



Contra Costa County Medical Service DBA Contra Costa Health Plan

2025-2026 Compliance Plan

Contra Costa Medical Service

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Introduction

For over 52 years, the Contra Costa County Medical Service DBA Contra Costa Health Plan (“CCHP”) has demonstrated a culture of caring for our most vulnerable members as part of an integrated delivery system. As the Safety Net provider in Contra Costa County, we endeavor to continue this legacy. In service of our members, CCHP is strongly committed to meeting ethical standards, contractual obligations, and all applicable statutes, regulations, and rules governing all programs we offer, including our Medicaid (Medi-Cal) and Medicare Advantage and Medicare Prescription Drug programs. We design and monitor our programs to ensure our services support the needs of the populations in Contra Costa County.

To this end, CCHP maintains a Compliance Program that includes the seven elements of an effective Compliance Program as recommended by the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) as outlined below to ensure all members receive high-quality care. The Compliance Program includes: 1) the Compliance Plan, 2) the Code of Conduct, and 3) Policies and Procedures. CCHP’s Compliance Program applies to all employees, the Board of Supervisors (“BOS”) via members of the Joint Conference Committee (“JCC”), and all first-tier, downstream, and related entities (FDRs). Compliance is everyone’s responsibility and together we play a critical role in the successful execution of our Compliance Program. CCHP’s Compliance Department promotes compliance guidelines and ensures that all employees, BOS/JCC members, delegates, and providers understand their compliance responsibilities and applicable requirements.

The Compliance Plan

CCHP maintains a comprehensive Compliance Plan that describes the standards and activities for the prevention, detection, and correction of compliance issues applicable to all lines of business.

The Compliance Plan, in conjunction with our Code of Conduct and Policies and Procedures, constitutes our Compliance Program and incorporates the seven elements of an effective Compliance Program as recommended by the Department of Health and Human Services (DHHS) Office of Inspector General (OIG) to meet the Medicare and Medi-Cal regulations. The seven elements include:

1. Standard Policies and Procedures
2. Oversight
3. Performance of due diligence
4. Education and Communications
5. Internal Monitoring and Auditing
6. Incentives and Enforcements
7. Response to incidents



CCHP's Compliance Plan is dynamic and regularly updated to meet the changing needs of CCHP, its members, and regulatory mandates. CCHP requires its BOS/JCC members, employees, and FDRs to review and maintain an understanding of the Plan.

FDRs may follow their own Compliance Program if approved by CCHP. Alternatively, FDRs may adopt CCHP's Compliance Program. FDRs must attest that they have reviewed the CCHP Compliance Program or their approved equivalent.

I. Code of Conduct, Written Policies and Procedures

a) Code of Conduct

To maintain the high standard of conduct expected and deserved by CCHP members, employees, BOS/JCC members, and FDRs, and to enable the organization to continue to offer services required by those in need, CCHP maintains a Code of Conduct that is available on our website at <http://www.cchealth.org>. The Code of Conduct describes the standards and practices that all employees, BOS/JCC members, and FDRs must follow. It requires that all BOS/JCC members, employees, and FDRs ethically conduct themselves, that they report non-compliance and potential FWA through appropriate mechanisms, and that reported issues will be addressed and corrected. The Code of Conduct is updated to incorporate changes to applicable requirements and is reviewed and approved by the full Governing Board.

Violation of the Code of Conduct may result in disciplinary action. Each misconduct case is addressed by CCHP and forwarded to the Compliance Committee as appropriate.

b) Policies and Procedures

CCHP maintains written policies and procedures that address specific areas of operations, implementation of the Compliance Program, and fraud, waste, and abuse prevention, detection, and remediation. These policies and procedures serve to guide BOS/JCC members, employees, FDRs, and providers in adhering to all contractual, statutory, and regulatory

requirements and outline processes to identify, report, investigate, and resolve suspected, detected, or reported compliance issues. We expect BOS/JCC members, employees, FDRs, and providers to review and remain up to date with the policies and procedures pertinent to their respective roles and responsibilities; likewise, we expect them to perform their responsibilities in compliance with ethical standards, contractual obligations, and applicable law.

CCHP policies and procedures are reviewed annually and updated as necessary to address state and federal regulatory changes and operational changes. The Compliance Committee reviews and approves proposed changes to non-clinical policies and procedures, while the Quality Review Committee reviews and approves changes to clinical policies.

BOS/JCC members, employees, FDRs, and providers receive notice of updated policies and procedures via a monthly memorandum. All CCHP policies and procedures are available to BOS/JCC members, employees, FDRs, and providers through the Plan's website.

c) Distribution of the Compliance Plan, Policies & Procedures, and the Code of Conduct

Compliance policies and procedures and the Code of Conduct are distributed to employees within 90 days of hire when there are policy updates and annually thereafter. CCHP distributes the Code of Conduct and Compliance policies and procedures to its FDR's employees. Alternatively, CCHP may ensure that all FDRs maintain and distribute a comparable Code of Conduct and Compliance policies and procedures to its employees. The Compliance Officer (CO) informs BOS/JCC members, employees, and FDRs of applicable policy requirements and that such dissemination of information is documented and retained, in accordance with applicable record retention standards.

CCHP reviews its Compliance Plan annually and makes modifications as appropriate. CCHP also reviews its Compliance Plan if regulatory or operational changes may necessitate modifications. The Compliance Plan is submitted to the BOS/JCC annually for review and approval. After approval from the BOS/JCC, it is published on CCHP's website and discussed internally at the next Compliance Committee meeting.

II. Compliance Officer, Compliance Committee, and Oversight

a) Governing Body

The Board of Supervisors, through the Joint Conference Committee, as the governing authority, is responsible for overseeing the Compliance Program, including Compliance Program approval, implementation, and ongoing monitoring. The BOS/JCC is accountable for ensuring the effectiveness of the Compliance Program within CCHP.

The BOS/JCC is tasked with:

- Approving the Code of Conduct and Compliance Plan;
- Understanding the Compliance Program structure;
- Remaining informed about the compliance program outcomes, including results of internal and external audits;
- Remaining informed about governmental compliance enforcement activity such as Notices of Non-Compliance, Warning Letters, and/or more formal sanctions;
- Receiving regularly scheduled, periodic updates from the CO and Compliance Committee; and
- Reviewing the results of performance and effectiveness assessments of the compliance program.

The BOS/JCC reviews data to evaluate and ensure that the Compliance Program detects and prevents non-compliance promptly and reduces risks through effective prevention activities. In particular, the BOS/JCC reviews performance indicators of compliance with requirements across key operational areas and FDRs, status and trends associated with findings and Corrective Action Plans (CAPs), timeliness of regulatory implementation, timeliness of remediation, FWA trends, grievances trends, and more to oversee risk areas and monitor effectiveness.

CCHP will timely inform Board members of any implementation dates that require their review or input, and ensure citations to the relevant regulations and/or contract section(s) are clearly noted.

b) Compliance Officer

The CO is a full-time, senior management position responsible for implementing the Compliance Program and its day-to-day activities. The position is independent and does not serve in operational areas. The CO provides reports directly to the CEO, and provides reports directly, or via the compliance infrastructure, to the BOS/JCC on the Compliance Program's activities and status.

The CO interacts with the BOS/JCC, CEO, executive staff, departmental management, county legal counsel, state and federal representatives, and others as required. In addition, the CO leads the Compliance Department which includes compliance professionals with expertise and responsibilities for the following areas: Medi-Cal, Medicare, Medicare Advantage and Medicare Prescription Drug

Program, Regulatory Affairs & Compliance, FWA, Privacy, Internal Auditing and Monitoring, Policies and Procedures, and training on compliance activities.

The CO's responsibilities include, but are not limited to:

- Ensuring compliance reports are provided regularly to the CEO, BOS/JCC, and Compliance Committee. Reports address compliance program implementation, the identification and resolution of suspected, detected, or reported non-compliance, and oversight and audit activities;
- Being aware of daily business activity;
- Creating and coordinating educational training programs ensuring CCHP's employees, BOS/JCC, and FDRs are knowledgeable about the Compliance Program, Code of Conduct, policies and procedures, and applicable regulations and requirements relevant to their role;
- Developing and implementing methods and programs that encourage managers and employees to report non-compliance and potential FWA without fear of retaliation;
- Maintaining the compliance reporting mechanism and closely coordinating with the internal audit department and the FWA committee, where applicable;
- Responding to reports of potential FWA, including the coordination of internal investigations with the FWA Committee or internal audit department and developing appropriate corrective or disciplinary actions, if necessary. The CO may design and coordinate internal investigations;
- Ensuring that the U.S. Department of Health and Human Services (DHHS) Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) and U.S. General Services Administration's (GSA) Unique Identity Number (SAM) formerly known as DUNS exclusion lists have been checked for all employees, BOS/JCC members, and FDRs monthly and coordinating any resulting personnel issues with CCHP's Human Resources, Security, Legal or other departments as appropriate;
- Maintaining documentation for each report of potential non-compliance or potential FWA received from any source through any reporting method (e.g., hotline, mail, or in-person);
- Overseeing the development and monitoring of the implementation of corrective action plans;
- Coordinating potential fraud investigations/referrals with the FWA Committee, where applicable, and the appropriate NBI MEDIC including facilitation of any documentation or procedural requests that the NBI MEDIC makes of CCHP.

The CO collaborates with other health plans, regulatory entities, law enforcement, and other organizations, where appropriate, upon discovery of a potential FWA issue involving multiple parties and has the authority to:

- Interview or delegate the responsibility to interview the sponsor's employees and other relevant individuals regarding compliance issues;
- Review CCHP contracts and other documents pertinent to Medicare, Medicaid, and Commercial programs;
- Review or delegate the responsibility to review the submission of data to regulators ensuring that it is accurate and in compliance with reporting requirements;
- Independently seek advice from County legal counsel;

- Report potential FWA to its regulators, including CMS, its designee, or law enforcement;
- Conduct and/or direct audits and investigations of any FDRs;
- Conduct and/or direct audits of any area or function; and
- Recommend policy, procedure, and process changes.

c) Compliance Committee

The Compliance Committee is tasked with operational oversight of the compliance plan. The committee is chaired by the Compliance Officer and comprises CCHP's executive staff, including the CEO, Chief Operating Officer (COO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO). The Compliance Committee is also comprised of clinical and operational subject matter experts from business areas across the organization who understand the compliance considerations within their respective areas of expertise. The Compliance Committee is accountable to the BOS/JCC and reports regularly to the BOS/JCC and the CEO. The role of the Compliance Committee is to oversee and continuously monitor the implementation of the Compliance Program and to participate in conducting the provisions of this Compliance Plan. The Compliance Committee serves to advise the CO. The Compliance Committee meets at least quarterly and will hold off-cycle meetings to address priority issues. Collectively, Compliance Committee meetings enable oversight activities such as implementation and monitoring of corrective actions. The Compliance Committee records minutes of its meetings.

The Compliance Committee is responsible for:

- Developing strategies to promote compliance and the detection of any potential violations;
- Reviewing and approving compliance and FWA training, and ensuring that training and education are effective and appropriately completed;
- Assisting with the creation and implementation of the compliance risk assessment and of the compliance monitoring and auditing work plan;
- Assisting in the creation, implementation, and monitoring of effective corrective actions;
- Developing innovative ways to implement appropriate corrective and preventative action;
- Reviewing effectiveness of the system of internal controls designed to ensure compliance with Medicare regulations in daily operations;
- Supporting the CCO's needs for sufficient staff and resources to perform their duties;
- Ensuring that CCHP has appropriate, up-to-date compliance policies and procedures;
- Ensuring that CCHP has a system for employees and FDRs to ask compliance questions and report potential instances of non-compliance and potential FWA confidentially or anonymously (if desired) without fear of retaliation;
- Ensuring that CCHP has a method for enrollees to report potential FWA
- Reviewing and addressing reports of monitoring and auditing of areas in which CCHP is at risk for non-compliance or potential FWA and ensuring that corrective action plans are implemented and monitored for effectiveness; and
- Providing regular and ad hoc reports on the status of compliance with recommendations to the BOS/JCC.

d) Delegation Oversight Committee

The Delegation Oversight Committee (“DOC”) is responsible for developing, maintaining, and overseeing agreements and monitoring performance between CCHP and its delegates. The DOC is chaired by the CO or Director of Compliance and reports to the Compliance Committee. The DOC is comprised of CCHP’s executive staff, including the CEO, Chief Operating Officer (COO), Chief Medical Officer (CMO), and Chief Financial Officer (CFO). The DOC comprises clinical and operational subject matter experts from business areas across the organization who understand the DOC compliance considerations within their respective areas of expertise.

The DOC is accountable to the BOS/JCC, reporting quarterly to both the BOS/JCC and the CEO. The DOC's responsibilities include reviewing and approving potential delegates through pre-delegation audits, conducting annual surveys, and overseeing performance metrics to ensure compliance with CCHP, DHCS, and applicable standards such as NCQA and URAC. Upon identifying opportunities for improvement, the DOC ensures delegates implement mandated corrective action plans. Additionally, the DOC oversees the implementation of the Compliance Program, ensuring that all health plan functions delegated to subcontracted entities meet CCHP’s contractual obligations with DHCS. Delegated functions may include network management, utilization management, credentialing, and re-credentialing, which CCHP may delegate to qualified entities to maintain efficient and lawful service delivery to members.

The DOC reviews and approves potential delegates by performing pre-delegation audits and maintaining oversight by conducting annual surveys, and overseeing performance metrics related to delegated functions to ensure compliance with CCHP and DHCS requirements as well as the relevant NCQA, URAC, or other applicable standards. If opportunities for improvement are identified through the oversight process, the DOC ensures stakeholders appropriately implement interventions of recommended corrective actions.

The Delegation Oversight Committee hold responsibility to:

- Review all delegate financial and operational performance.
- Review delegation arrangements to ensure CCHP meets objectives to provide access to the full scope of services, including but not limited to medically necessary physical and behavioral health services, and transportation.
- Maintain a reporting matrix that itemizes delegate reports, tracks reporting frequency, and ensures timeliness of report submissions.
- Review delegates’ reports to ensure compliance with delegation agreement, the compliance plan, and identify potential areas for improvement.
- Implement interventions or recommend corrective action plans to remediate identified compliance issues.
- Evaluate CCHP’s compliance with applicable regulatory, accreditation, and contractual standards relevant to delegation.
- Oversee the delegates’ financial and operational performance of contractual obligations, their development and administration of relevant policies and procedures, their administrative capacity, performance improvement plans, and any instances of sub-delegation arrangements.
- Conduct annual surveys of each delegate; upon successful completion of each survey, the delegate’s agreement will be eligible for renewal and voted on by the DOC.

III. Training and Education

Training and education are important and essential to CCHP's overall Compliance Program. The following trainings must be completed by BOS/JCC members, employees, and FDRs within ninety (90) calendar days of hire, appointment, or commencement of the contract, as applicable, and annually after that:

- Code of Conduct
- General Compliance
- Fraud, Waste, and Abuse
- HIPAA Privacy Compliance

Adherence to the Compliance Program requirements, including training requirements, shall be a condition of employment and a factor in each employee's annual performance.

Individuals are assigned specialized education courses based on their respective roles or positions within or with CCHP's departments and its programs. Examples include the fundamentals of managing Seniors and People with Disabilities (SPD) and cultural competency, Contra Costa Health Plan's Five Star Orientation, and special state, county, or CMS trainings.

CCHP ensures that FDRs receive Compliance Training annually. First-tier, downstream, and related entities that have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program or accreditation as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the training and educational requirements for fraud, waste, and abuse.

The CO is responsible for ensuring that BOS/JCC members, employees, and FDRs complete training annually. The CO coordinates compliance education and ensures that completion is tracked, documented, and maintained, via sign-in sheets, attestation, or electronic certifications as applicable. CCHP's Human Resources Department utilizes state-of-the-art web-based training courses that emphasize our commitment to the Compliance Program. We update courses regularly, ensuring employees are kept fully informed about any changes in procedures, regulations, and requirements.

Contra Costa Health Plan aims to keep its employees, FDRs, and Board members informed about the latest, relevant, and required trainings and educational opportunities that impact the duties of the health plan. CCHP will endeavor to remain on the forefront of technology, implementing updated applications, systems, and other technologies to help maintain efficient and modern operations.

IV. Effective Lines of Communication – Reporting of Non-Compliance

CCHP is committed to effective communication processes regarding compliance with regulatory requirements and reinforcement of ethical and lawful behavior. CCHP shall maintain systems for receiving, recording, responding, and tracking questions or reports of suspected or detected non-compliance from BOS/JCC members, employees, and FDRs acting on behalf of the organization.

a) Compliance Hotline, Website, Email, and Mail Address

CCHP's Fraud, Waste, and Abuse hotline is a toll-free confidential resource available to CCHP employees, contract employees, agents of Contra Costa Health Services, and the general public

24 hours a day, 7 days a week. The hotline is for reporting or raising questions/concerns related to non-compliance, unethical behavior, and suspected FWA.

CCHP's Fraud, Waste, and Abuse Hotline Number: **1-800-304-9490**

Website: <https://www.cchealth.org/health-insurance/my-contra-costa-health-plan/file-a-complaint>

Email: Compliance@cchealth.org

Mail Address:

Contra Costa Health Plan
Compliance Department
595 Center Ave., Suite 200
Martinez, CA 94553

CCHP's hotline and online "Member Grievance/Appeals form" can be completed anonymously without the fear of intimidation or retaliation. The lines of communication are confidential and never traced.

Additionally, reports of suspected or confirmed non-compliance may be made to direct managers, Compliance leaders, or staff. The CO and their designees are available to answer questions concerning adherence to the law and to this Program.

Reporters are encouraged to provide as much detailed information as possible, including:

- Names and contact information of individuals or organizations involved.
- Description of the alleged fraudulent activity or abuse.
- Dates and locations where the suspected activity occurred.
- Any supporting documentation or evidence.

b) Non-Retaliation and Confidentiality

We have designed CCHP's communication channels, ensuring accessibility to everyone within the organization and encouraging individuals to report potential compliance issues in good faith without fear of retaliation. We publicize our reporting channels and non-retaliation policies throughout CCHP. This approach helps us promptly identify and address compliance matters, supporting our mission to uphold ethical and legal standards across all levels of CCHP.

Accessibility and ease of use are key to our reporting mechanisms, which are available 24 hours a day and 7 days per week. Reports can be anonymous, and we protect confidentiality to the extent law allows. CCHP keeps all information reported confidential to the extent that privacy is possible throughout any resulting investigation; however, there may be a point where an employee's identity may become known or revealed in certain instances.

V. Enforcement and Disciplinary Standards

CCHP is committed to ensuring that all employees, BOS/JCC members, and FDRs abide by applicable laws, policies, and regulations that guide our operations. To support this, CCHP has established a clear Code of Conduct and encourages good faith participation from all our employees, BOS/JCC members,

and FDRs to ensure that our organization remains within legal compliance and ethical standards. Violation of the Code of Conduct and CCHP's Compliance Program may be subject to disciplinary action.

CCHP maintains well-publicized disciplinary standards that include County Employee Handbooks, Administrative Bulletins and CCHP Employee Operating manuals. Contra Costa Health Plan maintains a zero-tolerance policy toward any unethical or illegal conduct performed by the organization. CCHP facilitates our disciplinary guidelines to staff through training upon orientation and periodically after that, in addition to annual training, documents and signage posted and distributed by our organization.

Our Code of Conduct and relevant policies are easily accessible to all staff and frequently updated to reflect CCHP's commitment to assuring compliance and ethical standards. CCHP enforces these standards through appropriate disciplinary actions. Any violation of applicable laws and regulations, even unintentional, could potentially subject individuals, entities, or CCHP to civil, criminal, or administrative sanctions or penalties. Employees and staff are subject to discipline, up to and including termination, depending on the nature and severity of the conduct or behavior. CCHP takes appropriate disciplinary measures on a case-by-case basis per this Program and related policies and procedures.

Any identified incidents or potential risks promptly trigger appropriate training and education to correct identified problems or behaviors. Individual records of violations are maintained for ten years, capturing the date the violation was reported, description of the violation, date of investigation, summary of findings, disciplinary action, and the date it was taken.

VI. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks

a) Risk Assessment

CCHP performs a risk assessment at least annually to identify and evaluate compliance and FWA risk areas. Risk assessments consider all business operational areas.

Areas of focus include but are not limited to:

- Marketing
- Credentialing
- Quality
- Appeals and Grievances
- Utilization Management
- Claims
- Provider Disputes
- FDR oversight and monitoring of delegated functions

The risk assessment process, overseen by the CO and presented to the Compliance Committee for review and approval, is a flexible and adaptable system. Risks are identified through several means, including reviewing regulatory audit findings, the OIG work plan, internal and first-tier entity auditing and monitoring results, complex business processes, and operational or regulatory change areas. This adaptability ensures that the system can manage changes in the business environment and regulatory landscape. Risks are ranked and prioritized based on impact and addressed

accordingly through oversight and remediation activities. The risk assessment is updated as appropriate.

CCHP's risk assessment includes risks associated with FDRs and delegated functions. It also considers any previously identified issues, such as corrective actions and at-risk service level performance.

b) Routine Auditing & Monitoring

After completing the risk assessment, CCHP develops a monitoring and auditing work plan (Work Plan).

The Work Plan includes, but is not limited to, the following elements:

- Audits to be performed for the calendar year, including estimated time frames
- Audit methodologies
- Necessary resources
- Person(s) responsible
- Final audit reports and recommendations
- Follow-up reviews from findings, including CAPs (when applicable)

The Work Plan includes monitoring and auditing activities for internal CCHP operational areas and FDRs.

Per the Work Plan, CCHP conducts routine monitoring and auditing to evaluate and confirm compliance with regulations, including but not limited to sub-regulatory guidance, contractual agreements, all applicable federal and state laws, and internal policies and procedures, to protect against non-compliance and potential fraud, waste, and abuse. The Work Plan is updated as needed to address additional areas of focus. We report the results of monitoring and auditing activities to senior leaders and the Compliance Committee.

c) Audit of Compliance Program

CCHP undergoes an audit annually to assess the effectiveness of the compliance program, and results are shared with the BOS/JCC.

To ensure objectivity and avoid self-policing, the Compliance staff entrust the annual audit assessing the effectiveness of the compliance program to external auditors. This decision is a testament to the trust and confidence we have in their expertise and impartiality.

While the Compliance Department does not conduct the formal audit of the compliance program, it performs other internal self-assessments and utilizes dashboards, reports, and other measures to monitor program effectiveness.

d) Delegation Oversight

CCHP maintains appropriate oversight of delegated functions to first-tier, downstream, and related entities (FDRs). CCHP conducts routine oversight and monitoring of its delegates to ensure compliance with applicable regulatory rules, contractual obligations, policies and procedures, the

Compliance Plan, and state and federal laws as applicable. FDRs may also be referred to as a Subcontractor or Downstream Subcontractor.

Before delegating a function to a Subcontractor, CCHP performs a pre-delegation assessment and review. Upon completion of the pre-delegation assessment, the potential delegate may be issued a Delegation Agreement. Delegation Agreements are reviewed at least annually and may be renewed at the recommendation of the Compliance Department after completing either a pre-delegation assessment or an annual audit. A Subcontractor must receive a passing score in their individual audit area for CCHP to delegate that audit function.

Additionally, Subcontractors and Downstream Subcontractors are subject to unannounced audits to assess their compliance with requirements outlined in the Medi-Cal managed care contract related to delegated functions. All CCHP Subcontractors are subject to the oversight and monitoring mechanisms of the Delegation Oversight Committee (DOC). Delegated functions may include pharmacy benefit management. Other functions not listed above may be delegated to a potential Subcontractor following a pre-delegation assessment or review and a recommendation by the COMPLIANCE Department to the DOC. The DOC reviews data reported to CCHP by its Subcontractors.

The Director of Compliance (or the Director's designee) chairs the DOC, which reports to the Compliance Committee. The DOC maintains a platform for communicating general audit findings and results, new audit standards, audit schedules, general subcontractor performance updates, and developing new agreements. As a committee that reports to the Compliance Committee, the DOC will refer matters as necessary for consideration by the Compliance Committee.

e) Preclusion List Monitoring

CCHP implements safeguards to identify excluded providers and entities. CCHP reviews the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) before the hiring or contracting of any new employee, temporary employee, volunteer, consultant, BOS/JCC member, or FDR, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

We screen entities against the entire LEIE and EPLS at the time of hire or contracting. CCHP reviews the LEIE supplement file provided each month, which lists the entities added to the list that month and reviews the EPLS updates provided during the specified monthly timeframe.

CCHP does not make payment for any items or services furnished or prescribed by an excluded provider or entity.

VII. Procedures and Systems for Prompt Response to Compliance Issues

CCHP takes immediate action when there is a suspected, detected, or reported incident of non-compliance. All issues of non-compliance, including FWA, are investigated and resolved in accordance with regulatory guidelines.

Each confirmed incident of non-compliance will be documented and include a description of the allegation and a referral, including contact information, a summary of the issues, specific statutes and allegations, background information, and an ongoing data log containing any relevant information about the case.

Upon confirmation of a non-compliance issue, we address it by developing a root cause analysis and corrective action plan (CAP). The CAP promotes the correction of the identified issue in a timely and well-documented manner. Corrective actions may include revising processes, updating policies or procedures, retraining staff, and any other necessary actions, depending on the extent of the identified incident. The CO identifies and implements a documented corrective action plan and preventative measures. The Compliance Department drives timely completion of the root cause analyses and CAPs and tracks the status of all open corrective action plans. Upon closure, we may refer the issue for ongoing monitoring or auditing. We report the status of CAPs to the Compliance Committee. If a first-tier entity does not remediate a non-compliance matter as appropriate, CCHP may pursue further action, including contract termination.

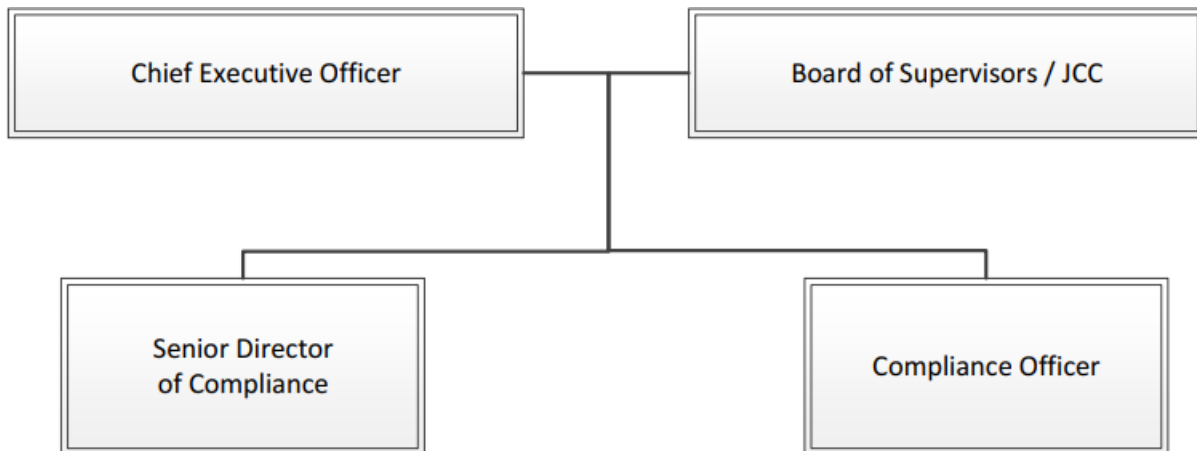
When appropriate, CCHP reports all necessary information to internal and external stakeholders to promote transparency, meet regulatory requirements, and sustain a culture of compliance within CCHP. Per applicable reporting procedures, CCHP reports violations of requirements to regulatory and enforcement agencies, such as the Medicare Drug Integrity Contractor (MEDIC) and law enforcement agencies, as applicable.

VIII. Prevention and Detection of Fraud, Waste, and Abuse (FWA)

CCHP maintains an FWA program to identify, investigate, and address FWA associated with any CCHP programs within the Plan or at the FDR. All staff should report potential or suspected fraud cases using the mechanisms outlined in section IV of this Compliance Plan. CCHP maintains the confidentiality of the individual reporting the suspected issue. CCHP also proactively monitors FWA using data analytics, such as comparing claim information against other data (e.g., provider, drug or medical service provided, diagnoses, or beneficiaries) to identify unusual patterns.

When a potential case is reported or identified, CCHP documents and evaluates the reported incident for validity. Based upon the supporting documentation, The Plan either closes the case or refers it for further investigation. CCHP communicates cases referred to the applicable government agency. CCHP refers suspected, detected, or reported cases of illegal drug activity, including drug diversion, to the NBI MEDIC and/or law enforcement and conducts case development and support activities for NBI MEDIC and law enforcement investigations.

IX. Compliance Reporting Structure and Independence



CCHP's Compliance Program acts independently of operational and program areas. To ensure that the functions of the Compliance Program are conducted without fear of repercussions for uncovering deficiencies and noncompliance, key compliance personnel maintain a direct line of communication and reporting to the health plan's governing board as reflected in the above reporting structure.