



Origination 3/26/2018
 Last Approved 2/25/2026
 Effective 2/25/2026
 Last Revised 12/31/2024
 Next Review 2/25/2027

Owner Samuel Shea:
 GOBHI Operations and Compliance Senior Manager

Area GOBHI Compliance

Applicability Greater Oregon Behavioral Health, Inc.

GOBHI Fraud Waste and Abuse Policy

I. Policy Statement and Purpose

This policy incorporates GOBHI's practices related to fraud, waste, and abuse prevention, detection, training and reporting. This and referenced policies apply to all GOBHI Employees, Providers, and Delegated Entities. It is the policy of GOBHI that its Employees, Providers, and Delegated Entities comply with all applicable federal and state laws and regulations regarding the detection, prevention, and correction of fraud, waste, and/or abuse. GOBHI has internal controls and procedures designed to prevent and detect potential fraud, waste, and/or abuse activities by members, Employees, Providers, and Delegated Entities.

II. Definitions

- A. **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.
- B. **Waste:** Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to GOBHI or the federal program of Medicaid. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

- C. **Abuse:** Actions that may, directly or indirectly, result in unnecessary costs to GOBHI or the federal program of Medicaid. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
- D. **Provider:** Any entity that provides services to GOBHI pursuant to the terms of a written agreement. Additionally, for the purposes of this plan, the term Provider includes other entities to which the Provider subcontracts work relating to Oregon Health Plan members. This term shall expressly include but not be limited to first tier, downstream, and related entities.
- E. **Delegated Entity:** Any entity that GOBHI determines meets the definition of first tier, downstream, or related entity in 42 CFR. § 423.501:
1. **First Tier Entity:** Any party that enters into a written arrangement with GOBHI to provide administrative services or health care services for a Medicaid eligible individual.
 2. **Downstream Entity:** Any party that enters into an acceptable written arrangement below the level of an arrangement between GOBHI and a first tier entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
 3. **Related Entity:** An entity that is related to GOBHI by common ownership or control and;
 - a. Performs some of GOBHI's management functions under contract or delegation;
 - b. Furnishes services to Medicaid enrollees under an oral or written agreement; or
 - c. Leases real property or sells materials to GOBHI at a cost of more than \$2,500.00 during a contract period.
- F. **Employee:** Any full time, part time, or temporary worker at GOBHI who works directly or indirectly on Medicaid plans. Additionally, for the purposes of this policy, the term employee specifically includes GOBHI's independent contractors and volunteers.
- G. **Incident:** A situation of possible fraud, waste, and/or abuse that has the potential for liability for GOBHI or GOBHI's contracted Providers or other Delegated Entities.
- H. **Potential:** If, in one's professional judgment, it appears as if an incident of fraud or abuse may have occurred. When exercising one's professional judgment, the standard of judgement used would be that judgment exercised by a reasonable and prudent person acting in a similar capacity.
- I. **Knowingly:** As defined in 31 U.S.C §3792 (b), means that a person, with respect to information:
1. Has actual knowledge of the information;
 2. Acts in deliberate ignorance of the truth or falsity of the information; or
 3. Acts in reckless disregard of the truth or falsity of the information without proof of specific intent to defraud.

III. Procedures

A. Internal Activities and Controls:

1. GOBHI maintains the following activities and controls within various departments to promote effective utilization of behavioral health resources and/or identify Potential fraud, waste, or abuse occurrences:
 - a. Edits to information system claims such as for appropriateness of services and level(s) of care, reasonable charges, and potential excessive over-utilization;¹
 - b. Post-processing review of claims and other claim analytics;²
 - c. Policies and procedures on practitioner credentialing³ and facility assessment, including on-site reviews;⁴
 - d. Prior authorization policies and procedures;⁵
 - e. Utilization management practices, as delineated in GOBHI's UM policies for prior authorization, concurrent review, discharge planning, and retrospective reviews;⁶
 - f. Quality improvement practices, as delineated in GOBHI's Quality Improvement plan;⁷
 - g. Language in practitioner, Provider, and member handbooks regarding the reporting of potential fraud, waste and abuse;
 - h. Employee training regarding potential fraud, waste and abuse occurrences, detection and reporting, and correction efforts. Such training occurs at least annually and is part of the orientation training for new employees;
 - i. Training of Providers and other Delegated Entities;
 - j. Monitoring of Provider and member appeals and grievances;
 - k. Random sampling of population to confirm that services as billed were actually received by the member; and
 - l. Monthly federal exclusion screening of all staff, providers, and subcontractors. Excluded individuals will not be employed by GOBHI or its Providers or Delegated Entities.

B. **Applicability of Plan to Providers and other Delegated Entities:** GOBHI's Providers and other Delegated Entities are required to obtain approval from GOBHI for all policies related to fraud, waste, and abuse, as stipulated in their contracts with GOBHI. GOBHI provides Providers and Delegated Entities with its written standards of conduct, as well as its written policies and procedures which:

1. Promote the commitment to compliance by the Provider or other Delegated Entity;
2. Require the Provider or other Delegated Entity to address specific areas of Potential fraud, such as claims submission process, and financial relationships with its employees and permitted subcontractors;

3. Provide detailed information about the False Claims Act established under Sections 3729 through 3733 of Title 31, United States Code, administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States Code, any Oregon laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs (as defined in 42 USC 1320a-7b); and
4. Requires the Provider or other Delegated Entity to specify the rights of employees to be protected as whistleblowers, and requires the Provider or Delegated Entity to have policies and procedures for detecting and preventing fraud, waste, and abuse.

C. Fraud, Waste, and Abuse investigations:⁸

1. When conducting an investigation into allegations of suspected fraud, waste, and/or abuse, GOBHI has the right to access the Provider, member, and/or personnel records necessary to determine whether such conduct occurred. This right to audit or inspect does not extend to information subject to legal privilege.
2. The following summary provides an overview of the steps taken when GOBHI receives a report of suspected fraud, waste, or abuse, though additional steps may be necessary depending upon the circumstances of each case. When a report of suspected fraud, waste, and/or abuse is received, GOBHI will perform an audit of the relevant materials to determine whether a preliminary case of fraud, waste, and/or abuse is detected. As part of this audit, GOBHI may:
 - a. Review member demographic or Provider database information.
 - b. Review member claims or other claims submitted by the Provider to identify existence and scope of possible fraudulent activity.
 - c. Contact other GOBHI departments for relevant information or obtain necessary information from outside sources, including the billing or treating provider.
 - d. Analyze encounter data, billing, procedure coding, or other information as circumstances warrant to develop data for further analysis and decision.
 - e. Conduct a desk audit or onsite audit, if necessary, based on the egregiousness of the material facts.
 - f. Review assembled case file information and make referral assessment decision, which could include;
 - i. Referral to an appropriate outside entity as appropriate, which may include law enforcement, Office of the Inspector General, Department of Justice, and/or Oregon Medicaid Fraud Unit.
 - ii. If circumstances and data do not warrant referral, a summary of the non-referral decision factors will be included in the file and the case will be closed.
 - g. Provide feedback to originator, the Compliance Officers, counsel, and management as appropriate.

D. Confidentiality of Investigations: Information identified, researched, and /or obtained for or as

part of the suspected fraud, waste or abuse investigation is considered confidential. Any information used and/or developed by participants in the investigation of a potential fraud, waste, and abuse occurrence is maintained solely for this specific purpose and no other. GOBHI assures the anonymity of complainants to the extent permitted by law. GOBHI is responsible for maintaining the confidentiality of all potential fraud, waste, and abuse information identified, researched, and/or obtained.

- E. **Non-Retaliation:**⁹ GOBHI will not permit or tolerate any form of retaliation or intimidation toward an individual who reports an incident of suspected fraud, waste, or abuse, including but not limited to reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials. Any Employee who attempts to retaliate against or intimidate an individual who has reported suspected fraud, waste, or abuse will be subject to disciplinary action up to and including termination of employment. If a Provider, Delegated Entity, or other contractor of GOBHI commits an act of retaliation or intimidation, the continued participation of such Provider, Delegated Entity, or other contractor will be evaluated and, if warranted, the relationship with such Provider, Delegated Entity, or contractor will be terminated.

F. **Corrective Action Plans and Disciplinary Action:**

1. In the event that fraud, waste, and/or abuse is discovered, GOBHI will develop [a corrective action plan](#) designed to correct or eliminate the cause of the fraud, waste, and/or abuse. In certain instances, GOBHI may need to work with, and obtain approval from, appropriate external agencies in developing the scope of any such corrective action plan. To the extent that the event involves GOBHI's Medicaid benefits, GOBHI may coordinate with the Director of Organizational Excellence or their proxy with respect to the development, implementation and monitoring of all corrective actions.
2. For Employees of GOBHI, appropriate disciplinary action, up to and including immediate termination of employment, is taken in response to violations of the GOBHI fraud, waste and abuse policies, applicable statutes, regulations, and/or Federal or State health care program requirements.
3. For Provider or other Delegated Entities of GOBHI, appropriate disciplinary action, up to and including immediate termination of contract, is taken against Providers or Delegated Entities who have violated GOBHI's fraud, waste, and abuse policies, applicable statutes, regulations, and/or Federal or State health care program requirements.

G. **Coordination with External Agencies:**

1. GOBHI's Compliance Officer and Compliance Counsel coordinate all information requests and reporting, whether initiated internally or externally. GOBHI promptly refers all suspected cases of fraud, waste and abuse by groups, members, practitioners and employees to the appropriate regulatory agencies for further investigation.
2. GOBHI assists various governmental agencies as practical in providing information and other resources during the course of investigations of potential provider or member fraud and abuse. These agencies include, but are not limited to city, county, state and federal agencies, the DHS provider audit unit, the Medicaid Fraud Unit of the Oregon Attorney General's office, and the United States Office of Inspector

General.

3. GOBHI will self-report any suspected or potential cases of fraud, waste, or abuse involving Medicaid to the Medicaid Fraud Unit of the Oregon Attorney General's office and/or applicable state agency, including instances of member fraud.

H. Workforce Training

1. New members of the GOBHI and subcontractor workforce will receive training on the code of conduct and the ethics and compliance program within 60 days of the initiation of their relationship with GOBHI.
 2. GOBHI requires any Subcontractors to comply with and perform all of the same obligations, terms and conditions of Contract as set forth in Ex. B, Part 9. Such annual education and training includes material relating to, as set forth in 42 CFR §§438.608(b) and 438.214(d):
 - a. The credentialing and enrollment of Providers and Subcontractors; and
 - b. The prohibition of employing, Subcontracting or otherwise being Affiliated with (or any combination or all of the foregoing) sanctioned individuals.
 3. All GOBHI staff receive annual compliance and FWA training. Attendance is mandatory for all staff including the compliance officer, senior management, and those responsible for credentialing providers and subcontractors. The new hire and annual FWA training cover the following:
 - a. Definition and examples of FWA
 - b. Understanding Federal and State FWA Laws
 - c. Exclusion Provisions
 - d. Credentialing and Enrollment of Providers and Subcontractors
 - e. Detection, Prevention and Correction of FWA
 - f. Key Indicators of FWA
 - g. Reporting FWA
 - h. Non-Retaliation/Whistleblower protection
 4. Subcontractors shall be required to attest that they offer their own training that covers these topics. In the event GOBHI subcontractors do not offer equivalent training, GOBHI will require subcontractors to take GOBHI's FWA /compliance training module.
 5. Other methods of training the staff such as GOBHI newsletter, periodic oral reminders at GOBHI staff meetings, Relias training modules, and lunchtime presentations.
- I. At GOBHI, we acknowledge and address the historical and ongoing injustices and discrimination faced by individuals based on age, color, disability, gender, gender identity, language, national origin, race, religion, and sexual orientation. We firmly believe that the diverse cultures, ethnicities, backgrounds, and experiences of our staff and the individuals we serve are invaluable assets in shaping and improving our policies and procedures for the advancement of diversity, equity, and inclusion (DEI) practices in our daily work.

IV. Related Policies and Procedures, Forms and References

- A. 31 U.S.C §3792 (b)
- B. 42 CFR. § 423.501
- C. 42 CFR §§438.608(b)
- D. 438.214(d)
- E. CCO Contract, Ex. B, Part 9
- F. Chapter 38 of Title 31, United States Code
- G. Sections 3729 through 3733 of Title 31, United States Code

V. Affected Departments

- A. All departments and subcontractors that are involved in the provision of administrative or health care services to members.

Approval Signatures

Step Description

Approver

Date

Policy Owner

Samuel Shea: GOBHI
Operations and Compliance
Senior Manager

2/25/2026

Applicability

GOBHI