

POLICY AND PROCEDURE	
Policy # and TITLE: CMP01 Response and Prevention of Compliance Violations	
Primary Policy owner: Compliance	POLICY #: CMP01
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: N/A

I. PURPOSE

To ensure San Joaquin County Health Commission (Commission), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan (Health Plan”) is in compliance with all contractual requirements, applicable Federal and State laws, and regulations for responding, preventing, reviewing, and investigating all reported and identified non-compliance.

II. POLICY

- A. The Health Plan is dedicated to a culture that promotes compliance with the Health and Human Services, Office of the Inspector General (OIG) Health Care Compliance Program where non-compliance issues and incidents are promptly investigated and addressed.
- B. The Health Plan has a zero-tolerance policy for incidences of retaliation or retribution of any kind as outlined in Policy CMP12 – Non-Retaliation for Reporting Violations. As stated in the Health Plan's Code of Conduct and Ethics, the Workforce, members, subcontractors, downstream subcontractors, providers, vendors, and delegates will report suspected misconduct or violations in good faith, without fear of retaliation.
- C. The Health Plan promptly detects, deters, and corrects violations of applicable state and federal laws and regulations, including violations of the Health Plan's internal policies and procedures.
- D. The Health Plan reports to the appropriate regulatory agencies, in compliance with contractual regulations, State and Federal laws, all cases of suspected fraud, waste, and abuse (FWA).
- E. The Health Plan reports compliance risks to the Health Plan's Compliance Committee and the Commission.

III. PROCEDURE

- A. The Chief Compliance Officer (CCO), or his/her designee, will ensure awareness of the following compliance measures:
 - 1. Maintaining open and effective lines of communication between the Health Plan's Workforce and Management to report or ask questions about compliance issues or concerns.
 - 2. Prompt reporting, in good faith, by the Health Plan's Workforce, members, subcontractors, downstream subcontractors, providers, vendors, and delegates of suspected violations of any statute, regulation, guidelines, laws, the Health Plan's P&Ps, and/or other instances of misconduct.
 - 3. Anonymous and confidential reporting can be completed using the Ethics and Compliance Hotline.

- B. The CCO, or his/her designee, implements and publishes compliance measures in the form of a Code of Conduct and Ethics.
- C. Reporting Suspected Violations
 - 1. Report to the direct supervisor or any member of management.
 - 2. Use the Compliance Dropoff Boxes located within the Health Plan's office breakrooms.
 - 3. Report via the Anonymous Ethics and Compliance Hotline (855) 400-6002.
 - 4. Report via the "Report an Incident" button on the Compliance Department's SharePoint team site.
 - 5. Report directly to any member of the Compliance department.
 - 6. Violations can also be submitted to OIG by:
 - a. Phone: 1-800-HHS-TIPS (1-800-447-8477), TTY 1-800-377-4950
 - b. Mail: U.S. Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026
 - c. Fax: 1-800-223-8164
 - d. HHS-OIG Website: <https://oig.hhs.gov/fraud/report-fraud/>

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. CMP02 Records Management and Retention
- B. CMP03 Code of Conduct and Ethics
- C. CMP05 Fraud, Waste and Abuse Reporting
- D. CMP08 Compliance Program
- E. CMP12 Non-Retaliation for Reporting Violations
- F. CMP24 Compliance Program Training and Education

- G. DHCS Contract Exhibit A, Attachment III, Provision 1.3.2 Fraud Prevention Program
- H. [Exhibit C The Health Plan Code of Conduct and Business Ethics.docx \(sharepoint.com\)](#)
- I. HPA09 Workforce Disciplinary Action on Privacy and Security Rules Violations
- J. Knox-Keene Act §1348 Antifraud plan

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
001	Moved CMP01 to new 2023 P&P Template Minor edits, grammatical and formatting changes, Updated References and Attachment sections.	10/31/2023
002		
Initial Effective Date: 5/1/2015		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	12/7/2023
<ul style="list-style-type: none"> • Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> • Program Integrity Committee 		
<ul style="list-style-type: none"> • Audits & Oversight Committee 		
<ul style="list-style-type: none"> • Policy Review 	001	11/15/2023
Quality and Utilization Management		
<ul style="list-style-type: none"> • Quality Operations Committee 		
<ul style="list-style-type: none"> • Grievance 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	N/A	N/A	N/A

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy