had in compliance;
  - 9.2. The degree of intent of the violation;
  - 9.3. Amount of harm (financial or otherwise);
  - 9.4. Whether the violation was a single incident, a repeated action, or lasted over a long period of time.

**Reporting Non-Compliance**

10. All non-compliance identified by, or brought to the attention of, Trillium is reported to the appropriate federal and State agencies by the Compliance Officer or Senior Management. Reporting is by verbal communication, email, formal letter and/or logging into the appropriate Compliance Incident Log; i.e. Medicare Incident Log, Marketplace Incident Log.
  - 10.1. Thoroughly documented actions/steps to correct non-compliance are kept in the appropriate database file and destroyed after 10 years.

***D. Regulatory or Administrative Citations***

Name	Citation Reference
Code of Federal Regulations (CFR) 42 – Public Health	<a href="#">422.503(b)(4)(vi)</a>
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	<a href="#">Public Law 104-191, 104<sup>th</sup> Congress</a>
Health Insurance Technology for Economic and Clinical Health Act (HITECH)	<a href="#">Public Law 115-5, Title XIII</a>

***E. Related Materials***

Name	Location
Code of Conduct and Ethics	SharePoint Compliance Page
Compliance Incident Report Form	SharePoint Compliance Page
Fraud, Waste and Abuse Policy	SharePoint P&P Database

Privacy Complaints Procedure	SharePoint P&P Database
Employee Non-Compliance Sanctioning Procedure	SharePoint P&P Database
Fraud, Waste and Abuse Procedure	SharePoint P&P Database



# Procedure

<b>Plan:</b>	Medicaid <input type="checkbox"/>	Medicare <input type="checkbox"/>	Exchange <input type="checkbox"/>	Trillium (All Plans) <input checked="" type="checkbox"/>
<b>Name:</b>	Privacy Complaints Procedure			
<b>Current Effective Date:</b> 1/14/2015				
<b>Scheduled Review Date:</b> 1/14/2016				
<b>Date of Origin:</b> 10/25/2006			<b>Date Removed:</b>	
<b>Responsible Department:</b>		Compliance		
<b>Approval(s):</b>	<small>First Level Review:</small> Senior Manager		<small>Final Review:</small> Senior Manager	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	privacy, PHI, complaints,			

## A. Purpose / Summary

Individuals including members, employees and providers may make complaints about privacy issues.

## B. Definitions

Word / Term	Definition
Privacy	For the purpose of this procedure, privacy refers to the mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards which apply to the privacy of health information. The Privacy Rule applies to all forms of protected health information, whether electronic, paper, or oral. In addition, Trillium is committed to complying with all other laws which require privacy of personal information.
HIPAA	The Health Insurance Portability and Accountability Act of 1996 – Federal legislation that ensures insurance portability to individuals who change jobs, mandates standard formats for electronic exchange of health information, and sets standards for the privacy and security of health information.
HIPAA Privacy / HIPAA Privacy Rule	Standards mandated for the privacy of health information. The privacy rule applies to all forms of protected health information (PHI), including genetic information, whether electronic, written or oral. An organization's designated Privacy Officer oversees HIPAA privacy matters and coordinates authorized disclosures of health information.
Privacy Complaint	Any expression of dissatisfaction or concern to any Trillium employee regarding the violation of a Trillium member's privacy rights.
Protected Health Information (PHI)	Health information that identifies a member or includes any of the following identifiers that could be used to reasonably identify a member: 1) Names, including the member's name, names of the member's family or household, and the name of the member's employer(s); 2) Address, including street number and name, city, county, precinct, zip code; 3) All elements of dates (except for year), for dates directly related to a member, including birth date, admission date, discharge date, date of death, and all ages over 89; 4) Telephone numbers; 5) Fax numbers; 6) Electronic mail addresses; 7) Social Security numbers; 8) Medical record numbers; 9) Health plan beneficiary numbers; 10) Account numbers; 11) Certificate/license numbers; 12) Vehicle identifiers and serial numbers, including license plate numbers; 13) Device identifiers and serial numbers; 14) Web universal resource locators



Word / Term	Definition
	(URLs); 15) Internet Protocol (IP) address numbers; 16) Biometric identifiers, including finger and voice prints; 17) Full face photographic images and any comparable images; 18) Any other unique identifying number, characteristic, or code.
Privacy Rights	As defined by HIPAA, Trillium members' rights include the following main objectives: Right to receive the Notice of Privacy Practices (Notice) that tells members how Trillium will use their PHI; Right to request restrictions on certain uses and disclosures of PHI; Right to receive confidential communications of PHI; Right to inspect and copy PHI; Right to amend PHI; Right to receive an accounting of disclosures of PHI.
Office for Civil Rights (OCR)	Enforces the HIPAA Privacy Rule and HIPAA Security Rule. Individuals may file a HIPAA privacy complaint directly with OCR. The Regional Office for Oregon is: Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue – M/S: RX-11, Seattle, WA 98121-1831, voice phone: 800-368-1019, FAX: 206-615-2297, TDD: 800-537-7697. The OCR website is: <a href="http://www.hhs.gov/ocr/office/index.html">http://www.hhs.gov/ocr/office/index.html</a> .

## C. Procedure

1. Any Trillium employee who is presented with a privacy complaint by any person refers the individual or the complaint to the Privacy Officer or Compliance Specialist-Privacy.
  - 1.1. Privacy complaints expressed verbally by individuals in person or by telephone should be logged in the member's Lipase complaint log and the individual informed of his/her right to file a written privacy complaint.
    - 1.1.1. If the individual expresses the desire to file a written privacy complaint, the employee mails the individual a Trillium Privacy Complaint Form.
    - 1.1.2. A privacy complaint entered in the Lipase complaint log is received by the Grievance Specialist and forwarded directly to the Privacy Officer or Compliance Specialist-Privacy for investigation.
  - 1.2. Privacy complaints made by any individual via Trillium's formal complaint form are forwarded directly to the Privacy Officer or Compliance Specialist-Privacy for investigation.
2. The Privacy Officer or Compliance Specialist-Privacy reviews complaints received to determine the events that resulted in a complaint being filed. The departments involved are noted and the scope of the investigation is determined. The Privacy Officer or Compliance Specialist-Privacy documents the complaint, including all material presented in support of the complaint, in the Report and Investigation Database.
  - 2.1. If the complaint is related to activities performed by a business associate of Trillium, the privacy officer includes the business associate activity as part of the complaint investigation process.
  - 2.2. If the complaint resulted from the actions of a third party not affiliated with Trillium, the Privacy Officer or Compliance Specialist-Privacy informs the member in writing that the complaint needs to be filed with the third party not affiliated with Trillium.
  - 2.3. The Privacy Officer or Compliance Specialist-Privacy conducts an investigation to determine if any policies, procedures or practices were violated and the nature of the violation (intentional or inadvertent).
  - 2.4. The Privacy Officer or Compliance Specialist-Privacy has legal resources available to discuss a complaint they wish to review in confidence and pursuant to attorney-client privilege.

3. Inform the individuals making privacy complaints of their right to complain directly to the Health and Human Services' Office for Civil Rights (OCR) if they prefer and give them the OCR contact information.
4. The Privacy Officer or Compliance Specialist-Privacy coordinates review and investigation of the complaint and responds to the complainant in writing within 60 days of receipt.
5. Individuals making privacy complaints are protected by Trillium's policy against retaliation.
6. The Privacy Officer or Compliance Specialist-Privacy may decide at any point in the investigation that the complaint should be evaluated for potential internal sanctions and report this to the Compliance Officer.
  - 6.1. The Privacy Officer or Compliance Specialist-Privacy follows internal sanctioning procedures as described in the Sanctions for HIPAA Violations Procedure.
7. Documentation related to a privacy complaint, investigation or disposition is saved to an electronic case file and retained for six years.
  - 7.1. Communications that are subject to the attorney-client privilege are maintained in separate files or as directed by Trillium's General Counsel. All documents subject to the attorney-client privilege will be labeled "Work Product" and/or "Attorney-Client Privilege" at the discretion of Trillium's legal resource.
8. The Privacy Officer or Compliance Specialist-Privacy may recommend policies, procedures and processes as necessary to address any adverse findings during investigations of privacy complaints.

### ***D. Related Material***

Name	Location
HIPAA Oversight Policy	SharePoint P&P Central Database
Sanctions for HIPAA Violations Procedure	SharePoint P&P Central Database
Complainant & Whistleblower Protection Policy	SharePoint P&P Central Database



# Procedure

<b>Plan:</b>	Medicaid <input type="checkbox"/>	Medicare <input type="checkbox"/>	Exchange <input type="checkbox"/>	Trillium (All Plans) <input checked="" type="checkbox"/>
<b>Name:</b>	Request for Confidential Communications			
<b>Current Effective Date:</b> 1/14/2015				
<b>Scheduled Review Date:</b> 1/14/2016				
<b>Date of Origin:</b> 1/6/2014				
<b>Responsible Department:</b>		Compliance		
<b>Approval(s):</b>	<small>First Level Review:</small> Senior Manager		<small>Final Review:</small> Senior Management	
<b>Distribution:</b>	Internal and External			
<b>Keywords:</b>	Confidential, PHI			

## A. Purpose / Summary

Provide guidance regarding the handling of requests of plan member for confidential communications by alternative means or locations.

## B. Definitions

Word / Term	Definition
Privacy Officer	The individual appointed by Trillium to be the HIPAA Privacy Officer under s. 164.530(a)(1) of the HIPAA Privacy Rule.
HIPAA	Health Insurance Portability and Accountability Act of 1996.
Electronic Protected Health Information (ePHI)	Electronic health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. ePHI does not include students records held by educational institutions or employment records held by employers, or records for persons deceased for over 50 years.
Individually Identifiable Health Information (IIHI)	Information that is a subset of health information, including genetic information and demographic information collected from an individual, and: <ul style="list-style-type: none"> <li>▪ Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and</li> <li>▪ Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and</li> <li>▪ That identifies the individual; or</li> <li>▪ With respect to which there is a reasonable basis to believe the information can be used to identify the individual.</li> </ul>
Protected Health Information (PHI)	Individually identifiable health information or health care payment information maintained or transmitted in any medium, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include students records held by educational institutions or employment records held by employers, or records for persons deceased for over 50 years.

## C. Procedure

1. When a member requests that communication of all their PHI or only certain types of PHI be communicated to them by sending to a different address, email or phone, document this request using the **Request for Confidential Communications** form and send it to the member for their signature. Document this request in the member file.

2. Once the signed form is received, determine if the request is reasonable and/or administratively feasible. This should be done by conferring with the department manager and the Privacy Officer or Compliance Specialist-Privacy.
3. If it is determined to not be reasonable and/or administratively feasible:
  - 3.1. Contact the member and inform them of the reason for denying their request;
  - 3.2. Attempt to work with the patient or plan member to establish a method of communication that is administratively feasible for Trillium.
  - 3.3. Document the agreed upon methods of communication on a new Form and have the member sign the updated form.
4. If the request is reasonable, describe the alternative means of communication in the Communication screen in LipaCap.
5. Communicate with the member in the requested manner.
6. Examples of Confidential Communications requests:
  - 6.1. Request mail be sent to a P.O Box or office address so that residents of the members household don't have access to their mail;
  - 6.2. Request that phone calls be made to a cell phone or office phone so that residents of the members household don't receive or overhear these calls; or
  - 6.3. Request that communications regarding a certain health or financial issue are routed to a different address or phone number.

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input checked="" type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Request for Restriction			
<b>Current Effective Date:</b>	5/18/2015			
<b>Schedule Review Date:</b>	5/18/2015			
<b>Date of Origin:</b>	1/6/2014		<b>Date Removed:</b> Compliance Coordinator will enter effective date	
<b>Responsible Department:</b>	Compliance			NCQA Review Required
<b>Approval(s):</b>	<b>First Level Review:</b> Senior Manager		<b>Final Review:</b> Senior Manager	
<b>Distribution:</b>	Internal and External			
<b>Keywords:</b>	Enter keywords to locate Procedure			

## A. Purpose

The purpose of this procedure is to provide guidance to Trillium Community Health Plan’s (Trillium) workforce members regarding member requests for restriction of access to their protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## B. Definitions

Word/Term	Definition
Electronic Protected Health Information (ePHI)	Electronic health information or healthcare payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. EPHI does not include student records held by educational institutions or employment records held by employers, or records for persons deceased for over 50 years.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Federal legislation requiring individuals, organizations, and agencies that meet the Health and Human Services definition of covered entity under HIPAA to comply with the requirements to protect the privacy and security of health information.
Individually Identifiable Health Information (IIHI)	Information that is a subset of health information, including genetic information and demographic information collected from an individual, and: <ul style="list-style-type: none"> <li>• Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and</li> <li>• Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and</li> <li>• That identifies the individual; or</li> <li>• With respect to which there is a reasonable basis to believe the information can be used to identify the individual.</li> </ul>

Word/Term	Definition
Privacy Officer	Individual appointed by Trillium under 42 CFR 164.530(a) (1) of the HIPAA Privacy Rule. Trillium's designated Privacy Officer oversees HIPAA and Omnibus Act of 2013 privacy matters and coordinates authorized disclosures of health information.
Protected Health Information (PHI)	<p>Health information that identifies a member or includes any of the following identifiers that could be used to reasonably identify a member: 1) Names, including the member's name, names of the member's family or household, and the name of the member's employer(s); 2) Address, including street number and name, city, county, precinct, zip code; 3) All elements of dates (except for year), for dates directly related to a member, including birth date, admission date, discharge date, date of death, and all ages over 89; 4) Telephone numbers; 5) Fax numbers; 6) Electronic mail addresses; 7) Social Security numbers; 8) Medical record numbers; 9) Health plan beneficiary numbers; 10) Account numbers; 11) Certificate/license numbers; 12) Vehicle identifiers and serial numbers, including license plate numbers; 13) Device identifiers and serial numbers; 14) Web universal resource locators (URLs); 15) Internet Protocol (IP) address numbers; 16) Biometric identifiers, including finger and voice prints; 17) Full face photographic images and any comparable images; 18) Any other unique identifying number, characteristic, or code.</p> <p>Means Individually identifiable health information held or maintained by a covered entity or business associate acting for the covered entity, transmitted or maintained in any format or medium (electronic, written or oral information). PHI excludes individually identifiable information in education records covered by the Family Educational Rights and Privacy Act. 20 U.S.C. 1232.</p>
Request for Restriction Form	A written request from a member asking certain medical information not be shared with particular parties. The request for restriction does not include shared information required for payment, treatment, and operations. Trillium is not required to grant a request for restriction of information.

### **C. Procedure**

1. When a member wishes to request a restriction on Trillium's use or disclosure of their PHI, Trillium mails the member a **Request for Restriction** form within five (5) business days.
2. When received, a Request for Restriction form is forwarded to the Privacy Officer. The Privacy Officer reviews and determines if the requested restriction would interfere with treatment, payment or health plan operations (TPO).
  - 2.1. Restriction requests may be denied if the request would interfere with treatment, payment, or operations.
3. If Trillium denies a request, the Privacy Officer sends written notice of denial to the member of the decision within five (5) business days.

4. If Trillium grants the request, the Privacy Officer documents the request in the Member Communications screen in Lipacap and sends the member a letter confirming the acceptance of the restriction and its effective date.
5. Trillium retains the documentation for six (6) years from the date it was last in effect, to comply with HIPAA.
6. Trillium terminates the restriction when:
  - 6.1. The member submits a restriction termination request;
  - 6.2. Trillium determines restriction would interfere with TPO.
  - 6.3. The Privacy Officer documents the termination date in the Member Communications screen in Lipacap and sends the member a notice of termination.
  - 6.4. The termination date is the date:
    - 6.4.1. The member is mailed a notice accepting their request for restriction termination;  
or
    - 6.4.2. Trillium mailed a notice telling the member the request for restriction has been terminated for interfering with TPO.
7. Information restricted from Trillium by a practitioner or provider due to a member request for restriction causes denial of payment for subsequent related services billed to Trillium. The initially restricted information is required to be shared with Trillium to determine medical necessity for the subsequent service.

<b>Plan:</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>Marketplace</b>	<input checked="" type="checkbox"/> <b>PEBB</b>
<b>Name:</b>	Request to Amend Member Record			
<b>Current Effective Date:</b>	5/18/2015			
<b>Schedule Review Date:</b>	5/18/2016			
<b>Date of Origin:</b>	11/9/2006		<b>Date Removed:</b> Compliance Coordinator will enter effective date	
<b>Responsible Department:</b>	Compliance		NCQA Review Required	
<b>Approval(s):</b>	First Level Review: Senior Manager		Final Review: Senior Manager	
<b>Distribution:</b>	All Staff			
<b>Keywords:</b>	Amend, PHI			

## A. Purpose

Under the Health Information Portability and Accountability Act (HIPAA), members have a right to request amendment to their records in the Designated Record Set (DRS) maintained by Trillium Community Health Plan (Trillium).

## B. Definitions

Word/Term	Definition
Designated Record Set (DRS)	The DRS includes payment, claim adjudication, and case or medical management records including, but not limited to, utilization management records, determinations of medical necessity, other records used, in whole or in part, by or for Trillium to make health benefit or service decisions about members. The DRS may include the records of grievances and appeals.
Records <b>not</b> part of the DRS	The DRS does not include: <ul style="list-style-type: none"> <li>Protected health information generated, collected, or maintained for purposes that do not include decision-making about the member;</li> <li>Genetic information;</li> <li>Psychotherapy notes, substance abuse and HIV/AIDS records;</li> <li>Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding; and,</li> <li>Business associate records that meet the definition of DRS but that merely duplicate information maintained by Trillium.</li> </ul>



## **C. Procedure**

### **1. Guidelines for Requesting Amendment**

- 1.1.** A member or a member's representative calls Trillium with a request to amend an item in the member's DRS.
  - 1.1.1.** If a representative calls, Trillium workforce member verifies there is valid authorization to speak with the individual regarding the member's DRS.
    - 1.1.1.1.** If no authorization is found in member's record, Trillium workforce member requests authorization from the member to speak with their representative following verification protocol.
  - 1.1.2.** Trillium workforce member verifies requested item is part of the DRS maintained by Trillium, per the definitions above.
    - 1.1.2.1.** If the item is not part of the DRS, Trillium workforce member directs the member to the appropriate party.
    - 1.1.2.2.** If the item is part of the DRS, the Trillium workforce member mails a Request to Amend Records Form to the member. The member must submit the request to amend DRS records in writing, either by completing Trillium's form or sending a letter with essentially the same information found on the Request to Amend Records Form.
    - 1.1.2.3.** The Request to Amend Records Form or letter must be signed and dated by the member.

### **2. Receipt of a Request to Amend Records**

- 2.1.** A Request to Amend Records Form or letter is received by Trillium, date-stamped in the mailroom, and forwarded to the Privacy Officer, who:
  - 2.1.1.** Records receipt of the request in the Amendment Request Log;
  - 2.1.2.** Reviews the request form for completeness and contacts the member if there are questions;
  - 2.1.3.** Reviews the amendment request with the author of the record in the DRS.
    - 2.1.3.1.** The request may be denied if Trillium determines:
      - 2.1.3.1.1.** The record was not created by Trillium, unless the member can provide reasonable basis to believe that the originator of the record is no longer able to act on the requested amendment;
      - 2.1.3.1.2.** The record is not part of a DRS;
      - 2.1.3.1.3.** The record would not be available for inspection under the member's right to inspect and copy PHI; or,
      - 2.1.3.1.4.** The record is accurate and complete.
  - 2.1.4.** The author of the record and the Privacy Officer make a determination to approve or deny the request within 30 days of receipt.
  - 2.1.5.** The Privacy Officer may request a 30 day extension, within 30 days of receipt, by mailing the member an extension letter that includes the reason for the extension and the date by which Trillium will respond.
  - 2.1.6.** The request for extension is recorded in the Amendment Request Log.

- 2.2. If after consideration the request to amend is denied, the Privacy Officer sends a denial letter to the member, explaining the reason for denial and informing the member of the right to submit a statement of disagreement or file a complaint with Trillium or the Health and Human Services Office for Civil Rights.
  - 2.2.1. The Privacy Officer scans the request to amend and denial letter into the member's Lipacap letters and documents screen.
  - 2.2.2. Should the member submit a statement of disagreement, it is tracked in the Amendment Request Log and retained in the DRS.
    - 2.2.2.1. A copy is sent to the author of the record, who may choose to submit a rebuttal statement.
      - 2.2.2.1.1. If a rebuttal statement is received, a copy is sent to the member and retained in the DRS.
      - 2.2.2.2. Trillium may prepare a written response to the member's statement of disagreement, if appropriate. Trillium provides a copy of response to the member.
  - 2.2.3. Future disclosures of the disputed information must include the request for amendment, denial letter, statement of disagreement, rebuttal and response letter, if applicable.
- 2.3. If the request is granted, the Privacy Officer:
  - 2.3.1. Makes the appropriate amendment to the record that is the subject of the request. A notation is made on the original content reflecting the new content with:  
**"MM/ DD/ YY- Amended per member request"**.
  - 2.3.2. Scans the request to amend, along with the letter granting the request to amend, into the member's Lipacap letters and documents screen.
  - 2.3.3. Mails letter granting the request to amend and copies of the amended documents to the parties specified by the member on the Amendment Request Form.

### 3. Documentation

- 3.1. In addition to the specified documentation to the DRS, the Privacy Officer records the outcome, reasoning, dates and other information in the Amendment Request Log.