



**Gold Coast
Health Plan**SM
A Public Entity

www.goldcoasthealthplan.org

Gold Coast Health Plan Compliance Plan 2024

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Overview

Gold Coast Health Plan (GCHP) is committed to conducting its business operations in compliance with ethical standards, contractual obligations under State and Federal Programs, and all applicable laws and, regulations pertaining to the GCHP Compliance Program. This commitment extends to our Network Providers, Subcontractors, and Downstream Subcontractors that support GCHP's mission and vision.

As part of that commitment, GCHP has appointed a Chief Compliance Officer and formalized its compliance activities by developing a compliance program that incorporates the fundamental elements identified by the U.S. Department of Health and Human Services (HHS), Office of the Inspector General (OIG), the California Department of Health Services (DHCS) and other agencies as necessary. This comprehensive approach is intended to prevent and detect violations of ethical standards, contractual obligations, and applicable laws with the involvement of GCHP Commission and staff. The Compliance Program is a continually evolving process that is reviewed and enhanced on an annual basis, based on compliance monitoring, new areas of risk, and regulatory changes. The Compliance Program applies to GCHP Commission, Employees, Providers, Subcontractors, and Downstream Subcontractors.

Seven Key Elements of an Effective Compliance Program

- 1. Standards - Code of Conduct and Policies and Procedures**
- 2. Program Oversight - Compliance Officer, Compliance Committee, and High-Level Oversight**
- 3. Training and Education**
- 4. Effective Lines of Communication**
- 5. Well-Publicized Disciplinary Standards**
- 6. Auditing and Monitoring - Effective System for Routine Monitoring. Auditing, and Identification of Compliance Risks**
- 7. Procedures and Systems for Prompt Response to Compliance Issues**

GCHP prioritizes its commitments through a risk analysis. The Compliance Plan reflects the application of this risk analysis by focusing GCHP's limited resources in a manner that most effectively protects the Plan from fraud, waste, abuse, and other risks to GCHP, its Employees, Providers and Members.

This plan is reviewed and approved annually by the GCHP Compliance Committee and the Compliance Oversight Committee which is a standing committee of the Ventura County Medi-Cal Managed Care Commission (Commission). The approved Compliance Plan will be publicly posted on the GCHP public website.

THE COMPLIANCE PLAN

The complex laws governing GCHP, and its programs are constantly evolving. This Compliance Plan establishes GCHP's principles, standards and Policies and Procedures regarding compliance with applicable laws and regulations, including those governing relationships among GCHP and regulatory agencies, Providers, Subcontractors, and Downstream Subcontractors. The Compliance Plan is designed to ensure that GCHP's operations and the practices of its Employees, Commissioners, Providers, Subcontractors, and Downstream Subcontractors comply with contractual requirements, ethical standards, and applicable law.

The first part of the Compliance Plan addresses the review and implementation of contractual, legal, and regulatory obligations for GCHP's operations. GCHP has developed and continues to develop specific Policies and Procedures relating to its business operations and compliance efforts. The balance of the Compliance Plan addresses the other elements of an effective Compliance Program including the structure and operational aspects of the Program, such as delegation of authority, training and education processes, monitoring and auditing activities, enforcement/discipline, and corrective action.

If a GCHP Employee, Network Provider or Commissioner has any questions about the application of this Compliance Plan, GCHP values, or GCHP Policies and Procedures, he or she can seek guidance from the Chief Compliance Officer, or another member of the Compliance Committee. Employees, Network Providers and Commissioners should be generally familiar with the contractual, legal, and regulatory requirements pertinent to their job duties.

This Compliance Plan does not address all of GCHP's activities and the applicable legal issues they may entail. Employees, Providers, and Commissioners should seek the guidance of their supervisor, the GCHP Chief Compliance Officer, GCHP General Counsel or GCHP Senior Leadership as applicable with respect to any other issues that may arise.

CODE OF CONDUCT AND POLICIES AND PROCEDURES

Review and Implementation of Standards

GCHP regularly reviews its business operations against new standards imposed by applicable contractual, legal, and regulatory requirements to ensure that GCHP, its Commissioners, Employees, Providers, Subcontractors, and Downstream Subcontractors operate under and comply with changing standards. Policies and Procedures are developed to respond to changing standards and potential risk areas identified by GCHP, including risks identified by federal and state agencies. GCHP identifies risk areas by examining information collected from monitoring and auditing activities. These activities include internal reviews; external reviews of GCHP's operations by regulatory agencies; and review of GCHP's participating Network Providers including Subcontractors and Downstream Subcontractors).

The 7 elements of the Compliance Program will be implemented and maintained with the identified standards through the use of GCHP's Code of Conduct, Policies and Procedures, and Compliance Program Training and Education Activities.

Code of Conduct

The GCHP Code of Conduct provides all GCHP Employees and Commissioners with the standards of conduct applicable to their assigned business activities during their employment or appointment with GCHP. The Code of Conduct is GCHP's statement for performing business functions in an ethical manner and comply with all applicable federal and state laws, regulations, and includes DHCS Medi-Cal contract requirements as a Medi-Cal Managed Care Plan.

The Code of Conduct and any changes or modifications to the Code of Conduct are approved by the Commission.

Policies and Procedures

GCHP has developed written Policies and Procedures to address specific areas of GCHP operations, compliance activities, and FWA prevention, detection, and remediation to ensure GCHP can effectively adhere to all applicable laws, regulations, and guidelines. These Policies and Procedures are designed to provide guidance to Employees, Commissioners, Subcontractors, and Downstream Subcontractors concerning compliance expectations and outline processes on how to identify, report, investigate, and resolve compliance issues. Employees, Commissioners, and Subcontractors are expected to be familiar with the Policies and Procedures pertinent to their respective roles and responsibilities.

GCHP Policies and Procedures are reviewed annually and updated, as needed, depending on state and federal regulatory changes and or/ operational improvements to address identified risk factors. GCHP Senior Leadership and Committees meet regularly to review

and approve proposed changes and additions to GCHP's Policies and Procedures. These Policies and Procedures assure that Employees perform their responsibilities in compliance with their positions and applicable law. Employees are responsible for ensuring that they comply with the Policies and Procedures relevant to job their description. Providers are responsible for complying with their contractual obligations and government regulations.

Compliance Program Policies and Procedures

The Compliance Program policies and procedures development will ensure that elements of the Compliance Program are implemented and communicated to all GCHP Employees, Commissioners, and applicable subcontractors. The Compliance Program policies and procedures will be reviewed on an annual basis by the Chief Compliance Officer or their designee including review and approval by the GCHP Compliance Committee.

Network Providers, Subcontractors and Downstream Subcontractors

GCHP Policies and Procedures will also ensure that Network Providers, Subcontractors, and Downstream Subcontractors will comply all applicable terms and conditions of contracts including obligations under state and federal law, regulation, APL or DHCS guidance including the DHCS Medi-Cal Contract.

Compliance Program Policy List & Maintenance

As part of the GCHP Compliance Plan a listing of all the Policies and Procedures implemented for the Compliance Program are maintained in the "Gold Coast Plan Compliance Program Policy List." The list will be updated and maintained as updates are made to applicable Compliance Program policies and procedures.

PROGRAM OVERSIGHT

Commission and Compliance Oversight Committee

GCHP's Commission has the duty to assure that GCHP implements and monitors a Compliance Program governing GCHP's operations. The Commission receives and reviews reports from the Chief Compliance Officer on a periodic basis.

The Compliance Oversight Committee was established by the Commission as a standing committee. The Compliance Oversight Committee meets on a quarterly basis to review reports regarding the status of the GCHP Compliance Program and provide general oversight of the program for the Commission.

Chief Compliance Officer

The Chief Compliance Officer is a full-time employee of GCHP and serves as the primary executor and administrator of GCHP's Compliance Program, regulatory obligations and Code of Conduct. The Chief Compliance Officer's primary function requires managerial leadership in effectively enforcing organization-wide Policies and Procedures as they relate to federal, state and local regulations governing the practices and procedures regarding GCHP. Responsibility for providing leadership and management in the areas of interpreting regulations, contracts, legislation, and creating practical application for such legislation as they apply to GCHP's operation. The Chief Compliance Officer reports directly to the Chief Executive Officer and the Governing Board of Ventura County Medi-Cal Managed Care Commission (Commission), and directly partners with the Executive Team and departmental directors on all strategic and tactical matters as they relate to such regulations.

The Chief Compliance Officer receives periodic training in compliance procedures, has the authority to oversee and direct compliance efforts, and to report directly to or escalate issues of concern to the Commission. Proper execution of compliance responsibilities and promotion of adherence to the Compliance Program are factors in the annual work evaluation of the Chief Compliance Officer.

In addition, the Chief Compliance Officer, or his or her designee supervises the GCHP Compliance Department, which includes compliance professionals with expertise and responsibilities for the following areas: state and federal programs regulatory affairs and compliance, FWA, Privacy, internal and delegate auditing and monitoring, Policies and Procedures, and training on compliance activities.

The Compliance Committee

The Compliance Committee is responsible for maintaining the Code of Conduct, subject to the ultimate authority of the Commission. GCHP maintains minutes of Compliance Committee meetings reflecting the reports made to the Compliance Committee and the Compliance Committee's decisions on issues discussed (subject to the attorney/client privilege, etc.) The Compliance Committee meets a minimum of 4 times per year. The

Compliance Committee reviews compliance reports and regular reports from all departments.

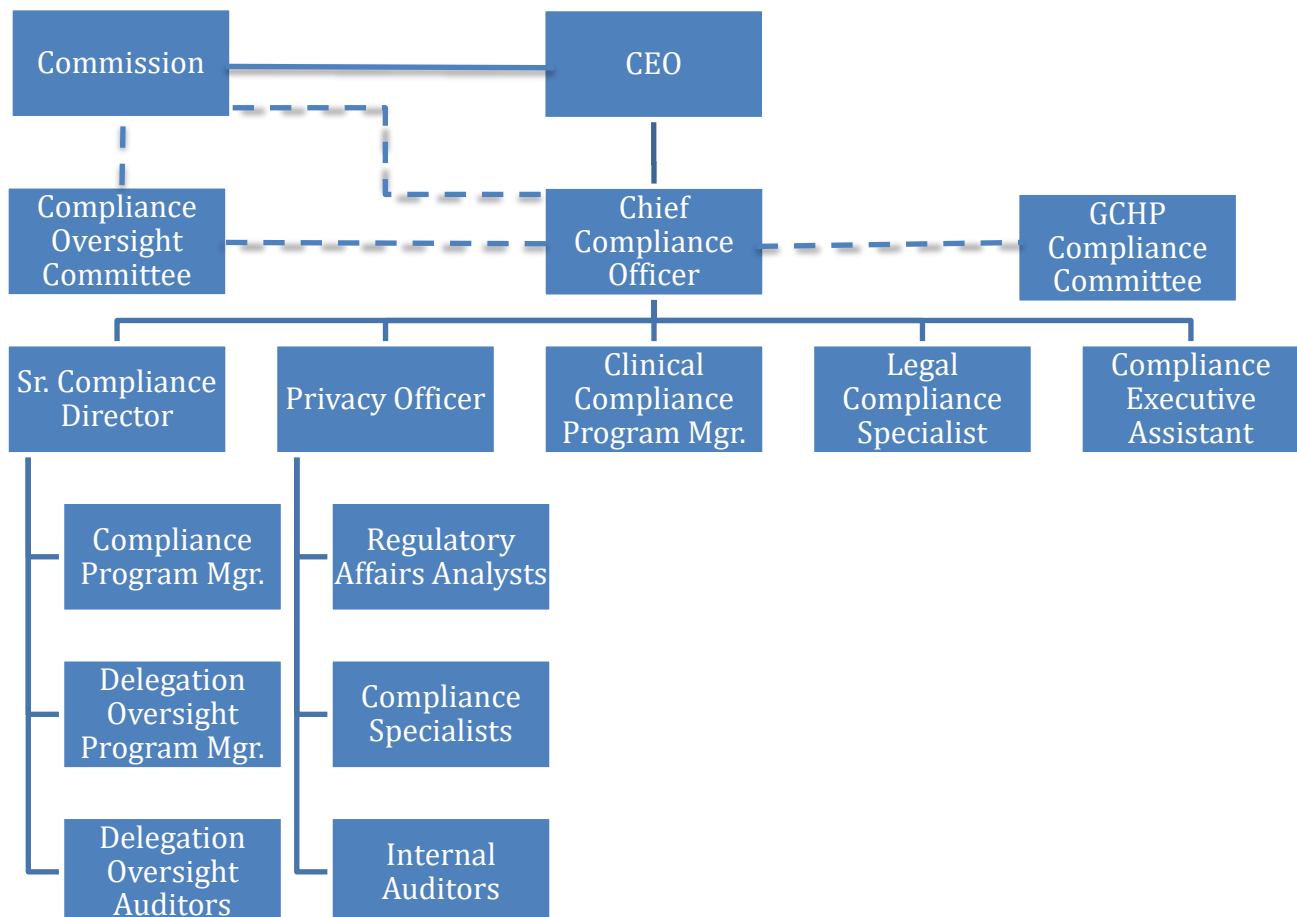
Compliance Committee Composition

Individuals selected for the Committee are Chiefs or department heads based upon their status as a Subject Matter Experts in the operational areas of the Health Plan.

Compliance Program Independence of Action

The GCHP Compliance Program and Chief Compliance Officer can act independently of other GHCP operational functions and programs outside of the Compliance Program. This ensures that the Compliance Program and the Chief Compliance Officer are able to perform their duties without the fear of repercussion for uncovering deficiencies or acts of noncompliance by GCHP Employees, Commissioners, Providers, Subcontractors, and other GCHP vendors.

Compliance Department Organization Chart and Reporting Structure



TRAINING and EDUCATION

GCHP provides general and specialized trainings and education to Employees to assist them in understanding the Compliance Program, including this Compliance Plan and Policies and Procedures relevant to all staff. As a part of this process, all Employees are apprised of applicable state and federal laws, regulations, and standards of ethical conduct. Employees are also informed of the consequences of any violation of those rules or the Compliance Program.

GCHP provides training to Commissioners, Employees, and Providers as follows:

Compliance Education and Training Program

The GCHP Compliance Education and Training Program focuses on the elements of an effective Compliance Program, conduct & ethics, Fraud, Waste and Abuse (FWA), and Privacy and Information Security requirements.

Initial and Continuing Education and Training

New Employees receive copies of GCHP's Code of Conduct and access to Policies and Procedures pertinent to that individual's job responsibilities upon commencement of their employment. New Employees are required to complete initial Compliance training courses on GCHP Code of Conduct, HIPAA Compliance, and Fraud, Waste, and Abuse (FWA) occurring to the defined policies and procedures applicable to the requirement Compliance Training.

Employees may receive additional compliance training as is reasonable and necessary based on changes in job descriptions/duties, promotions, and/or the scope of their job functions. GCHP makes the Compliance Plan, and Compliance Policies and Procedures available to all Employees through an online portal. All Employees are trained annually as outlined below.

Ongoing Compliance Training

At least annually, GCHP staff will be trained on three main Compliance Program topics: The GCHP Compliance Program and Code of Conduct, Privacy and Information Security, and FWA. Trainings may be split up into online computer modules over the course of a calendar year.

Specialized Training

Employees may receive additional training as is reasonable and necessary based on job descriptions/duties, promotions, and/or the scope of their job functions.

The Commission and Providers may be trained as necessary on how to respond appropriately to compliance inquiries and reports of potential non-compliance.

Commissioner Compliance Training

New Commissioners shall receive a copy of the Compliance Plan and Code of Conduct upon their appointment to the Commission. Further GCHP Commissioners will receive training on the GCHP Compliance Program and Code Conduct, Privacy and Information

Security, and FWA. GCHP's Chief Compliance Officer provides a general overview of the Compliance Program to all Commissioners on an annual basis.

Provider Compliance Training

Providers shall receive a copy of the Code of Conduct and Provider Manual. Providers are encouraged to disseminate copies of the Code of Conduct Provider Manual to their Employees, agents, and subcontractors that furnish items or services to GCHP or its Members. Individual and Group Providers are encouraged to provide Compliance Training to their employees using tools GCHP has made available on its website or of their own design. GCHP requests copies of its sub-contracted full-service compliance programs and documentation of completed annual trainings.

In compliance with the Deficit Reduction Act of 2006, Providers will be given a copy of GCHP's False Claims Act Policy and Procedure through the Provider Manual.

Failure to Participate In Annual Training

The Compliance & Human Resources Departments will make a good faith effort to ensure all Employees participate in the annual training. Employees identified as having failed to participate will be contacted to complete the required training as soon as possible, including any necessary disciplinary actions based upon established policies and procedures.

Compliance Training Documentation

The following details the documentation requirements related to the training and education program:

- All Employees must show completion of training through either an online education module , or the submission of a signed attestation.
- All Employees must sign the Code of Conduct after receiving and reviewing the document. This signature may be electronic or on paper.

Coordination of Training

The Compliance Department coordinates Compliance Education and Training Programs with the Human Resources Department. The Compliance Department, unless otherwise specified by the Chief Compliance Officer conducts Compliance Education and Training.

Other Education Program Communications

- GCHP informs Commissioners, Employees and Providers of any relevant federal and state fraud alerts and policy letters, pending/new legislation reports, updates, and advisory bulletins as necessary.

- GCHP uses electronic communication and/or other forms of communication (as appropriate) to inform Employees and Providers of changes in applicable federal and state laws and regulations.
- GCHP informs Commissioners and Employees that they can obtain additional information from the Chief Compliance Officer. Any questions, which cannot be answered by the Chief Compliance Officer, shall be referred to the Compliance Committee.

COMMUNICATION

The Compliance Program, including provisions of the Compliance Plan, is implemented and maintained on behalf of GCHP by the Chief Compliance Officer and Compliance Committee as follows:

Initial Distribution of Compliance Plan

Employees and Commissioners

The Compliance Plan, Code of Conduct and Policies and Procedures are made available through an online portal or the GCHP public website. New Employees will receive the Compliance Plan and Code of Conduct during the onboarding process.

A copy of this Compliance Plan and Code of Conduct are distributed to Commissioners upon their appointment, and annually thereafter for review and approval. GCHP's Chief Compliance Officer, or Clerk of the Commission, shall have responsibility to distribute and obtain a signed Code of Conduct from Commissioners annually.

Regular Reaffirmation

GCHP requires that endorsement of the Code of Conduct and applicable policies and procedures be affirmed each calendar year as follows:

Employees and Commissioners shall be advised of any changes from the prior year. Employees and Commissioners are required to review and sign a Code of Conduct annually, which may be done through an online training module.

- The annual Code of Conduct training attestations or signatures maintained by the Compliance Department. ..

Additional Communication

The Compliance Department will:

- Inform Commissioners and Employees of any relevant fraud alerts, policy letters, pending/new legislation reports, updates, and advisory bulletins as necessary through:
 - New Staff Orientation trainings
 - Annual Compliance trainings
 - GCHP Policy web portal
 - Other venues as requested by the Chief Compliance Officer or Compliance Committee members.
- Use electronic communications and/or other forms of communication (as appropriate) to inform Employees Providers, Subcontractors, and Downstream Subcontractors of changes in applicable federal and state laws and regulations through:
 - Employee bulletins (email)

- Provider Operations Bulletins
 - The Provider Manual
 - The GCHP Website (www.goldcoasthealthplan.org)
 - Ad Hoc Communications via email or mail
- Inform Commissioners and Employees that they can obtain additional compliance information from the Chief Compliance Officer. Any questions which cannot be answered by the Compliance Officer will be referred to the Compliance Committee.

REPORTING

Disclosure, Confidentiality and Non-Retaliation

Establishment and Publication of Reporting System

GCHP has established various avenues for the reporting FWA and other misconduct. This reporting system provides several lines of “upstream” communication to ensure an effective collection of possible misconduct. Confidentiality, when requested, may be honored to the extent allowed by law.

The various means of reporting are described below:

Open Door Policy

All GCHP Employees are notified upon hire, and annually thereafter of GCHP’s open door policy. All Employees may approach their supervisor, manager, or director with any issue. GCHP Employees are encouraged to check with their supervisor, manager, or director with compliance issues, complaints, or questions. Management staff is trained to handle these situations and forward any necessary information to the Chief Compliance Officer or their delegate for review or investigation.

Compliance Hotline

GCHP has a Compliance telephone hotline (“Compliance Hotline”) for GCHP Commissioners, Employees, Providers, Subcontractors and Members and other interested persons to report all violations or suspected violations of law and/or the Compliance Program and/or questionable or unethical conduct or practices including, without limitation

- Calling the toll-free hotline, available 24 hours a day, seven days a week at **1.866.672.2615**
- Filing online at www.secure.ethicspoint.com
- Writing to the following address
Gold Coast Health Plan
Attn: Compliance Officer – Fraud Investigation
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

Commissioners, Employees, Providers, Subcontractors, and Downstream Subcontractors have an affirmative duty under the Compliance Program to report all violations, suspected violations, questionable conduct, or practices by a verbal or written report to GCHP via the Compliance Hotline, to a supervisor, or the Chief Compliance Officer or their delegate.

GCHP publicizes the Compliance Hotline by appropriate means of communication to Commissioners, Employees, Providers, and Subcontractors including, but not limited to, e-mail notices, newsletters, website and/or posting hotline posters in prominent areas.

Confidentiality, Anonymous Reporting and Non-Retaliation/Non-Intimidation

GCHP takes all reports of violations, suspected violations, questionable conduct, or practices seriously.

Reports of compliance issues are treated confidentially to the extent permitted by applicable law and circumstances. For hotline reports the caller and/or author need not provide his or her name.

Communications via the Compliance Hotline or in writing are treated as privileged to the extent permitted by applicable law.

GCHP's policy prohibits any retaliatory action against a Commissioner, Employee, Provider, or Subcontractor for making any verbal or written communication in good faith. In addition, GCHP policy prohibits any attempt to intimidate an individual reporting a compliance issue, for any reason.

Voluntary Disclosure and Prohibition Against Insulation

GCHP Employees are notified annually during compliance training of GCHP's policy of voluntary disclosure. GCHP Employees are encouraged to disclose mistakes and misconduct to their supervisors, managers, directors or the Chief Compliance Officer or their delegate to prevent or deter FWA and other regulatory infractions.

Although Commissioners, Employees, Providers, and Subcontractors are encouraged to report their own wrongdoing, Commissioners, Employees and Providers may not use any voluntary disclosure in an effort to insulate themselves from the consequences of their own violations or misconduct.

GCHP takes violations of this reporting policy seriously and the Chief Compliance Officer will review disciplinary and/or other corrective action for violations, as appropriate, with the Compliance Committee or General Counsel.

AUDITING and MONITORING

Each GCHP Department is tasked with periodically monitoring and auditing their functions as the result of contractual requirements, policies and procedures, corrective actions as a result of prior audits, determinations or risk on a department or plan wide basis, or at the request of the CEO, CFO, Chief Compliance Officer, or other executive level leader.

The Compliance Department, in coordination with the Compliance Committee, is responsible for assisting in the development and maintenance of regular auditing and monitoring activities, through the use of a risk assessment approved by the Compliance Committee. The Compliance Department will be responsible for maintaining global monitoring and auditing policies and procedures as approved by the Compliance Committee.

Monitoring Systems

Organizational Monitoring

Verbal and/or Written Compliance Reports

Reports of suspected or actual compliance violations, unethical conduct, FWA, and/or questionable conduct made by Employees in writing or verbally, formally or informally, are subject to review and investigation as provided below, in consultation with General Counsel, by GCHP's Chief Compliance Officer and/or their designee.

The Chief Compliance Officer will work under the supervision of the Chief Executive Officer to investigate reports and initiate follow-up actions as appropriate.

Internal Monitoring

Department Directors regularly review internal status/progress reports to ensure compliance and efficiency in departmental activities. "Red flags" that are identified in these reports are reviewed by the Department Director and/or specially trained staff to determine if misconduct has occurred. Instances of FWA, or other misconduct are investigated by the Department Director and brought before the Compliance Committee. Corrective Actions may be applied by the reviewing Department Director under the direction of the Compliance Committee. Resolution of cases identified for possible or actual fraud, waste, and abuse are reported to the Compliance Committee at the next scheduled meeting.

Internal Audit

The internal audit department provides an objective and independent review of internal department's processes and procedures. The department audits areas to ensure compliance with regulations, policies and procedures and applicable contracts. After review is completed, a report and corrective action plan, if applicable, is issued. All audits are reported to the Compliance Committee.

Oversight of Delegated Activities

GCHP delegates certain functions and/or processes to contracted Medical Groups and sub-contracted full-service or specialty plans who are required to meet all contractual, legal, and regulatory requirements of GCHP's Policies and Procedures and other guidelines applicable to the delegated functions. Detailed delegation agreements are executed with those Delegated Providers and Entities. Periodic reports are monitored by GCHP staff.

GCHP maintains oversight over all Delegated Providers, including but not limited to, the following delegated activities:

- Provider credentialing and re-credentialing at select facilities.
- Quality Improvement and Health Equity Programs
- Member Services and Call Center Operations
- Utilization Management
- Grievances and Appeals
- Claims payment

Medi-Cal Contract Delegation Plan and Oversight

GCHP will perform oversight through monitoring and auditing for all Providers, Subcontractors, and Downstream Subcontractors that have been delegated requirements of the DHCS Medi-Cal Contract. This will include performing reporting requirements to DHCS as part of the Delegation Reporting requirements of the Medi-Cal contract using templates specified by DHCS and the timing specified in the Medi-Cal contract or applicable APL.

Availability of Records

GCHP and its Providers' records are available for review by regulatory agencies, or their designee. Records are maintained according to the contractual obligations specified between GCHP and the Provider and are not kept for a period of time any shorter than mandated by applicable Federal and/or State law. Records for Medi-Cal are maintained for 10 years.

Periodic Audits

In order to comply with its regulatory and contractual requirements, GCHP conducts periodic audits of its operations. Audits may be routine or ad hoc, depending on the needs of GCHP, the Department conducting the monitoring, or pursuant to a regulatory agency request, notification or alert. Audits are based on contractual or regulatory obligations, or GCHP policy.

Focused Audits

Compliance with Contractual Requirements

GCHP maintains contracts with and is audited by health care oversight agencies in connection with GCHP programs. Results from audits conducted by regulatory agencies

will be reviewed and used to develop and modify systems to audit and monitor operations on a regular basis.

Government-Identified Risk Areas

The Chief Compliance Officer or their designee monitors for specific compliance issues identified by health care agencies. This includes but is not be limited to areas of risk identified in the OIG's Annual Work Plan, the results of audits of GCHP operations by health care oversight agencies, and Compliance Issues identified and reported to GCHP's Compliance Department.

Annual GCHP Monitoring and Auditing Work Plan

GCHP maintains a monitoring and auditing work plan that includes:

- Summary of internal monitoring processes
- Internal audit schedule
- Audit narrative, including:
 - Audit objectives
 - Scope and methodology
- Staff responsible for specific audits
- Strategy to monitor and audit GCHP's subcontractors.
- Process for developing follow up and corrective actions.

The monitoring and auditing plan is modified based on a risk assessment. The risk assessment is used to determine which areas of GCHP's business may be susceptible to FWA or non-compliance. Audit guides, experiences of other managed care plans, other resources developed by regulatory agencies and the health care industry may be used to identify high risk areas. The Compliance Department with input of the Compliance Committee prioritizes the monitoring and auditing strategy based on available resources.

Areas in GCHP's business that are found to be non-compliant will be reviewed to determine how the deficiencies should be addressed. Recommendations or Corrective Actions may be required depending on the severity of the findings.

Actions taken as a result of the work plan are tracked to evaluate the success of implementation efforts. A report on monitoring and auditing results is presented to the Compliance Committee in the quarter following the finalization of the audit report.

External Auditing for Delegated Entities

As part of its work plan GCHP monitors and audits Delegated Entities that are involved in the administration or delivery of services to GCHP members. GCHP audits its Delegated Entities using the same auditing tools provided by regulatory agencies to ensure compliance with each program's standards. Recommendations or corrective actions are provided to the Delegated Entity upon the conclusion of each audit. Corrective actions are followed-up upon as defined/determined in the corrective action letter and at the next annual review.

Audit Review

The Chief Compliance Officer and/or their designee submit regular reports of all monitoring, audit, and corrective action activities to the Compliance Committee. When appropriate, GCHP will provide summary reports to the appropriate health care agency (or a designee) prior to a regularly scheduled audit by that agency.

Participation Status Review and Background Checks

GCHP does not knowingly hire, contract with, or retain on its behalf, any person or entity that is currently suspended, excluded or otherwise ineligible to participate in Federal and/or State health care programs; and/or has ever been excluded from participation in Federal and/or State health care programs based on a mandatory exclusion.

Verification of a provider's eligibility to contract with GCHP is covered in Credentialing and Recredentialing policies maintained by the Provider Relations Department. Payments made by GCHP (i) to excluded persons or entities, or (ii) for items or services furnished at the medical direction or on the prescription of an excluded or suspended physician are subject to repayment/recoupment.

Employees are required to notify the Human Resources Department if, after hiring their ability to participate in federal and/or state health care programs changes. In the event GCHP discovers the status of any Employee, Volunteer or Temporary Employee no longer permits them to work for GCHP, corrective actions will be taken. Gold Coast Health Plan ("GCHP") may not contract or hire any Ineligible Person or Persons, currently on the exclusion list or has been convicted of a criminal offense under 42 U.S.C. § 1320a-7(a), not yet excluded from Federal health care programs. GCHP shall require all Covered Persons to disclose immediately to the Compliance Officer (or designee) if they become an Ineligible Person.

ENFORCEMENT

Conduct Subject to Enforcement and Discipline

Commissioners may be subject to removal, Employees to discipline up to and including termination and Providers to contract termination for non-compliance behavior, including but not limited to committing fraudulent acts.

Enforcement and Discipline

GCHP maintains a “zero tolerance” policy towards any illegal conduct that impacts the operation, mission, or image of GCHP. Any Employee, Provider, or Subcontractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) may be terminated from employment or their contract. GCHP will accord no weight to a claim that any improper conduct was undertaken for the benefit of GCHP. Such conduct is not for GCHP’s benefit and is expressly prohibited.

GCHP maintains a policy on Employee Conduct and Work Rules which specifies unacceptable employee behavior. Employee discipline is determined by the HR Department.

In determining the appropriate discipline or corrective action for any violation of the Compliance Program or applicable law, GCHP will not take into consideration a particular person’s or entities economic benefit to the organization.

Employees Providers, and Subcontractors should also be aware that violations of applicable laws and regulations, even unintentional, could potentially subject them or GCHP to civil, criminal or administrative sanctions and penalties. Further, violations could lead to suspension or exclusion from participation in Federal and/or State health care programs.

REMEDATION

Notice of Violation or Suspected Violation

If a Commissioner, Employee, Provider, or Subcontractor becomes aware of a violation, suspected violation or questionable or unethical conduct in violation of the Compliance Plan or applicable law, that Commissioner, Employee, Provider, or Subcontractor must notify GCHP immediately. The Commissioner, Employee, Provider, or Subcontractor may report any violation, suspected violation, or questionable conduct to their immediate Supervisor, a Director, including the Chief Compliance Officer by direct verbal or written report. Such reports may also be made to the Compliance Hotline.

Response to Notice of Violation or Suspected Violation

Upon receipt of a report of non-compliance (whether a general compliance issue, HIPAA or FWA), the Compliance Department is responsible for review and investigation. Issues with high severity relative to compliance may be directly reported to the Chief Compliance Officer. Issues with high severity, including that includes employee misconduct may be reported directly to the HR Department for investigation as appropriate.

The Compliance Department will work with the appropriate GCHP staff, General Counsel, appropriate outside contacts to correct the compliance issue.

Reported issues are tracked by the Compliance Department for routine reporting on a quarterly basis to the Compliance Committee. Statistics on compliance issue reporting are provided to the Commission as a part of the periodic Chief Compliance Officer report.

It is the responsibility of the Chief Compliance Officer, or their designee to review and implement any appropriate corrective action after considering such recommendations. It is the responsibility of the HR Director or their designee to implement any disciplinary action with regard to employee misconduct.

FRAUD

GCHP must comply with certain regulatory requirements pertaining to Fraud, Waste, and Abuse prevention. Such regulations dictate the investigative, reporting and monitoring activities related to FWA prevention.

The Compliance Committee, along with the Chief Compliance Officer is responsible for maintaining a Fraud, Waste, and Abuse Program (Fraud Program). The Fraud Program will be evaluated as an element of the Compliance Plan on an annual basis based on risks identified by the health care or regulatory agencies, and GCHP's pertinent experience.

Fraud Detection

Fraud detection involves knowing what can go wrong, and who could do it. It also involves knowing what opportunities exist, and understanding the systems and controls designed to minimize the opportunities. Additionally, fraud detection involves knowing the symptoms or patterns of the occurrence, being on the lookout for such patterns and building programs to look for the patterns.

GCHP believes that knowing what can go wrong consists of identifying fraud indicators that warrant closer scrutiny, including the types of fraud, common fraud schemes and trends, "red-flags" and situations leading to potential fraud.

GCHP also routinely identifies trends or "global" schemes in Medicaid (Medi-Cal), Medicare or health care fraud and abuse reported in newspapers, journals, or through CMS Fraud Alerts or other means.

"Red Flags"

"Red Flags" are events or circumstances that warrant further investigation and are potential indicators of fraud. GCHP reviews these examples on a periodic basis; however, some are known to naturally occur. Not all red flags result in fraud.

Departmental Monitoring Activities

Fraud detection requires that fraud be proactively sought through a variety of means. Each department is responsible for taking proactive steps to detect fraud. GCHP exercises diligence and actively searches for possible fraudulent behavior through during the course of regular business, and as a result of fraud alerts provided by regulatory agencies via the Compliance Department. GCHP is required to conduct certain monitoring activities as a result of contractual or regulatory obligations.

Once a symptom or pattern has been identified, further research is warranted to determine whether there is reasonable suspicion of fraudulent behavior. Per the Plans contract with the DHCS the Plan is contractually obligated to report suspicion of FWA within ten days of discovery.

Education and Training for Members and Providers

GCHP provides education on fraud prevention to its members and providers via its website, newsletters, and new member orientations. Information provided includes contact information for reporting FWA to GCHP.

FILING SYSTEMS

The Compliance Officer will establish and maintain a filing system (or systems) for all compliance-related documents. Records retention is handled according to GCHP's contractual and regulatory obligations. Records related to the Compliance Program, including edits to the Compliance Plan, Minutes of Committee meetings, documentation of education and similar documentation is maintained for no less than 10 years, pursuant to requirements of the Medi-Cal program and other applicable federal programs.

Document Control

Document Update	Date	Summary
Compliance Plan Revision – Compliance Plan 2024 Draft	5/22/2023	Plan revised for DHCS 2024 Operational Readiness deliverable R.0022 and required plan updates for DHCS 2024 contract.
DHCS Approval	6/12/2023	DHCS approved updates to draft 2024 Compliance Plan.
Compliance Plan 2024 moved from Draft to Final	12/21/2023	2024 Compliance Plan published.