

<b>POLICY AND PROCEDURE</b>	
<b>Title:</b> Regulatory and Contractual Compliance Updates and Attestation Policy	
<b>Primary policy owner:</b> Compliance	<b>Policy #:</b> CM P14
<b>Impacted/Secondary policy owner:</b> 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 & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case 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) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
<b>PRODUCT TYPE:</b> <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	<b>Supersedes Policy Number:</b> N/A

**I. PURPOSE**

This policy outlines Health Plan of San Joaquin and Mountain Valley Health Plan's ("Health Plan") standardized process for implementing regulatory requirements, contract amendments, and Centers for Medicare & Medicaid Services (CMS) required attestations. It ensures compliance with State and Federal requirements and supports timely, accurate submission of attestations via the CMS Health Plan Management System (HPMS). Noncompliance with this policy or its procedures may lead to regulatory violations and may result in disciplinary action, up to and including termination.

## II. POLICY

Health Plan is committed to ensuring accurate implementation of federal and state regulatory requirements, including contract amendments, and attestations in accordance with guidance, deadlines, and documentation standards. Health Plan:

- A. Complies with all applicable regulatory notices, including but not limited to Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) All Plan Letters (APLs), Plan Letters, HPMS Memos, contract amendments, and CMS guidance.
- B. Maintains a robust process to ensure the accuracy and integrity of data submitted to applicable state and federal regulatory agencies. This includes completion of CMS attestations in HPMS by designated leadership. For CMS attestations, designated Health Plan officials will be required to register in the HPMS and Basic Contract Management modules and recertify system access annually in accordance with CMS System Access Certification (SAC) requirements.
- C. The Compliance Department is responsible for review and/or gap analysis of regulatory notices and contract amendments, sharing relevant updates with affected business units.
- D. Designated leadership in HPMS will complete all applicable attestations (see Appendix A).
- E. Monitors implementation and track accountability across all impacted departments and Delegates.
- F. Enforces timely communication and task execution across the enterprise to ensure regulatory compliance and reporting readiness.

## III. PROCEDURE

- A. The Chief Regulatory Affairs and Compliance Officer (CRACO), or his/her designee, receive and review all regulatory notices and contract amendments, conduct gap analyses, and communicate relevant updates and required actions to impacted business units.
- B. Impacted Business Units ("Business Owners") are responsible for ensuring operational implementation of regulatory requirements communicated by the Compliance Department. Business Owners:

1. Assess Impact: Review all regulatory notices upon receipt to determine operational, system, or process impacts.
  2. Distribute Information: Share relevant updates with applicable Managers, staff, and affected Delegates within one (1) business day of receipt from Compliance.
  3. Implement Required Actions: Complete appropriate actions within thirty (30) calendar days, or as stipulated in regulatory guidance. Actions may include:
    - a. Collaborating with other departments or Delegates to coordinate implementation.
    - b. Reviewing, updating, or developing policies and procedures.
    - c. Revising or developing member-facing materials (allowing up to sixty [60] days for approval, as needed, or forty-five [45] days for CMS approval);
    - d. Updating reports, templates, or data submissions at least five (5) business days prior to the applicable reporting period.
  4. Staff Training: Ensure all affected staff are trained on applicable changes within thirty (30) calendar days of policy approval.
  5. Accountability: Monitor completion of assigned activities and ensure timelines are met.
  6. Confirmation: Notify the Compliance Department upon completion of all required actions to confirm compliance with the regulatory notice.
- C. The Compliance Department submits required actions in HPMS and the designated leadership shall complete all applicable CMS attestations within the Health Plan Management System (HPMS) in accordance with CMS deadlines and requirements.
- D. Compliance monitors implementation activities, track accountability across all impacted departments and Delegates, and ensure timely completion of required actions.
- E. Failure to adhere to this policy or its procedures may result in noncompliance with State or Federal requirements and may lead to disciplinary action, up to and including termination.

#### **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)
- D. CMS Attestation List by Executive Role (Appendix A)

**V. REFERENCES**

(Medi-Cal)

- A. DHCS Contract (Exhibit A, Attachment III, 3.1.5).
- B. DHCS APL 23-006 Delegation and Subcontractor Network Certification (Supersedes APL 17-004)
- C. Health Plan Compliance Program
- D. DHCS Exhibit J Delegation Reporting and Compliance

(D-SNP)

- A. 42 C.F.R. §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D)
- B. Chapter 21 of the Medicare Managed Care Manual, section 50.4.1.
- C. HPMS Memo (Feb 23, 2022) – Electronic Signature Access Instructions
- D. State Medicaid Agency Contract (SMAC)
- E. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

**VI. REVISION HISTORY**

<b>Version*</b>	<b>Revision Summary</b>	<b>Date</b>
000	04/16, 06/16, 06/17, 09/18, 03/21, 04/21, 11/21, 03/22, 04/23, 03/24	N/A
001	Moved CMP14 to Cobranded template	04/23/2024
002	Updated policy and procedure language to improve flow. No material changes made	08/05/2024
003	Changed Policy Name from Communication and Implementation of Regulatory and Contractual Changes to Regulatory and Contractual Compliance Updates and Attestation Policy; and enhanced procedure and policy sections to	11/04/2025

	include attestations and compliance with CMS	
<b>Initial Effective Date:</b> 04/01/2015		
<b>Published Date:</b> 12/22/2025		

**VII. Committee Review and Approval to be Completed by Compliance**

Committee Name	Version	Date
Compliance Committee (CC)	003	12/18/2025
<ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee (PSOC)</li> </ul>		
<ul style="list-style-type: none"> <li>Program Integrity Committee (PIC)</li> </ul>		
<ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee (AOC)</li> </ul>		
<ul style="list-style-type: none"> <li>Policy Review Committee (PRC)</li> </ul>	002	11/27/2024
Quality Improvement Health Equity Committee (QIHEC)		
<ul style="list-style-type: none"> <li>Quality Operations Committee (QOC)</li> </ul>		
<ul style="list-style-type: none"> <li>Grievance Committee (GC)</li> </ul>		

**VIII. REGULATORY AGENCY APPROVALS**

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager	002	10/28/2025
Department of Managed Care (DMHC)			

**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

### Appendix A: Attestations required by C-Suite Designation CY 2026:

Name of Attestation	Description	Owner of Data/Document/QA
Quarterly Enrollment and Payment Attestations	Health Plan Leader ( <b>COO</b> ) will review the CMS Monthly Membership Report data and discrepancies identified with the business owners prior to performing attestation in HPMS	Enrollment
CY BID Part C and Part D Actuarial Certifications and Attestations	The Bid and Formulary submissions are part of the same Bid process and submission deadline. CMS must be in receipt of a successfully and validated formulary and bid submission. Health Plan Leader ( <b>CFO</b> ) will attest to accuracy of the information submitted	Finance/Actuary/ Pharmacy
Part D Transition/PA/ST Attestation	CMS must be in receipt of a successfully and validated Transition Policy and ST/PT documentation. Health Plan Leader ( <b>CMO/CO</b> ) will attest to accuracy of the information submitted	Pharmacy
2026 MTM Program Attestation	A CMS-approved MTM Program is one of the several required elements in the development of a Medicare Part D sponsor's bid. Plans submit the	Pharmacy

	program description through HPMS for review and approval. CMS evaluates the program to ensure it meets the current minimum requirements for the program year. CMS requires the <b>COO</b> to attest to the accuracy of the information provided	
CY 2026 SMAC Upload Attestation	DHCS will send the CY 2026 EAE SMAC to Plan to review and sign. DHCS will then send countersign and return fully executed Contract to Plans.  CMS requires Plans to upload the fully executed SMAC into HPMS and for Health Plan Leader ( <b>COO</b> ) to attest.	DSNP Program Operations
CY 2026 Agent/Broker Compensation	CMS requires plans to enter use of Broker or FMO and enter compensation data. Once data is entered, <b>CFO or COO</b> is asked to attest in HPMS	Sales
Risk Adjustment Attestation	<b>COO/CFO</b> (TBD via HPMS Memo)	Finance/Risk Adjustment
CMS MA Annual Contract	<b>COO</b> (TBD via HPMS Communication)	DSNP Program Operations
Chronic Care Improvement Program (CCIP) Attestations	<b>COO/CMO</b> (TBD via HPMS Memo)	Quality
PDE/DIR Attestations	<b>CFO</b> (TBD via HPMS Memo)	Pharmacy
Plan-to-Plan (P2P) Attestation	<b>CFO</b> (TBD via HPMS Memo)	
Medical Loss Ratio Attestation	<b>CFO</b> (TBD via HPMS Memo)	Finance