

Health Plan of San Mateo Policy & Procedure Manual

Procedure: CP.003		Title: Reporting Compliance Concerns	Original Effective Date: 03/13/2007
Revision: 14	Last Reviewed /Revised: 06/02/2023	Dept: Compliance	Page 1 of 4

Approval By: Compliance Committee		Date: 06/23/23
Annual Review Date: 07/01/2024		
Authored by: Chief Compliance Officer		
Pursuant To: <input checked="" type="checkbox"/> DHCS Contract Provision Exhibit E, Attachment 2, Provision 26(B) <input type="checkbox"/> Health and Safety (H&S) Code <input checked="" type="checkbox"/> CFR 42 CFR 438.608(a); 42 CFR 422.503(b)(4)(vi)(B); 42 CFR 422.504(b)(4)(vi)(B) <input type="checkbox"/> APL / DPL		<input type="checkbox"/> W & I Code <input type="checkbox"/> California Title # <input type="checkbox"/> Organization Need <input checked="" type="checkbox"/> Other Medicare Managed Care Guide Chapter 21, Sections 50.4.2; Medicare Prescription Drug Benefit Manual Chapter 9, Section 50.4.2
Departments Impacted: All		

Policy:

To establish a system through which employees can report compliance concerns including those activities thought to be illegal or which violate HPSM's Code of Conduct without fear of retaliation. This policy also provides guidelines for the conduct of investigations into reported concerns.

HPSM has an interest in establishing a culture that detects and prevents fraud, waste, and abuse in our administration of federal, state, and county funded health care programs. To further this interest, HPSM has established a process through which employees can report their concerns to management. Management must take all complaints seriously and act in a timely manner. All reports will be handled in as confidential a manner as practicable and allowed by law. No employee will be punished for making a report in good faith.

Scope

This procedure applies to (check all that apply):

<input checked="" type="checkbox"/> All LOBs/Entire Organization	<input type="checkbox"/> CCS	<input type="checkbox"/> Medi-Cal Expansion
		<input type="checkbox"/> Medi-Cal Adults
<input type="checkbox"/> ACE	<input type="checkbox"/> HealthWorx	<input type="checkbox"/> Medi-Cal Children
<input type="checkbox"/> CA-DSNP	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Other (specify)

Responsibility and Authority

- The Chief Compliance Officer is responsible for implementing a Compliance Program to ensure that HPSM services are provided in accordance with all applicable federal, state, and county laws and regulations.

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Definitions

Compliance Concern means questions, concerns

Supervisor means any member of HPSM management, including supervisors, managers, directors and members of the Leadership Team.

Procedure

1.0 Policy

- 1.1 The Chief Compliance Officer has the responsibility for directing all investigations.
- 1.2 After investigation, if the allegation appears to be a criminal violation of law, the compliance officer in consultation with the Compliance Committee, Chief Executive Officer, and legal counsel, as appropriate, must determine whether there is sufficient evidence to support referral to a duly authorized law enforcement agency.

2.0 Responsibility to Report

- 2.1 Every employee has a responsibility to report compliance concerns to his/her immediate supervisor, manager, or division director. If an employee is uncomfortable raising a concern to their supervisor or if a concern has already been raised and not addressed the employee can use any of the following reporting options.
 - 2.1.1 The Compliance Hotline. This is an anonymous way to report concerns and is available 24 hours a day 7 days a week. The number is 1.844.965.1241.
 - 2.1.2 The Chief Compliance Officer. Reports can be made to the Chief Compliance Officer by email, by Teams, by telephone, or in person.

3.0 Management Responsibilities

- 3.1 Supervisors should maintain an 'open door' policy to support and encourage employee reporting of compliance related issues or concerns.
- 3.2 Supervisors should ensure that reports are handled as confidentially as possible.
- 3.3 Supervisors should provide the employee who is reporting the compliance issue with information regarding expectations of a timely response, confidentiality, non-retaliation, and progress reports.
- 3.4 Supervisors should determine which reports involve compliance issues and inform the Chief Compliance Officer who will document and track reports.
- 3.5 The Chief Compliance Officer shall coordinate the prompt review and investigation of all reports and ensure follow-up on the resolution of cases.

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- 3.5.1 Reports that are referred to a manager for investigation by the Chief Compliance Officer should be placed on high priority.
- 3.6 The Chief Compliance Officer shall report findings to the Compliance Committee which shall determine corrective and other action if reported violations are found to be true.
- 4.0 Action on Reports
 - 4.1 All investigations are initiated within 3 business days of the initial report.
 - 4.2 All reports received by or communicated to the Chief Compliance Officer are documented for tracking purposes.
 - 4.3 The Chief Compliance Officer or the Compliance Committee determines if the allegations have a basis in fact, what recommendations to make to the Chief Executive Officer to discipline the violator, and what corrective action is needed to prevent similar acts or conduct.
 - 4.4 Managers or any employee charged with investigation of wrongdoing may have to review pertinent documents and interview other members of staff and at all times must ensure protection of the confidentiality of the sources of information.
 - 4.5 HPSM management may consult and involve legal counsel as appropriate. Legal counsel will report to the Compliance Committee or Chief Executive Officer as appropriate unless the investigation involves the Chief Executive Officer, in which case counsel will report to the Commission.
 - 4.6 HPSM staff members who are interviewed during an investigation may request to have their own private attorney or counsel present if they believe the results of the investigation may result in disciplinary action. If an employee makes such a request, they will have two (2) business days in which to secure representation. If the employee has not secured representation and provided a statement within this time frame, the investigation will continue without the employee's statement.
 - 4.7 The interviewer shall conduct themselves in accordance with CP.005, HPSM's policy on Non-Retaliation and Non-Intimidation. The interviewer shall not provide any subjective commentary on the interviewee's story, actions, or potential outcome of the investigation.
 - 4.8 Upon the conclusion of an interview, the interviewer organizes the facts into a written report.
 - 4.9 Investigations must be completed in no more than 60 days. Investigations taking more than 60 days must be disclosed to the Compliance Committee with a reason for the delay.
 - 4.10 All documents relating to reports and any actions, investigations and recommendations based on such reports are kept in a safe place by the Chief Compliance Officer and protected from unauthorized access.
 - 4.11 The Chief Compliance Officer has the responsibility to ensure that any matter requiring external reporting to regulatory, or law enforcement agencies is properly disclosed. Any such issue will be brought to the attention of the Compliance Committee by the Compliance Officer and the committee will make a recommendation to the Chief Executive Officer.

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Related Documentation

- CP.000 Compliance Program
- CP.004 Compliance Hotline
- CP.005 Non-Retaliation and Non-Intimidation
- CP.026 Code of Conduct
- CP.027 Corrective Action Plan (CAP) Monitoring Process

Attachments

- None

Log of Revisions	
Revision Number	Revision Date
0	03/13/2007
1	01/11/2008
2	01/09/2009
3	03/05/2010
4	05/06/2011
5	07/06/2012
6	09/18/2013
7	01/02/2015
8	01/02/2016
9	11/18/2016
10	12/01/2017
11	11/13/2018
12	12/17/2019
13	01/26/2021
14	06/02/2023