

POLICY AND PROCEDURE	
POLICY # AND TITLE: CMP12 Non-Retaliation for Reporting Violations	
PRIMARY POLICY OWNER: Compliance	POLICY #: CMP12
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

This policy is written to require the Workforce of the Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”), and Third-Party entities (“Third Parties”) of the Health Plan to report suspected or actual non-compliance with applicable laws, regulations, and Health Plan policies and procedures (P&Ps). Reporters are free from the fear of retaliation for reporting violations or seeking guidance related to suspected or actual non-compliance.

II. POLICY

A. Health Plan Workforce and Third Parties must immediately report suspected or actual non-compliance with laws, regulations, and

Health Plan Policies.

- B. The Health Plan provides both anonymous and non-anonymous reporting options for the Health Plan Workforce and Third Parties to report violations of laws, regulations, and Health Plan's policies without fear of retaliation, retribution, or harassment.
- C. The Health Plan preserves the anonymity of individuals who wish to remain anonymous, subject to limitations imposed by the law. Anonymity will not be preserved in all cases.
- D. A Health Plan Workforce member reporting a concern regarding their own inappropriate or inadequate actions is not exempt from the consequences of those actions.
- E. Prompt and forthright disclosure of an error by a Health Plan Workforce member or Third Party, even if the error constitutes inappropriate or inadequate performance, is considered a positive constructive action by the Workforce member or Third Party.
- F. The Health Plan Workforce and Third Parties are prohibited from engaging in retaliation, retribution, or any form of harassment directed against another Health Plan Workforce or Third-Party member who reports, in good faith, a compliance concern.¹
- G. Anyone involved in any act of retaliation or retribution against a Health Plan Workforce or Third-Party member is subject to disciplinary action, up to and including termination of employment or Third-Party contractual relationship.

III. PROCEDURE

A. Health Plan Workforce Reporting Procedure

¹ 45 CFR §160.316

1. The Health Plan Workforce reports, in good faith, concerns about actual or suspected violations by using any of the following options:
 - a. Seeking clarification of a compliance question reporting a suspected violation directly to their supervisor or manager. If that doesn't seem practicable, the question or report must be made to the next higher supervisory level.
 - b. If an individual feels uncomfortable speaking with their supervisor, manager, or director, they must contact the Compliance Department of Health Plan.
 - c. If an individual is uncomfortable speaking with any of the above representatives, he/she must make an anonymous report using one of the following methods, if applicable:
 - i. Use the physical anonymous reporting boxes located in the lunchrooms of Health Plan's office sites.
 - ii. Call Health Plan's Ethics and Compliance Hotline at telephone number (855) 400-6002.
 - iii. Use the online "Anonymous Reporting" option managed by Health Plan's external vendor, which is available on Health Plan's intranet.
2. Health Plan is legally required to report certain types of serious infractions to the Secretary of Health and Human Services (HHS).²
3. An attempt will be made to identify the reporter of a violation, and they will have the option to confirm their identity or remain anonymous; however, it will be difficult to address an inquiry or alleged compliance issue without knowing the reporter's identity.
 - a. Reports made through the internal phone system, email, U.S. mail, interoffice mail, or personal conversation cannot be guaranteed anonymity.
 - b. In some cases, if a reporter continues to remain anonymous, Health Plan may not be able to act on the information received.
4. When a report is made to a manager, supervisor or director, a

² 45 C.F.R. § 164.530(d)

response will be initiated within one (1) business day of the receipt by the manager, supervisor, or director. The response can take any of the following forms:

- a. Provide a direct answer.
- b. Offer an action plan to obtain an answer.
- c. Inform the reporter that the question/concern has been forwarded to the Compliance Department.

B. Health Plan Response to Reports Made by The Workforce

1. Once the Compliance Department is contacted, if the Compliance Department is unable to provide prompt answers, they will consult with Health Plan's legal counsel and/or other subject matter experts.
2. The Compliance Department investigates all suspected violations with the support of Health Plan's executive team, legal counsel, and/or Human Resources (HR), as necessary.

C. Third Party Reporting Procedure

1. Third parties are required to report, in good faith, concerns about actual or suspected violations by using any of the following options:
 - a. By emailing the Program Integrity Unit at piu@hpsj.com
 - b. Calling the Health Plan's Ethics and Compliance Hotline on telephone number (855) 400-6002.
 - c. Reporting anonymous through Health Plan's public facing website [Anonymous Reporting Link](#)
2. An attempt will be made to identify the reporter of a violation, and they will have the option to confirm their identity or remain anonymous; however, it will be difficult to address an inquiry or alleged compliance issue without knowing the reporter's identity.
 - a. Anonymous reports cannot be guaranteed anonymity.
 - b. In some cases, if a reporter continues to remain anonymous, Health Plan may not be able to act on the information received.

D. Health Plan Response to Reports Made Third Parties

1. When Health Plan receives notification of an actual or suspected violation, a response will be initiated within one (1) business day of the notification. The response can take any of the following forms:
 - a. Provide a direct answer.
 - b. Offer an action plan to obtain an answer.
 - c. Inform the reporter that the question/concern has been forwarded to the Compliance Department.
2. Once the Compliance Department is contacted, if the Compliance Department is unable to provide prompt answers, they will consult with Health Plan's legal counsel and/or other subject matter experts.
3. The Compliance Department will investigate all suspected violations with the support of other Health Plan's departments as necessary.

E. All instances of retaliation, retribution, or harassment against the reporting party, whether the reporter is a Workforce member or a third-party, will be reported to Health Plan's Compliance Department, which, in conjunction with Health Plan's Legal, and Provider Services, investigates and determines the appropriate disciplinary actions, for both the Work.

F. Failure to report suspected violations in accordance with this Policy is, in and of itself, a violation of the Health Plan policy.

IV. ATTACHMENT(S)

- A. 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. 45 CFR §160.316 and §164.530(g)

- B. CMP03 Code of Conduct and Ethics
- C. Health Plan Code of Conduct and Business Ethics
- D. Lighthouse Anonymous Reporting FAQ

VI. REVISION HISTORY

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

Version*	Revision Summary	Date
001	Annual review conducted, policy placed into current template, and edited for update references, readability, and flow	10/31/2023
002	Edited policy content and formatting.	12/4/2023
003		
Initial Effective Date: 3/4/2015		

VII. COMMITTEE REVIEW AND APPROVAL

Committee Name	Version	Date
Compliance Committee	002	2/15/2024
<ul style="list-style-type: none"> • Privacy & Security Oversight Committee (PSOC) • Program Integrity Committee 		
<ul style="list-style-type: none"> • Audits & Oversight Committee 		
<ul style="list-style-type: none"> • Policy Review 	002	12/20/2023
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)	DHCS Contract Manager (File & Use)	002	1/4/2024



Department of Managed Care (DMHC)			
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IX. APPROVAL SIGNATURE*

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