

# Compliance Program

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Regulatory Oversight & Compliance Committee  
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**Community  
Health Plan**  
OF IMPERIAL VALLEY

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# Compliance Program Overview

Local Health Authority of Imperial County (hereafter, "Community Health Plan of Imperial Valley" or "CHPIV") is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all-applicable Federal and State standards, statutes, regulations and rules, including those pertaining to the State of California requirements and the Medicare program. CHPIV's compliance commitment extends to its own internal business operations, as well as its oversight and monitoring responsibilities of its delegated entities.

CHPIV's Compliance Program is structured to proactively prevent and detect violations of ethical standards, contractual obligations, and laws. It functions independently of operational areas, focusing on fostering accountability and promptly addressing compliance issues. It applies to all stakeholders, including Commissioners, employees, and contractors, and covers Knox-Keene licensed health plans, participating providers, downstream entities, and all lines of business including Medi-Cal, Medicare Parts C and D.

As part of our commitment, CHPIV has formalized its compliance activities by developing a comprehensive Compliance Program. It is implemented through a structured framework as detailed in the following sections. The Compliance Program undergoes regular evaluations by the Chief Compliance Officer, Compliance & Policy Committee and the CHPIV Commission at least annually to ensure its effectiveness and alignment with regulatory requirements.

A copy is available on [CHPIV's website](#).

## I. Compliance Organizational Structure

### A. Chief Compliance Officer

The Chief Compliance Officer serves as the focal point for all compliance activities. The Chief Compliance Officer is charged with the responsibility of developing, operating, and monitoring the Compliance Program. The Chief Compliance Officer reports to the Chief Executive Officer ("CEO") but has the authority to report directly to the Commission, as necessary.

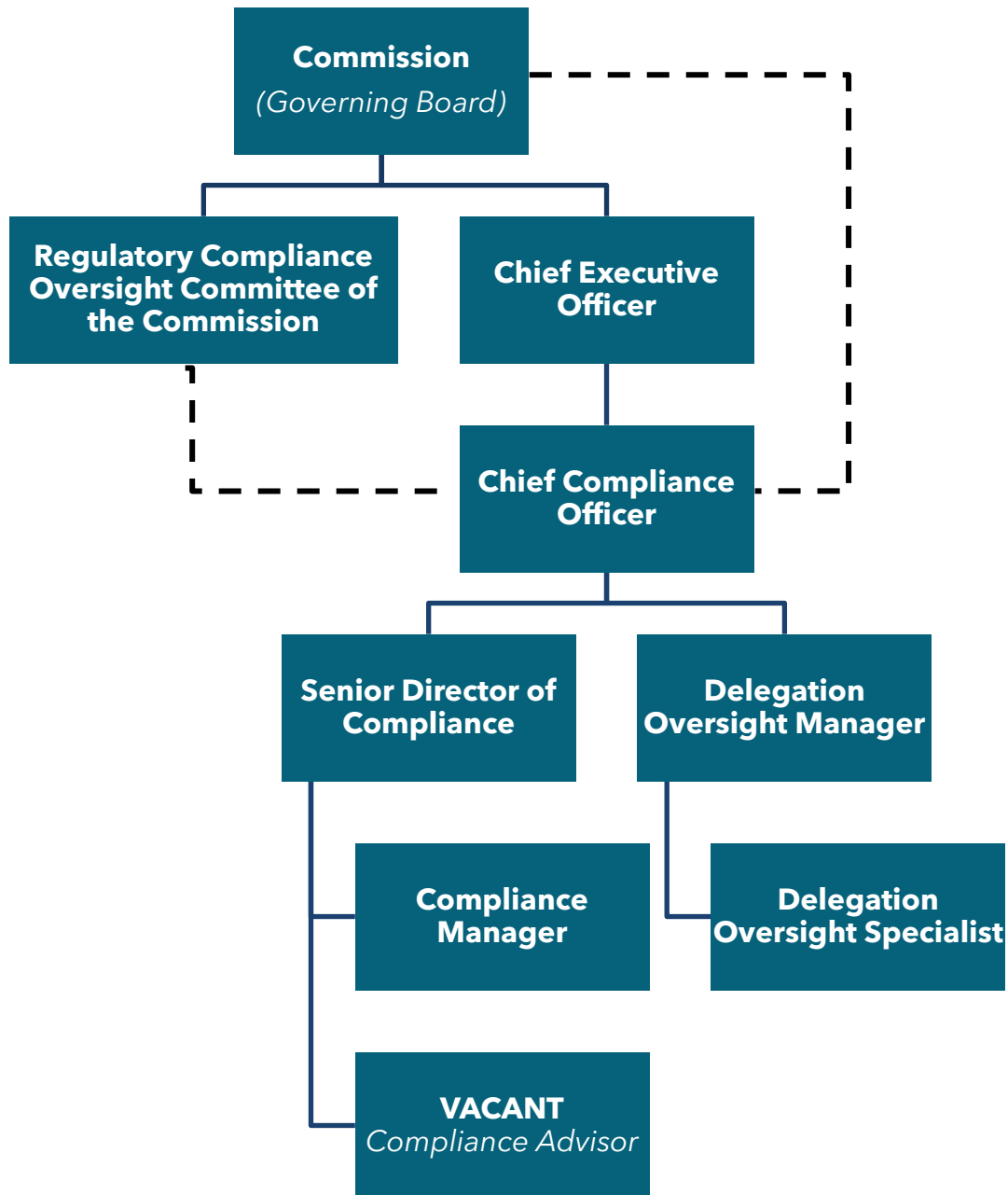
The Chief Compliance Officer ("CCO"), vested with the day-to-day operations of the compliance program, must be an employee of CHPIV and may not be an employee of CHPIV's first tier, downstream or related entities. The CCO reports directly and periodically to the Commission on the activities and status of the compliance program, including issues identified, investigated, and resolved by the Compliance Program.

The Chief Compliance Officer shall ensure that the following fundamental elements of compliance are incorporated into the program:

1. Written Policies, Procedures and Code of Conduct
2. Compliance Officer, Compliance Committee, Commission Governing Body
3. Effective Training and Education
4. Effective Lines of Communication

5. Effective Systems for Routine Monitoring and Auditing
6. Procedures and Systems for Promptly Responding to Compliance Issues
7. CHPIV's Accountability for Delegation Oversight

## B. Organizational Chart



## II. Authority & Responsibility

### A. CHPIV Commission

The CHPIV Commission actively oversees and monitors the organization's compliance efforts. The Commission is knowledgeable about the content and operation of the Compliance Program and exercises reasonable oversight with respect to its implementation and effectiveness. This includes regularly evaluating CHPIV's overall performance, reviewing

reports on compliance activities, and providing necessary directions in response to instances of non-compliance. The Regulatory Compliance Committee of the Commission is a subcommittee of the Commission that supports this oversight by ensuring the effectiveness of the Compliance Program and addressing issues as they arise.

## B. Compliance & Policy Committee (CPC)

The Compliance & Policy Committee (CPC) offers valuable oversight, advice, and general guidance to CHPIV's senior management on all matters related to compliance. This committee is specifically focused on ensuring that CHPIV and its subcontractors adhere fully to both mandated and non-mandated performance standards. Their efforts include monitoring the implementation of policies and procedures that require compliance with all applicable laws, regulations, contractual requirements, and internal policies.

## III. Procedures and Systems for Promptly Responding to Compliance Issues

CHPIV's Compliance Program ensures a structured and efficient approach to identifying, investigating, and resolving compliance concerns. This framework is designed to minimize risk, address noncompliance effectively, and demonstrate accountability to regulators and stakeholders.

CHPIV has implemented mechanisms to detect potential compliance issues and unethical behavior, including routine audits, monitoring activities, and reports from its confidential hotline. This includes discovering evidence of misconduct related to payment or delivery of items/services. Once an issue is identified, standardized investigation protocols are followed to ensure thorough, impartial, and consistent handling. High-risk or complex issues are escalated to appropriate leadership, ensuring timely resolution and compliance with regulatory reporting requirements when necessary.

CHPIV may impose progressive disciplinary actions to address consistent performance issues, unethical behavior, or significant compliance violations. Corrective Action Plans (CAPs) are issued, developed and executed to address noncompliance, with a focus on implementing remediation to prevent recurrence. All compliance issues are documented and tracked, enabling CHPIV to monitor trends, evaluate the program's effectiveness, and continuously refine its policies and processes. For staff, this includes measures such as additional training, verbal and written warnings for minor violations, probationary periods with close monitoring for serious or repeated noncompliance, temporary suspension for significant violations, and termination for severe or repeated offenses. In addition to corrective action plans, these steps ensure accountability and alignment with compliance standards. Noncompliance issues involving delegated entities are addressed in detail in P&P CMP-002 Delegation Oversight.

## IV. Effective Systems for Routine Monitoring and Auditing

## A. Risk-Based Monitoring

CHPIV employs a comprehensive risk-based monitoring process to ensure adherence to regulatory and contractual obligations, including compliance with DHCS, DMHC, and CMS requirements and the overall effectiveness of the compliance program. This process extends to evaluating the performance of first-tier entities, as required, to ensure their compliance with DHCS, DMHC, and CMS requirements. This process begins with conducting risk assessments and risk ranking to prioritize areas of concern, which informs the development of a risk-based monitoring program and plan. Key performance indicators (KPIs) are developed and maintained to measure compliance effectively, including quantitative metrics with defined calculations for critical areas such as authorization decision timeliness and grievance resolution timeliness and other key areas. Scorecards are utilized to track and clearly communicate compliance status, along with additional tools that are used to proactively identify trends, patterns, and potential compliance issues. This structured approach allows Compliance to address risks efficiently and maintain high standards of performance.

## B. Audits

CHPIV's audit program is built using a structured and proactive approach to ensure regulatory compliance and operational integrity. The program includes internal audits, as well as external audits when appropriate, to evaluate CHPIV's compliance with DHCS, DMHC, and CMS requirements and the performance of its first-tier entities. An annual audit plan is developed and presented for review and approval by the Compliance & Policy Committee and the Commission, detailing all scheduled audits for the year. The plan is periodically reviewed and updated to address emerging risks and changing regulatory requirements. Detailed audit reports are prepared following each audit, with findings shared with leadership, the Compliance & Policy Committee, and the Commission. Findings are used to evaluate the overall effectiveness of the compliance program and identify areas for improvement. These reports will prompt necessary corrective actions to resolve identified concerns and prevent recurrence of any issues.

## V. CHPIV's Accountability for Delegation Oversight

CHPIV maintains accountability for delegation oversight by managing the Delegation Reporting and Plan, updating it at least annually to adapt to the evolving needs of health plan operations. The Compliance Department oversees all aspects of the delegation oversight process, including audits and ongoing monitoring, and has developed a robust framework for evaluating potential delegate entities to ensure they meet compliance standards before entering into agreements. Clear performance metrics and benchmarks are established to monitor delegated entities' compliance performance, with periodic training sessions provided to enhance their understanding of requirements and expectations. CHPIV fosters open and transparent communication with delegates, addressing concerns and ensuring alignment with compliance obligations.

- Delegation Oversight Reporting and Plan ([available on website](#))
- Delegation Oversight Audit & Monitoring Program

## VI. Privacy

CHPIV is committed to ensuring compliance with Federal and State privacy and security rules by continuously monitoring regulations and updating privacy and security policies to safeguard protected health information (PHI). The organization provides clear guidelines and procedures for the proper handling and protection of PHI and conducts regular HIPAA training for all workforce members to reinforce these standards. Additionally, CHPIV has established procedures for reporting and managing data breaches or unauthorized disclosures of PHI to maintain accountability and uphold privacy obligations.

## VII. Fraud, Waste, and Abuse

CHPIV's Fraud, Waste, and Abuse (FWA) program is designed to prevent, detect, and correct fraudulent activities. The program includes thorough investigations of all suspected fraud, waste, and abuse allegations to identify and address potential issues promptly. Clear and accessible guidelines are established to standardize and promote consistent reporting procedures, encouraging employees, contractors, and stakeholders to report potential violations. Comprehensive training and educational programs are provided to raise awareness about FWA, equipping employees with the knowledge to detect and prevent fraudulent activities. Corrective actions are implemented as necessary to address identified issues and ensure they do not recur, maintaining the integrity of CHPIV's operations.

## VIII. Effective Training & Education

The Training and Education Program is designed to provide comprehensive training for employees, delegates, the chief executive officer, senior administrators, and commission members. These sessions focus on legal and ethical obligations under applicable laws, regulations, policies, and federal health program requirements. Training is conducted at least annually and is incorporated into the orientation process for new employees, senior administrators, and governing body members. The program ensures effective communication of CHPIV's standards, policies, and procedures to all personnel impacted by them, fostering a culture of compliance and ethical responsibility throughout the organization.

## IX. Policies and Procedures and Code of Conduct

### A. Policies & Procedures (P&Ps)

Policies and Procedures serve as the foundation for ensuring adherence to all Federal and State standards. These documents outline clear expectations, responsibilities, and processes for all compliance activities within the organization. The Compliance Department oversees the review process for CHPIV's policies and procedures (P&Ps), ensuring each undergoes an annual review. This process includes collaboration with relevant stakeholders for policy development and updates, maintaining a centralized repository for all approved and current P&Ps, and periodically communicating policy updates to all relevant stakeholders.

The Compliance Policies and Procedures listed below serve as a foundational framework for implementing and operationalizing CHPIV's Compliance Program. These policies provide detailed guidance on how compliance activities are carried out, ensuring that all program

elements are effectively executed. Each policy outlines specific processes, roles, and responsibilities that support the daily operations of the Compliance Program.

<b>Policy #</b>	<b>Policy Title</b>	<b>Policy Description</b>
CMP-001	Writing and Processing Policies and Procedures	Outlines CHPIV's process for managing policies to ensure compliance with regulations, contracts, and accreditation, with the Compliance Department as the responsible unit.
CMP-002	Delegation Oversight	Sets standards for overseeing delegated entities to ensure compliance with regulations, contracts, and CHPIV policies, with ongoing assessments to verify compliance.
CMP-003	Corrective Action Plans	Establishes the process for developing and implementing corrective action plans to address noncompliance, including identifying root causes, initiating corrective measures, and verifying their effectiveness.
CMP-004	Implementation of Regulatory Notifications	Outlines the process for organization-wide implementation of regulatory notifications issued by regulatory agencies.
CMP-005	Confidentiality and Member Privacy	Outlines CHPIV's requirements and procedures for maintaining confidentiality and protecting member privacy, including safeguarding PHI, PII, and demographic data such as race, ethnicity, language, gender identity, and sexual orientation.
CMP-006	Compliance Training	Outlines the requirements for CHPIV's Compliance Training Program, applicable to all employees, subcontractors, and downstream subcontractors.
CMP-007	Escalation of Noncompliance Issues	Establishes a framework for addressing noncompliance at CHPIV, including instances where members, providers, or employees fail to adhere to rules, regulations, or policies. It provides clear guidance to employees and others on identifying and addressing potential compliance issues and outlines how such issues should be communicated to the appropriate compliance personnel. The policy details the process for investigating and resolving compliance concerns promptly and transparently, ensuring adherence to applicable laws and regulations while mitigating risks and promoting fairness. CHPIV encourages a culture of transparency and self-policing. If noncompliance issues (including potential fraud or misconduct) identified have regulatory implications, CHPIV is responsible for self-disclosing matters to the appropriate regulatory authorities.
CMP-008	Selecting a Chief Compliance Officer	Establishes a clear and standardized process for the selection of a Chief Compliance Officer who



Policy #	Policy Title	Policy Description
		will ensure adherence to all contractual requirements.
CMP-009	Fraud Waste and Abuse	Establishes CHPIV's Fraud Prevention Program to ensure compliance and prevent, detect, and address fraud, waste, and abuse (FWA). It applies to all staff, network providers, and subcontractors, outlining responsibilities for training, monitoring, reporting, and maintaining compliance.
CMP-010	Effective Lines of Communication	Ensures that CHPIV fosters open, accessible, and confidential channels for reporting compliance concerns and promoting ethical and legal business practices. It establishes clear processes for employees, delegates, and other stakeholders to report potential issues, including fraud, waste, and abuse (FWA), without fear of intimidation or retaliation. The policy outlines mechanisms for investigating and resolving compliance issues, supports ongoing monitoring, and ensures that all stakeholders understand their role in maintaining compliance through regular communication and training.
CMP-011	Breach Notification	Ensures CHPIV's compliance with state and federal laws regarding notifying affected individuals in the event of a breach of member privacy.
CMP-012	Notice of Privacy Practices	Outlines the content and distribution process for CHPIV's Notice of Privacy Practices (NPP) to its members. It ensures compliance with federal and state privacy and security requirements through ongoing monitoring and audits of both internal operations and business associates.
CMP-013	Key Personnel Change	Establishes a process for CHPIV to disclose changes in executive-level personnel to the Department of Healthcare Services (DHCS) and the Department of Managed Health Care (DMHC).

Staff can view current policies and procedures in the [CHPIV Policies & Procedures Repository](#)

## B. Code of Conduct

The Code of Conduct provides a framework for maintaining the highest standards of ethical behavior and compliance within the organization. It emphasizes adherence to applicable laws, regulations, and industry best practices while safeguarding sensitive information and personal data. The Code requires the identification and management of potential conflicts to ensure impartiality and prohibits workplace discrimination and harassment. It encourages the reporting of suspected violations, with protections in place for whistleblowers, and mandates annual acknowledgment of understanding and commitment. Regular training reinforces the Code's principles, ensuring all employees uphold its values and contribute to a respectful and compliant workplace.

- Code of Conduct ([available on website](#))

## X. Effective Lines of Communication

CHPIV's Compliance Program is designed to foster a culture of transparency, accountability, and trust. It ensures that employees, managers, the governing body, contractors, and other stakeholders, including first-tier, downstream, and related entities, have accessible and confidential channels to seek guidance, report concerns, and clarify regulatory or policy expectations without fear of retaliation.

### A. Reporting Compliance Issues

CHPIV has established multiple avenues for communication, including a confidential hotline, designated compliance email, and other reporting mechanisms. These channels are available to all employees, managers, members of the governing body, and first-tier, downstream, and related entities. They are regularly communicated to staff and stakeholders through training, emphasizing their importance in maintaining compliance and ethical conduct.

The program safeguards confidentiality and provides assurance that all reports and inquiries will be handled promptly and appropriately.

CHPIV's Confidential Compliance Hotline is accessible to Commission members, employees, contractors, providers, members, first tier, downstream, related entities, and other concerned parties. It allows for confidential and anonymous reporting of potential violations or suspicions related to:

- Incidents of fraud, waste, and abuse.
- Criminal activity (fraud, kickback, embezzlement, theft, etc.).
- Conflict of interest concerns.
- Code of Conduct violations.
- Privacy and information security incidents

Verbal or written communications to the Compliance Hotline or the Compliance Department are treated confidentially within the bounds of applicable laws and circumstances. Anonymity is respected, and callers/reporters are not required to provide their names. Communications are handled with appropriate privilege in accordance with relevant legal provisions.

<b>Compliance Hotline</b>	800-919-4947
<b>Chief Compliance Officer</b>	Elysse Tarabola, Chief Compliance Officer Email: <a href="mailto:ETarabola@chpiv.org">ETarabola@chpiv.org</a> Direct Line: (760) 232-5021
<b>Compliance Department</b>	<a href="mailto:Compliance@chpiv.org">Compliance@chpiv.org</a>
<b>Human Resources</b>	Shannon Long, HR Consultant Email: <a href="mailto:SLong@chpiv.org">SLong@chpiv.org</a> Direct Line: 760-970-5072
<b>Online Reporting Form</b>	<a href="#">Committed to Compliance - Community Health Plan of Imperial County</a>

## B. Voluntarily Self-Reporting of Noncompliance

CHPIV must voluntarily self-report noncompliance, including potential fraud, waste, abuse (FWA), or misconduct to the appropriate regulatory agencies, including but not limited to CMS, the Department of Managed Health Care (DMHC), and other oversight entities.

*Internal Reporting & Evaluation:* All employees, contractors, and delegated entities must report suspected fraud, misconduct, or compliance violations to CHPIV's Compliance Department via the Compliance Hotline, email, or direct contact with the Chief Compliance Officer (CCO). The Compliance Department will assess the issue and determine if self-reporting to regulators is required. Investigations will be documented, including findings and corrective actions.

*Criteria for Self-Reporting:* CHPIV will voluntarily report issues when (1) there is evidence of intentional fraud, misconduct, or systemic non-compliance, (2) the issue results in improper payments, regulatory violations, or potential harm to members, and (3) reporting is required by law, contract, or at the request of a regulator.

*Self-Disclosure of Noncompliance:* If an issue meets self-reporting criteria, CHPIV will prepare and submit a Self-Disclosure Report using the designated reporting method (e.g, CMS HPMS, DMHC online portal, direct email to DHCS Contract Manager), including the following:

- A summary of the issue, parties involved, and potential impact.
- Root cause and corrective actions taken or planned.
- Supporting documentation.

CHPIV will fully cooperate with regulatory follow-up and implement additional corrective actions as needed. The Compliance Department will track all reported issues and resolutions.

## C. Disciplinary Standards

CHPIV maintains disciplinary standards and enforcement procedures that promote compliance, accountability, and ethical conduct across all levels of the organization. These standards are designed to encourage good faith participation in the compliance program by setting clear expectations for behavior, defining consequences for noncompliance, and ensuring consistent enforcement of policies.

CHPIV may impose progressive disciplinary actions to address consistent performance issues or significant compliance violations. For staff, this includes measures such as additional training, verbal and written warnings for minor violations, probationary periods with close monitoring for serious or repeated noncompliance, temporary suspension for significant violations, and termination for severe or repeated offenses. In addition to corrective action plans, these steps ensure accountability and alignment with compliance standards.

These disciplinary standards are widely publicized through compliance policies, employee handbooks, training, and ongoing compliance communications. By reinforcing expectations and accountability, CHPIV ensures that all employees and stakeholders understand their responsibilities and the consequences of noncompliance.

# Conclusion

CHPIV's Compliance Program is an adaptive framework designed to ensure the organization's adherence to policies, procedures, and performance standards. It encompasses CHPIV's employees and contracted entities, guiding them to act in full compliance with all relevant laws, regulations, and contractual obligations. The Compliance Program is subject to continuous improvements and updates to align with the Compliance department's activities and to maintain CHPIV's compliance with applicable laws, regulations, industry guidelines, and policies. Through consistent updates, we work to maintain strong ethical standards and integrity within our organization.