



Code of Conduct

ATRIO Health Plans will conduct its business in compliance with all federal, state, and local laws, rules and regulations in a manner consistent with the highest standards of business and professional ethics.

If you believe anyone who is, or has been, employed by ATRIO Health Plans, contracted with ATRIO Health Plans, or otherwise associated with ATRIO Health Plan has:

- Violated any federal, state or local laws, rules or regulation;
- Behaved in a manner that does not meet business and professional standards and ethics;
- Acted in a way to create an unsafe environment by use of violence, harassment or discrimination;
- Or directed you to act in a way that is illegal, unethical or unsafe;

Please report this immediately to the ATRIO Medicare Compliance Officer in one of the following ways:

Phone	Email	Mail
(877) 672-8620	compliance@atriohp.com	P.O. Box 12645 Salem, OR 97309

If your complaint is regarding the Compliance Officer, you may send your report to:

Chairman of the Board of Directors
ATRIO Health Plans
2965 Ryan Drive SE
Salem, OR 97301

You may report anonymously if you wish to protect your identity. All reports will be kept confidential. Please provide the details of the incident including dates, a description of the incident, individuals involved, and contact information as needed. The Compliance Officer or Chairman of the Board will investigate the incident in a timely manner and report finding to the legal authorities if laws have been violated.

Training on Fraud, Waste, and Abuse

Once in the above noted site, please scroll down to the bottom of the page to view:

1. Related Links inside CMS
2. Select Web Based Training Modules
3. Select Medicare Fraud and Abuse
4. Follow the remaining instructions



Incident Report Confidential Information

Name: (Unless you wish to remain anonymous)		
Home Telephone:	Work Telephone:	Ext:
Position:	Supervisor:	
1. Description of possible violation:		
2. Person(s) involved?		
3. When did this occur?		
4. How did you come to learn of the incident/practice described above?		
5. Do you have any evidence to prove the above allegations? If yes, please describe:		
6. Have you discussed the above allegations with anyone else? If yes, who?		
7. Do you have any further information to provide or any suggestion for verifying the allegations?		
8. Are you aware of any other individual who may be able to provide further information regarding the above allegations?		

Note: This report should be given to the ATRIO Compliance Officer. However if the Compliance Officer is the subject of the report, it should be given to a member of the Board of Directors. ATRIO will ensure confidentiality of the above information to the fullest extent allowed by law. Furthermore, nothing in the report will be used adversely against you.

PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION