



Policy and Procedure No: CO 5.6	Revision No: 6
Division: Care Management	
Department: Compliance	
Title: PHC-CA Effective Lines of Communication	
Effective Date: 1/1/2006	
Supersedes Policy No: 97005, CO 5.0, CO 5.1, CO 5.2, CO 5.3, CO 5.4, CO 5.5	
Reviewed/Revised by: Sandra Holzner	Review/Revision Date: 12/13/2025
Approving Committee: Compliance Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To provide guidance on establishing and improving effective lines of communication between the Compliance Officer and PHC California’s (the Health Plan) employees, contractors, agents, directors, and members of the Care Management Compliance Committee.

Policy:

The Health Plan must have effective lines of communication between the Compliance Officer and employees and a consistent process for distributing and communicating new regulations, regulatory changes, or changes relevant to the Health Plan’s Department of Health Care Services (DHCS) Managed Care contract. The Health Plan will communicate this process to all Subcontractors, Downstream Subcontractors, and Network Providers, as applicable. See the Health Plan’s Compliance Policy and Procedure PHC-CA DHCS and DMHC All Plan Letters and Regulatory Requirements.

Lines of communication must be accessible to all employees and include a mechanism to enable anonymous and confidential good faith reporting of potential compliance issues by any employee, Member, Network Provider, Subcontractor, or other person or entity, as they are identified.

The Health Plan will maintain a system to receive, record, and respond to compliance questions, or reports of potential or actual non-compliance from employees, contractors, agents and directors while maintaining confidentiality, allowing anonymity if desired (e.g. through a telephone hotline), and ensuring non-retaliation against callers.

Procedure:

1. The Compliance Officer, with the aid of the Care Management Compliance Committee, will establish a system that fosters effective lines of communication between the Compliance Officer and the Health Plan employees, subcontractors, agents, directors, and members of the Care Management Compliance Committee regarding how to report compliance concerns and suspected or actual misconduct.
2. The Compliance Officer has an open-door policy and be available during work hours to discuss any compliance issue or risks in person, by telephone, or email. The Compliance Officer may also facilitate communication by, for example, implementing suggestion boxes and exit interviews.
3. The Health Plan shall maintain a Compliance Hotline (1-800-AIDSHIV). The Hotline must allow callers to leave confidential or anonymous messages (i.e., no caller ID on phone). The Compliance Officer will ensure that the hotline number is published in several places, including the Employee

Handbook, Provider Manuals, Member Handbooks, Health Plan staff/contractor training materials, policies and procedures and other appropriate, accessible places (i.e., posters).

4. The Compliance Officer will periodically review the materials to check the accurate printing of the Compliance hotline number and will periodically check the hotline number to make sure that it is functional.
5. The Compliance Officer will check that the Health Plan routinely publicizes and enforces its zero-tolerance policy for retaliation or retribution against any employee or subcontractor who reports suspected misconduct.
6. The Compliance Officer will check that the Health Plan's Employee Handbook contains a section describing the False Claims Act, as well as the Health Plan's non-retaliation policy and whistleblower protections. The section will provide the Compliance Hotline number (1-800-AIDSHIV) and applicable government agency hotline numbers/website addresses.
7. The Compliance Officer will check that the Health Plan, through its contracts, provider manuals, and/or policies and procedures, require agents and contractors to report compliance concerns and suspected or actual misconduct and that the materials include the Compliance Hotline number and numbers/web addresses of applicable government agencies.
 - a. The Provider Relations Department is responsible for disseminating this information to the Health Plan's agents and contractors.
8. Employee trainings shall describe how employees should first report any noncompliance/misconduct to their supervisors, unless the employee reasonably believes that doing so would be ineffective or risky for the employee. In that case, employees shall be instructed to use the Compliance hotline or consult either the Compliance Officer or Legal Department.
9. The Special Investigations Unit (SIU) investigates all hotline calls or other complaints. In the event the complaint potentially involves Health Plan liability, the Compliance Officer will report to the Health Plan's Legal Department and coordinate any subsequent investigation with Legal.
10. The Compliance Officer will log and track all reported concerns and issues, including the status of related investigations and corrective actions. The Compliance Officer will analyze the logs for patterns of possible misconduct. The Compliance Officer will report at each Care Management Compliance meeting on the number of complaints received, categories, and status of investigations (without breaching any patient or informant confidentiality or attorney-client privilege) to the Care Management Compliance Committee.
11. In the event the Compliance Officer identifies an incident of fraud or other serious misconduct, the Compliance Officer has the authority to report to the Executive Oversight Committee (EOC) of the Board of Directors.
12. The Compliance Officer provides reports to the EOC no less than four (4) times per year on noncompliance, misconduct, the status of investigations, audits, and corrective actions.

Definitions:

1. Fraud: means an intentional deception or misrepresentation made by persons with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person



and includes any act that constitutes Fraud under applicable federal or State law, including 42 CFR section 455.2 and W&I section 14043.1(i).

Monitoring:

This policy is updated, as necessary, reviewed and approved annually by the Care Management Compliance Committee.

References:

1. 42 C.F.R. § 448.608(b) (4)
2. Compliance Policy and Procedure PHC-CA DHCS and DMHC All Plan Letters and Regulatory Requirements
3. DHCS Managed Care Contract Exhibit A, Attachment III section 1.3.1 (I)

