## Health Plan of San Mateo
### Policy & Procedure Manual

**Procedure:** CP.010  
**Title:** Civil Rights Obligations for Subcontractors  
**Original Effective Date:** 11/06/2009

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<th>Revision:</th>
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<th>Dept: Compliance</th>
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**Approval By:** Compliance Committee  
**Date:** 04/18/2020

**Annual Review Date:** 04/01/2021

**Authored by:** Chief Compliance Officer

**Pursuant To:**  
- ☒ DHCS Contract Provision Exhibit A, Attachment 6, Provision 16; Exhibit E, Attachment 2, Provisions 29 and 30  
- ☒ Health and Safety (H&S) Code 1365.5; 1347.7; 1367.04 and 1367.042  
- ☒ CFR 42 CFR 422.110, 422.504(a)(6); 45 CFR Part 92; 45 CFR 156.125(b)  
- ☒ APL / DPL APLs 16-013 and 17-006  
- ☒ W & I Code 14029.91, 14029.92 and 14727  
- ☐ California Title #  
- ☐ Organization Need  
- ☒ Other “3-way” Contract between CMS, DHCS & HPSM (Cal Medi-Connect Contract) Sections 2.9.4, 2.9.7.9, 5.3.6, 5.3.13.1.3, and Appendix B; Title 42 United States Code §18116

**Departments Impacted:** All

**Policy:**

This policy documents HPSM’s commitment to comply with all Federal and State law and regulations that prohibit HPSM from discriminating against persons based on race, color, religion, sex (pregnancy and gender), sexual orientation, marital status, national origin, age (40 and above), protected veterans status, disability (mental and physical including HIV and AIDS), medical condition (cancer/genetic conditions) or any other group protected by Federal and State law.

The aforementioned categories are referred to as Protected Categories. HPSM is committed to providing a workplace in which all individuals and vendors are treated with respect and professionalism.

HPSM will only contract with vendors, providers and subcontractors that share HPSM’s commitment to prevent discrimination, harassment, and retaliation in the workplace.

This policy and procedure has been developed in accordance with contractual and regulatory obligations of the Medicare Advantage program, Medi-Cal Managed Care program, which require compliance with, but not limited to the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1973, the Affordable Care Act, the Insurance Gender Nondiscrimination Act and Knox Keene Act. These requirements apply to all HPSM lines of business.

**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-CMC / MMP  
- ☐ 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.
- HPSM staff, identified as “business owners”, authorized to enter into a contract with a person, entity or provider are responsible for ensuring contracts comply with this policy.

Definitions

Business owner means a HPSM employee authorized to enter into a contract with a person, entity or provider on behalf of HPSM.

Procedure

1.0 Subcontractor/Vendor Compliance

1.1 As a recipient of Federal financial assistance, HPSM does not exclude, deny benefits to, or otherwise discriminate against any person with regard to the Protected Categories in its provision of health care services, whether carried out by HPSM or through a subcontractor, vendor or any other entity with whom HPSM arranges to carry out its programs and activities.

1.2 HPSM will work proactively to ensure that qualified subcontractors and providers are employed in all its lines of business and the selection process will be without regard to factors related to the Protected Categories.

1.3 In all invitations to vendors to bid for projects, HPSM will state that all qualified applicants and bids will receive consideration on the basis of merit and without regard to the Protected Categories.

1.4 It is also the policy of HPSM to only do business with providers, subcontractors, consultants, vendors, or any other entities that do not discriminate against any person on the basis of any of the Protected Categories in admission to, treatment, or participation in its programs, services and activities, or in its employment practices.

1.5 In hiring subcontractors/vendors, all HPSM business owners should include in their contracts language that describes HPSM’s commitment to civil rights compliance. The contracts should also state that: (1) HPSM, as an entity that receives federal financial assistance, cannot work with any firm that discriminates on any basis protected by law and (2) any discriminatory activities on their part will result in termination of their contract.

2.0 General Member Protections

2.1 HPSM does not and its contractors will not discriminate on the basis of service utilization or utilization of HPSM’s grievance system.
2.1 Reviews, and subsequent approval or denial of services is based on medical necessity, as defined in each program’s terms and conditions (e.g. Member Handbook or EOC).

2.1.1 Limitations may apply, based on each program’s terms and conditions, based on quantity, member age, or other factors.

2.2 HPSM and its subcontractors will comply with 45 CFR Part 92, which implements Section 1557 of the Affordable Care Act.

2.2.1 45 CFR Part 92 and Section 1557 include, but are not limited to the following requirements:

2.2.1.1 The provision of language assistance services;

2.2.1.2 Adoption of grievance procedures for grievances received alleging an action prohibited by Section 1557; and

2.2.1.3 Provision of a Notice of Non-Discrimination and Taglines as required in 45 CFR 92.8

3.0 Transgender Protections

3.1 HPSM and its subcontractors will comply with:

3.1.1 the Insurance Gender Nondiscrimination Act (IGNA) which prohibits managed care plans from discrimination against individuals based on gender, including gender identity or gender expression; and

3.1.2 the Affordable Care Act and implementing regulations which prohibit discrimination against transgender beneficiaries and require managed care plan to treat beneficiaries consistent with their gender identity.

3.2 HPSM and its subcontractors delegated utilization management will not deny or limit coverage of any health care service that is ordinarily or exclusively available to beneficiaries of one gender, to a transgender beneficiary based on the fact that a beneficiary’s gender assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such services are ordinarily or exclusively available.

4.0 Grievance Procedures

4.1 Any vendor, subcontractor, or provider that believes it has been subjected to discrimination in violation of any of the above mentioned rights may file a grievance under this procedure. HPSM will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

4.2 A complaint must be in writing and contain the name and address of the person filing it (the grievant). The complaint must state the action alleged to be discriminatory and the relief sought.

4.3 The Chief Compliance Officer will conduct an investigation of complaints against subcontractors and vendors to determine its validity and prepare a written report regarding the findings and
conclusion reached. A summary copy of the report will be given to the Compliance Committee or a sub-committee as appropriate. The Compliance Committee or sub-committee shall recommend what disciplinary action must be taken and the grievant and offender will be notified of the actions to be taken.

4.4 In all instances where the conduct of an employee is an issue, the Chief Compliance Officer shall refer the complaint to the Chief Human Resources Officer for investigation. In the event that it is determined that discriminatory actions by an HPSM employee did take place, the Chief Human Resources Officer shall determine and carry out appropriate disciplinary action.

4.5 The grievant may appeal the Compliance Committee’s decision to the Chief Executive Officer.

4.6 Retaliation of any nature taken by anyone at HPSM against a member, provider, or vendor as a result of a grievance, inquiry, or report of a known or perceived violation under this policy, is an independent offense under federal and state law and under HPSM policy.

4.7 The availability of this grievance procedure does not preclude a subcontractor, provider, or vendor from filing a complaint of discrimination with any Federal or State agency with applicable oversight responsibilities over HPSM.

Related Documentation

- CP.000 Compliance Program
- CP.026 Code of Conduct
- QI.201 CLAS

Attachments

- None

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