

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE

Policy/Procedure Number: CMP-06			Lead Department: Administration	
Policy/Procedure Title: Compliance Issues and Complaints			<input checked="" type="checkbox"/> External Policy <input checked="" type="checkbox"/> Internal Policy	
Original Date: 06/05/2007		Next Review Date: 11/21/2025 Last Review Date: 11/21/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input checked="" type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE	<input type="checkbox"/> PAC
	<input checked="" type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER	
Approval Signature: Sonja Bjork, CEO			Approval Date: 11/21/2024	

I. RELATED POLICIES:

- A. CMP-09 Investigating & Reporting Fraud, Waste, and Abuse
- B. CMP-18 Reporting Privacy Incidents and Breach Notifications
- C. CMP-21 Conflict of Interest Code
- D. CMP-27 Non-Intimidation & Non-Retaliation
- E. CMP-38 Escalation and Corrective Action

II. IMPACTED DEPTS.:

All.

III. DEFINITIONS:

- A. Abuse: means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR 455.2, and as further defined in, W&I Section 14043.1(a)).
- B. Fraud: means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law. (42 CFR 455.2, W&I Section 14043.1(i)).
- C. Non-Compliance (compliance misconduct): means not acting in accordance with internally and/or externally established standards, policies, or procedures. Non-compliance can be unintentional or intentional, where individuals or other, can act with deliberate intent to violate the law or internal/external policy or, may be unaware or unclear on established standards, or may not be aware they are in violation.
- D. Open Door: all levels of management shall maintain an open line of communication with any employee or staff or other individual regarding discussion of potential misconduct or compliance/ethics concerns or issues.
- E. PHC4ME: intranet accessible to Partnership staff that provides resources, company-wide news and information and provides access to Partnership policies and procedures.
- F. Partnership Compliance Hotline: a national toll-free telephone line accessible by all employees, physicians, vendors, and contractors twenty-four (24) hours a day, seven (7) days a week, to report problems and concerns, anonymously or otherwise.
- G. Waste: means the overutilization or inappropriate utilization of services and misuse of resources, and typically is not criminal or intentional act, as is stated in Centers for Medicaid and Medicare Services Fraud, Waste, and Abuse Toolkit.

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IV. ATTACHMENTS:

N/A.

V. PURPOSE:

All Partnership employees, temporary personnel, volunteers, interns, health care providers, Board of Commissioner members, subcontractors, and delegates, collectively, workforce members and affiliates have a duty and a responsibility to report actual or potential compliance/ethics concerns and misconduct using the designated processes and systems. This policy establishes the process by which issues of non-compliance or other compliance complaints, suspected violations, and ethical concerns can be reported and managed to uphold the integrity, reputation and legal standing of Partnership HealthPlan of California (Partnership).

VI. POLICY / PROCEDURE:

A. Policy.

1. Partnership shall establish a process by which compliance inquiries, issues or complaints and reports of non-compliance/compliance misconduct by Partnership workforce members and affiliates are documented and investigated through Regulatory Affairs and Compliance's (RAC) case management system (EthicsPoint) and addressed by appropriate Partnership staff.
2. Partnership shall establish and publicize mechanisms for the reporting of suspected wrongdoing, including non-compliance/compliance misconduct and/or improper or unethical conduct.
3. Partnership shall establish and publicize guidance regarding disciplinary actions for non-compliance/compliance misconduct.
4. Partnership shall establish procedures for acknowledging and conducting timely investigations, as is reasonably possible, for reported concerns of non-compliance, misconduct, or ethics-related issues.
 - a. Pursuant to Partnership policy and procedure CMP-27 Non-Intimidation & Non-Retaliation, Partnership maintains a zero tolerance policy for any form of retaliation or intimidation in response to reports or violations.
 - b. Partnership shall require corrective action plans in all cases confirmed of misconduct and/or compliance violations.
5. Partnership shall coordinate and cooperate with State and/or Federal agencies and law enforcement entities regarding violations of existing state and/or federal law.

B. Procedure.

1. Compliance Inquiries.
 - a. It is recommended that Partnership workforce members and affiliates are familiar with and regularly reference Partnership policies and procedures and DHCS Medi-Cal contract and regulatory resources such as All Plan Letters. However, can further inquire with RAC regarding compliance matters or interpretation. Importantly, any actual or suspected compliance issues should be immediately reported consistent with the requirements of this policy and procedure.
2. Reporting Compliance Issues/Complaints.
 - a. Compliance Issues may include, but shall not be limited to:
 - 1) Employee misconduct.
 - 2) Unethical behavior or improper conduct.
 - 3) Non-compliance with Partnership Code of Conduct, applicable state and federal regulations, and/or policies and procedures
 - 4) Self-reporting of mistakes that has or may result in damage to a person, property, or Partnership
 - b. Upon discovery, Partnership Workforce Members and affiliates, are required to immediately report all actual or suspected compliance issues to RAC or Partnership's Compliance Officer.

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- c. Actual or suspected compliance issues shall be reported immediately by:
 1. Completing a referral using the EthicsPoint General RAC Inquiry Reporting Form (accessible through Partnership's intranet, PHC4Me)
 2. Completing Partnership's Incident Reporting Form (available on Partnership's external website www.partnershiphp.org) and submitting the completed form by email to RAC_Inbox@partnershiphp.org, or
 3. By calling the toll-free Compliance Hotline number at (800) 601-2146, anonymously, or
 4. Contacting any member of Partnership management, RAC, or the Partnership Compliance Officer.

3. Investigation of Compliance Issues

- b. Upon receiving a report of an actual or suspected compliance issue, RAC will review the referral and conduct a preliminary investigation of the case. During the preliminary investigation, RAC may, refer the case to another Partnership unit or department for additional investigation to determine the validity of the allegation.
- c. Partnership's Compliance Officer, or designee, may follow up with the reporting party, as necessary to clarify the initial referral, obtain additional information, or take prompt corrective action to mitigate any risks or damages involved, and to protect the operating environment. Follow up requests may be sent from EthicsPoint directly, or via email.
 - 1) As applicable, through the course of the investigation, involved parties shall coordinate with legal counsel, and, if required by contractual or statutory obligation, with law enforcement and/or any State/Federal regulatory agency.
- d. If a referral of an actual or suspected compliance issue has fraud, waste, and abuse or HIPAA components or qualities, such referrals shall be investigated in compliance with Partnership policy and procedure CMP-09 Reporting & Investigating Fraud, Waste, and Abuse or CMP-18 Reporting Privacy Incidents and Breach Notifications.

4. Discipline.

- a. Compliance issues resulting in a recommendation of discipline are remediated by RAC with involvement from appropriate departments, including, but not limited to Human Resources, Provider Relations, and Executive Leadership (Chief Executive Officer, Chief Operational Officer, and/or Chief Financial Officer).
- b. Remediation and corrective action shall be handled in compliance with applicable Partnership policy and procedure and may include retraining and education. Corrective action or non-compliance with corrective action may result in disciplinary action up to and including termination, depending on the circumstances of the violation.
- c. Imposition of corrective action for external parties shall be developed and overseen pursuant to Partnership policy and procedure CMP-38 Escalation and Corrective Action

VII. REFERENCES:

- A. 42 CFR 455.2
- B. W&I Section 14043.1(a)(i)

VIII. DISTRIBUTION:

- A. PowerDMS
- B. Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

N/A

X. REVISION DATES:

Medi-Cal

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12/06/2011, 12/04/2012, 03/26/2013, 09/01/2015, 12/01/2015, 12/06/2016, 08/16/2017, 11/15/2018, 11/21/2019, 11/19/2020, 12/02/2021, 11/15/2022, 11/16/2023, 11/17/2024, 11/21/2025

PREVIOUSLY APPLIED TO:

Partnership Advantage:

CMP-06 – 06/05/2007 to 01/01/2015

Healthy Families:

CMP-06 – 10/01/2010 to 03/01/2013

Healthy Kids

CMP-06 – 06/05/2007 to 12/01/2016