



## **Compliance Policies and Standards of Conduct**

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Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-001

Effective: 11/11/97

Title: Procedures to Detect Fraud, Waste, and Abuse

Scope: Compliance

Revised: 6/18/02, 9/15/03, 9/1/04, 3/24/08, 3/10/10, 5/7/10, 1/6/12, 12/29/15,  
11/20/20, 10/8/21, 12/2/22, 11/21/23, 12/11/24

Reviewed:

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

Product Type(s):  All Products  Medicaid  Healthy Michigan Plan  
 Medicare  MICHild  MI Health Link

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*Purpose*

The Centers for Medicare and Medicaid Services (CMS) and the Michigan Department of Health and Human Services (MDHHS) require health plans to identify ways to detect and report fraudulent activities. This policy outlines the detection and reporting of member, provider and health plan fraud, waste, and abuse (FWA).

*Definitions*

**Abuse:** Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare and/or Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicare and/or Medicaid program. 42 CFR 455.2. 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.

**Downstream Entity:** Any party that enters into a written agreement below the level of arrangement between a sponsor and a first-tier entity for the provision of administrative or health care services for a Medicare eligible individual under Medicare Advantage or Part D programs.

**First Tier Entity:** Any party that enters into a written agreement with a plan sponsor to provide administrative or health care services for a Medicare eligible individual under Medicare Advantage or Part D programs.

**Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under the applicable Federal or State law. 42 CFR 455.2

**Related Entity:** Any entity that is related to the sponsor by common ownership or control and 1) performs some of the sponsor's management of functions under contract of delegation; 2) furnishes services to Medicare enrollees under an oral or written agreement; or 3) leases real property or sells materials to the sponsor at a cost of more than \$2500 during a contract period.

**Waste:** Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare and/or Medicaid Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

### *Policy*

Upper Peninsula Health Plan, LLC (UPHP) is committed to conducting its affairs in accordance with applicable laws and to maintaining a policy on fraud, waste, and abuse (FWA) that abides by accrediting agency guidelines and local, state, and federal regulations. To this end, UPHP strives to assure its business practices are held to exceptional standards and policies and procedures are in place to prevent, detect, correct, and report FWA. These procedures are further elaborated upon in UPHP's Auditing and Monitoring Plan. UPHP's Auditing and Monitoring Plan is reviewed quarterly by the Compliance Committee.

### *Procedure*

#### Education Regarding Fraud, Waste, and Abuse

UPHP employees, UPHP Management Committee and First Tier, Downstream or Related Entity (FDR) employees who are involved in the administration or delivery of Medicare benefits to UPHP Medicare enrollees receive FWA training within 90 days of initial hiring or contracting and annually thereafter. UPHP will maintain proof of training for a period of 10 years and require FDRs to maintain records of training of the FDR employees.

UPHP will educate employees, providers and members on its detection and prevention of FWA in the following manner:

1. Employees must attend annual FWA and Compliance training which includes information about UPHP internal controls for detecting FWA with members, providers, and UPHP staff and the procedures to follow to report suspected FWA. Employees are also required to complete online lessons and tests annually.
2. FDRs will receive a First Tier, Downstream and Related Entity Attestation upon contracting and annually thereafter.
3. UPHP will have a section on FWA in its Provider Manual and UPHP's FWA policies will be available at [www.uphp.com](http://www.uphp.com).
4. UPHP's Compliance Guide which includes information about the elements of an effective compliance plan, FWA, available reporting channels, and compliance with federal and state law including HIPAA, the False Claims Act, Anti-Kickback Statute, Stark Statute, Exclusion and Deficit Reduction Act will be available at [www.uphp.com](http://www.uphp.com).
5. UPHP will publish at least one article a year in its Provider Newsletter relating to detection of Medicaid and Medicare FWA. UPHP will publish at least one article a year in its Member Newsletter about Medicaid and Medicare FWA.
6. UPHP will have a section on FWA in its Member Handbooks with contact information for the health plan and the Michigan Department of Health and Human Services if they suspect FWA, with members, other providers or UPHP personnel.

#### Data Analysis

UPHP will perform effective monitoring to prevent and detect FWA through data analysis. UPHP has a Data Analysis Team that analyzes medical and pharmacy claims data to identify any unusual patterns suggesting potential errors or FWA. Any potential errors or suspected FWA are investigated to determine whether potential FWA has occurred. The Data Analysis Team meets at least quarterly.

#### Reporting and Investigation of Alleged Fraud, Waste, and Abuse

UPHP will maintain a system to receive, record, respond to and track reports of suspected or detected FWA. UPHP will also support reporting mechanisms; one of which will allow for anonymous reporting if desired.

Any employee, member/family member, or provider of UPHP who suspects an improper or illegal activity associated with UPHP is required to report such suspicion to the compliance officer. Any employee, member/family member or provider who reports such matters shall not be subjected to retaliation or harassment in any manner and any employee of UPHP engaging in such conduct will be subject to discipline up to and including termination.

#### Special Investigations Unit (SIU)

UPHP SIU will investigate potential FWA activity within 14 days of date of complaint or discovery. UPHP SIU will substantiate the complaint/discovery is a legitimate FWA issue. All complaints will be investigated based on details provided in the report. UPHP SIU will utilize such investigative methods as report generation, provider/member outreach, source of complaint interview etc.

UPHP SIU will strive to close each complaint within 60 days of substantiation of complaint with extension as necessary based on nature of complaint. For all incidents of FWA within any of the federal or state programs, the compliance officer will report this directly to Michigan Department of Health and Human Services Office of Inspector General (MDHHS OIG) (Medicaid) and to CMS for federal programs (Medicare). UPHP will inform MDHHS-OIG or National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) of actions taken to investigate or resolve the reported suspicion, knowledge, or action as appropriate.

#### Compliance Committee

UPHP will appoint a compliance officer for the health plan and will establish a Compliance Committee that is composed of senior staff from the following departments: Information Systems, Operations, Clinical Services, Pharmacy, Human Resources, Claims, and Finance. The compliance officer will act as the liaison between the health plan and the MDHHS OIG (for Medicaid) and CMS (for Medicare).

The Compliance Committee and compliance officer shall meet at least quarterly to review the UPHP Auditing and Monitoring workplan, reports from the departments represented on the Committee, and to identify potential FWA by providers and members. The compliance officer will report directly to the chief executive officer and will provide a yearly report on compliance activity to the UPHP Management Committee.

#### Prohibited Affiliation with Individuals Debarred by a Federal Agency

UPHP will not pay or affiliate itself with any individual that has been debarred by a Federal Agency. See UPHP policy 104-034.

#### Corrective Action Plan

When an issue is discovered for which, corrective action is indicated, the compliance officer and applicable UPHP management shall develop a formal plan to address the issue. Such a plan can include, without limitation, additional education and/or training, seeking clarification from appropriate personnel and/or obtaining the advice of legal counsel and/or outside consultations. Corrective actions will be designed to correct the underlying problem that results in program violations and to prevent future noncompliance. A root cause analysis determines what caused or allowed the FWA, problem or deficiency to occur. UPHP's corrective action will be tailored to address the FWA, problem or deficiency identified and must include timeframes for specific achievements. See Corrective Action Policy 104-037.

The compliance officer shall be responsible for determining whether certain individuals or groups of individuals are responsible for compliance problems and shall determine the degree of monitoring required for such individuals or groups of individuals.

### Administrative Remedies

To correct abusive practices, administrative remedies may be initiated. These may include provider education, recovery of overpayments, withholding payments, or referrals to state licensing boards of medical and professional societies or to peer review organizations.

### Penalties for Fraud, Waste and Abuse

Depending on the situation, abusive or questionable practices can be dealt with in a wide variety of ways ranging from educational contacts to conviction and jail time. If the incident warrants, UPHP will refer to the appropriate regulatory agency. If convicted, penalties can include civil monetary penalties, criminal conviction/fines, civil prosecution, imprisonment, loss of provider license and exclusion from federal and state health care programs.

Exception to this policy may be made with the approval of the Chief Executive Officer or an authorized designee.

END OF POLICY & PROCEDURE

Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-006

Effective: 1/1/16

Title: Incident Reporting

Scope: All

Revised: 11/13/20, 10/8/21, 11/21/22, 11/7/23, 11/5/24

Reviewed:

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

Product Type(s):     All Products     Medicaid     Healthy Michigan Plan  
                           Medicare         MIChild         MI Health Link

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*Purpose*

To ensure any suspected and/or actual misconduct or noncompliance is reported appropriately by employees, members of the governing body, beneficiaries, subcontractors, and first-tier, downstream, and related entities (FDRs) without intimidation or fear of retaliation.

*Policy*

Any suspected or known violations of applicable law, regulation or company policy must be reported. UPHP will not retaliate against anyone reporting in good faith.

All employees, supervisors, managers, subcontractors, and administrators are required under the Compliance Program to report, anonymously if desired, any suspected and/or actual misconduct without fear of intimidation or retaliation for good faith reporting.

Any personnel who fail to report a suspected violation may be subject to disciplinary action, up to and including termination. In addition, a supervisor who condones or tolerates such a violation may also be subject to disciplinary action, up to and including termination.

*Procedure*

A known or suspected violation may be reported by any of the following methods:

Internal Reporting Mechanisms:

*By Telephone:* The Compliance Hotline (906-225-5081) is a dedicated telephone line and voice mailbox that can be used twenty-four hours a day, from any location, for reporting concerns or violations. The Compliance Associate will perform a test by placing a call to the Compliance Hotline quarterly. The Compliance Officer will confirm the line is working properly.

In order to report an incident and remain anonymous:

*Electronically:* Go to <https://uphpas7.uphp.local/CIA/index.aspx>

A report may be made by filling out the applicable reporting form on the Compliance Intake Application. This reporting mechanism supports anonymous and confidential reporting if desired.

*In Person:* A report may be made in person by contacting the Compliance Officer or the reporting employee's supervisor or manager.

External Reporting Mechanisms:

*State of Michigan:* A report may be made by contacting Michigan Department of Health and Human Services (MDHHS) Office of Inspector General (OIG).

Telephone: 1-855-MI-FRAUD (643-7283)

Online: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/report-medicaid-fraud-and-abuse>

Write:

Office of Inspector General  
PO Box 30062  
Lansing, MI 48909

*HHS Office of Inspector General:*

Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

Fax: 1-800-223-8164

Email: [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

Online: <https://oig.hhs.gov/fraud/report-fraud/>

*For Medicare Parts C and D:*

Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

*For all other Federal health care programs:*

CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

If the UPHP Compliance Officer or management determines there is credible evidence of misconduct or fraud, waste and abuse from any source, the allegation will be investigated as outlined in Policy 104-020 Investigations, Enforcement and Discipline.

Exception to this policy may be made with the approval of the  
Chief Executive Officer or an authorized designee.

END OF POLICY & PROCEDURE

Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-007

Effective: 1/1/03

Title: HIPAA Confidentiality of Information

Scope: Privacy

Revised: 10/15/05, 12/1/08, 12/29/15, 11/13/20, 10/20/21, 3/18/22, 11/21/22, 3/1/24,  
5/9/25

Reviewed: 2/20/24

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

Product Type(s):     All Products     Medicaid     Healthy Michigan Plan  
                                  MI Health Link     MI Coordinated Health

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*Purpose*

Upper Peninsula Health Plan (UPHP) is committed to treating all member information with discretion and confidentiality and to prohibit improper use or disclosure in accordance with the confidentiality requirements of state and federal laws and regulations. This policy establishes what personal and health information UPHP will collect, how UPHP uses this information, and the procedures that UPHP establishes to protect a member's confidentiality.

*Definitions*

Authorized Representative - any individual person, judicial body or other body of individuals who are authorized under state and federal laws to consent on behalf of a legally designated person. This could include a Medical Durable Power of Attorney, Power of Attorney for Health Care, or Patient Advocate.

De-Identified Health Information—health information that is individually identifiable that has had all patient identifiers removed in compliance with 45 CFR §164.514 prior to its use or disclosure.

Emancipated Minor—a person under the age of 18 years who, by court order or by operation of law, shall be considered to have the rights and responsibilities of an adult to consent to his own preventive health care, medical care, dental care, and mental health care, without parental knowledge or liability. Emancipation occurs either: (a) by an order from Probate Court stating it is in the best interests of the minor to be emancipated; (b) by operation of law (automatically) when a minor is married, when a

person reaches the age of 18 years, or during the period when the minor is on active duty with the armed forces of the United States.

Health Information - Any information, including genetic information, whether oral or recorded in any form or medium, that is created or received by UPHP relating to the past, present, or future physical or mental health of an individual; the provision of health care to an individual; or the payment for health care.

Health-Related Lines of Business - additional lines of business that can be marketed to members of UPHP's Medicare plans without prior authorization from the member, which includes:

- A. Long-term care insurance
- B. Separate dental or vision policies
- C. Value-added items and services
- D. Information about current plan coverage or other Medicare products offered by UPHP
- E. Plan and health information in monthly newsletters
- F. Information on disease management programs
- G. Mailings describing benefits changes
- H. Information on Medicaid and other community or social services program

Incapacitated—an adult who lacks the capacity to make and communicate responsible decisions concerning his/her treatment caused by disability or illness, or by the use of drugs, alcohol, or other causes. This can include a person who is temporarily incapacitated by a medical condition or the influence of medication.

Medical Durable Power of Attorney (Medical DPOA) or Power of Attorney for Health Care—an instrument naming someone other than the patient as their Patient Advocate to consent to medical treatment on behalf of the patient. Also called an advance directive.

Medical Record—a document of facts and observations of a member's medical history, illness, therapy, and response to therapy. It consists of the original written or electronic documentation.

Minor—a person who has not reached the age of 18 years and is not an Emancipated Minor.

Parent—a parent means natural parents, or adoptive parents, if the minor has been legally adopted.

Patient Advocate—an individual appointed as Medical Durable Power of Attorney (MDPOA) or, in the absence of a MDPOA and legal guardian, the next of kin. Generally, in the order of priority stated, the following persons should be approached as next of kin (absent an authorized representative or patient advocate) and excluding minors: the

spouse; an adult son or daughter; either parent; an adult sibling; grandparent; or other extended family.

Privacy Officer—a privacy officer is the individual whom the health plan designates as responsible for overseeing conduct, implementation of policies and procedures, education, and investigation of potential violations of state or federal law relative to a member’s privacy.

Protected Health Information (PHI)— Health Information (including demographic information) that identifies or reasonably can be used to identify the individual.

Subpoena— a legal notice requiring appearance in court or other legal proceeding to give testimony.

Subpoena Duces Tecum—a legal notice generally requiring submission or production of requested materials to a court.

Universal Consent Form – A standard release form created by the Michigan Department of Health and Human services as required by Public Act 129 of 2014 for consent to exchange confidential mental health and substance use disorder information for use by all public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder.

### *Policy*

UPHP will collect eligibility information such as name, permanent residence street address, mailing address, telephone number, insurance information, birth date and PHI as needed to administer business. Use of PHI within the health plan is on a need-to-know basis. The information that is collected is used at UPHP for normal business operations: to process claims; to assist and inform beneficiaries of their benefits; for Health Risk Assessment (HRA); to case manage; to resolve member and provider complaints and appeals; to report to Centers for Medicare & Medicaid (CMS) and the State of Michigan the information that is required; and to participate in studies designed to improve the health of UPHP membership, among other tasks. This information is shared with non-affiliated companies or individuals that contract with the UPHP to perform services on behalf of a member such as:

1. Authorizing and processing claims
2. Providing member information to contracted agencies for HRA.
3. Administering benefits
4. Performing utilization management services
5. Corresponding with UPHP membership
6. Participating in accreditation, auditing, and quality reviews
7. Participating in disease management studies to improve health care
8. Informing members of their UPHP benefits

9. Providing members with health care reminders
10. Releasing information to CMS, the Michigan Department of Health and Human Services (MDHHS), and other government agencies as required by applicable state and federal laws; and
11. Complying with government requirements.

This list is not exhaustive.

UPHP shares PHI with nonaffiliated contracted service providers only after a HIPAA-compliant Business Associate Agreement (BAA) has been signed and only as permitted by law. These companies agree to safeguard the information they use by maintaining strict confidentiality protections and limiting the use and re-disclosure of the information.

UPHP and its business associates may not use or disclose PHI except as permitted by 45 CFR 164.502 or by 45 CFR 160 subpart C. UPHP is permitted to use or disclose PHI as follows:

1. Disclosure to the individual member including a minor member's parent or legal guardian, or to a member's authorized representative
2. With the written authorization of the member, or the minor member's parent, legal guardian, or authorized representative provided the authorization is:
  - i. Dated
  - ii. Signed by the member or the member's parent, legal guardian, or authorized representative; and
  - iii. Obtained one (1) year or less prior to the date a disclosure is sought;
3. For treatment, payment, or health operations, as permitted by and in compliance with 45 CFR 164.506. This includes:
  - i. UPHP using or disclosing the PHI for its own treatment, payment, or health care operations purposes
  - ii. UPHP disclosing PHI for the treatment activities of a health care provider
  - iii. UPHP disclosing PHI to another HIPAA covered entity (such as another health plan or a health care provider) for the payment activities of the entity that receives the PHI
  - iv. UPHP disclosing PHI to another HIPAA covered entity for the health care operations of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for (a) purposes of health care fraud and abuse detection or compliance, (b) conducting quality assessment and improvement activities (including outcomes evaluation and development of clinical guidelines) patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care

coordination, or (c) reviewing the competence or qualifications of health care professionals, evaluating provider performance or health plan performance, training, accreditation, certification, licensing or credentialing activities

3. Incident to a use or disclosure otherwise permitted or required by HIPAA, as long as UPHP complies with the minimum necessary rule and had safeguards in place to protect PHI.
4. Pursuant to and in compliance with a valid HIPAA Authorization to Release form (except that PHI can never be used or disclosed for genetic underwriting purposes, even pursuant to an Authorization form)
5. Uses and disclosures listed in the UPHP Notice of Privacy Practices
6. Use or disclosure of PHI in a limited data set for purposes of research, public health, or health care operations

Examples of how these permitted uses and disclosures may occur at UPHP include the following:

- UPHP disclosure to a medical care institution or medical professional for the purpose of:
  - a. Verifying coverage or benefits
  - b. Informing an individual of a medical problem of which the individual may not be aware; or
  - c. Conducting an operations or services audit to verify the members/beneficiaries treated by the medical professional or at the medical care institution, provided only such information is disclosed as is reasonably necessary to accomplish the foregoing purposes
- UPHP disclosure to a healthcare regulatory authority
- UPHP disclosure to a law enforcement or other government authority, to protect UPHP from fraud or abuse, or to report a crime on the premises
- UPHP disclosure to a government authority for the purpose of determining the member's/beneficiary's eligibility for health benefits for which the government authority may be liable
- UPHP use or disclosure in response to a facially valid subpoena signed by a judge, court order, or warrant

UPHP will share mental health and substance use disorder information in compliance with HIPAA, 42 CFR Part 2, the Michigan Mental Health Code, and the Michigan Public Health Code. UPHP will require specific consent (Universal Consent Form), to share an individual's behavioral health or mental health services that are provided by the Michigan Department of Health and Human Services, a Community Mental Health Service Provider, or an entity under contract with MDHHS or a Community Mental Health Service Provider; or referrals and/or treatment for a substance use disorder.

Members also have the right to deny authorization to release their PHI beyond the use for treatment, payment, and health care operations.

In addition to those circumstances described above, eligibility information will be provided in the following circumstances where permitted or required by law: to a member's physician or provider; to a member or their legal guardian or authorized representative; to a minor member's parent, legal guardian, or authorized representative; to an emancipated minor; to a member's next of kin in the following order if the member is incapacitated, confused, or unable to give consent: the spouse, adult son or daughter, either parent, an adult sibling, grandparent, or other extended family; and upon presentation to UPHP of the member's valid identification number. Eligibility information includes confirmation as to whether a member is covered by a UPHP plan and what benefits are included in coverage.

UPHP may send current members information about health-related lines of business, such as replacements of or enhancements to UPHP's benefits or health-related value-added products and services without any prior authorization from the member/beneficiary, as long as the material includes instructions describing how the individuals may opt-out of receiving such communications and is in compliance with other state and federal regulations. UPHP must ensure individuals (including non-members) who ask to opt out of receiving future communications are not sent such communications. In marketing multiple lines of business, UPHP complies with the Health Insurance Portability and Accountability Act (HIPAA) regarding the use of member information.

UPHP must obtain authorization from a member prior to using or disclosing the member's protected health information for any marketing that does not fall within the exceptions to the definition of marketing under the HIPAA Privacy Rule. For example, member authorization is needed if the product is a pass-through of a discount available to the public at large. Examples of non-health related issues that may be communicated after receiving prior authorization ("opt-in") of current members include:

- Accident-only policies
- Life insurance policies
- Annuities
- Volunteer or community activities
- Pending State or Federal legislation
- Joining grassroots advocacy organizations and information about such advocacy

Both written and oral communications designed to facilitate non-health or non-plan related activities require prior authorization.

#### *Procedure*

- All UPHP team members, upon employment, agree to abide by UPHP's policy and procedure for "Confidentiality of Information" and to sign a confidentiality

agreement (attached). The consequences of violating this policy include disciplinary action up to and including dismissal from employment.

- Clinical consultants and Clinical Committee members must sign a Confidentiality Statement (attached).
- Internal use and disclosure of PHI for quality assurance purposes are limited to those with a need to know based on their job functions.
  - This includes team member discussions outside of the organization's offices (e.g. elevators, hallways).
- Any patient-specific information or medical record will be considered confidential and will be shared only with those parties who have the authority to receive such information, as described in this policy.
- If disclosure is required through a court order, a subpoena, or a subpoena duces tecum, the order or subpoena will first be reviewed by the UPHP Privacy Officer and General Counsel to determine the legitimacy of the order, the purpose for the disclosure, and the limitations on the information disclosed.
- All member-specific medical information will be stored for the appropriate length of time as required by legal statutes and company policy, in files that are locked and made accessible only for the purposes stated above.
- System-stored member-specific medical and personal information will be protected through system security measures designed to protect against access by unauthorized staff. Additionally, UPHP abides by all HIPAA security standards and employs industry-standard system security measures to protect electronically stored and transmitted information.
- If UPHP becomes aware of a confidentiality violation to a member, it will investigate, and the Privacy Officer will determine the proper steps needed to restore confidentiality. Human Resources will be consulted if the violation was perpetrated through a UPHP team member.

This policy shall be provided to any member or network provider upon request.

UPHP will have a privacy officer who will have the following responsibilities related to member confidentiality and privacy:

1. To create, review, and enforce confidentiality policies and practices regarding the collection, use, and disclosure of personal, financial, and medical member information.
2. To establish mechanisms to oversee the application of the policies.
3. To determine levels of users in UPHP for personal, financial, and medical data.
4. To identify unnecessary personal data collection.

5. To establish an appeals process for confidentiality issues.
6. To establish a mechanism to limit access to data.
7. To establish a process to review requests to use member data.

UPHP must receive the member's "opt-in" authorization prior to receiving any non-plan or non-health related information and must keep evidence of authorization for audit purposes. See Policy 600-502 Marketing Rewards, Incentives and Nominal Gifts.

*Release of Medical Information:*

Except as otherwise provided herein, a written authorization properly executed by the member (or authorized representative as provided herein) must be presented to the Privacy Officer before a member's information can be provided to any third party. When the member is unable to authorize access because of medical or legal incapacitation, minority, or death, it is permissible to obtain authorization from the Patient Representative as provided herein. Documentation verifying authority to represent should be included with the request.

Release of Authorization Forms:

As required herein, a proper authorization for release of information includes the following:

1. Name and address of the person or institution that is to receive information:
2. Member's full name, address, date of birth and identification number:
3. Reason for the information:
4. Date or time period for record and extent or nature of information to be released:
5. The form must be dated within six months of the present date and after the dates of treatment or admission for which the records are requested:
6. Date authorization is signed; and
7. Signature of enrollee or authorized representative.

*Attachments*

None

Exception to this policy may be made with the approval of the Chief Executive Officer or an authorized designee.

END OF POLICY & PROCEDURE

Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-021

Effective: 9/29/04

Title: Reporting of Fraud, Waste, and Abuse

Scope: All

Revised: 12/10/04, 3/10/10, 5/7/10, 1/6/12, 11/13/20, 10/8/21, 11/20/23, 12/11/24

Reviewed: 12/2/22

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

Product Type(s):     All Products         Medicaid             Healthy Michigan Plan  
                           Medicare             MICHild             MI Health Link

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*Purpose*

The Upper Peninsula Health Plan (UPHP) will have a process in place for the reporting of suspected fraud, waste, and abuse (FWA) activities.

*Definitions*

**Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under the applicable Federal or State law. 42 CFR 455.2

**Waste:** Overutilization of services or practices that result in unnecessary costs.

**Abuse:** Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid (or applicable) program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid (or applicable) program. 42 CFR 455.2

*Policy*

UPHP monitors all its business operations for the purpose of reporting FWA to federal and state government agencies and officials including the Michigan Department of Health and Human Services Office of Inspector General. (MDHHS-OIG) and plan sponsors.

## *Procedure*

### Monitoring and reporting of FWA

1. Every business unit within UPHP is required to monitor FWA in the event such activity is suspected.
2. In the event a health care provider or a member FWA is discovered by any department within the organization, the department is required to submit its findings to the compliance officer for evaluation.
3. If the activity, as suspected by the referring department, is identified as a potential credible allegation of fraud, then the compliance office shall recommend referral of the matter to the appropriate governmental agency including the Health and Human Services Office of Inspector General and plan sponsors

### Detecting FWA by Providers

Any department responsible for either of the following\* shall report a suspicion of FWA to their supervisor, the compliance officer (including compliance hotline or compliance intake application), or a Compliance Committee member for investigation consistent with UPHP policy 104-020 Investigation, Enforcement and Discipline:

- Processing or reviewing medical or pharmacy claims.
- Provider profiling reports.
- Approvals or denials of health services to members.
- Complaint or grievances filed by members.
- Member customer service inquiries.
- Medical record reviews.
- Care management

\*This list is not all inclusive

### Detecting FWA by Members

Any department responsible for processing or reviewing either of the following\* shall report a suspicion of FWA to either their supervisor, the compliance officer, or a Compliance Committee member for investigation consistent with UPHP Policy 104-020:

- Medical or pharmacy claims.
- Member inquiries to the Customer Service Department or to any other department within UPHP (ex., Clinical).
- Care management

\*This list is not all inclusive

### Identifying, Reporting and Disenrolling Members for Fraud or Misrepresentation

1. Member fraud or misrepresentation includes, but is not limited to:

- Altering a prescription
  - Altering medical records
  - Altering referral forms
  - Allowing another individual the use of a UPHP Plan Medicare/Medicaid card for the purpose of obtaining medical services
  - Using transportation services for purposes other than what is considered a covered non-emergent transportation benefit.
2. Identifying Member fraud or misrepresentation occurs by using the following methods:
- Provider Services – A health care provider, such as a primary care physician may refuse to treat a member because of fraudulent behavior or misrepresentation. Provider Services encourages providers to identify and notify UPHP of any suspected fraudulent behavior or misrepresentation.
  - Utilization Management may identify a member receiving services by fraudulent means through the concurrent review process or through an initial authorization request.
  - Quality Management may identify a member through a quality investigation or record review.
  - Customer Service may obtain information in the following formats:
    1. The member may indicate that they have been involved in some type of fraudulent behavior.
    2. Health care providers may notify Customer Service of a member's fraudulent behavior or misrepresentation, usually when a member is discharged from a provider's care.
    3. Transportation may notify Customer Service Manager or Compliance department of a member's abuse of the transportation services.
  - Claims may receive information from a health care provider or health insurance company that indicates that a member does have other health insurance.
3. Each department should collect as much information as possible and forward to the compliance officer. Documentation may include any of the following:
- A written letter from the health care provider describing the member's behavior and any conversations between the member and the provider. The letter must include a description of the behavior, the date that the behavior occurred, the complete name and title of the health care provider, the capacity in which the health care provider functioned, and any other pertinent information.
  - A memo that documents a conversation between a health care provider and UPHP representative that describes the member's behavior, including the date of the occurrence, the complete name and title of the health care provider, the capacity in which the health care provider functioned, and any other pertinent information.
  - A copy of a police report or documentation as to why a police report was not filed.
  - Documentation of a report made to the MDHHS- OIG or the Michigan Attorney General's office.
  - Copies of Patient Signature Log from Pharmacy.
  - The member's prescription profile.

- Transcribed phone conversations between the member and UPHP representatives.
  - Transcribed phone conversations between the health care provider and UPHP representatives.
  - Any correspondence between the member and provider or member and UPHP.
  - Medical documentation.
  - A letter from the primary care physician discharging the member from his or her care because of fraudulent behavior.
  - The coordination of benefits letter signed by the member that states that the member does not have any other health insurance and documentation proving that the member does have other health insurance during the same time period.
  - A letter from the transportation provider including a description of the behavior, the date the behavior occurred, the complete name and title of the health care provider, and any other pertinent information.
4. Once documentation is received, the compliance officer will initiate an investigation (See Policy 104-020). Additional information may be requested, if needed. If there is credible allegation of fraud, UPHP will report to the local MDHHS office or MDHHS-OIG via online complaint form. If adequate information is available, the compliance officer will pursue disenrollment for MI Health Link members (See Policy 104-020).

#### Identification and Investigation of Pharmacy Fraud and Abuse

1. Members
  - Members will be identified through provider (pharmacy or physician) complaints on controlled prescription habits.
  - Members will be identified through utilization and/or care management.
  - Members will be identified through complaints and inquiries from Customer Service and/or Clinical related to threatening and/or abusive behavior displayed by the member related to controlled substance prescription utilization.
  - Members will be identified through reports generated by the health plan's pharmacy benefit manager.
  - Members will be identified through data mining algorithms.
2. Control Mechanisms
  - As the investigation determines, members could be requested to enroll into a case coordination or benefits monitoring program.
  - Control mechanisms can be placed on the prescription prescribed for the member who exhibits fraudulent behavior.

#### Reporting Medicaid FWA

In the event the compliance officer identifies an overpayment of \$5,000 or greater involving a potential credible allegation of fraud or suspected patient harm, referrals

shall be made immediately to the MDHHS-OIG. See policy 104-049 Referrals to MDHHS-OIG.

#### Additional Responsibilities of the Company

In the event FWA is reported to the Health and Human Services Office of Inspector General, the company shall not attempt to investigate or resolve the reported suspicion, knowledge, or action. The company must cooperate fully in any investigation by the Health and Human Services Office of Inspector General and any subsequent legal action that may result in such investigation.

#### Provider Related Sanctions as to Matter Involving FWA.

The company shall take any action relating to a health care provider consistent with UPHP Policy 200-007 Provider Discipline and Adverse Action.

#### *Attachments*

UPHP Reporting FWA and Compliance Electronically Procedure

Exception to this policy may be made with the approval of the Chief Executive Officer or an authorized designee.

END OF POLICY & PROCEDURE

It is the obligation of everyone to detect, prevent and correct fraud, waste and abuse (FWA) and noncompliance. The Upper Peninsula Health Plan supports multiple reporting options to ensure employees have no barriers to reporting any suspected FWA or issues of noncompliance. Please remember any provider or member compliance issues must be logged in the compliance intake application.

1. Go to <https://uphpas7.uphp.local/CIA/index.aspx>
2. I want to report the following choose: Potential Fraud, Waste, or Abuse Concern
3. Enter Date of Discovery:  
[Date the incident was discovered; date you became aware of the incident]
4. Enter Date of Incident:  
[Date the incident occurred]
5. Select Reporting Method:  
Preference to report anonymously or if you would like to include your name\*
6. Activity Type:  
Select from drop down on how you were made aware of issue
7. Summary of Complaint/Activity:  
Provide a detailed account of the incident. In the event you prefer to report anonymously, please provide as much information as possible, as there will be no opportunity for the Compliance Officer to follow up. Enter billing codes involved in applicable
8. Source of Activity:  
Select drop down on how the referral was given to plan
9. Target Type  
Select drop down on who is being referred or complained about
10. Target information  
Enter information on the entity or person that is of concern
11. Upload any supporting documentation
12. Identify any supporting documentation links if applicable
13. Send
14. An email notification is sent to the UPHP Compliance Officer. He/she will review, investigate, and remediate suspected offense(s) as appropriate.

**Compliance Intake Application (CIA)**  
Upper Peninsula Health Plan

**Date of Discovery \***

**Date of Incident \***

**Reporting Type \***

**Reporting Method \***  
 I choose to report anonymously.  
 I would like to include my name:

**Maps Request**  
 Maps Request

**Disclaimer:** UPHP prohibits retaliation against anyone reporting in good faith.

**Activity Type**

**Summary of Complaint/Activity \***

**Codes Involved**

**Target of Tip/Grievance \***   
indicate whether the target being referred or complained about is a Member, Provider or Other

**Source of Activity \***   
indicate the mechanism by which the referral or complaint was conveyed to the plan

**Member Name**   
If applicable, enter the name of the member being referred or complained about. OR if the target of the referral or complaint is a provider then enter the name of the person registering the referral or complaint

**Member ID**   
If applicable, enter the identification number of the member being referred or complained about. OR if the target of the referral or complaint is a provider then enter the identification number of the person registering the referral or complaint

**Line of Business**

**Provider Name**

**Provider Type**

**Provider Taxonomy**

**Provider NPI**   
If applicable, enter the National Provider Identifier (NPI) of the provider being referred or complained about. OR if the target of the referral or complaint is a member then enter the NPI of the person registering the referral or complaint if the person is a provider

**Provider Address**   
If target is Provider, enter Provider's pay to address  
If target is Member and a Provider is registering the referral or complaint, enter the name and address of the Provider

**Provider Role**

**Supporting Documentation**

**Upload Supporting Documentation**  No file chosen

**Additional Uploads**

**Supporting Documentation Links**

\*Sponsors may not retaliate against you for making a good faith effort in reporting.

Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-028

Effective: 1/1/07

Title: State and Federal False Claims Act, Whistleblower Protections

Scope: Compliance

Revised: 5/18/11, 12/30/15, 9/27/21, 12/2/22, 11/07/23, 12/11/24

Reviewed:

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

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*Purpose*

The purpose of this policy is to comply with certain requirements set forth in the Deficit Reduction Act of 2005 regarding federal and state false claims laws, satisfy contractual requirements found in the Michigan Department of Health and Human Services (MDHHS) contract and comply with 42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A).

*Definitions*

“Knowingly” means:

- Having actual knowledge that the information on the claim is false.
- Acting in deliberate ignorance of whether the claim is true or false; or
- Acting in reckless disregard of whether the claim is true or false.

*Policy*

It is the policy of Upper Peninsula Health Plan (UPHP) to comply with applicable federal and state laws and to meet high standards of business and professional ethics. To further this policy, UPHHP provides the following information about its policies and procedures and the role of certain federal and state laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

I. Summary of Federal and State Laws

The following is a summary of the Federal False Claims Act, the Program Fraud Civil Remedies Act, and Michigan’s Medicaid Fraud Statute, and their role in preventing and detecting fraud waste, and abuse in federal health care programs.

A. Federal False Claims Laws:

## 1. False Claims Act; 31 U.S.C. §§ 3729 – 3733

The federal False Claims Act imposes liability on any person or entity who:

- Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid, or other federally funded health care program;
- Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid, or other federally funded health care program; or
- Conspires to defraud Medicare, Medicaid, or other federally funded health care program by attempting to have a false or fraudulent claim paid.

A person or entity found liable under the False Claims Act is, generally, subject to civil money penalties of between \$5,000 and \$10,000 (these amounts are adjusted from time to time) per claim plus three times the amount of damages that the government sustained because of the illegal act.

Anyone may bring a qui tam action under the False Claims Act in the name of the United States. The case is initiated by filing the complaint and all available material evidence under seal with a federal court. The complaint remains under seal for at least 60 days and will not be served on the defendant. During this time, the government investigates the complaint. The government may, and often does, obtain additional investigation time by showing good cause. After expiration of the review and investigation period, the government may elect to pursue the case in its own name or decide not to pursue the case. If the government decides not to pursue the case, the person who filed the action often has the right to continue with the case on his or her own.

If the government proceeds with the case, the person who filed the action may receive between 15% and 25% of any recovery, depending upon the contribution of that person to the prosecution of the case and other factors. If the government does not proceed with the case, the person who filed the action may be entitled to between 25% and 30% of any recovery, plus reasonable expenses and attorneys' fees and costs.

## 2. Program Fraud Civil Remedies Act; 31 U.S.C. §§ 3801 – 3812

The Program Fraud and Civil Remedies Act (“PFCRA”) creates administrative remedies for making false claims and false statements. These penalties are separate from and in addition to any liability that may be imposed under the False Claims Act.

The PFCRA imposes liability on people or entities that file a claim that they know or have reason to know:

- Is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that contains false, fictitious, or fraudulent information;
- Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious, or fraudulent, and the person or entity submitting the statement has a duty to include the omitted fact; or

- Is for payment for property or services not provided as claimed.

A violation of this section of the PFCRA is punishable by a \$5,000 civil penalty for each wrongfully filed claim, plus an assessment of twice the amount of any unlawful claim that has been paid.

In addition, a person or entity violates the PFCRA if they submit a written statement that they know or should know:

- Asserts a material fact that is false, fictitious, or fraudulent; or
- Omits a material fact that they had a duty to include, the omission caused the statement to be false, fictitious, or fraudulent, and the statement contained a certification of accuracy.

A violation of this section of the PFCRA carries a civil penalty of up to \$5,000 in addition to any other remedy allowed under other laws.

#### B. State False Claims Laws:

1. Michigan Medicaid False Claims Act (FCA), Mich. Comp. Laws Ann. §§ 400.601 et seq.

The state Medicaid fraud statute prohibits any person from:

- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact in a claim for Medicaid benefits or payments.
- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact for use in determining rights to Medicaid benefits or payments.
- Having knowledge of an act affecting the initial or continued right to Medicaid benefits or payments or the initial, or continued right to Medicaid benefits or payments of any other individual on whose behalf someone has applied for or is receiving the benefits or payments, concealing or failing to disclose such event with an intent to fraudulently secure Medicaid benefits or payments whether in a greater amount or quantity than is due or when no benefit or payment is authorized.
- Making a claim for Medicaid benefits or payments for the use or benefit of another, and after receiving the benefit or payment, knowingly and willfully converting it or any part of it to a use other than for the use and benefit of the intended person.

If an individual or company is found to have violated the Michigan Medicaid FCA, they are liable for a civil penalty of at least \$5,000 and no more than \$10,000, plus three times the amount of damages which the State sustained. For felony violations of the law, imprisonment of four to ten years depending on the particular violation, as well as payment of a fine from \$30,000-\$50,000.

## II. UPHP's Policies and Procedures for Detecting and Preventing Fraud

UPHP is committed to conducting business activities in an ethical and forthright

manner and within the letter and spirit of all applicable laws and regulations. The Corporate Compliance Program encompasses a Standard of Conduct and certain policies and procedures related to UPHP's business. Collectively, the Standard of Conduct, and the Corporate Compliance Policies and Procedures are designed to promote ethical behavior and compliance with all applicable laws and regulations.

### III. Non-Retaliation Protections

#### A. UPHP Protections.

UPHP requires that all employees who believe someone may be violating the law, the Standard of Conduct, or any of the Compliance Policies or Procedures must report it immediately to the Compliance Officer or to another UPHP Management person (e.g., Human Resources Manager, Chief Executive Officer, or the individual's Department Chair or Supervisor).

- Compliance Hotline: (906)- 225-5081
- UPHP Compliance Intake Application (CIA):  
<https://uphpas7.uphp.local/CIA/index.aspx>

The UPHP Intranet site includes information on Compliance policies. Reasonable precautions will be taken to maintain the confidentiality of anyone who reports violations even if it turns out that no violation has occurred. No one may punish or seek reprisal against another individual who has conscientiously made a report in good faith. Good faith simply means that the individual honestly had a reasonable belief that there may have been a compliance violation, or the individual was not sure but was honestly questioning whether a compliance violation did or would occur.

#### B. Federal Law Protections.

The False Claims Act includes protections for people who file qui tam lawsuits as described above. The False Claims Act states that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful actions taken in furtherance of a qui tam action is entitled to recover damages. He or she is entitled to "all relief necessary to make the employee whole," including reinstatement with the same seniority status, twice the amount of back pay (plus interest), and compensation for any other damages the employee suffered as a result of the discrimination. The employee also can be awarded litigation costs and reasonable attorneys' fees.

#### C. State Law Protections.

Under Michigan Public Act 465, Whistleblower Protection Act, Michigan law also protects workers who disclose any of the following to an appropriate individual or agency:

- Information that a health care facility or provider has violated any state law or rule or federal law or regulation:
- A situation in which the quality of care provided by, or by an employee of, the health care facility or provider violates established standards and poses a potential risk to public health or safety.

## References

False Claims Act; 31 U.S.C. §§ 3729 – 3733

Section 6032 of the Deficit Reduction Act of 2005

Program Fraud Civil Remedies Act; 31 U.S.C. §§ 3801 – 3812

Medicaid Fraud Statute, Mich. Comp. Laws Ann. §§ 400.601 et seq.

Michigan Public Act 465, Whistleblower Protection Act

### Reporting Concerns Regarding Fraud, Abuse and False Claims

UPHP takes issues regarding false claims and fraud and abuse seriously. UPHP encourages all employees, contractors, and agents to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. UPHP, therefore, encourages its employees, contractors, and agents to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the compliance officer, human resources manager, or another member of management. Employees, including management, and any contractors should be aware of related UPHP policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on the UPHP's Intranet site. Policy 104-001 provides additional detail on the detection and reporting of fraud, waste, and abuse.

### *Procedure*

UPHP responsibilities include, but are not limited to:

- a. Ensuring that all employees, including management, and any contractors or agents of the organization are provided with this policy, effective January 1, 2007.
- b. Conducting training for all employees, management, contractors, or agents regarding this policy to ensure that all such persons are familiar with and understand the policy.
- c. Revising this policy as necessary to comply with changes in the law. Changes must be documented and implemented.

Effective January 1, 2007, UPHP will provide UPHP employees with this policy that includes information on federal and state False Claims Act laws and whistleblower protections under such laws, including the role of such laws in preventing and detecting fraud, waste, and abuse in federal healthcare programs.

*Attachments*

Exception to this policy may be made with the approval of the  
Chief Executive Officer or an authorized designee.

END OF POLICY & PROCEDURE

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**Upper Peninsula Health Plan  
Reporting FWA and Compliance Electronically**

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*Date Created:* 20130624

*Last Updated:*

It is the obligation of everyone to detect, prevent and correct fraud, waste and abuse (FWA) and noncompliance. The Upper Peninsula Health Plan supports multiple reporting options to ensure employees have no barriers to reporting any suspected FWA or issues of noncompliance. Please remember any provider or member compliance issues must be logged in the compliance reporting database.

1. Go to <https://uphpas7.uphp.local/CIA/index.aspx>
  
2. Enter Date of Discovery:  
[Date the incident was discovered; date you became aware of the incident]
  
3. Enter Date of Incident  
[Date the incident occurred]
  
4. Select Reporting Method:  
Preference to report anonymously or if you would like to include your name\*
  
5. Provide a detailed account of the incident. In the event you prefer to report anonymously, please provide as much information as possible, as there will be no opportunity for the Compliance Officer to follow up.
  
6. Upload any supporting documentation
  
7. Identify any supporting documentation links if applicable
  
8. Send
  
9. An email notification is sent to the UPHP Compliance Officer. He/She will review, investigate and remediate suspected offense(s) as appropriate.



# Compliance Intake Application (CIA) Upper Peninsula Health Plan

HOME

Saved to this PC

\* Date of Discovery:

\* Date of Incident:

\* Reporting Type:

\* Reporting Method:  I choose to report anonymously.  
 I would like to include my name:

Please enter your name here

Maps Request:  Maps Request

\* MAPS stands for Michigan Automated Prescription System. It is a Prescription Drug Monitoring Program (PDMP) designed for users to be able to view a report of all controlled substance prescriptions filled for a patient at any Michigan pharmacy.

Disclaimer: UPHP prohibits retaliation against anyone reporting in good faith.

\* Activity Type

\* Summary of Complaint/Activity:

Codes Involved:

\* Source of Activity:

Indicate the mechanism by which the referral or complaint was conveyed to the plan

\* Target Type:

Indicate whether the target being referred or complained about is a Beneficiary, Provider or other

\* Target ID Type:

\* Target ID #:

Target First Name:

Target Last Name:

Target Group/Facility Name:

\* Line of Business:

Provider Specialty:

Provider Address:

If target is Provider, enter Provider's pay to address  
If target is Member and a Provider is registering the referral or complaint, enter the name and address of the Provider

Provider Role

Supporting Documentation

Upload Supporting Documentation  No file chosen

Additional Uploads

Supporting Documentation Links

\* Denotes a required field.

If you choose to make a report by telephone or mail, your identity will be kept confidential to the extent possible. Reports may be made anonymously, but this may take clarification and/or follow-up more difficult and time consuming. The Compliance Officer has exclusive access to this confidential reporting system. All inquiries will be investigated promptly and the appropriate means for resolution will be taken accordingly.

**For confidential, anonymous and/or private reporting you may contact:**

**Deanna Christesen**

Deanna Christesen, UPHP Compliance Officer  
906-225-1040  
dchristesen@uphp.com  
853 W. Washington Street  
Marquette, MI 49855  
Compliance Hotline: 906-225-5081

**State of Michigan**

Michigan Department of Health and Human Services  
Office of Inspector General  
PO Box 30062  
Lansing, MI 48909  
1-855-MI-FRAUD (643-7283)

**Office of Inspector General**

Office of Inspector General  
U.S. Department Of Health and Human Services  
Attn: Hotline  
P.O. Box 23489  
Washington, DC 20026  
TTY: 1-800-377-4950  
OIG Hotline: 1-800-HHS-TIPS (1-800-447-8477)  
Fax: 1-800-223-8164

\*Sponsors may not retaliate against you for making a good faith effort in reporting.



## Upper Peninsula Health Plan Standards of Conduct

Upper Peninsula Health Plan (UPHP) is a health maintenance organization with a mission to advance the health and well-being of the communities we serve.

To further our mission, UPHP promotes a culture of compliance and ethical behavior. We believe this is essential in protecting our beneficiaries and the integrity of our government programs. To this end, UPHP requires all employees, officers, independent contractors, governing body members, student workers, interns, contractors, and any other agent to abide by sound ethical practices and the highest standards of integrity in the conduct of business.

UPHP's standards of conduct communicate our principles and values by which we operate and describe the fundamental structure of our compliance program. These standards are supported by UPHP Senior Management, Chief Executive Officer, and Management Committee. We believe compliance is everyone's responsibility including providers, beneficiaries, employees of UPHP and any individual providing health or administrative services for Medicare and Medicaid enrollees on behalf of UPHP.

UPHP shares these standards with new employees, contractors, and management committee members and requires annual review and attestation. These standards are reviewed and updated by the compliance officer and compliance committee to respond and adapt to changing conditions. It is the expectation that all UPHP employees, contractors, agents, and management committee members adhere to these standards, conduct themselves in an ethical manner, and report issues of noncompliance and potential fraud, waste and abuse through appropriate channels. These standards of conduct are a set of guiding principles; separate policies and procedures are available to provide detailed guidance on meeting these requirements. Nothing in these Standards of Conduct is intended to prevent employees from participating in activity protected by law.

### **UPHP employees, officers, contractors, governing body members, and any other affiliate will avoid real or apparent conflicts of interest.**

A conflict of interest occurs when a professional or personal interest influences or appears to influence your ability to perform job duties objectively and in the best interest of UPHP. UPHP prohibits personnel and affiliates from engaging in any activity that results in a conflict of interest with business, corporate mission, goal, or culture. A conflict of interest may arise when:

- You hold a position as an employee, officer, director, consultant, or agent with a company that is a direct competitor, business partner, vendor or subcontractor of UPHP, and it compromises your ability to perform your responsibilities and duties in an impartial manner.

- You have a financial interest or ownership in a company that is a direct competitor, business partner, vendor, or subcontractor of UPHP.
- You have an immediate family member or close friend under the employment of UPHP or its direct competitor, business partner, vendor, or subcontractor of UPHP which compromises your ability to perform your job responsibilities in an objective manner.

UPHP personnel and affiliates must disclose any potential conflict of interest to their Manager and the UPHP Compliance Officer. If a conflict of interest exists, the conflict will be corrected by addressing the activity, transaction, relationship, or service that created the conflict. This could include recusing or terminating yourself from the position creating the conflict, disbursing, or selling any financial interest, or repositioning your position or job function. Failure to comply may result in appropriate disciplinary actions, up to and including termination of employment or contract.

### **Gifts and Entertainment**

Giving or accepting gifts or promotional items must be appropriate; you should not give or receive expensive gifts or benefits. You should not give or receive gifts of cash or cash equivalents. Giving or accepting occasional, inexpensive gifts or promotional items is permissible if the exchange is legal and neither intended nor perceived as an attempt to influence business decisions. Use discretion and sound judgment when offering or accepting entertainment, gifts, or other business courtesies. Any gifts given must be disclosed in the applicable expense report.

UPHP will pay for your business travel as permitted by UPHP's travel reimbursement policy; generally, these costs should not be paid for by others. Meals and entertainment during conferences, similar meetings or in conjunction with meetings to discuss UPHP business may be accepted unless the offer is lavish or expensive and likely to be perceived as an attempt to influence business decisions.

If you are a member of a professional committee or making a presentation, you may accept reasonable travel and lodging costs from a third party provided the same offer would be made to those who are not UPHP employees. If you are offered compensation from a third party for services rendered (such as for giving a presentation) and the services are related to your work at UPHP or UPHP's business interests, then the Finance Department will invoice the relevant party. All payments for services rendered would be made to UPHP. Do not accept a personal honorarium from a third party. You may not accept a discount or preferential treatment offered to you due to your position at UPHP. You may accept discounts offered to all employees. If you use a UPHP supplier or contractor for personal purposes, you must pay full market value for services and materials.

You may not directly or indirectly offer anything of value to a federal, state, or local government employee, or official that may influence or appear to influence their official

acts or decisions. “Anything of value” means cash, gifts, meals, entertainment, political contributions, travel expenses, offer of employment or other benefits. You must use discretion and sound judgment when offering or accepting entertainment, gifts, or other business courtesies.

## **Privacy and Confidentiality**

You must keep member information safe from access, use or disclosure that is not appropriate. You must treat sensitive information about UPHP, our employees, our members and those who do business with us confidential.

UPHP must comply with federal and state privacy and security laws; UPHP maintains corporate policies to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and Personally Identifiable Information (PII) we create, maintain, transmit and receive. Failing to follow UPHP policies governing privacy and security will subject you to discipline up to and including termination of employment.

To protect member information:

- Do not access, use, view or send member information within UPHP unless you are authorized and there is a valid and approved business reason.
- Do not make member information known to anyone outside UPHP unless in accordance with company policy.
- Encrypt any member information that you send through e-mail that may go outside UPHP. You must comply with all UPHP information security safeguards.

Protect and keep private any document under your control that includes member information or any other confidential information. This means using encryption when you send or store documents electronically, and locking up paper documents when they are not in use. UPHP must retain documents as required by Centers for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), Michigan Department of Health and Human Services (MDHHS), and other applicable laws or regulations. Confidential information must be kept safe and private until properly destroyed. Never destroy a document that could be relevant to an anticipated or pending lawsuit or investigation.

To protect other confidential information, do not access, view, or use or disclose confidential information unless you are authorized and there is a valid business reason to do so.

You must not take or keep member information or other confidential information once your UPHP job or affiliation ends. You must return any such information that you have, and you must not use or disclose this information for any reason anywhere else, such as at a different employer or company.

## **Compliance with Laws and Regulations**

UPHP must comply with all federal, state, and local laws and regulations. We must honor our contractual obligations. All employees and business partners have a responsibility to perform job duties in compliance with applicable laws, regulations, and ethical rules. UPHP maintains a compliance plan and policies and procedures and expects employees and business partners to participate in and support the program as necessary. It is the expectation that employees and business partners are aware of laws helping prevent fraud, waste, and abuse. This includes:

### **The False Claims Act**

The False Claims Act (FCA) prohibits any person from knowingly presenting or causing to be presented a fraudulent claim for payment, including: Presenting a false claim for payment, making or using a false record or statement in support of a false claim, conspiring to violate the False Claims Act, falsely certifying the type or amount of property to be used by the government, certifying receipt of property without knowing if it's true, buying property from an unauthorized Government Officer, and knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the Government. See 31 U.S.C. §§ 3729-3733. Violators of the False Claims Act can be subject to civil and criminal penalties. Common violations of the FCA include billing for items or services not provided, improperly or up coding claims, failure to refund credit balances from government payment errors, and lack of supporting documentation. The False Claims Act contains whistleblower or qui tam provisions that allow individuals with knowledge of allegedly false claims to the government file a lawsuit on behalf of the U.S. Government. The whistleblower must file lawsuit on behalf of the government in a federal district court. The lawsuit will be kept confidential while reviewed and investigated. If the lawsuit has merit, the U.S. Department of Justice will prosecute and if successful, the whistleblower may receive a percentage of the amount recovered.

### **Anti-Kickback Statute**

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal health care program. See 42 U.S.C. § 1320a-7b. Violation of the Anti-Kickback Statute may result in criminal and civil penalties and fines.

### **Stark Law**

The Stark Law prohibits physicians from referring Medicare patients to an entity that furnishes "designated health services" with which the physician or a physician's immediate family member has a financial relationship unless an exception applies. See 42 U.S.C. § 1395nn. Medicare claims that violate the Stark Law are not payable and can result in a

\$15,000 fine for each service provided, or up to \$100,000 for entering into an arrangement or scheme.

### Exclusion

No federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of the Inspector General. This includes Medicare and Medicaid. See 42 C.F.R. 1001.1902.

### Deficit Reduction Act

The Deficit Reduction Act (DRA) of 2005 was signed into law on February 8, 2006. Section 6032 of the DRA requires any entity that makes or receives State Medicaid payments >\$5,000,000 annually must provide Federal False Claims Act education to their employees.

### **Intellectual Property**

Intellectual property includes names, patents, logos, trademarks, service marks, registered marks, and copyrights. Intellectual property is valuable to UPHP and must be protected from improper use or disclosure. Before using intellectual property, the Strategic Initiatives Manager must approve. You must follow the guidelines for use.

If you are aware of any unauthorized or improper use or disclosure of a UPHP name, logo, service mark, trademark, trade secret, confidential document, patent, or copyright, be sure to notify your manager or compliance officer immediately.

Do not use the intellectual property of others unless you have written approval from the owner. Treat all documents, materials, and computer programs of others the same way you treat UPHP intellectual property.

### **Media, Communications and Political Activity**

You must not speak publicly for UPHP unless you have received approval from the CEO to do so. Media requests must go to the Strategic Initiatives Manager. They will review the request and answer for UPHP. In addition:

- Do not link UPHP to your political work. Do not suggest that UPHP endorses your political activity.
- Do not use UPHP letterhead or titles when you write about issues that are not related to UPHP. An example is a letter to the editor. There are times when you can use letterhead for civic, public service or charity events, but only if you get approval from the CEO.
- You must take care not to lead others to believe that UPHP supports your opinions. Do not link UPHP to your own opinions when you speak, write, or take part in

personal activities unless you have received approval from your manager to do so. This includes using the Internet.

## **Purchasing and Contracting Integrity**

Successful vendor relationships are mutually beneficial to UPHP and the contracted vendor. To ensure a successful vendor relationship, UPHP will follow contracting processes and select vendors fairly and objectively.

UPHP will follow all federal, state, and local laws that apply to government contracting and procurement. It is important to remember:

- You must not offer, promise, or give a gift of any value to a federal, state, or local government employee or elected or appointed official that might influence or reward them for their official acts or decisions. Do not pay for their travel or lodging costs. Do not pay for their meals, refreshments, entertainment or give gifts unless you know it is not against any laws or ethics rules.
- You must not use any UPHP resources from any source to lobby for or influence the awarding of any government business to UPHP without specific approval to do so from the CEO.

Some government contracts ask you to certify that when you pursued the contract you did nothing that is prohibited by procurement laws or regulations. Do not sign certificates or disclosures from a government body that are related to lobbying, lobbying costs, political contributions, or election matters. These requests must go to the CEO for review and signoff. If you are requested to sign a certificate or disclosure related to conflicts of interest, you must contact your manager or the compliance officer.

UPHP must follow special rules because we contract with the U.S. federal government. Employees, officers, subcontractors, and providers, must follow the laws, rules, regulations, and requirements of contractor conduct as required in the Medicaid and Medicare programs. If you are an employee or officer and you do not follow these rules, you may be disciplined, up to and including termination. If you are a subcontractor or a provider and you do not follow these rules, you may lose your contract with UPHP.

- You must follow the rules on recruiting and hiring current or former federal workers. The CEO must give approval before you talk to such individuals about working at UPHP.
- You must immediately notify Human Resources and the compliance officer if you have been debarred, excluded, or suspended from working with any government sponsored program.
- You must not give or accept “kickbacks” or “rebates” (that is, anything of value) in connection with a government contract. You must not use money paid to UPHP from a federal government contract (referred to as “appropriated funds”) for lobbying activity that is focused on influencing federal officials and personnel in

connection with the awarding of any federal contract, loan, or other business. This same ban on appropriated funds is often adopted by state and local governments with respect to state or local government business.

- If your job includes working with federal contracts, you must follow the federal privacy laws and regulations that apply to the federal agency that maintains the contract.
- Be accurate and complete when you represent, certify, negotiate, or work with a federal government contract or when you are responsible for submitting any materials to the state or federal government. You must provide the requested information in a full, fair, accurate and timely and understandable manner. You and UPHP may be liable for false, incomplete, or misleading:
  - proposals, quotes, and rates,
  - reconciliations,
  - certifications, or
  - other documents and statements

### **Equal Employment Opportunity and Harassment Free Workplace**

UPHP is proud to be an Equal Opportunity and Affirmative Action employer. It is our goal to have a work force that reasonably reflects the diversity of qualified talent available in relevant labor markets. As such, we base employment decisions, including selection, development, and compensation, on an individual's qualifications, skills, and performance. We do not base these decisions on personal characteristics or status, such as race, color, sex, pregnancy, national origin, citizenship, religion, age, disability, veteran status, sexual orientation, gender identity, marital status, and/or genetic information.

UPHP strives to maintain a workplace that is free from harassment. We do not tolerate inappropriate behavior or harassment by, or of, our employees or business partners, including when it is based on the characteristics or statuses described above. Under our anti-harassment policy, harassment is any behavior that unreasonably interferes with a person's job performance, or creates a workplace that is intimidating, hostile or offensive.

All employees, officers and directors must:

- Treat everyone with respect, and
- Refrain from unwelcome or potentially offensive verbal or physical behavior, including slurs, name calling, jokes, touching and other potentially harassing or intimidating actions.

All supervisors and managers must:

- Administer UPHP policies and programs in a way that is appropriate, consistent and does not discriminate,
- Monitor the workplace and take steps to prevent and address inappropriate behavior,

- Support UPHP’s equal opportunity and affirmative action policies and programs, and
- Make reasonable accommodations for workers with disabilities in keeping with the laws that apply.

UPHP prohibits intimidating behavior, threats, and acts of violence in our workplace. We require a workplace that is free from drugs and alcohol. All employees must come to work free from the negative effects of drugs or alcohol and able to perform job duties. Employees are not allowed to abuse or to unlawfully make, distribute, dispense, possess, use, transfer, solicit, purchase, or sell:

- Alcoholic Beverages
- Controlled Substances
- Illegal or prescription drugs

This applies while you are on company property and while doing company business. UPHP has the discretion to decide what behavior is not acceptable in our workplace. We will discipline those who do not comply.

### **Obligation to Report**

Noncompliance is conduct that does not conform to the law, federal health care program requirements, or to UPHP’s ethical and business policies. Noncompliance and FWA can occur in many areas. If you believe you have experienced or witnessed noncompliant behavior, you must report this. Reported issues will be addressed and corrected. You may report it:

Directly to your Supervisor.

Directly to your Compliance Officer, Nicole Sandstrom at:  
Upper Peninsula Health Plan  
Compliance Officer  
853 W Washington Street  
Marquette, MI 49855  
[nsandstrom@uphp.com](mailto:nsandstrom@uphp.com)  
(906) 225-7784

Through UPHP’s Compliance Hotline: 906-225-5081

Employees may also report via the Compliance Intake Application:  
<https://uphpas7.uphp.local/CIA/index.aspx>

An employee who violates any provision of this document or related corporate policies and procedures is subject to appropriate disciplinary action, up to and including termination. In addition, that employee’s supervisor is subject to the same disciplinary action if the

supervisor knowingly or negligently allowed the employee to violate any provision of this document or related policies and procedures. UPHP prohibits retaliating against anyone because he or she in good faith makes a complaint about or reports a violation of any of these policies or cooperates in the investigation of such a complaint.

Compliance Committee Approval:

April 1, 2025

President and Chief Executive Officer Approval:

April 16, 2025

UPHP Management Committee Approval:

April 16, 2025

Nicole Sandstrom

Compliance Officer



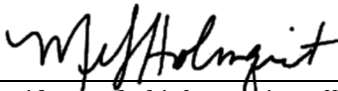
Compliance Officer Signature

04/18/2025

Date

Melissa Holmquist

President and Chief Executive Officer



President and Chief Executive Officer Signature

4/18/2025

Date