



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

## CODE OF CONDUCT

The Code of Conduct establishes the principles and values by which Cascade Comprehensive Care (CCC) & Cascade Health Alliance (CHA) operates. All employees and FDRs must fully comply with the provisions outlined in this Code. The Code of Conduct is reviewed and approved by the Compliance Committee and Board of Directors annually, and revised as needed. The Code supports all CCC/CHA policies and serves as a guide to all with whom CCC/CHA does business and employs as to the ethical provision of services to our members.

### ***Administration of the Code of Conduct***

Each CCC/CHA employee and FDR entity must abide by and act in a manner consistent with the Code of Conduct. As part of this responsibility, all employees and FDRs will report any activity or practice that they believe violates its standards, and cooperates with and participates in all compliance-related activities, including investigations in alleged misconduct that may be reported or discovered from time-to-time. All employees and FDRs must sign an attestation upon initial hire or contract execution, and annually thereafter, confirming their receipt of the Code and agreement to follow its standards, which includes all CCC/CHA policies and procedures. Training on the Code is provided annually to all employees and FDRs, including annual attestation and agreement to its terms.

Employees who ignore or disregard the Code will be subject to appropriate disciplinary actions ranging from verbal warning up to an including termination. Any employee who *refuses* to acknowledge, attest to, and comply with the Code of Conduct will forfeit their employment. Any FDR who similarly *refuses* to acknowledge, attest to, and comply with the Code of Conduct will forfeit the execution of their contract and may no longer conduct business with CCC/CHA on behalf of CCC/CHA members.

Employees with questions regarding the Code or application of its standards, may seek guidance from their direct supervisor, the CO, or Human Resources. FDRs with similar concerns may contact the Provider Network Manager, or the CO directly at [833-718-5682](tel:833-718-5682), [compliance@cascaedcomp.com](mailto:compliance@cascaedcomp.com) or through the reporting form at [cascaedcomp.ethicspoint.com](http://cascaedcomp.ethicspoint.com)

### ***Ethical Responsibilities***

CCC/CHA is committed to the highest standards of business ethics and integrity. Employees of the organization must accurately and honestly represent themselves and CCC/CHA, and may not engage in activity intended to defraud anyone of money, property, or services. CCC/CHA's reputation and integrity are essential to the success of our organization.

CCC/CHA's expectations of its employees include:

- Pursue the highest standards of performance, quality, service, and achievement;
- Exhibit a high degree of personal integrity and accountability at all times;
- Refuse to engage in or tolerate fraud, misuse, abuse, or waste of resources;
- Protect confidential and privileged information, including member protected health and personal information;
- Create an environment where others feel comfortable asking questions, addressing issues, and raising concerns;

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- Demonstrating dignity and respect for our members and others we encounter in daily business activities, always treating others fairly; and
- Reporting and encouraging others to report violations or suspected violations of the Code and to protect those who do report.

### ***Compliance with Laws and Contract Conditions***

Services provided by CCC/CHA and its Network are subject to Federal, State, and local laws and regulations, as well as contractual terms and conditions, each addressing various topics such as access to care, consent to treatment, medical record-keeping and documentation, medical records and confidentiality, member rights, and OHA and CMS program participation requirements.

CCC/CHA employees must comply with all applicable laws, regulations and contractual requirements. If you suspect a violation has occurred or may occur of any applicable law, regulation, contract condition, or CCC/CHA policy, you are required to report the violation or suspicion immediately to your supervisor, the CO, the Compliance department through the Incident Reporting form located at [cascadecomp.ethicspoint.com](http://cascadecomp.ethicspoint.com), or by emailing [compliance@cascadecomp.com](mailto:compliance@cascadecomp.com), or calling 833-718-5682, or Human Resources.

### ***Member Rights***

CCC/CHA has an ethical responsibility to ensure members are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own healthcare. In addition to this ethical responsibility, CCC/CHA has a legal responsibility to comply with all applicable laws and regulations related to the rights of our members.

CCC/CHA involves members in all aspects of their care, including consent for treatment and the making of healthcare decisions, which at times, may include foregoing or withdrawing treatment. CCC/CHA respects the informed decisions made by its members. Each member is provided information regarding their right to refuse treatment, make Advance Directives regarding treatment decisions, financial concerns regarding proposed course of treatment, and the designation of surrogate healthcare decision-makers. Members are also provided information regarding confidentiality, privacy, and security of their personal and protected health information, as well as the opportunity for resolution of any complaints, including the right to appeal decisions with which they may disagree. Employees must be familiar with each of these processes to ensure they are providing accurate information and direction to members.

### ***Confidentiality of Information***

Protecting the personal and protected health information of our members and employees is a top priority of CCC/CHA. Confidential information includes health information about our members, information contained in employee employment records, and proprietary business information about CCC/CHA. Consistent with the rules and regulations contained within HIPAA, CCC/CHA will not use, disclose, or discuss member-specific information with others without the express written authorization of the member or their legal representative, or for purposes allowable under law, such as treatment,

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payment or operations (TPO) to determine eligibility for services, benefits, or emergency situations as required or permitted by law.

CCC/CHA follows all laws and policies regarding the release of confidential information and will report any concerns to the appropriate parties as outlined in our policies. The Compliance department investigates and reports all breaches and potential breaches of information. CCC/CHA takes steps to ensure our systems are secure from unauthorized access and ensure employee compliance with all CCC/CHA security policies.

### ***Non-Discrimination***

CCC/CHA will not discriminate in its provision of services or benefits to members based upon age, sex, sexual orientation, gender, gender identity, race, color, religion, marital status, national origin, or veteran status. CCC/CHA recognizes and respects the diverse backgrounds and cultures of our members and makes every effort to equip our employees with the knowledge and resources to respect each member's cultural heritage and needs. We are mindful that the populations in the communities we serve are continually evolving and becoming more diverse.

CCC/CHA does not tolerate discrimination in any form against any CCC/CHA employee, member, provider, third-party contractor, or visitor, nor does CCC/CHA tolerate conduct that is disrespectful, hostile, intimidating or could be construed as harassment.

### ***Maintenance and Accuracy of Records***

Each employee is responsible for the integrity and accuracy of CCC/CHA's documents and records which allows for ethical and responsible business decision-making. Altering or falsifying any document or record is strictly prohibited, and may be subject to criminal action and the imposition of civil monetary penalties. Documents must reflect facts and not be reflective of the author's opinion, exaggeration, derogatory remarks, hypotheses or "guesswork" or inappropriate characterizations of people or companies in **all** CCC/CHA communications and medical documentation, including emails, internal memos, and formal reports.

All financial information must be maintained in detail and be a fair representation of actual business transactions, and must conform with generally accepted accounting principles, Federal, State, and local laws and regulations as well as CCC/CHA policies and procedures.

Employees are required to comply with regulatory and legal requirements to ensure all business-related records are available to support CCC/CHA business practices, decisions, and actions. Records are retained and destroyed only in accordance with established CCC/CHA records retention policies. All records pertaining to an investigation into alleged incident of fraud, waste and/or abuse will be secured and maintained throughout the duration of the investigation, and upon conclusion of the final disposition of the investigation, will be maintained according to CCC/CHA records retention policies. Records must never be tampered with nor destroyed in anticipation of an investigation, audit, claim or pending lawsuit.

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### ***Cooperation with Inquiries, Audits, and Investigations***

CCC/CHA complies with all laws, regulations, and contractual obligations that govern the programs we administer on behalf of our members. With that responsibility comes the responsibility to fully cooperate with all reasonable requests for information from government and regulatory agencies, as well as any entity, internal or external, conducting an audit or investigation into CCC/CHA's business practices. Employees are required to provide truthful and accurate information, and never impede, obstruct, or improperly influence the conclusion of or affect the integrity or outcome of any inquiry or investigation. Should you be contacted by an external entity for information regarding an open investigation, contact your direct supervisor, the COO, and the CO immediately. In consultation with the CEO, next steps for disclosure will be taken to ensure CCC/CHA's ability to continue to conduct business during the investigative process, including consultation with legal counsel as necessary.

Further, employees will cooperate with any requests from the Compliance department made pursuant to its duties to regularly audit and investigate CCC/CHA processes to ensure compliance with related laws and regulations and contractual obligations. Employees do not have the right to "opt out" of participation in audits or investigations.

### ***Conflict of Interest***

Employees, Board Members, and third-party subcontractors must disclose real or probable conflicts of interest that may impact their work with CCC/CHA on behalf of its members. A conflict of interest includes any employment or relationship outside of CCC/CHA that creates an actual, potential, or apparent conflict in the individual's or entity's ability to do their job, or to make an objective decision that is in CCC/CHA's and its members' best interests. Any such activities and relationships are not permitted without disclosure and obtaining consent from CCC/CHA prior to continuation of the relationship or activity.

CCC/CHA relies on the honesty of all with whom it does business to disclose any actual or potential conflicts of interest at the time of hire or contractual execution, and annually thereafter. The presence of a conflict is not necessarily wrong, but rather how it is managed that can create the wrongdoing. The Compliance department will work with those declaring conflicts of interest to minimize their impact on CCC/CHA and the individual or entity. By signing the annual acknowledgement of the Code of Conduct, employees attest that they are either free of any conflict of interest or have disclosed any potential conflicts of interest to CCC/CHA, including the implementation of a plan to minimize the conflicts impact.

### ***Bribes, Kickbacks, and Inducements***

The Federal Anti-Kickback Statute and similar State laws prohibit anyone from knowingly and willfully receiving payment or giving anything of value to an individual or entity to influence the referral of Federal health care program services (Medicare, Medicaid). This can take many forms, such as cash inducements, entertainment (dinners, tickets to sporting events, etc.), gifts, free goods or services, the forgiveness of debt, or the sale or purchase of items at a price that is not consistent with fair market value. It can also include the routine waiver of copayments and/or coinsurance.

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Additionally, providing gifts to members can also create the appearance of inducing services. There are strict rules pertaining to the provision of gifts to members for the purpose of incentivizing the behavior of beneficiaries. Should you want to create some form of gift or incentive program for members, you must seek approval from the Compliance department prior to commencement of the program. CCC/CHA employees must not engage directly or indirectly in any corrupts business practices or other illegal activities, such as bribes, kickback arrangements or inducements. Those who do so or cause CCC/CHA to commit illegal acts will be managed through the disciplinary process, up to an including termination of the employment relationship, as well as being reported to Federal and State authorities per our contractual requirements.

If you become aware of or suspect any illegal activity or member inducements, you must report it immediately to the Compliance department by calling the Hotline [833-718-5682](tel:833-718-5682) or [compliance@casadecom.com](mailto:compliance@casadecom.com) or by completing an incident report at this link [casadecom.ethicspoint.com](http://casadecom.ethicspoint.com)

### ***Non-Retaliation and Whistleblower Protection***

Retaliation by CCC/CHA or anyone associated with CCC/CHA is not permitted against any employee, member, provider, or subcontractor who seeks advice, raises a concern, or reports suspected illegal, unethical, or inappropriate activities including possible violations of State or Federal law. Employees are protected under the Federal and State False Claims Act(s) that provides Whistleblower protections that prohibit retaliation against an employee who makes a good faith report of a compliance or fraud waste or abuse concern. All employees, providers, and subcontractors are required to support both the letter and spirit of these protections.

If an employee, network provider, subcontractor, or member suspects that they are being retaliated against for seeking advice or making a good faith report, they may contact the Compliance department at [compliance@casadecom.com](mailto:compliance@casadecom.com), [casadecom.ethicspoint.com](http://casadecom.ethicspoint.com), or contact the Compliance Hotline at 833-718-5682. The allegation of retaliation will be investigated by the appropriate personnel, and those who are found to have violated CCC/CHA's Non-Retaliation policy will be subject to the disciplinary process, up to and including termination of employment or contract.

Additionally, employees, members, providers, and subcontractors have the right to report suspected cases of non-compliance or fraud, waste or abuse directly to either the State of Oregon or the Federal Department of Justice. When reporting directly to OPI and MFCU, employees, members, providers, and subcontractors are required to utilize the FWA Referral Form.

### ***Oregon Medicaid Requirements***

The *Oregon False Claims Act (OFCA) (ORS 180.755)* makes it unlawful for any person or entity to commit any of the following acts:

- Knowingly present or cause to be presented a false claim for approval or payment;
- Knowingly use a false record or make a false statement in connection with presenting a claim;
- Agreeing or conspiring with others to knowingly present a false claim for payment;

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- Knowingly deliver or cause to be delivered property to a State public agency in an amount that is less than the amount for which the person receives a certificate;
- Knowingly make a false or fraudulent statement to conceal or avoid an obligation to pay a State public agency; or
- Knowingly fails to disclose a false claim that benefits the claimant within a reasonable time after discovering the false claim.
- The *Oregon False Claims for Health Care Payments Act (ORS 165.92)* makes it unlawful for any person or entity to commit any of the following:
  - Knowingly making or causing to be made a claim for health care payment that contains any false statement or false representation of a material fact in order to receive a health care payment;
  - Knowingly concealing or failing to disclose to a health care payor the occurrence of any event or the existence of any information with the intent to obtain a health care payment to which the person is not entitled, or to obtain or retain a health care payment in an amount greater than that to which the person is or was entitled.

The *Oregon Medicaid Anti-Fraud Statute (ORS 411.675)* states a person may not obtain or attempt to obtain, for personal benefit or the benefit of another person, a payment for furnishing any need to or for the benefit of a public assistance or medical assistance recipient by knowingly

- Submitting or causing to be submitted to the Department of Human Services or the Oregon Health Authority a false claim for payment;
- Submitting or causing to be submitted to the Department or the authority a claim for payment that already has been submitted for payment unless the claim is clearly labeled as a duplicate;
- Submitting or causing to be submitted to the Department or the authority a claim for payment that is a claim that already has been paid by any source unless clearly labeled as already paid; and
- Accepting a payment from the Department or the authority for the costs of items or services that have not been provided to or for the benefit of a public assistance or medical assistance recipient.

*Oregon Whistleblower Protections (ORS 659A.199)* prohibits an employer from retaliating against an employee or agent of the employer that lawfully discloses information regarding a violation of any State or Federal law. Retaliation includes discharging, demoting, suspending, or in any way discriminating against an employee or agent because the employee or agent has made a good faith report of a potential violation.

### ***Suspected Violations of the Code of Conduct***

Potential violations exist when a business process or behavior does not follow or is inconsistent with the Standards, laws, regulations, and/or CCC/CHA policies and procedures. Employees are responsible for being attentive to such potential violations and to bring them to the attention of their supervisor, the CO, Human Resources, or the Compliance department.

CCC/CHA will thoroughly research any allegation of potential violation or suspected fraud, waste or abuse. If it is found that an employee is not meeting CCC/CHA's compliance expectations as outlined in this Code and/or the Compliance Program Description or is in violation of the Code, appropriate action

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will be taken including but not limited to corrective and disciplinary actions, up to an including separation of employment.

CCC/CHA will make every effort to maintain, within the limits of the law, the confidentiality of the identity of an employee who reports possible violations. CCC/CHA will not allow any retribution, retaliation, or discipline of anyone for asking questions or raising concerns about this Code or for reporting a possible violation when done in good faith. However, any employee who deliberately reports false information to get someone else in trouble will be subject to disciplinary action.

### ***Corrective Action***

When an investigation substantiates that a violation of the law, CCC/CHA policy or this Code has occurred, CCC/CHA will initiate corrective action. Corrective action may include the prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary and implementing systemic changes to prevent a similar violation from occurring in the future.

Anyone who fails to comply with a compliance or fraud, waste, and abuse requirement, or fails to exercise reasonable due diligence to prevent, detect and correct compliance or fraud, waste, and abuse, will be subject to disciplinary action. "Failure to comply" includes, but is not limited to:

- Authorizing, directing, approving, or participating in violations of a CCC/CHA policy or encouraging others to violate a policy;
- Failing to demonstrate adequate leadership to ensure compliance with CCC/CHA policies and applicable laws;
- Concealing or failing to report violations;
- Deliberately withholding or misstating relevant information concerning a violation of this Code;
- Failing to cooperate with an investigation or audit; and
- Retaliating against an employee for raising a compliance concern.

Appropriate disciplinary actions will be determined on a case-by-case basis, depending on the nature, severity, and frequency of the violation. The disciplinary actions may include oral or written warnings, suspensions, up to and including separation of employment or contract. Such actions will be determined in accordance with the CCC/CHA's disciplinary policy. In addition, anyone who has engaged in criminal activity will be reported to the appropriate law enforcement authorities.

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## COMPLIANCE AND FRAUD WASTE AND ABUSE PROGRAM AGREEMENT ATTESTATION

The Compliance and Fraud Waste and Abuse (FWA) Program Description is an important document delineating one of Cascade Comprehensive Care (CCC) & Cascade Health Alliance's (CHA) most significant programs, and one in which CCC/CHA's leadership values your understanding of and compliance with its terms. The Program Description describes an important policy for both you as an employee as well as our members. You are required to be familiar with its standards and associated policies, paying specific attention to the options outlined for reporting compliance concerns and CCC/CHA's commitment to non-discrimination and non-retaliation contained herein. All employees are expected to comply with CCC/CHA's Commitment to FWA prevention and enforcement in accordance with the terms and conditions of the Contract and all other applicable State and Federal laws.

Please read the following Statements and sign below to indicate your receipt and acknowledgement of the Compliance and Fraud Waste and Abuse Program Description as well as the Code of Conduct.

### Changes to Policy and Procedure:

I have received a copy of the Compliance and Fraud Waste and Abuse Program Description and the Code of Conduct. I have read the documents in their entirety. I understand that the policies and procedures described in it are subject to change based on changes in CCC/CHA's contract with the Oregon Health Authority as well as changes to rules or regulations, and that those changes will be provided to me when this document is updated.

### Code of Conduct:

I acknowledge that I am accountable for the Code of Conduct outlined in the Employee Handbook and the Compliance and Fraud Waste and Abuse Program Description. I acknowledge I have reviewed the Code and had an opportunity to discuss any concerns with Human Resources, the Compliance Officer, and my supervisor. I will contact one of those individuals with any questions, concerns or confusion when implementing its principles.

### Non-Retaliation:

I acknowledge that CCC/CHA maintains a strict non-intimidation and non-retaliation policy and further acknowledge that my compliance with these policies is an expectation of my employment with CCC/CHA, and that my status as a reporter is protected.

I acknowledge that should the content of the Employee Handbook or the Compliance and Fraud Waste and Abuse Program Description be changed in any way, CCC/CHA may require an additional

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acknowledgement from me to indicate that I am aware of and understand any new or updated requirements.

I acknowledge that my signature below indicates that I have read, understand, and agree to the above Statements, and that I have received a copy of the Compliance and Fraud Waste and Abuse Program Description.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date