


COMPLIANCE	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Compliance Monitoring and Communication	Policy ID:	PLANCG-64
	Approved By:	Courtney Barnes Ransom, Head of Risk Management, Ethics & Compliance	Last Revision Date:	11/27/2023
	States:	Oregon	Last Review Date	11/30/2023
Application:	Medicaid	Effective Date:	12/1/2023	

PURPOSE

This policy outlines the methodology for monitoring regulations, regulatory compliance and implementing regulatory changes, tools and results and establishes a process by which the Compliance Department and appropriate operational departments cooperate to ensure effective reporting of departmental compliance risks, along with establishing an open line of communication between Compliance and other applicable departments in order to monitor ethical conduct, and to promote a culture of continuous improvement. Ongoing evaluations of compliance risk are needed to ensure that what is happening in practice conforms to the goals that have been expressed in DCO documents.

POLICY

It is DCO policy to ensure the organization meets all applicable state and federal requirements, maintains an effective communication to identify and remediate compliance issues, and has an effective response and prevention program to ensure appropriate corrective action for noncompliant and/or repeated misconduct. The Chief Ethics & Compliance Officer, with the assistance of department managers and/or Compliance Committee conducts evaluations of operational areas as it relates to compliance. In addition, DCO assesses performs an independent, third-party assessment of the overall effectiveness of the Compliance Program on a periodic basis. Through the monitoring process, the Compliance Department will assess compliance with federal and state health care statutes, regulations, and program requirements, as well as the payer rules, and identify and address any ongoing compliance issues.

REFERENCES

- 42 C.F.R. §§ 422.503 (b)(4)(vi)(F), 423.504 (b)(4)(vi)(F)
- Medicare Managed Care Manual, Chapter 21

DEFINITIONS

- **“Abuse”** means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to a government health care program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to a government health care program.

- **“Department Head”** means the functional leader, whether manager or director, of an organizational area within DCO
- **“Downstream Entity”** means any party that enters into a written arrangement, below the level of the arrangement between DCO and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
- **“First-Tier Entity”** means any party that enters into a written arrangement to provide administrative or health care services.
- **“Fraud”** means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act
- **“Operational Department”** means a functional group within DCO tasked with providing or managing services delivered to a client or member, examples of which include but are not limited to Claims, Utilization Management, Correspondence, and Customer Service.
- **“Related Entity”** means an entity that is related to the common ownership or control and performs some of the DCO management functions under contract or delegation; furnishes services to enrollees under an oral or written agreement.
- **“Responsible Executive”** means the Vice President or Senior Vice President responsible for the Operational Area, up-to and include Executive Leadership Team members.
- **“Waste”** means overutilization of services, or other practices that result in unnecessary costs, generally not considered caused by criminally negligent actions but rather the misuse of resources.

PROCEDURE

I. Internal Audit and Monitoring

DCO maintains a process to audit and/or monitor operational areas throughout the organization, including those performed by First-Tier, Downstream, and Related entities (FDRs), for compliance with regulatory guidance, compliance with contractual terms, compliance with applicable federal and state laws, and adherence to internal policies and procedures in order to identify potential or actual compliance and/or Fraud, Waste, and Abuse (FWA) risks. Compliance Program Plans and Auditing and Monitoring Plans may be in place to define further procedural actions such as the system to identify compliance risks throughout the organization, auditing and monitoring risks and tracking and documenting compliance in a Risk Oversight Grid. The procedure defined in this policy may be modified by DCO based upon the unique circumstances in plan/client contracts.

- A. The Compliance Department conducts quarterly validations with all Operational Departments and Executive Leadership to determine the existence any compliance concerns affecting internal operational departments.
- B. Department Heads/Executive Leadership Team members meet monthly to discuss existing Enterprise Compliance Risks (“ECRs”) during which time leaders can share other compliance risks or concerns arising within their departments. The Chief Ethics and

Compliance Officer (CECO) and Compliance staff will meet with Operational Leadership to review any newly raised concerns, to ensure DCO is:

1. monitoring all compliance issues or concerns pertaining to any legal or regulatory matters, including but not limited to any HIPAA, HITECH, and state or federal health care programs.
 2. aware of any compliance concerns and any other legal or regulatory compliance concerns;
- C. The Compliance Department discusses any identified compliance concerns or issues with Department Heads to determine the process and/or procedural changes that should be implemented to prevent future occurrences, including the training required for staff to implement better practices.
1. Risk Subcommittee: Monthly the Compliance Department convenes a Risk Subcommittee meeting of Executive Leaders to review the status all risks identified within the Operational Areas and discuss ongoing investigations.
 2. Ad Hoc: Should any applicable operational department be determined to be out of compliance with statutory and regulatory expectations, the Compliance Department immediately reviews the noncompliance with the applicable department and if necessary, implements a corrective action plan.
- D. The Compliance Department will ensure that all compliance reporting mechanisms are available to employees and audit and monitor the effectiveness of its reporting protocols by reviewing policies and procedures and mechanisms for internal reporting. The Compliance Department will track, trend and report (or facilitate the reporting of) allegations of non-compliance to appropriate governing agencies and document reported misconduct and ensure that the concern is properly handled. The Compliance Department will continuously assess reported potential risk, audit and monitor implementation to mitigate risk and document closure.

II. Review of Applicable State and Federal Regulations

The Government Relations department tracks state and federal regulations and legislation pertaining to Medicaid, Medicare, Children's Health Insurance Program (CHIP), commercial, and the Exchanges along with key issues related to oral health. DCO leverages its participation in various dental trade organizations to ensure that all applicable laws and regulations are captured and communicated to the appropriate internal operational units on a regular basis.

- A. Internal stakeholders and Subject Matter Experts, in conjunction with the Legal and Client Service departments, evaluate state and federal regulatory and legislative changes to ensure DCO compliance with changing federal regulation. During the proposal and enactment of new legislation or regulations, the Government Relations staff works with the Compliance Department to ensure appropriate understanding and operationalization within the organization.
- B. DCO employs various auditing methods to monitor daily business functions and employee activity to ensure compliance with statutory requirements and contractual

obligations. Contractual requirements are informed to impacted departments by the New Business Implementation Department, and daily regular employee and system reviews ensure business activities are meeting those contractual requirements along with federal and state statutory requirements and contractual obligations.

C. DCO conducts ongoing monitoring for compliance in each department area. DCO employs several monitoring techniques:

- Internal Compliance-Operations workgroups,
- Legal assessment of contractual relationships with plans and providers and regulatory bodies,
- Management reporting,
- Client audits,
- SSAE 16 and associated independent assurance reports;
- HPMS Memos; and
- Federal and State statutory review, monitoring, and change tracking

D. The monitoring assesses compliance with federal and state health care statutes, exchange requirements and guidelines, regulations and program requirements, and payer rules. The monitoring process also includes reviewing the process elements, such as the dissemination of the standards and attendance of educational programs and the documentation of internal investigations of alleged noncompliance. In any instance where a department, process, policy, or procedure is found not to be in compliance, the Compliance Department will work with the appropriate operational areas to update and implement internal processes and work-plans in order to ensure ongoing compliance with contractual obligations, state and federal statutes, and exchange participation requirements.

E. Collaborating with Human Resources, the Compliance department will communicate and provide training to all employees on new laws, regulations, policies and procedures. The Compliance department will confirm by audit that employees are completing educational requirements according to company policy. The Compliance department will continuously audit its training to determine if the training and education are tailored to the potential risks identified. The Compliance department will monitor, audit, and review compliance disclosure tracking logs and track how employees become aware of issues to analyze the effect training and communication has on employee awareness and reporting.

III. Other Operational Audit Plans

In addition to the compliance activities within this policy, the Internal Audit Department, Information Security Department and other areas may conduct risk assessments and subsequently develop audit plans. These areas maintain their own policies and procedures associated with these procedures. The Compliance Department collaborates with these areas to leverage internal resources and enhance multi-disciplinary collaboration and visibility.

Revision History

Date:	Description
2/20/2015	Updates driven by the recommendations from the 2014 Compliance Program Assessment.
3/14/2016	Revised SAS70 Compliance Monitoring to read SSAE 16 and associated independent assurance reports.

4/26/2017	Revised Chief Compliance Officer to read Chief Ethics & Compliance Officer.
2/27/2018	Conversion to revised policy and procedure format and naming convention.
3/29/2018	Updates based on annual review.
11/12/2018	Corporate Compliance Committee approval
05/29/2020`	ADS Compliance Committee approval
06/09/2021	Updates based on annual review.
10/5/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/27/2023	Updates based on annual review.