Health Plan of San Mateo
Policy & Procedure Manual

Procedure: CP.009		Title: Notification Process for Compliance Issues	Original Effective Date: 02/24/2017
Revision: 4	**Last Reviewed /Revised:** 06/02/2023	**Dept: Compliance**	**Page 1 of 4**

Approval By: Compliance Committee	**Date:** 06/23/2023
Annual Review Date: 07/01/2024	
Authored by: Chief Compliance Officer	
Pursuant To: ☐ DHCS Contract Provision ☐ Health and Safety (H&S) Code ☒ CFR 42 CFR 422.503(b)(4)(vi); 42 CFR 423.504(b)(4)(vi) ☐ APL / DPL	☐ W & I Code ☐ California Title # ☐ Organization Need ☒ Other Medicare Managed Care Guide Chapter 21, Section 50.4; Medicare Prescription Drug Benefit Manual Chapter 9, Section 50.4
Departments Impacted: All	

Policy:

This policy documents the Health Plan of San Mateo's (HPSM) procedure for notifying the appropriate party or parties of compliance issues, including the Chief Compliance Officer, Compliance Committee, Chief Executive Officer and/or the Commission.

Scope

This procedure applies to (check all that apply):

☒ All LOBs/Entire Organization	☐ CCS	☐ Medi-Cal Expansion
		☐ Medi-Cal Adults
☐ ACE	☐ HealthWorx	☐ Medi-Cal Children
☐ CA-DSNP	☐ Medi-Cal	☐ 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.

Definitions

Compliance issue means an incident involving noncompliant, unethical, or illegal behavior individuals or entities affiliated with HPSM. For the purposes of this policy, "compliance issue" includes issues regarding privacy or FWA.

Employee means any full or part-time permanent HPSM employee, temporary employee, intern, volunteer, co-located county staff working at HPSM, or consultant working for HPSM.

Noncompliance means the failure to meet regulatory or legal requirements as stipulated in federal and state contracts, whether intentional or accidental.
Subcontractor means any entity or person under contract with HPSM which or who, on behalf of HPSM, furnishes or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by HPSM. This includes First Tier, Downstream and Related Entities (FDR).

Procedure

1.0 Requirements

1.1 HPSM employees and subcontractors are required to report any suspected or known incidents of fraud, waste and abuse, privacy and/or other non-compliance.

2.0 General Reporting of Compliance Issues

2.1 All compliance issues are reviewed by the Chief Compliance Officer.

2.1.1 Compliance issues identified per CP.027 are included for review.

2.2 Quarterly, all compliance issues are shared with the Compliance Committee.

2.2.1 The Chief Executive Officer is a standing member of the Compliance Committee.

2.2.2 Subject Matter Experts, including leadership and other key staff serve as standing members or are invited to the Compliance Committee to discuss compliance issues.

2.3 Annually, compliance issue statistics are shared with the Commission.

2.4 Specific compliance issues are presented to the Commission at the request of the Chief Compliance Officer, Compliance Committee, or the Chief Executive Officer.

2.4.1 These issues include, but are not limited to:

2.4.1.1 Confirmed cases of fraud, waste and abuse;

2.4.1.2 Privacy breaches;

2.4.1.3 Notices of Non-Compliance or other formal regulatory agency action against HPSM;

2.4.1.4 Other incidents of significant non-compliance (see Section 3.0);

2.4.1.5 Cases involving law enforcement; and

2.4.1.6 Incidents involving potential for civil monetary penalties.

3.0 Disclosures of Significant Non-Compliance

3.1 Certain incidents of significant non-compliance may warrant disclosure to the Commission.

3.1.1 Issues that pose a risk to members, providers or HPSM.

3.1.1.1 Risks to members may include, but are not limited to issues impacting the health of a group of members such as timely access to care or quality of care;

3.1.1.2 Risks to providers may include, but are not limited to issues impacting the financial stability of providers;

3.1.1.3 Risks to HPSM include, but are not limited to issues impacting HPSM's reputational, financial, legal, or operational health.

3.2 The Chief Compliance Officer, Compliance Committee, and/or CEO may determine when an issue, not otherwise defined in Section 2.4 requires disclosure to the Commission.

4.0 Timing of Disclosures

4.1. Cases defined as a breach, fraud or non-compliance may be discussed with:

4.1.1. The CEO at a regular CEO and Chief Compliance Officer one-on-one meeting;

4.1.2. The Compliance Committee, at the quarterly meeting following receipt of the issue unless an ad hoc meeting is called; and

4.1.3. The Commission, at the regularly scheduled meeting following receipt of an issue unless an ad hoc meeting is called.

4.2. Prior to disclosure to the Commission, all issues meeting disclosure criteria per Section 2.4 of this policy shall be reported first to the Compliance Committee for review.

4.2.1. Cases identified for disclosure by the Compliance Committee will be reported at the next meeting of the Finance/Compliance Committee

4.2.2. The CEO or CCO may determine any issue to require immediate notification to the Commission, either through a regularly scheduled meeting of the Commission or the Finance/Compliance Committee.

4.2.2.1. Such decisions shall be disclosed to the Compliance Committee at the next scheduled Compliance Committee meeting, or through an email notification.

5.0. Voluntary Self-Disclosure

5.1. Self-disclosure is a voluntary practice where HPSM, absent a request from a health care oversight agency, discloses a compliance issue to one or more health care oversight agencies and/or the Commission.

5.2. Self-disclosure demonstrates:

5.2.1. That HPSM has a functioning Compliance Program;

5.2.2. That HPSM is dedicated to operating a compliant managed care organization;

5.2.3. That HPSM is a partner in the delivery of health care services with the health care oversight agency; and

5.2.4. That HPSM places a high value on transparency and cooperation.

5.3. Self-disclosure to a health care oversight agency may be made by the Compliance Officer or the CEO.

5.3.1. If self-disclosure is to the HHS OIG, HPSM will follow the reporting instructions in the Self-Disclosure Protocol (SDP):

https://oig.hhs.gov/compliance/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf

6.0. Records

6.1 All compliance issue related records are maintained in accordance with HPSM policy CP.019.

Related Documentation

- CP.000 Compliance Program
- CP.003 Reporting Compliance Concerns
- CP.004 Compliance Hotline
- CP.016 Investigating and Reporting Fraud, Waste, Abuse and Neglect
- CP.019 Document Retention
- CP.026 Code of Conduct
- CP.027 Corrective Action Plan Monitoring Process

Attachments

- None

Log of Revisions	
Revision Number	**Revision Date**
0	02/17/2017
1	03/15/2017
2	12/26/2017
3	02/19/2019
4	12/17/2019
5	06/02/2023