

POLICY AND PROCEDURE	
Policy # and TITLE: Compliance Program	
Primary Policy owner: Compliance	POLICY #: CMP08
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 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 checked="" 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 checked="" 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

This policy governs the establishment of a Compliance Program to enforce San Joaquin County Health Commission ("Commission"), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan")'s compliance with ethical standards, the Health Plan's policies and procedures (P&Ps), contract requirements and applicable federal and state laws and regulations.

II. POLICY

- A. The Health Plan shall develop a written Compliance Program in compliance with regulatory and contract requirements based on the compliance program guidance created by the U.S. Department of Health and Human Services' Office of Inspector General (OIG).
- B. The Health Plan Delegates shall develop a written Compliance Program in accordance with this P&P.
- C. The Health Plan shall review the Compliance Program annually and as necessary to comply with regulatory requirements and applicable laws.
- D. The Health Plan Compliance Committee is responsible for overseeing the implementation and effectiveness of the Compliance Program and approving the Compliance Plan and the Health Plan's Code of Conduct and Business Ethics (The Health Plan's Code).
- E. The Chief Compliance Officer (CCO), in collaboration with the Compliance Committee, shall provide oversight and continual monitoring of compliance activities and shall provide a summary to the Health Plan's Health Commission regularly.
- F. The Health Plan's Workforce and Delegates shall comply with the Compliance Program.

III. PROCEDURE

- A. The Compliance Department shall maintain and revise the Compliance Program, Compliance Plan, the Health Plan's Code and P&Ps to comply with contractual requirements and applicable state and federal laws.
- B. The CCO shall present the Compliance Program, Compliance Plan, and the Health Plan's Code to the Compliance Committee.

- C. Upon Compliance Committee approval, the Compliance Program will be presented to the Health Plan's Health Commission.
- D. The Compliance Program shall include the Office of the Inspector General Seven Fundamental Elements of an Effective Compliance Program.
 - 1. Implementing written P&P and standards of conduct.
 - a. the Health Plan will develop compliance P&Ps that help the Health Plan 's Workforce and Delegates remain in compliance while carrying out their job functions as recommended by the OIG.
 - b. The "CMP06 Written Policies and Procedures" policy shall govern all of the Health Plan's P&Ps and the Health Plan 's Code for the Health Plan's Workforce and Delegates to follow that promote a commitment to compliance.
 - 2. Designating a Chief Compliance Officer and Compliance Committee.
 - a. The Compliance Department shall be the backbone of the Health Plan 's Compliance Program and shall be led by a well-qualified CCO, who is supported by the Compliance Committee.
 - b. The CCO is an executive level staff person vested with the primary responsibility for overseeing and monitoring the effective implementation and maintenance of the Compliance Program.
 - c. The CCO reports directly to the CEO and to the Health Commission.
 - d. The CCO is responsible for providing the CEO, the Compliance Committee, and the Health Commission with periodic reports on the status of the Compliance Program.
 - e. The CCO shall chair the Compliance Committee that will advise and assist the CCO with the implementation of the Compliance Program.
 - 3. Conducting effective training and education.
 - a. Failure to train and educate staff adequately creates risk liability for the violation of healthcare fraud and abuse laws. Therefore, the Health Plan shall establish a compliance training program which mandate the Health Plan's Workforce and/or Delegates to complete required training by laws and regulations on a regular basis.

- b. The “CMP24 Compliance Program Training and Education” governs the education of the Health Plan’s Workforce, providers, delegates, and vendors.
4. Developing effective lines of communication.
 - a. An open communication as a product of organizational culture and internal mechanisms for reporting instances of potential fraud and abuse is critical. The “CMP05 Fraud, Waste and Abuse” and “CMP12 Non-Retaliation for Reporting Violations” policies govern the Health Plan’s commitment to an open communication with the Health Plan’s Workforce and Delegates.
 - b. The Health Plan develops and implements other P&Ps to effectively communicate its compliance P&Ps to the Health Plan’s Workforce and Delegates, including mandatory participation in training programs and dissemination of related Program material.
5. Conducting internal monitoring and auditing.
 - a. With effective auditing and monitoring plans may avoid non-compliance with laws and regulation imposed on the Health Plan. The “CMP13 Internal and External Audits” policy governs the Health Plan’s internal and external monitoring and auditing processes and requirements.
 - b. The Health Plan shall implement systems for auditing and monitoring compliance with applicable federal, state, and local laws and regulations, contractual requirements and other obligations. These systems shall be designed to detect potential violations of those laws and regulations.
6. Enforcing standards through well-publicized disciplinary guidelines.
 - a. The Health Plan will create an organizational culture that emphasizes ethical behaviors for all of the Health Plan’s Workforce and Delegates by developing well-publicized and readily available P&Ps and communications such as Compliance Week.
 - b. The Health Plan has appropriate disciplinary mechanisms in accordance with applicable civil services rules to enforce the program including, where appropriate, discipline of individuals for engaging in wrongful conduct or for failing to be responsible for failing to report noncompliance. Human Resources is responsible for the fair and consistent

application of discipline in relation to violations of the Compliance Program.

7. Responding promptly to detected offenses and undertaking corrective action.
 - a. The Health Plan will respond consistently to all detected deficiencies and develop effective corrective action plans to prevent further losses to state & federal health care programs.
 - b. The Health Plan has developed appropriate mechanisms for responding to detected offenses, to initiate corrective action, investigate all reasonable questions, concerns or complaints regarding compliance and suspected non-compliance to address wrongful conduct and to prevent any recurrence of similar conduct.
 - c. The Health Plan will establish a system that allows for communication by the Health Plan's Workforce, and contractors to ask questions, report complaints or concerns relating to actual or potential non-compliance with the Health Plan's standards to the CCO and/or Committee per "CMP12 Non-Retaliation for Reporting Violations" policy. This system permits staff, and/or Delegates, to communicate these concerns without fear of retribution or reprisal.

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. 42 CFR §422.503, 423.504
- B. 42 CFR §438.608 (a)(1)
- C. CMP01 Response and Prevention of Compliance Violations
- D. CMP12 Non-Retaliation and Non-Retribution
- E. CMP13 Internal Audit
- F. CMP14 Communication and Implementation of Regulatory and Contract Changes

- G. DHCS Contract Exhibit E, Attachment 2, Provision 26. B., Exhibit G, Attachment A. I. Personnel Controls B.
- H. The Health Plan's Code of Conduct and Business Ethics
- I. The Health Plan's Compliance Plan
- J. HR11 Corrective Action
- K. Office of Inspector General (OIG) Guidelines for Operating an Effective Compliance Program

VI. REVISION HISTORY

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

Version*	Revision Summary	Date
000	10/18, 07/20, 10/21, 03/22, 03/23	N/A
001	Moved CMP08 onto new 2023 template	3/30/2023
Initial Effective Date: 01/01/2008		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	5/18/2023
<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	3/15/2023
Quality and Utilization Management		
<ul style="list-style-type: none"> • Quality Of Care 		
<ul style="list-style-type: none"> • Grievance 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
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Department of Healthcare services (DHCS)	MCOD Operational Readiness	001	8/7/2023
Department of Managed Care (DMHC)	DMHC Attorney	001	11/13/2023

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