Policy:	HH.2018
Title:	**Compliance and Ethics Hotline**
Department:	Office of Compliance
Section:	Regulatory Affairs & Compliance
CEO Approval:	*/s/ Michael Hunn 11/20/2024*
Effective Date:	04/01/2012
Revised Date:	11/07/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☒ PACE ☒ Administrative

I. PURPOSE

This policy establishes procedures whereby CalOptima Health shall receive, document, and manage calls made to CalOptima Health's Compliance and Ethics Hotline.

II. POLICY

A. CalOptima Health maintains a confidential Compliance and Ethics Hotline at 1-855-507-1805, which Board Members, Employees; First Tier, Downstream and Related Entities (FDRs); and other persons may use, on an anonymous basis, to report potential compliance issues to the organization. CalOptima Health will strive to maintain confidentiality, to the extent permitted under applicable laws.

B. CalOptima Health's FDRs shall develop a process consistent with this Policy for receiving, documenting, and managing calls made to the FDR's hotline. In addition, when FDRs train their employees on the FDR's reporting processes, such training shall emphasize that reports must be made to CalOptima Health, when appropriate.

C. CalOptima Health may contract with a third-party vendor to:

1. Take and document all incoming calls to the Compliance and Ethics Hotline;

2. Secure all information provided by the Caller and log the information on an intake form; and

3. Send the intake information to the Office of Compliance within one (1) business day of the call.

D. All calls made to CalOptima Health's Compliance and Ethics Hotline 1-855-507-1805 shall be handled in a manner that protects the privacy of the Caller, either named or anonymous, to the extent permitted by applicable law and circumstances. Each Caller shall be asked if he or she would like to remain anonymous.

E. The Office of Compliance shall review all calls made to CalOptima Health's Compliance and Ethics Hotline within three (3) business days of receipt and take timely appropriate action depending on the circumstances. CalOptima Health screens calls made to CalOptima Health's Compliance and Ethics Hotline in order to prioritize matters that require immediate investigation. The Office of

Compliance shall initiate a reasonable inquiry as quickly as possible, but not later than two (2) weeks after receipt of the phone call.

F. Access to CalOptima Health's Compliance and Ethics Hotline is available to Callers twenty-four (24) hours per day, seven (7) days per week, by calling 1-855-507-1805.

G. Availability of CalOptima Health's Compliance and Ethics Hotline shall be publicized in Member, Provider, Employee, and community communications.

H. CalOptima Health maintains a strict policy of non-retaliation and non-retribution towards an individual who makes such reports in good faith, pursuant to CalOptima Health Policies HH.3012: Non-Retaliation for Reporting Violations, and HH.2019: Reporting Suspected or Actual Fraud, Waste, or Abuse (FWA), Violations of Applicable Laws and Regulations, and or CalOptima Health Policies.

III. PROCEDURE

A. Receipt and Documentation of Call

1. The third-party vendor will:

   a. Intake phone calls received on the Compliance and Ethics Hotline and shall document all pertinent information, including the name, phone number, and location of the Caller, if the Caller is willing to provide that information.

   b. Document the nature of the concern and attempt to secure all identifiable information, such as name, location, specifics of the allegation, and any unique identifiers, such as the Client Index Number (CIN) or National Provider Number (NPI).

   c. Ascertain whether the Caller wants a call back or email follow up after the investigation closes. If so, the third-party vendor shall obtain a phone number or email for the call back/follow up.

   d. Forward the call intake information to CalOptima Health's Office of Compliance for investigation within one (1) business day of the call.

2. The Office of Compliance shall assign a case number, create electronic and paper files, and refer the case to the Chief Compliance Officer, or Designee, for review within two (2) business days of receipt from the third-party vendor.

B. Call Investigation

1. If the call concerns a general inquiry or a general complaint about a CalOptima Health Provider or procedure, the Chief Compliance Officer or Designee shall route the call to the appropriate CalOptima Health department for follow-up. All calls are reviewed and tracked to completion by the appropriate CalOptima Health department.

2. If the call concerns allegations of suspected or detected non-compliance, or potential FWA, on the part of a CalOptima Health Member, Board Member, Provider, or Employee, the Chief Compliance Officer or Designee shall initiate an investigation into the allegations. The investigation may involve other appropriate departments, as necessary.

3. The Chief Compliance Officer or Designee shall review the case and determine if additional information is necessary to develop an investigative plan. If additional information is required, the Caller, if identified, shall be contacted by the Chief Compliance Officer, or Designee, to obtain the additional information. If the Caller is anonymous, the Chief Compliance Officer or Designee shall evaluate the information provided and determine if the investigation can proceed with the information at hand. If the investigation cannot proceed without additional information, the Chief Compliance Officer, or Designee, shall close the case and document the rationale for closure in the case file.

4. If the investigation proceeds, the Chief Compliance Officer, or Designee, shall review and investigate the case in accordance with CalOptima Health Policies HH.2020: Conducting Compliance Investigations, or HH.1107: Fraud, Waste and Abuse Investigation and Reporting.

5. The Chief Compliance Officer or Designee shall report any CalOptima Health Employee matters that appear to involve criminal liability, or substantial civil liability, to the Human Resources Department, Legal Counsel, and other appropriate department(s) depending on the circumstances. In consultation with the CalOptima Health Legal Counsel, the Chief Compliance Officer may report potential criminal activity to the appropriate authority(ies).

6. The Office of Compliance may consult with CalOptima Health Legal Counsel, as necessary.

7. Once the preliminary investigation has been completed and has been sufficiently documented with all relevant questions answered, the Chief Compliance Officer or Designee shall determine whether the allegations should be referred to the appropriate regulatory enforcement branch for further investigation.

8. If preliminary investigation finds that there is no basis for the allegation, the Chief Compliance Officer or Designee shall close the case and document the rationale for such closure in the case file.

9. If the preliminary investigation finds that there is validity to the allegations made, the Office of Compliance shall forward the case file to the appropriate regulatory agency, in accordance with CalOptima Health Policy HH.1107: Fraud, Waste, and Abuse Investigation and Reporting.

10. For cases that are not appropriate for referral to the State and/or Federal regulators, but involve behaviors that must be corrected, or remediated, an Immediate Corrective Action Plan (ICAP), Corrective Action Plan (CAP), other remedial action(s), or some other disciplinary measure consistent with CalOptima Health policies and procedures shall be required to be implemented by the parties involved. The Chief Compliance Officer or Designee shall be responsible for monitoring successful completion of any ICAP, CAP, request, or other disciplinary measures imposed on the parties involved, while maintaining the privacy and Confidentiality of such parties, to the extent permitted by applicable law and circumstances.

11. CalOptima Health's Office of Compliance shall maintain databases of case files originating from the Compliance and Ethics Hotline, including reports and documentation, in accordance with CalOptima Health's Compliance Program.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Compliance Plan
B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
D. CalOptima Health PACE Program Agreement
E. CalOptima Health Policy HH.1107: Fraud, Waste, and Abuse Investigation and Reporting
F. CalOptima Health Policy HH.2019: Reporting Suspected or Actual Fraud, Waste, or Abuse (FWA), Violations of Applicable Laws and Regulations, and or CalOptima Health Policies
G. CalOptima Health Policy HH.2020: Conducting Compliance Investigations
H. CalOptima Health Policy HH.3012: Non-Retaliation for Reporting Violations
I. Medicare Managed Care Manual, Chapter 21
J. Medicare Prescription Drug Benefit Manual, Chapter 9
K. Title 31, United States Code (USC), §3730(h) — Civil Actions for False Claims
L. Title 45, Code of Federal Regulations (CFR), §164.530 – Administrative Requirements

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
12/01/2016	Regular Meeting of the CalOptima Board of Directors
12/07/2017	Regular Meeting of the CalOptima Board of Directors
12/06/2018	Regular Meeting of the CalOptima Board of Directors
12/05/2019	Regular Meeting of the CalOptima Board of Directors
12/03/2020	Regular Meeting of the CalOptima Board of Directors
12/20/2021	Special Meeting of the CalOptima Board of Directors
11/07/2024	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2012	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare
Revised	03/01/2013	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare
Revised	09/01/2015	HH.2018	Compliance and Ethics Hotline	Medi-Cal
Revised	12/01/2016	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE
Revised	12/07/2017	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE
Revised	12/06/2018	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	12/05/2019	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE
Revised	12/03/2020	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE
Revised	12/20/2021	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare PACE
Revised	09/01/2023	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare PACE
Revised	11/07/2024	HH.2018	Compliance and Ethics Hotline	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Board Members	Members of the CalOptima Health Board of Directors.
Caller	For purposes of this policy anyone who calls CalOptima Health's compliance and ethics hotline.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers for Medicare & Medicaid Services (CMS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Downstream Entity	Medi-Cal: Any party that enters into a written arrangement, acceptable to DHCS and/or CMS, with persons or entities involved with a CalOptima Health Program benefit, below the level of arrangement between CalOptima Health and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. OneCare: Any party that enters into an acceptable written arrangement below the level of the arrangement between a Medicare Advantage (MA) organization (and contract applicant) and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
Employee	For purposes of this policy, any and all employees of CalOptima Health, including all senior management, officers, managers, supervisors and other employed personnel, as well as temporary employees and volunteers.
First Tier, Downstream, and Related Entities (FDR)	First Tier, Downstream or Related Entity, as separately defined herein. For the purposes of this policy, the term FDR includes delegated entities, contracted providers, Health Networks, Physician Medical Groups, Physician Hospital Consortia, Health Maintenance Organizations, suppliers and consultants, including those that directly contract with CalOptima Health as well as those that are Downstream or Related Entities.
First Tier Entity	Medi-Cal: Any party that enters into a written arrangement, acceptable to DHCS and/or CMS, with CalOptima Health to provide administrative services or health care services to a Member under a CalOptima Health Program. OneCare: Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program.

Term	Definition
Immediate Corrective Action Plan (ICAP)	An ICAP is the result of non-compliance with specific requirements that has the potential to cause significant member harm. Significant member harm exists if the non-compliance resulted in the failure to provide medical items, services or prescription drugs, causing financial distress, or posing a threat to member's health and safety due to non-existent or inadequate policies and procedures, systems, operations or staffing.
Member	Medi-Cal: A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program. OneCare: A beneficiary enrolled in a CalOptima Health OneCare Program. PACE: Any Eligible Medi-Cal Beneficiary who has enrolled in CalOptima Health PACE's plan in accordance with the provisions of California Code of Regulations title 22, section 53420.
Provider	Medi-Cal: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. OneCare: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Related Entity	Any entity that is related to the Medicare Advantage organization by common ownership or control and: 1. Performs some of the Medicare Advantage organization's management functions under contract or delegation; 2. Furnishes services to Medicare enrollees under an oral or written agreement; or 3. Leases real property or sells materials to the Medicare Advantage organization at a cost of more than two-thousand five-hundred dollars ($2,500) during a contract period.