



CONTRA COSTA HEALTH

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To: Joint Conference Committee (JCC) Members

From: Sunny T. Cooper, Chief Compliance Officer, CCHP Compliance Department

Date: June 5, 2026

Report Title: Onboarding and Compliance Training for Joint Conference Committee and Board of Supervisor members

RECOMMENDATIONS

RECOMMEND APPROVAL of the Onboarding and Compliance Training for Joint Conference Committee and Board of Supervisor members and FORWARD both documents to the Contra Costa County Board of Supervisors for approval.

FISCAL IMPACT

N/A

BACKGROUND

Joint Conference Committee (JCC) and Board of Supervisors (BOS) members are required to complete Compliance and Fraud, Waste and Abuse (FWA) training. This is because both committee members are ultimately responsible for overseeing Contra Costa Health Plan (CCHP). Both committees make sure Medicare and Medi-Cal funds are used lawfully and appropriately.

Both state and federal regulators require CCHP to maintain an effective compliance program with active governing body oversight. Board training ensures its members understand their oversight role, key regulatory requirements and high-risk areas such as FWA. This is so the Board can ensure appropriate controls are in place to prevent, detect and correct noncompliance.

In short, Board-level training sets the “tone at the top.” This is required to support regulatory expectations, protect federal funds and ensure effective compliance governance. And the completion of required training demonstrates that the JCC and BOS are committed to compliance oversight, accountability and fulfillment of its fiduciary and regulatory responsibilities.



CONSEQUENCE OF NEGATIVE ACTION

Board members who do not complete required Compliance and FWA training may place the organization at increased regulatory and governance risk. Both federal and state regulators expect governing body members to actively oversee the organization's compliance program. They expect Board members to understand their responsibilities related to regulatory compliance, program integrity and the protection of Medicare and Medicaid funds.

State and federal regulators may see the failure to complete required training as insufficient governing body engagement and a weakness in CCHP's compliance oversight structure. This may contribute to audit findings, corrective action plans, increased regulatory scrutiny or other enforcement actions if broader compliance deficiencies are identified.

In addition, untrained Board members may be less ready to identify emerging compliance risks, ask informed oversight questions or support effective decision-making related to FWA, privacy and operational compliance matters. This may increase CCHP's exposure to financial, operational and reputational harm.



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JOINT CONFERENCE COMMITTEE

Onboarding Guide

Contra Costa Health Plan (CCHP)

Fundamentals

OUR MISSION

To care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

CCHP is the Single Plan model for Managed Medi-Cal in Contra Costa County. At CCHP, we help provide much-needed health care to our members, some of the county's most vulnerable populations.

What is CCHP?

We provide managed care health insurance to residents of Contra Costa County. We have three main insurance products at CCHP. Most of our members are part of Medi-Cal, but some have CCHP's commercial insurance product, and some have *both* Medicare and Medi-Cal (often referred to as Medi-Medi or Dual Eligible Special Needs).

➤ **Medi-Cal**

California's version of Medicaid. As a Managed Care Organization (MCO), CCHP contracts with the Department of Health Care Services (DHCS) to provide Medicaid health benefits and additional services to our members.

➤ **CCHP Commercial Insurance**

Commercial insurance provided to Contra Costa County employees and In-Home Support Services (IHSS) workers.

➤ **Contra Costa Health Care Plus**

Often referred to as Medi-Medi Plan or Dual-Eligible Special Needs Plan (D-SNP). As a D-SNP Plan, CCHP provides and coordinates Medicare and Medi-Cal benefits to individuals who are dually eligible for Medicare and Medi-Cal.

Purpose

Contra Costa Health Plan connects county residents to health services they need so that they can live longer, healthier, and well-supported lives. CCHP helps prevent illness through primary care, immunizations, and screenings. When members do become sick, CCHP ensures they receive the high-quality care that they need.

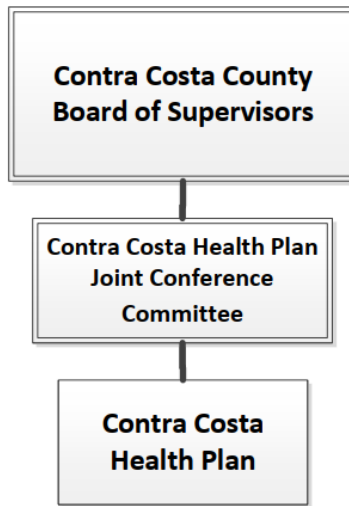
Governance Structure

CCHP operates under multiple layers of oversight:

- Contra Costa County Board of Supervisors – governing authority
- CCHP Joint Conference Committee (JCC) – subcommittee of the Contra Costa County Board of Supervisors
- Contra Costa Health Services Director/CEO

The Contra Costa County Board of Supervisors, which is elected through general elections, serves as the governing body of CCHP. The Joint Conference Committee (JCC) was established by the Contra Costa County Board of

Supervisors via Board Order on or about January 21, 1997. Through the JCC, the Board of Supervisors exercises oversight of CCHP activities, including, but not limited to, the Quality program, administration, finance, and strategic planning efforts.



Joint Conference Committee (JCC)

JCC meetings are conducted at least quarterly, four (4) meetings per year, and may be held more frequently, if needed. Through the JCC, CCHP provides updates on regulatory updates, committee meetings and minutes, Quality activities, Compliance activities, administrative updates, programmatic updates, and financial updates.

The JCC will report directly to the Contra Costa County Board of Supervisors. Items that require Board of Supervisors approval will be submitted to the Board of Supervisors as a discussion item or consent agenda item, as appropriate. Recommendations will also be made to the Board to the extent required to ensure proper oversight of CCHP functions, including but not limited to, quality assurance, compliance or as otherwise necessary. The JCC will also report on its activities annually to the Board of Supervisors.

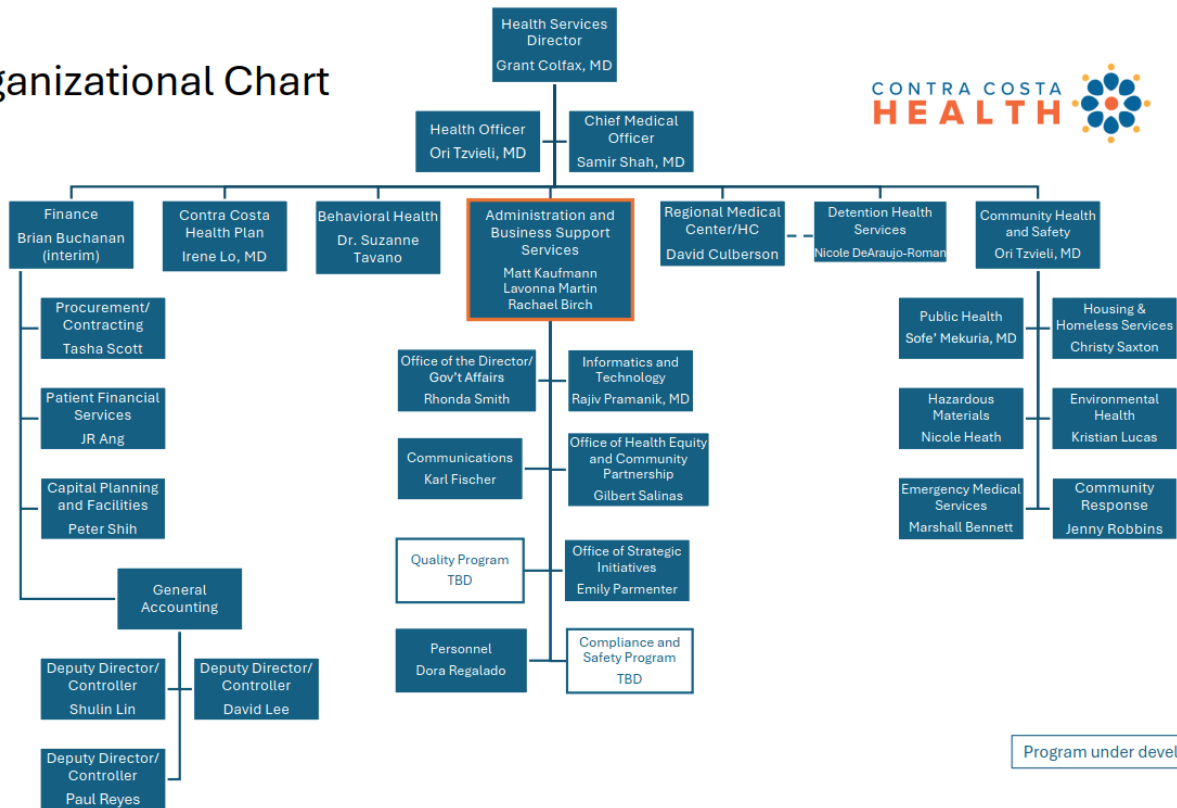
During months when the Joint Conference Committee (JCC) does not convene, CCHP will provide regular updates to JCC members to ensure continuity of oversight and communication. These updates will include progress on key initiatives, emerging priorities, program performance highlights, and any notable operational, regulatory, or clinical developments. Updates may be delivered in writing or through scheduled briefings, as appropriate, to maintain transparency and alignment with the Committee’s strategic and governance responsibilities.

Organizational Structure

Contra Costa Health Plan (CCHP) operates as part of Contra Costa County’s Health Services Department (CCH), which functions as the County’s integrated health system.

CCH is composed of several key divisions that work collaboratively to protect and promote the health and well-being of Contra Costa residents. These include the Community Health and Safety Branch, Behavioral Health Services, Detention Health, and the Contra Costa Regional Medical Center (CCRM) along with its network of health centers.

Organizational Chart



1/7/26

Program under development

CCHP’s structure aligns with its strategic pillars: operational excellence, regulatory compliance, financial sustainability, network growth, and member experience.

Executive Leadership

- Executive Director
 - Oversees all aspects of the health plan’s strategy, operations, compliance, and performance.
 - Serves as liaison to the Contra Costa County Board of Supervisors, Contra Costa Health Services Director/CEO, and regulatory agencies.
- Chief Financial Officer (CFO)
 - Provides executive oversight of all financial operations for CCHP and ensures alignment with Contra Costa Health’s fiscal strategy and County requirements
 - Leads long-term financial planning, rate and reserve management, compliance, and fiscal stewardship to support the Plan’s mission and growth
- Chief Information Officer (CIO)
 - Leads the strategic planning, implementation, and oversight of CCHP’s information systems and technology platforms
 - Ensures secure, efficient, and interoperable systems supporting core plan operations, analytics, and regulatory compliance
- Chief Operating Officer (COO)
 - Leads day-to-day operations and performance improvement across business units
 - Oversees Claims; Member Services; Provider Relations, Credentialing, and Contracting; Business Operations; and administrative functions to ensure operational efficiency and service excellence.
- Chief Medical Officer (CMO)
 - Leads day-to-day operations and performance improvement across clinical units
 - Oversees Advice Nurse Unit, Quality and Health Equity, Clinical Quality Auditing, Case Management, Appeals and Grievances, CalAIM Programs, and Utilization Management

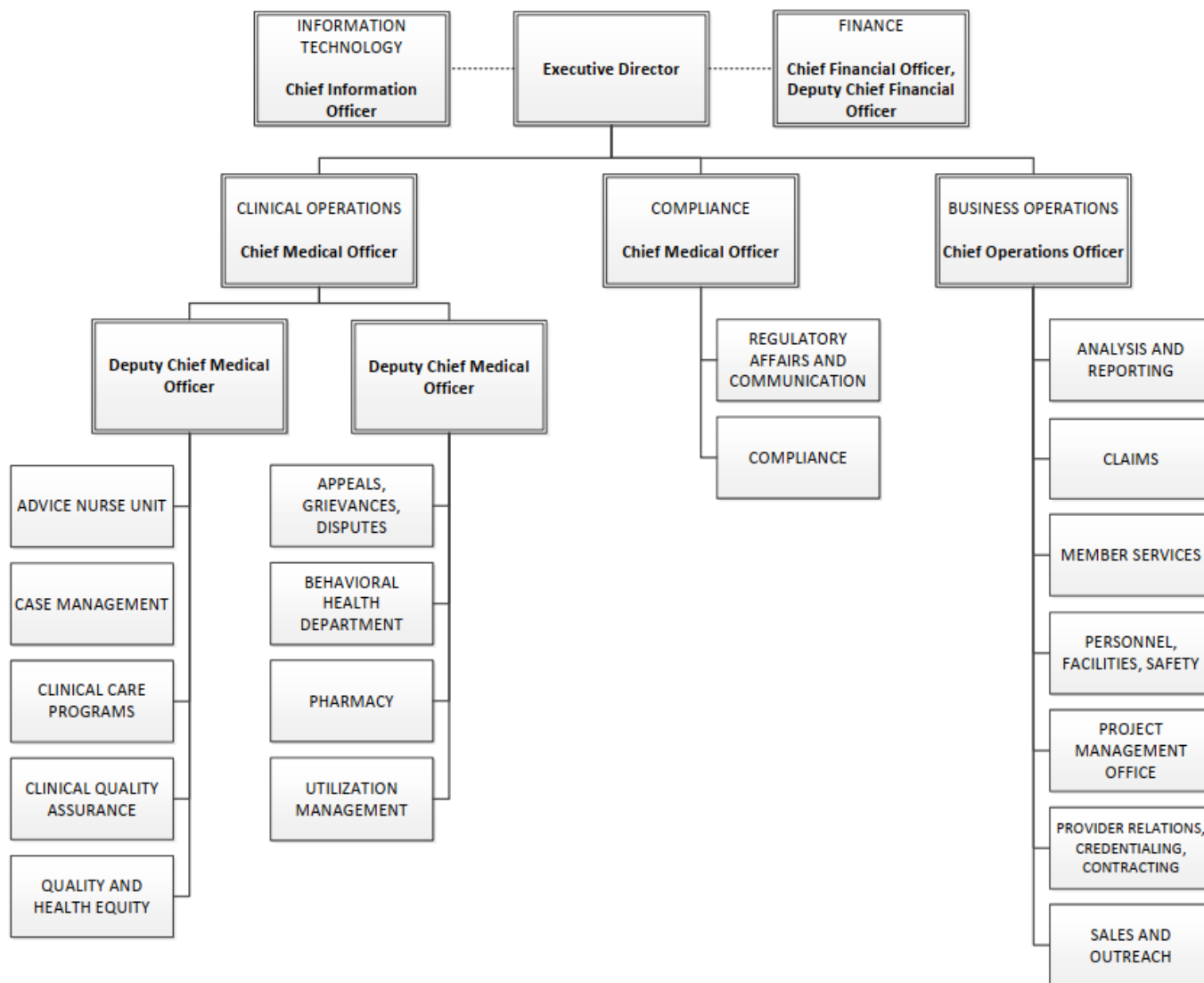
- Deputy Chief Financial Officer (CFO)
 - Supports the CFO in managing CCHP’s financial operations and leads day-to-day fiscal management and performance monitoring
 - Ensures accurate financial reporting, forecasting, and budget alignment across operational and clinical divisions

Compliance

- Leadership: Senior Director of Compliance, Compliance Officer
- Oversees compliance with all federal, state, and local requirements, including DHCS, DMHC, and CMS audits.
- Leads policy infrastructure, Corrective Action Plan (CAP) management, regulatory affairs, HIPAA programs, and FWA programs to ensure organizational accountability and transparency

Core Operational Divisions

CCHP’s structure is organized functionally, with departments aligned to major managed care responsibilities:



Clinical Operations

- **Advice Nurse Unit** – nurse triage, after-hours access, clinical support
- **Appeals, Grievances, and Disputes** – management of member appeals, member grievances, and provider disputes
- **Behavioral Health Department** – integration, access, and coordination of behavioral health services
- **California Advancing and Innovating Medi-Cal (CalAIM) Programs** – ECM and Community Supports implementation
- **Case Management** – complex care, transitions of care, care coordination
- **Clinical Quality Assurance** – management of Potential Quality Issues (PQIs) and Facility Site Reviews (FSRs)
- **Quality and Health Equity** – NCQA, health equity strategy, population health management, health education
- **Pharmacy Services** – Pharmacy Benefits Manager (PBM) oversight, formulary management
- **Utilization Management** – inpatient, outpatient, and long-term care service review.

Business Operations

- **Claims** – claims processing, interest payments
- **Marketing and Sales** – D-SNP brand strategy, broker relations, community engagement, and membership growth
- **Member Services and Outreach** – call center, member experience, outreach, and retention
- **Personnel, Facilities, Safety** – recruitment efforts, coordination of merit increases, union activities, and disciplinary actions, building alterations, and staff member safety
- **Project Management Office** – strategic initiatives, organizational programs, and cross-departmental projects
- **Provider Relations, Credentialing, and Contracting** – network adequacy, contracting, and credentialing



What is Medicaid?

Medicaid is the largest single source of health care coverage in the United States. It is jointly funded by both the state and federal government. It covers primary and acute care services, long-term care services like nursing homes, and community supports for low-income populations (including children, families, seniors, disabled individuals, and pregnant people).

This is insurance coverage for people who otherwise would not be able to afford it and would have little access to medical care. Nationally, Medicaid provides access to care similar to those who have private commercial insurance, while 28% of adults without insurance must delay or go without health care due to cost. In California, the Medicaid program is called Medi-Cal.

Medi-Cal pays for

- Doctor visits
- Lab tests
- Dental services
- Mental health services
- Emergency services
- Hospitalizations
- Prescriptions
- Prenatal and postpartum care
- Transportation
- And even more

Why is it important?

Medi-Cal covers over 14.4 million people, including some of the most vulnerable groups:

- 40% of childbirths
- 43% of California children
- Almost half of adults with disabilities
- Over 60% of Californians who are in nursing homes

Over 1.1 million California senior citizens and people with disabilities rely on Medi-Cal to pay for long-term care and community-based services to provide them help with everyday tasks of living.

In Contra Costa County 41% of the county's children (119,762) are covered by Medi-Cal which is essential to growing up healthy. Studies have shown that kids with Medicaid do better in school, miss fewer days of school, are more likely to graduate from high school, earn more money as adults, and ultimately have fewer ED visits and hospitalizations.

Without Medi-Cal, many Californians would be unable to pay for health care services, and then physicians' offices, hospitals, and nursing homes would be forced to close, resulting in fewer services available to everyone in the state.

What is Managed Care?

A Medicaid Managed Care Organization (MCO) or a Health Maintenance Organization (HMO) is an organization that is contracted by Medi-Cal to provide the Medicaid benefits to a group of members. The organization is paid a set amount per month for each member and then uses the funds to provide efficient and high-quality care for the members.

As an MCO, CCHP contracts with providers and health systems to provide all necessary care to the members. CCHP will also review the services to ensure the member is getting the right level of care, with high quality services, and with timely access. Members will usually start with local providers unless it is determined that they require specialty services from tertiary systems like research universities.

Regulatory Bodies

There are many laws and regulations at both the state and federal level that determine how managed health care insurance functions. CCHP is monitored and regularly audited by the **California Department of Health Care Services (DHCS)**, the **Department of Managed Health Care (DMHC)**, and the **Centers for Medicare and Medicaid Services (CMS)** to ensure it complies with all laws. This is required for CCHP to continue operating.



Essential Information from the Clerk of the Board

CLICK ON THE BLUE LINKS TO ACCESS THE INFORMATION ONLINE

BOARDS, COMMITTEES, AND COMMISSIONS

- [Appointed Boards & Commissions Information](#)
- [How to Apply](#)
- [I've Applied! What's Next?](#)
- [I've Been Appointed! What's Next?](#)
- ["Non-Maddy" Boards & Commissions](#)

ADVISORY BODY HANDBOOK

TRAINING RESOURCES

- [Brown Act & Beter Governance Ordinance Training Video \(direct link\)](#)
- [Ethics for Local Government Officials \(direct link\)](#)
- [Implicit Bias Training \(direct link – click on play all\)](#)
- [Training Certification Form](#)

STATEMENT OF ECONOMIC INTEREST – FORM 700

- [How to File Form 700 \(direct link\)](#)
- [Blank Form 700 \(direct link\)](#)
- [File Form 700 Electronically via NetFile \(direct link\)](#)



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Training:

- **General Compliance**
- **Fraud, Waste & Abuse**

Contra Costa Health Plan
Plan Year 2026

Training Requirements

Laws and Regulations, as well as contractual agreements, require Contra Costa Health Plan (CCHP) to train individuals on the following topics upon onboarding and annually thereafter. These requirements apply to all governing board and workforce members.

Required training topics include:

- ✓ General Compliance
- ✓ Fraud, Waste and Abuse (FWA)
- ✓ Code of Conduct
- ✓ Conflict of Interest

This training is designed to provide a general awareness and understanding of the applicable laws, regulations and contractual requirements imposed upon CCHP and Governing Board's oversight roles and responsibilities.

Acronym	Title Text
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
DHCS	Department of Health Care Services
DMHC	Department of Managed Health Care
DHHS	U.S. Department of Health and Human Services
FDR	First-tier, Downstream and Related Entity
FWA	Fraud, Waste and Abuse
MA	Medicare Advantage
MAO	Medicare Advantage Organization
MA-PD	Medicare Advantage Prescription Drug
OIG	Office of Inspector General
PDP	Prescription Drug Plan



Training Objectives

01

- Meet the regulatory requirement for training and education

02

- Provide information on the Plan's Compliance Program and the Code of Conduct

03

- Provide information on the scope of fraud, waste, abuse and other compliance topics

04

- Explain everyone's obligation to detect, prevent, and correct compliance concerns

05

- Provide information on how to report compliance concerns

06

- Provide information on laws pertaining to compliance concerns

General Compliance Overview

Contra Costa Health Plan (CCHP) ensures adherence to laws, regulations, policies and ethical standards when doing business.

- ✓ We do this by overseeing several key areas, including:
 - Member rights and protections
 - Privacy and data security (HIPAA)
 - Provider contracting and credentialing
 - Marketing and enrollment practices
 - Quality of care and grievance resolution
 - Fraud, Waste & Abuse Prevention Program
 - **Code of Conduct: Clear ethical standards and expectations for behavior**
 - **Conflict of Interest: Identification and management to maintain integrity**

- ✓ Importance – Protects beneficiaries, mitigates legal risk, and ensures operational integrity

CCHP has developed a Code of Conduct to provide guidance to CCHP personnel in carrying out their daily work activities in a way that is consistent with the Contra Costa Health System (CCHS) and CCHP Compliance Programs. The Code provides standards that address areas identified as a high priority for Compliance oversight.

- Defines expected ethical behaviors for employees, providers, vendors, and board members
- Emphasizes honesty, integrity, respect, and accountability
- Provides guidelines on confidentiality, fair dealing, and compliance with laws
- Includes procedures for reporting violations without fear of retaliation
- Board responsibility to endorse and model the Code of Conduct
- Located Here: [CCHP Code of Conduct](#) (attached herein)

Definition:

Clear ethical standards and expectations for behavior: A conflict of interest may arise in any situation in which CCHP personnel's external activities or personal interests influence how one handles CCHP business or one's professional conduct

CCHP Workforce & JCC/BOS members shall ensure that their external activities and personal interests do not influence or appear to influence their ability to make objective decisions in their job.

ACTION REQUIRED: Conflict of Interest Attestation is included in this packet, please sign and return within 30 calendar days

Every elected official and public employee who makes or influences governmental decisions (Designated Position) is required to submit a Statement of Economic Interest, also known as the Form 700. The Form 700 provides transparency and ensures accountability in two ways:

- ✓ It provides necessary information to the public about an official's personal financial interests to ensure that officials are making decisions in the best interest of the public and not enhancing their personal finances.
- ✓ It serves as a reminder to the public official of potential **conflicts of interest** (attestation attached herein) so the official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

When completing the conflict-of-interest form, consider:

Situations where personal, financial, or other interests could influence decision-making

Examples: Relationships with vendors, financial interests in providers, family ties

Our policies require disclosure, review, and mitigation and/or avoidance of conflicts

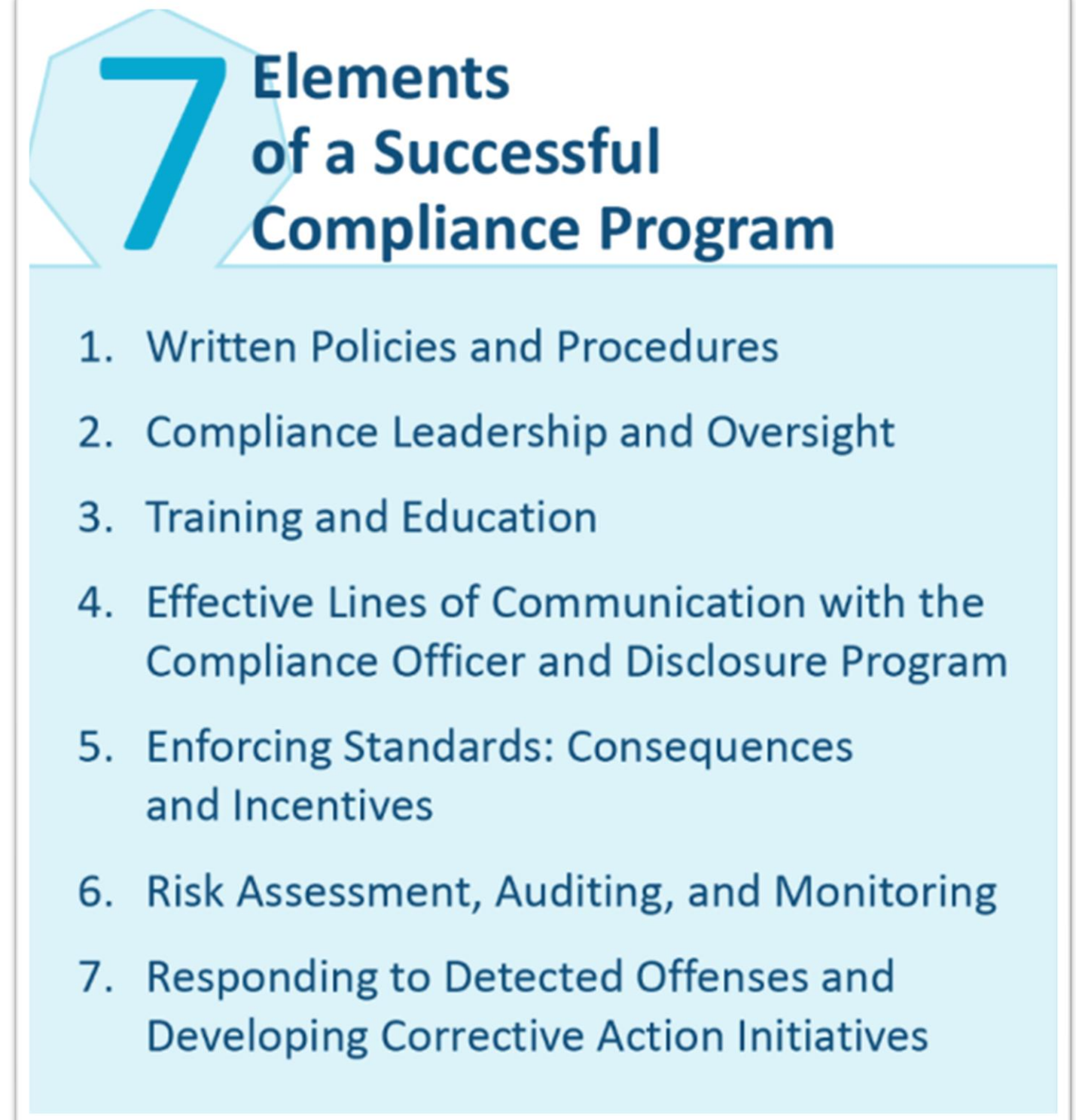
JCC/BOS members must regularly disclose any conflicts and recuse themselves as needed

Ensures transparency and protects the plan's reputation and compliance status

Compliance Program Components

The CCHS and CCHP Compliance Programs are intended to work together to demonstrate the organizations' commitment to the highest ethical standards and compliance with all federal and state laws and regulations. CCHP's Compliance Program is developed utilizing the [General Compliance Program Guidance \(GCPG\)](#) published by the Office of Inspector General (OIG).

GCPG is a reference guide for healthcare compliance. It provides information about relevant federal laws, compliance program infrastructure, OIG resources, and other information useful to understanding health care compliance. GCPG outlines Seven Elements for a Successful Compliance Program.



7 Elements of a Successful Compliance Program

1. Written Policies and Procedures
2. Compliance Leadership and Oversight
3. Training and Education
4. Effective Lines of Communication with the Compliance Officer and Disclosure Program
5. Enforcing Standards: Consequences and Incentives
6. Risk Assessment, Auditing, and Monitoring
7. Responding to Detected Offenses and Developing Corrective Action Initiatives

Seven Elements of a Successful Compliance Program

- ✓ **Element #1: Written Policies & Procedures:** Code of Conduct, compliance P&Ps, & policy maintenance
 - *CCHP Action:* Commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.
- ✓ **Element #2: Compliance Leadership & Oversight:** Compliance Officer designation, compliance committee, board compliance oversight
 - *CCHP Action:* Must designate a compliance officer and a compliance committee who are accountable and responsible for the activities and status of the compliance program, including issues identified, investigated and resolved by the compliance program.
- ✓ **Element #3: Training & Education:** Establish a multifaceted education and training program and an annual training plan specific to the needs of and risks presented by CCHP.
 - *CCHP Action:* Covers the elements of the compliance plan as well as preventing, detecting and reporting FWA and is tailored to the different employees and their responsibilities and job functions.

Seven Elements of a Successful Compliance Program

- ✓ **Element #4: Effective Lines of Communication with the Compliance Officer and Disclosure Programs:** Keep an open line of communication between Compliance and CCHP personnel, including contractors and agents. Written confidentiality and nonretaliation policies and broadcast ways, including anonymous methods, to report non-compliance.
 - *CCHP Action:* Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith compliance issues reporting at CCHP and FDR levels.
- ✓ **Element #5: Enforcing Standards - Consequences and Incentives:** Establish and publicize appropriate consequences for instances of noncompliance, as well as incentives for compliance.
 - ✓ *CCHP Action:* Must enforce standards through well-publicized disciplinary guidelines.
- ✓ **Element #6: Risk Assessment, Auditing, and Monitoring:** Perform regular risk assessments. Risk assessment results inform the internal/external audit schedule as well as monitoring of ongoing risks.
 - ✓ *CCHP Action:* Conduct routine monitoring and auditing of CCHP and FDRs' operations to evaluate compliance with state/federal requirements as well as the overall effectiveness of the compliance program.
- ✓ **Element #7: Responding to Detected Offenses and Developing Corrective Action:** Investigation of violations, reporting to the regulators, & implementing corrective action initiatives.
 - ✓ *CCHP Action:* Must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.



Compliance Program in a Medicare and Medi-Cal Context



Addresses vulnerabilities of dual-eligibles and Medi-Cal populations



Integrates Medicare and Medi-Cal compliance requirements



Focus on care coordination and regulatory adherence



Multilingual training and member communication



Subcontractor and vendor oversight



The DMHC regulates both Medi-Cal & Commercial lines of business

Governing Body's Role in Compliance and Oversight

The CCHS/CCHP governing body (e.g., Board of Supervisors & Joint Conference Committee) must exercise reasonable oversight with respect to the implementation and effectiveness of the compliance program. When compliance issues are presented to the governing body, the governing body should make further inquiry and take appropriate action to ensure the issues are resolved.

Reasonable oversight by the governing body includes, but is not limited to:

- ✓ Approving the Code of Conduct
- ✓ 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 formal sanctions
- ✓ Receiving regularly scheduled, periodic updates from the compliance officer and compliance committee
- ✓ Reviewing the results of performance and effectiveness assessments of the compliance program

Governing Body's Role in Compliance and Oversight

The following are examples of activities in which the governing body may wish to be involved by delegating the review and approval to the Compliance Committee:

- ✓ Development, implementation and annual review of compliance policies and procedures;
- ✓ Approval of compliance policies and procedures
- ✓ Review and approval of compliance and FWA training
- ✓ Review and approval of compliance risk assessment
- ✓ Review of internal and external audit work plans and audit results
- ✓ Review and approval of corrective action plans resulting from audits
- ✓ Review and approval of appointment of the compliance officer
- ✓ Review and approval of performance goals for the compliance officer
- ✓ Evaluation of the senior management team's commitment to ethics and the compliance program
- ✓ Review of dashboards, scorecards, self-assessment tools, etc., that reveal compliance issues

Reporting Fraud, Waste, and Abuse (FWA)

Everyone is required to report suspected instances of fraud, waste, and abuse. Our Code of Conduct clearly states this obligation.

CCHP is required to have a mechanism in place in which potential fraud, waste, or abuse may be reported by the public, board members, employees, first tier, downstream, and related entities and members.

CCHP must be able to accept anonymous reports and cannot retaliate against individuals for reporting concerns.

How to Report FWA Incidents:

California Department of Health Care Services – Fraud Reporting

- ✓ FWA Hotline Number: 1-800-822-6222
- ✓ Email: fraud@dhcs.ca.gov (can report anonymously)
- ✓ Mailing Address:
 - Medi-Cal Fraud Complaint - Intake Unit
 - Audits and Investigations
 - PO Box 997413, MS 2500
 - Sacramento, CA 95899-7413
- ✓ Online Reporting: DHCS Fraud Reporting Form: [Stop Medi-Cal Fraud](#)
- ✓ Hours of Operation: Available 24/7 for reporting.

Contra Costa Health– Compliance Hotline

- ✓ FWA Hotline Number: 1-800-304-9490 (can report anonymously)
- ✓ Email: compliance@cchealth.org
- ✓ Mailing Address:
 - Contra Costa Health Plan Compliance Unit
 - 595 Center Avenue, Suite 100
 - Martinez, CA 94553
- ✓ Hours of Operation: Available 24/7 for reporting.

Regulatory Reporting Requirements: CMS vs. DHCS

Area	CMS (Medicare D-SNP)	DHCS (Medi-Cal)
Trigger	Credible evidence of fraud	Suspicion or allegation
Substantiation required?	Yes	No
Initial reporting speed	Prompt after confirmation	Within 10 days
Focus	Fraud	Fraud, waste and abuse
Law enforcement referral	Expected	Case-by-case
Overpayment recovery	≤ 60 days	Within 60 days (APL 23-011)
Delegates or FDRs	Covered	Explicitly emphasized
Enforcement style	Program integrity	Contract compliance

How do CCHS and CCHP Prevent and Detect FWA?

- ✓ Predictive analytics & data mining
- ✓ Cross-checking Medicare and Medi-Cal claims
- ✓ Focused provider audits and investigations
- ✓ Member education and outreach in multiple languages
- ✓ Collaboration with CMS, DHCS, and law enforcement
- ✓ Internal auditing, monitoring and reporting by business units on unusual practice operations or patterns
- ✓ Employee, provider, and member education about FWA and how to report suspected FWA

Consequences of Committing Fraud, Waste and Abuse (FWA)



The following are potential penalties. The actual consequence depends on the violation.



Civil Money Penalties



Criminal Conviction/Fines



Civil Prosecution



Imprisonment



Loss of Provider License



Exclusion from Federal Health Care programs

Laws you Need to Know About

The following slides provide very high-level information about specific laws. For details about the specific laws, such as [safe harbor provisions](#), consult the applicable statute and regulations concerning the law.

Civil Fraud and Civil False Claims Act

PROHIBITS:

- ✓ Presenting a false claim for payment or approval
- ✓ Making or using a false record or statement in support of a false claim
- ✓ Conspiring to violate the False Claims Act
- ✓ Falsely certifying the type/amount of property to be used by the Government
- ✓ Certifying receipt of property without knowing if it's true
- ✓ Buying property from an unauthorized Government officer
- ✓ Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the Government

Citation: [31 United States Code § 3729-3733](#)

Civil False Claims Act Damages and Penalties

The damages may be tripled. From July 3, 2025, and on, False Claims Act monetary penalties range from \$14,308 to \$28,619.

Citation: [90 Fed.Reg.29445](#)

Criminal Health Care Fraud:

If convicted, the individual shall be fined, imprisoned, or both. If the violations resulted in death, the individual may be imprisoned for any term of years or for life, or both.

Citation: [18 United States Code §1347](#)

PROHIBITS:

Knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal health care program (which includes the Medicare program).

[42 United States Code §1320a-7b\(b\)](#)

Anti-Kickback Statute Penalties

Fine of up to \$25,000, imprisonment up to five (5) years, or both fine and imprisonment.

Stark Statute (Physician Self-Referral Law)

Prohibits a physician from making a referral for certain designated health services payable by Medicare to an entity in which the physician (or a member of his or her family) has an ownership/investment interest or with which he or she has a compensation arrangement (exceptions apply).

Prohibits the entity from filing claims with Medicare or billing another individual or entity for any improperly referred designated health services

Citation: [42 United States Code §1395nn](#)

Stark Statute Damages and Penalties

Medicare claims tainted by an arrangement that does not comply with Stark are not payable. Up to a **\$15,000** fine for each service provided. Up to a **\$100,000** fine for entering into an arrangement or scheme.

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General.

Any person who is required to report ownership/investment interests or compensation arrangements is subject to a fine up to \$10,000 per day for each day that reporting is required but not made

Citation: [42 U.S.C. §1395nn\(f\)\(g\)](#) & [42 C.F.R. §1001.1901](#)



Health Insurance Portability and Accountability Act (HIPAA)

Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)

Created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry

Safeguards to prevent unauthorized access to protected health care information

As an individual who has access to protected health care information, you are responsible for adhering to HIPAA

HIPAA Privacy vs. Security Rules

The HIPAA Privacy Rule

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as “protected health information” or PHI) and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.

The Rule requires appropriate safeguards to protect the privacy of PHI and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization. The Rule also gives individuals rights over their PHI, including rights to examine and obtain a copy of their health records, to direct CCHP to transmit to a third party an electronic copy of their PHI in an electronic health record, and to request corrections.

Citation: 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#).

The HIPAA Security Rule

The Security Rule establishes a national set of security standards to protect certain health information that is maintained or transmitted in **electronic form**. The Security Rule sets forth the administrative, physical, and technical safeguards that CCHP and business associates must put in place to secure individuals' electronic protected health information (ePHI).

The Security Rule complements the Privacy Rule; and the requirements of the Breach Notification Rule, which implements provisions of the [HITECH Act](#) that direct CCHP to notify individuals, the Secretary of Health and Human Services (“HHS”), and in some cases, the media when certain information has been acquired, accessed, used or disclosed in a manner not permitted by the Privacy Rule. Together, the Privacy, Security, and Breach Notification Rules help to protect the privacy and security of protected health information (PHI).

Citation: 45 CFR [Part 160](#) and [Part 164](#), Subparts A and C.

Working Together to Build a Culture of Compliance and Key Takeaways

Ways CCHP Builds a Culture of Compliance; it takes all of us!

- ✓ Implement 7 Elements of a successful Compliance Program
- ✓ Leadership commitment and clear communication
- ✓ Ongoing training and awareness programs
- ✓ Encouraging ethical behavior with recognition programs
- ✓ Continuous feedback and program adjustments

Key Takeaways for the Board

- ✓ Compliance covers the full spectrum of operational integrity
- ✓ FWA risks pose significant financial and reputational threats
- ✓ Board oversight is essential for effective compliance
- ✓ Understanding Medicare D-SNP & Medi-Cal specifics is critical



7 Elements of a Successful Compliance Program

1. Written Policies and Procedures
2. Compliance Leadership and Oversight
3. Training and Education
4. Effective Lines of Communication with the Compliance Officer and Disclosure Program
5. Enforcing Standards: Consequences and Incentives
6. Risk Assessment, Auditing, and Monitoring
7. Responding to Detected Offenses and Developing Corrective Action Initiatives

Federal Regulatory Environment

Federal regulations for Medicare D-SNP

- Part C: Code of Federal Regulations Title 42 Public Health, Chapter IV CMS, Subchapter B Medicare Program, [Part 422 Medicare Advantage Program](#)
- Part D: Code of Federal Regulations Title 42 Public Health, Chapter IV CMS, Subchapter B Medicare Program, [Part 423 Voluntary Medicare Prescription Drug Benefit](#)

Federal regulations for Medicaid managed care

- Code of Federal Regulations Title 42 Public Health, Chapter IV CMS, Subchapter C Medical Assistance Programs, [Part 430 Medicaid](#)

Mandatory fraud reporting to CMS and Medicaid fraud units

- CMS: [42 CFR 503](#) – General Provisions
- Medicaid: [42 CFR 455](#) – Medicaid Agency Fraud Detection and Investigation Program

✓ [Social Security Act \(Title 18\)](#)

✓ Code of Federal Regulations

- 42 CFR Parts 422 (SubPart C) - [42 C.F.R. §§ 422.503\(b\)\(4\)\(vi\)](#)
- 423 (SubPart D)) - [423.504\(b\)\(4\)\(vi\)](#)

✓ Medicare Managed Care Manual

- [Chapter 21 \(Part C\) & 9 \(part D\) – Compliance Program Guidelines](#)
- Health Plan Management System (HPMS) Memos

✓ CMS Contracts: Private entities apply and contracts are renewed/non-renewed each year

✓ Federal HIPAA and FWA: Medi-Cal & D-SNP

- [DHHS: Health Insurance Portability And Accountability Act](#)
- [DOJ: False Claim Act](#)
- [DHHS: Anti-Kickback Statute](#)
- [OIG: General Compliance Program Guidance](#)

✓ [DHHS: Affordable Care Act](#)

California Regulatory Environment

DHCS Contracts & Policies:

- [Contract with the Department of Health Care Services \(DHCS\)](#)
- [DHCS All Plan Letters](#)
- [2026 State Medicaid Agency Contract \(SMAC\) Exclusively Aligned Enrollment D-SNP](#)
- [CA D-SNP Program & D-SNP Policy Guide](#)

DMHC enforcement for managed care organization:

- [Knox Keene Act and Title 28 Regulations](#)
- [DMHC All Plan Letters](#)

Conflict of Interest

- [Gov. Code § 81000 et seq](#) - prohibits public officials from using their position for personal financial gain, requiring disqualification from decisions with foreseeable material financial impacts
- [California Code of Regulations, § 18730. Provisions of Conflict of Interest Codes.](#)
- [Government Code § 1090](#) – Contractual Conflicts, designated positions must file public **Statements of Economic Interests (Form 700)** to disclose investments, real estate, income, etc., overseen by the [Fair Political Practices Commission \(FPPC\)](#)

✓ [Welfare & Institutions Code](#)

- WIC § 14000 et seq. – Medi-Cal program authority
- WIC §§ 14200–14499 – Medi-Cal Managed Care
- WIC § 14182 – Managed care contracting authority
- WIC § 14184.10–14184.19 – Managed care plan requirements
- WIC § 14182(b) – Plan readiness and oversight

✓ [California Code of Regulations, Title 22](#)

- §§ 50000 et seq. – Medi-Cal program rules
- §§ 53800 et seq. – Managed care requirements
- §§ 50951–50958 – Member rights & due process
- §§ 51014.1–51014.3 – Fair hearings

✓ [Government Code - GOV § 12528](#) - FWA

✓ [California Confidentiality of Medical Information Act \(CMIA\)](#)

✓ [California Consumer Privacy Act \(CCPA\)](#)

A. Code of Conduct

B. Contra Costa Health Services Policy 104-A (Conflict of Interest Code/Annual Reporting Requirements)

C. Attestation for Completion of Training (return signed attestation within 30 calendar days)

CONTRA COSTA
HEALTH



CONTRA COSTA HEALTH PLAN
CODE OF CONDUCT

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This Code of Conduct and its contents is not, and may not be, construed as, a contract of employment or any other type of contract. Employment with Contra Costa Health Plan (“CCHP”) at all times is “at will,” and either the employee or CCHP has the right to terminate the employment relationship at any time.

This Code applies to all employees, board members, officers, directors, clinical staff, volunteers, vendors, contractors, consultants and agents of CCHP.

MISSION

Contra Costa Health Plan, a division of Contra Costa Health Services, cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities and diverse communities, as well as other health, education and human service agencies.
- We encourage creative, ethical and tenacious leadership to implement effective health policies and programs.

Principles of the Code of Conduct

The following principles are the basis for the CCHP Code of Conduct. All CCHP personnel shall:

1. Treat all members with respect and dignity in an appropriate professional manner without regard to race, language, age, gender, religion, national origin or sexual preference.
2. Follow the Code of Conduct and conduct themselves in an ethical manner.
2. Report any concerns about possible compliance issues to the Compliance Officer or any member of the Compliance Committee. There shall be no retaliation against anyone who reports concerns that he/she believes create compliance issues for the organization. CCHP does not tolerate any acts of intimidation for good faith participation in the compliance program.
3. Communicate their questions or concerns to their immediate supervisor if they require clarification of a procedure, regulation or law related to their duties. Personnel will not be penalized for raising Compliance issues. CCHP expects that all personnel will be actively involved in correcting errors in a timely manner.
4. Obey all laws, rules, regulations, policies and procedures to the very best of their abilities and knowledge.

INTRODUCTION AND PURPOSE

Ethics

At Contra Costa Health Plan (“CCHP”), we are committed to adhering to high ethical standards in our operations. Ethical decision-making is not just about compliance with laws and regulations but about making choices that uphold the trust and respect of our colleagues, members, and stakeholders.

In both personal and professional settings, ethical decision-making involves evaluating choices in a way that considers the potential consequences such as impact on others, the organization, and society as a whole. We encourage all employees and stakeholders to approach decisions with care, seek advice when necessary, and ensure that their actions reflect our shared values of integrity and respect.

It is not possible or practical to list all behaviors that may be considered unacceptable in the workplace. Any seriously inappropriate conduct, as determined by CCHP, may result in consequences up to and including termination for the first offense. If you have questions about a topic or issue, you may go to your supervisor, manager, the Health Services Personnel Office, or the Compliance department.

Unsure of what to do? Try considering the answers to these questions:

Does this decision align with CCHP’s core values and principles? Will this choice reflect integrity, honesty, and fairness?

How will this decision affect others? What impact will it have on my colleagues, clients, community, or stakeholders?

Is this decision legal? Does it comply with applicable laws, regulations, and organizational policies?

Am I avoiding conflicts of interest? Is this decision influenced by personal interests, biases, or external pressures?

Would I be comfortable if this decision were made public? How would it look if others, such as my peers or the general public, knew about this decision?

Have I sought advice or consulted others if I’m unsure? Did I reach out to someone for guidance or perspective?

Do you have a question or want to file a report?

If you have questions or concerns about something you hear or observe, but aren't sure if you should speak up, we encourage you to reach out to the Compliance department. Our goal is to prevent unethical or non-compliant activities before they occur.

When you report concerns in good faith, you allow us to address our risks and potentially fix our problems. This ensures that CCHP can continue to provide high-quality, affordable programs, services, and care for all our members. Every member of the CCHP community has a duty to report concerns immediately.

While you can talk to your supervisor or other team leader directly about a concern, we also ensure there are multiple ways to reach us. You may contact our department directly by reaching out to someone you already know, or you can submit a report to our department through any of the methods listed below. CCHP also contracts with an independent hotline that is available 24/7 and accepts anonymous reports.

To make a complaint:

- Contact any member of the compliance department or the Compliance or Privacy Officer
- Call our third-party hotline: 1-800-304-9490; for privacy matters call 1-800-659-4611
- E-mail compliance@cchealth.org
- Fax to 925-523-7092
- Sending mail to: CCHP Compliance Department, c/o Privacy Officer, 597 Center Avenue, Suite 200, Martinez, CA 94553

How Reports are Reviewed

Reports of non-compliance are considered serious matters and all reports are reviewed in a timely manner. The type of complaint that is filed usually determines who reviews or investigates the report. Sometimes, subject matter experts from a certain department are involved.

In order to ensure your complaint can be reviewed thoroughly, reports should include dates, times, names of individuals involved, witnesses, and a detailed description of events.

If asked, all employees must cooperate with our investigation process. Questions should be answered honestly and any documents that are requested should be provided,

unaltered, in a timely manner. Failure to report a violation, refusal to cooperate with, or obstructing a Compliance investigation may lead to disciplinary action.

Confidentiality

Reports may be filed anonymously and are kept confidential to the extent possible. However, please know that in some cases, anonymity may not be guaranteed based on the details of the incident, or when required by law.

Promise of No Retaliation

CCHP has a strict non-retaliation policy. Retaliation against any employee for reporting policy violations in good faith will not be tolerated. Any CCHP employee or agent who attempts to or encourages others to retaliate against an individual who has reported a violation or who fails to cooperate with an investigation will be referred to the Health Services Personnel Office for disciplinary action.

Common Compliance Concerns

Code of Conduct violations

HIPAA violations

Fraud, waste and abuse

Illegal acts such as bribery or theft

Conflicts of interest

BUSINESS PRACTICES

Professional Interactions

All individuals have the right to be treated with dignity, respect and privacy, and members of the CCHP community are no exception. Our goals and values reflect honesty, integrity, adherence to the law, and quality. All members of our community should strive to conduct themselves according to these guiding principles.

As a Health Plan, in order to ensure CCHP provides a high level of service to members, CCHP :

- Must never deny payment of a qualified claim that is authorized for coverage
- Must never delay or deny approval of a medically necessary referral that was submitted timely

- Must ensure our members have access to sufficient providers in our network to meet their needs.

Conflicts of Interest

A conflict of interest is any situation in which your personal interests may influence how you handle CCHP business or your professional conduct. Employees must not engage in any conduct that would create an actual, potential, or perceived conflict of interest. Any potential or actual conflict must be disclosed to Compliance. The following situations are examples of conflicts of interest:

- An employee participates in the selection, award, or administration of a contract or services where a family member, or any person with whom they have a business or personal connection, also has a financial interest.
- An employee discloses or uses confidential CCHP information for personal profit, advantage, or other unauthorized reasons.
- A clinician suggests a certain provider because they receive kickbacks from the provider.
- An employee conducts or accepts outside employment or work, directly or through an intermediary, which can or will adversely affect your work obligations for CCHP. You may engage in work outside your regular work schedule at CCHP if this work does not detract from your job performance, is not harmful to CCHP's best interests, and does not present a conflict of interest with your employment with CCHP.

If you or a family member is an owner, part-owner, employee of, or is receiving money from a company that does business with, proposes to do business with, competes with, solicits employees from, or receives any other remuneration from CCHP, please notify the Compliance department.

CCHP resources are to be used for business purposes and not for personal gain. If you have questions about what constitutes a conflict of interest, please ask your supervisor or Compliance.

Gifts and Tips—Receiving

We serve diverse and vulnerable groups of people. Our members depend on our programs and staff to look out for them and act in their best interests. Accordingly, employees shall not solicit and shall discourage personal gifts from members or their families and friends. Members should be politely thanked and told that CCHP employees are not permitted to

accept gifts or gratuities. Similarly, soliciting or accepting gifts from vendors and service providers is not permitted.

Gifts and Tips—Offering

Employees also must not offer or give anything of value in order to generate business, influence a contract, win an award, or affect legislation. If any individual requests or demands gifts or benefits from CCHP, you should report it immediately to the Compliance department.

Fraud, Waste, and Abuse

As a government-sponsored program, we must steward our resources wisely. By preventing unnecessary costs, we can improve health outcomes and demonstrate the efficacy of our programs. Doing so may ensure that we continue to serve our members for many years to come.

Fraud - Intentional deception or misrepresentation to acquire something.

- Examples include expense account fraud, timesheet fraud, identity theft, embezzlement

Waste - Extravagant, careless, or needless expenditures. Examples of waste include:

- Booking expensive travel options without considering cost effective alternatives
- Paying for unused software subscriptions
- Paying more for goods and services due to lack of price comparisons

Abuse- Wrongful or improper use of CCHP assets that may directly or indirectly result in unnecessary costs. Examples include:

- Using copy machines to print fliers for personal reasons such as a restaurant or school
- Requesting or approving unnecessary overtime

Exclusions

By law, CCHP cannot employ or contract with any person or entity that has been:

- Excluded, suspended, or debarred from participation in federal or state programs
- Convicted of a crime in connection with the delivery or administration of health care services.

Adherence to Other Laws

U.S. False Claims Act (FCA)

The Federal False Claims Act and other similar laws make it a crime to present false claims to the government. All business records, financial records, timecards, and medical records should be accurate and complete. Records should never be falsified or altered to disguise the truth. Employees should also refrain from editorializing in any business records and instead adhere to providing factual information.

U.S. Foreign Corrupt Practices Act (FCPA)

The FCPA prohibits giving money or things of value to a government official to influence their actions or secure business advantages or with the intent of gaining or retaining business.

Stark Law

Stark Law, also known as the Physician Self-Referral Law, prohibits physicians from referring patients for certain health services to entities with which they or their immediate family members have a financial relationship. The law aims to prevent conflicts of interest and overutilization of healthcare services by restricting self-referrals that could result in unnecessary costs to the healthcare system. This often comes up where a physician might order lab work or equipment for a patient and recommend they fill the order at a lab or supplier they co-own. Please notify the Compliance Department if you are aware of any such instances.

Anti-Kickback Laws

Anti-kickback laws impose criminal and civil penalties on individuals and companies who attempt to offer, give, solicit, or accept a kickback. CCHP prohibits making or offering kickbacks to anyone for the purpose of obtaining, retaining, or influencing our business. Kickbacks may include items of value (cash or gifts), promising favors, preferential selection or hiring, business courtesies (free products or services), or waivers of expenses. The Compliance Department should be consulted prior to offering, giving, soliciting, or receiving anything of value that is not fair market value for services or products received.

Anti-Rebate Laws

Anti-rebating laws prohibit any person representing CCHP from offering current or prospective customers a promise of employment, stock, dividends, contracts,

agreements, goods and services, or other in-kind contributions. State and local laws vary, so ensure you contact the Ethics & Compliance or Legal Department for guidance.

Relations with Pharmaceutical Companies

State and federal regulations include guidelines for any compensation received from a drug company. Any direct or indirect compensation creates a potential or an appearance to influence CCHP's business decisions regarding drug coverage and utilization decisions. No employees should engage in activity that may be perceived as compensation with a drug company without counsel from the Health Services Legal Department.

PRIVACY, SECURITY, AND PROTECTION OF ASSETS

CCHP has a variety of assets and property, such as records, emails, laptops, equipment, time, and supplies, under its care. These records and devices must be accurate and complete, and preserved from tampering and retained for the required amounts of time for business reasons including law enforcement purposes, internal investigations, or legal counsel. Care should be used when CCHP assets are used for any type of communication.

Information Security and Data Protection

All employees must abide by the terms of their employee agreements, training courses, and any other similar agreement that protects CCHP's business information. The obligation to keep this information confidential exists both during and after separation from employment. Confidential and proprietary CCHP business information includes all information relating to CCHP's non-public information such as financial affairs, marketing, operational and strategic information, or administration, as well as member records.

In order to ensure that our systems remain functional and we continue to operate efficiently, our Information Security department has developed best practices and acceptable use policies.

Some best practices include:

- Not leaving records or laptops unattended in vehicles. Be sure to report any lost or stolen items immediately.
- Not clicking on any suspicious links. Do not download information from unknown sources.
- Reporting suspicious items or behavior, including unattended items to the Security Department.

- When sending an email with sensitive information, include the word “SECURE” in the subject line.
- Not using another employee’s username and password or don’t share your username and password.

Privacy and Confidential Information

Each employee is responsible for safeguarding sensitive information and other personal and private information. You may only access and use sensitive information for purposes related to your job duties, and you may only access the minimum amount of information required to perform your duties.

There are multiple federal, state, and local laws that protect sensitive information such as personally identifiable information (PII) and protected health information (PHI). PHI is protected by the California Confidentiality of Medical Information Act (CMIA) and the Federal Health Insurance Portability and Accountability Act (HIPAA). In addition to those laws, CCHP may be a **business associate** of other government agencies and is contractually obligated to protect sensitive information.

PHI access, use, and disclosure are typically limited to others involved in the care and treatment of a member, in the payment for such care and treatment, or in CCHP’s internal operations. Written authorization from the member or their legal representative is required in advance of disclosing PHI for any other purpose.

CCHP is accountable for all incidents that involve unauthorized access, use, or disclosure of sensitive information (e.g. PII or PHI). These incidents, or suspected incidents, should be immediately reported to Compliance.

A covered entity is a health care provider, health plan, or health care clearinghouse that is subject to HIPAA.

A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information (PHI) on behalf of, or provides services to, a covered entity.

Responsible Use of Artificial Intelligence (AI)

CCHP is committed to responsible and ethical use of technologies that enhance our services, enrich customer experiences, and improve health outcomes.

Any AI use should be thoroughly reviewed to ensure the usage is safe, ethical, and lawful. Users of AI must ensure that any use avoids data breaches or biased decisions.

CAUTION!

Artificial Intelligence can be used to impersonate a real person. Be wary of phone calls or videos that come from trusted colleagues, senior executives, or vendors that include urgent requests or demands for financial transactions

PUBLIC ENGAGEMENT

Media and Speaking Engagements

You may be approached by members of the media, academia, or industry groups to speak on behalf of CCHP or to present CCHP materials or information. If you are approached by the media for interviews or comments, you should not respond; instead, you should immediately contact our Marketing Department. For other speaking engagements such as conferences or teaching settings, you must gain advance approval from the Office of Communications and Media before participating in such activities.

Social Media

CCHP recognizes the value of social media platforms as vital resources to promote the organization's mission and values, operational goals, and marketing activities. CCHP is committed to supporting honest, transparent, and knowledgeable communication through social media.

CCHP supports employees' right to use social media for their own, personal purposes. However, social media use must not interfere with any employee's performance or disrupt the workplace. Whether during work or non-work hours, employees must ensure that their use of social media does not violate the [Social Media Policy](#) and/or applicable state and federal laws.

When posting on any public platform, please know that you:

- Must not post any sensitive or confidential information, including member images or information.
- Make clear that you are not representing CCHP, but that your posts and opinions are your personal views.

Political Activity

As a non-profit organization, CCHP is prohibited from directly or indirectly participating in, or intervening in, any political campaign on behalf of (or in opposition to) any candidate for elective public office. Employees may not engage in partisan political activities as an actual or perceived representative of CCHP (e.g., employees should not support or oppose any candidate running for public office on behalf of CCHP). This includes wearing overtly political clothing supporting or campaigning against a person or political party while on duty.

However, we respect your right to participate in political activities as a private citizen and when off duty. Be sure you do not use your CCHP title, email address, letterhead, or department funds for campaigning for or against any political candidate.

WORKPLACE ENVIRONMENT

Drug and Smoke-Free Workplace

While in or around CCHP premises, individuals should refrain from substance misuse or abuse. Unlawful use, manufacture, distribution, dispensation, possession, or sale of illicit and mood-altering substances is strictly prohibited. Accordingly, smoking, including e-cigarettes or similar items, is not permitted in our buildings or closer than 20 feet from CCHP building egresses and ingresses.

Environment and Safety

CCHP is committed to complying with all laws and regulations that govern workplace health and safety, including staff training, the inspection of facilities, investigation of accidents, and communication and observance of safety and health rules. We all play a role in creating a safe, secure, and injury-free workplace.

All employees shall:

- Be aware of emergency and security procedures.
- Comply with all laws and regulations which govern occupational and patient health and safety and to make every reasonable effort to ensure that members/clients, employees, and visitors are protected from undue health risks and unsafe conditions.
- Comply with all applicable environmental laws and regulations.
- Ensure that CCHP has obtained and renews all necessary licenses, permits, and approvals.

- Employ the proper procedures and controls in the identification, handling, storage and disposal of toxic, hazardous, and biohazardous materials and waste to prioritize minimizing exposure. Please see the Employee Handbook for more information about Health and Safety.

No Discrimination, Bullying, Harassment, or Violence

CCHP does not tolerate violent statements, behaviors or actions on workplace premises. Discrimination based on age, gender, gender identity, gender expression, race, color, religion, religious creed, national origin, sex, sexual orientation, citizenship, marital status, mental disability, physical disability, genetic information, military status, veteran status, medical condition, or any additional characteristic protected by law is also not tolerated. People who engage in harassment, threatening, abusive, or violent behavior, whether on or off duty, may be referred to the Health Services Personnel Office for further action including and up to termination.

Non-Solicitation and Distribution

Employees are prohibited from soliciting others, including members and colleagues, during work hours if such solicitation is not part of their job duties. Solicitation includes, but is not limited to, requests for donations, contributions to charities, support for political organizations, requests or encouragement to patronize a particular business, and/or merchandise purchases.

Solicitation by distribution of non-CCHP literature is also prohibited. Distribution includes placing or handing out advertising materials, handbills, and other printed and written literature. Employees may not use CCHP stationery, supplies, computers, or equipment for solicitation or distribution purposes.

Requests from outside people or organizations to sell merchandise, solicit contributions, distribute literature, arrange displays, or use CCHP facilities should be referred to the Health Services Personnel Office, a director, or any supervisor.

Additional Guides and Resources

All members of the CCHP community are expected to behave responsibly and with integrity. Compliance is the responsibility of everyone. This Code does not cover every situation you may encounter but provides the framework that guides our mission and actions.

This Code is supplemented by the **CCHP Policies and Procedures**.

If you have questions, would like to report a violation of the code, or need additional guidance, you may contact your supervisor, manager, or the Compliance department directly.

Contra Costa Health Services

Administration	Conflict of Interest Code/Annual Reporting Requirements	Policy #	104-A
		Original Date:	03/04
		Revised:	04/2018
		Supersedes:	225 04/2013

PURPOSE

The purpose of this policy is to be in compliance with the Political Reform Act and the Fair Political Practices Commission. The Political Reform Act (Gov. Code § 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. § 18730) which contains the terms of a standard conflict of interest code. After public notice and hearing it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices commission are hereby incorporated by reference. This regulation and the attached Appendix designating officials and employees and establishing disclosure categories, shall constitute the conflict of interest code of the Health Services Department of Contra Costa County.

Designated employees shall file their statements with the Health Services Personnel Officer who will make the statements available for public inspection and reproduction. (Gov. Code § 81008.) Statements for all designated employees will be retained by the Health Services Personnel Office of Contra Costa County.

Reference for Conflict of Interest Code – The Fair Political Practices Commission regulation 18730.

ATTACHMENTS

[Exhibit A – List of Designated Positions](#)

[Exhibit B – Disclosure Categories](#)

Departmental Review	Date
Health Services Director	04/30/2018

CONFLICT OF INTEREST CODE

LIST OF DESIGNATED POSITIONS

EXHIBIT "A"
AMENDED APRIL 2018

<u>Class/Functional Title</u>	<u>Disclosure Category</u>
<u>Office of the Director</u>	
Assistant to the Health Services Director	1 & 2
County Compliance HIPAA Privacy Officer-Exempt	
Department Medical Director	1 & 2
Health Equity Program Manager	1 & 2
Health Services Director	1 & 2
<u>Employee Services Office</u>	
Health Services Personnel Officer	1 & 2
<u>Finance Division</u>	
Assistant Contracts Administrator	2
Asst Health Svcs I.T. Director-Application Development	1 & 2
Asst Health Svcs I.T. Director-Customer Support	1 & 2
Asst Health Svcs I.T. Director-Information Security	1 & 2
Asst Health Svcs I.T. Director-Infrastructure	1 & 2
Asst Health Svcs I.T. Director-Project Management	1 & 2
Contracts Administrator	2
Contracts & Grants Specialist I & II	2
Department Finance Officer (Contractor)	1 & 2
Financial Controller (Contractor)	1 & 2
Health Services Information Systems Operations Manager	1 & 2
Health Services I.T. Director	1 & 2
Health Services Planner/Evaluator Director	1 & 2

Class/Functional TitleDisclosure
CategoryHospital and Clinic Division

Ambulatory Care Administrator	1 & 2
Ambulatory Care Clinical Supervisor	1 & 2
Assistant Chief Cardiopulmonary Support Services	3(A)(C)(D)(E)(F)(K)(P-1)
Assistant Director of Nutritional Services	3 (H)
Assistant Director Pharmacy Services	3 (B)
Assistant Director of Rehab Therapy Services	3 (A) (D) (K) (L)(P-1)
Assistant Facility Manager	2
Biomedical Equipment Manager	2
CCRMC Chief Exec Officer-Ex	1 & 2
Medical Director	1 & 2
Chief of Detention Health Nursing Services	3 (A)
Chief Medical Officer-Ex	1 & 2
Chief Nursing Officer	1 & 2
Chief Operations Officer-Ex	1 & 2
Chief Quality Officer-Ex	1 & 2
Clinical Laboratory Manager	3 (I) (K)
Diagnostic Imaging Manager	3 (A) (C) (D) (K) (P-1)
Director of Ambulatory Care Nursing	1 & 2
Director of Health Information Management	1 & 2
Director, In-Patient Nursing Operations	3 (A)
Director of Pharmacy Services	3 (B)
Director of Safety & Performance Improvement	1 & 2
Environmental Services Manager	3 (C) (D) (E) (J)
Facilities Manager	1 & 2
Material Management Supervisor	3 (A-P)
Medical Social Services Director	1 & 2
Nursing Program Manager (all)	3 (A) (C) (D) (E)
Nursing Shift Coordinator	3 (A) (C) (D) (E)
Residency Director/Inpatient Medical Director	1 & 2

Class/Functional Title

Disclosure
Category

Contra Costa Health Plan

Asst. Director Of Health Svcs. (Division Dir.)	1 & 2
CCHP Medical Director	1 & 2
Chief Executive Officer – CCHP	1 & 2
Chief Operating Officer	1 & 2
Dep. Executive Director of CCHP	1 & 2
Health Plan Business Services Manager	1 & 2
Health Plan Dir. Of Comp. & Gov. Relations	1 & 2
Health Plan Director of Contracting	1 & 2
Health Plan Director of Provider Relations & Credentialing	1 & 2
Health Plan Pharmacy Program Manager	1 & 2
Planning Consultant (Contractor)	1 & 2
Provider Relations Liaison (Contractor)	1 & 2
Quality Management Program Coordinator	1 & 2

Emergency Medical Services

Emergency Medical Services Director	1 & 2
Emergency Medical Services Program Coordinator	1 & 2

Environmental Health Division

Assistant Director of Environmental Health Services	4 (A-J)
Director of Environmental Health Services	4 (A-J)
Env. Hlth. Specialist I (all positions)	4 (A-J)
Env. Hlth. Specialist II (all positions)	4 (A-J)
Env. Hlth. Technician (all positions)	4 (A-J)
Supv. Env. Hlth. Specialist (all positions)	4 (A-J)

Hazardous Materials:

Accidental Release Prevention Engineer	4 (A-J) & L
Assistant Director of Hazardous Materials Programs	4 (A-J) & L
Director of Hazardous Materials Programs	4 (A-J) & L
Hazardous Materials Specialist I (all positions)	4 (A-J) & L
Hazardous Materials Specialist II (all positions)	4 (A-J) & L
Hazardous Waste Reduction Manager	4 (A-J) & L
Integrated Pest Mgmt Coordinator	4 (A-J) & L
Pollution Prevention Specialist	4 (A-J) & L
Supv. Accidental Release Prevention Engineer	4 (A-J) & L

Class/Functional Title

Disclosure
Category

Behavioral Health Division

Alcohol and Other Drugs Services:

AODS Program Chief	1 & 2
Substance Abuse Program Manager	3 (B) (D) (M) (N) (O) (P)

Mental Health:

Administrative Services Assistant III (all positions)	1 & 2
Asst. Director of Health Svcs. (Division Dir.)	1 & 2
Conservatorship/Guardianship Program Manager	2 & 3 (P-2)
Conservatorship Program Supervisor	2 & 3 (P-2)
Deputy Director of Behavioral Health	1 & 2
Health & Human Svcs. Research & Evaluation Manager	1 & 2
Health Services Planner/Evaluator	1 & 2
Mental Health Consumer Empowerment Prog. Coord.	1 & 2
Mental Health Family Services Coordinator	1 & 2
Mental Health Medical Director	1 & 2
Mental Health Program Chief (all positions)	1 & 2
Mental Health Program Manager (all positions)	1 & 2
Mental Health Program Supervisor (all positions)	3 (A) (B) (D) (E) (M) (P)
Mental Health Project Manager	1 & 2
Mental Health Quality Improvement Coordinator	1 & 2
Mental Health Voc. Svcs. Coord.	1 & 2
Properties Trust Officer	2 & 3 (P-2)
Utilization Review Coordinator	3 (A-P)

Health, Housing and Homeless Services

Asst. Director of Health Svcs. (Division Dir.)	1 & 2 (P-1)
Chief Deputy Public Administrator	1 & 2
Deputy Public Administrator	1 & 2

Class/Functional TitleDisclosure
CategoryPublic Health Division

AIDS Program Director	1
Asst. Director of Health. Svcs.(Division Dir.)	1 & 2
CCS Program Administrator	3 (A) (D) (L) (P-1)
CHDP Program Manager	1 & 2
Chief Pediatric Therapist	3 (A) (D) (L) (P-1)
Chronic Disease & Environmental Program Manager	1 & 2
Communicable Disease Program Chief	1 & 2
Community Wellness & Prevention Program Director	1 & 2
Developmental Center Director	1 & 2
Director of Family, Maternal & Child Health	1 & 2
Director, Public Health Clinic Services	1 & 2
Director, Public Health Lab	3 (I) (K)
Emergency Services Manager	3 (A-E)
Exec. Asst. Developmental Disabilities Council	1 & 2
Hazardous Materials Ombudsperson	4 (A-J) & L
Health Services Administrator	1 & 2
Health Services Planner/Evaluator	1
PH Nurse Program Manager (all positions)	1 & 2
PH Prog. Specialist I & II (all positions)	1 & 2
Public Health Epidemiologist/Biostatistician	1 & 2
Public Health Lab Manager	3 (I) (K)
Tobacco Prevention Project Coordinator	1 & 2

Consultants

Consultants	1 & 2
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The Health Services Director or designee may determine in writing that a consultant is hired to perform a range of duties that is limited in scope and thus is not required to comply with disclosure requirements. The determination shall include the consultant's duties and the reasons for the determination. The written determination is a public record and shall be retained for public inspection.

EXHIBIT “B”

Disclosure Categories

Category “1”: Designated Employees Must Report:

- (a) All investments, interests in real property, and sources of income (including loans and gifts), and any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management. These financial interests are reportable only if located within Contra Costa County or if the business entity is doing business, or is planning to do business, in the County (and such plans are known by the designated employee) or has done business within the County at any time during the two years prior to the filing of the statement.
- (b) Investments in any business entity, income (including loans and gifts) from any source and status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity, which has within the last two years contracted or foreseeably may contract with Contra Costa County, or with any public agency within Contra Costa County, to provide services, supplies, materials, machinery or equipment to either party.

Category “2”: Designated Employees Must Report:

Investments in any business entity, income (including loans and gifts) from any source, and status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity, which has within the last two years contracted, or foreseeably may contract, with Contra Costa County to provide services, supplies, materials, machinery or equipment to the Health Services Department.

Category “3”: Designated Employees Must Report:

Investments in any business entity, income (including loans and gifts) from any source, and status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity which, within the last two years has had, or in the future foreseeably may have, among its patients or clients any person who is, or has been, screened, treated, served, or referred, by an employee of Contra Costa County, or which, within the last two years, has contracted, or in the future foreseeably may contract, with Contra Costa County to provide services, supplies, materials, machinery, or equipment, but only insofar as a business entity or income source relates to the following areas:

- (a) Medical, surgical, and dental supplies
- (b) Pharmaceuticals
- (c) Purchased maintenance
- (d) Equipment rentals
- (e) General supplies
- (f) Oxygen and gases
- (g) Data processing and computers
- (h) Food
- (i) Laboratory supplies

- (j) Clothing and personal supplies
- (k) Biomedical equipment
- (l) Prostheses and assistive devices
- (m) Space - rentals and leases
- (n) Educational materials
- (o) Books and subscriptions
- (p) Professional and specialized services, including but not limited to:
 - (1) Medical, dental, or health care services,
 - (2) Psychiatric, psychological, mental health, psychosocial, human potential growth, nursing, health, or patient diagnosis, testing, counseling, development or casework services,
 - (3) Educational or staff training services, and
 - (4) Management or program consulting or technical assistance services.

Category “4”: Designated Employees Must Report:

Investments in any business entity, income (including loans and gifts) from any source, and status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity which, within the last two years, was issued a license or permit, or in the future foreseeably may be issued a license or permit, by an employee of Contra Costa County to operate such facilities, but only insofar as a business entity or income source includes its scope of operations the following facilities:

- (a) Food service facilities
- (b) Swimming pools, spas, health clubs, recreation parks
- (c) Small water systems
- (d) Individual liquid waste disposal system designers or contractors
- (e) Water wells and soil borings
- (f) Solid waste storage, collection, transportation, and disposal
- (g) Ice plants
- (h) Septic tank, chemical toilet, seepage pits, and cesspool and sewer cleaners
- (i) Tattooing or body piercing
- (j) Land use consulting or engineering firms
- (k) Real estate sales
- (l) Delineation of hazardous materials activities



CONTRA COSTA
HEALTH

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cchealth.org

Plan Year 2026 General Compliance Training and Conflict of Interest Attestation

I, _____, hereby certify that I completed the **2026 Plan Year Compliance** training on _____, 2026.

I certify that I:

- A. Received, read and understand the content presented in the 2026 Plan Year General Compliance Training Module.
- B. Received, read and understand the code of conduct and policies contained in the training.
- C. Understand that if I have any questions about the content, I should contact Chanda Gonzales, Compliance Director at Chanda.Gonzales@cchealth.org or (925) 532-9837.
- D. Agree to follow the Code of Conduct.
- E. Agree to comply with all State and Federal health care program requirements.
- F. Understand it is my obligation to promptly report suspected violations of any State or Federal health care program requirements, the Code of Conduct, or Contra Costa Health Plans own policies and procedures.

I certify that I have received, read, understand and will abide by the **conflict of interest** policy.

Signature

Date