



**CalOptima**  
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# **Reporting Issues of Non-Compliance**

# Culture of Compliance

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The purpose of the CalOptima Compliance Program is to ensure that the agency carries out our mission to serve our members with access to quality health care services delivered in a cost- effective and compassionate manner through providing services with integrity, fairness and efficiency.

# CalOptima Code of Conduct

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- CalOptima's Code of Conduct is a resource document located on CalOptima's website
- CalOptima's contractors are required to promptly report
  - Suspected violations of either federal or state
    - Statutes
    - Regulations
    - Guidelines
  - Suspected violations of CalOptima policies
- Reports are to be made in accordance with;
  - CalOptima's reporting policies
  - CalOptima's Compliance Plan
- Can be made to:
  - A supervisor or Director of Compliance
  - Anonymously to the Compliance and Ethics Hotline

# What Is an Issue of Non-Compliance?

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- Behavior or conduct that violates any statute, regulation or guideline applicable to the federal and/or state health care program
- Suspected fraud, waste and abuse
- A violation of CalOptima policies, Code of Conduct or Compliance Program

# Issue of Non-Compliance Examples

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- **Regulatory**      You notice that authorization request are consistently being handled 3 days late
- **Privacy**      You inadvertently send an email containing PHI to the wrong recipient
- **Contractual Requirement**      Provider is billing member against the Hold Harmless clause
- **FWA**      Member called wondering why they received a letter about a wheelchair they never requested or received

# How to Report Non-Compliance Issues to CalOptima

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## For Employees:

- **Promptly report any suspected violations to your manager or supervisor.**
- The manager or supervisor receiving the report shall **immediately report** it to the **CalOptima Office of Compliance** via one of the following options:
  - Through the CalOptima Compliance and Ethics Hotline, or
  - Submitting a Suspected Fraud, Waste or Abuse Referral Form
  - Details are on the next slide

## For Provider and Vendors:

- Contact CalOptima directly, details are on the next slide

# How to Report Non-Compliance Issues to CalOptima (cont.)

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- Call CalOptima's Compliance and Ethics Hotline
  - **1-877-837-4417**
    - Available 24 hours a day 7 days a week (including holidays)
    - Callers may choose to remain anonymous or request a call back
- Complete a Suspected Fraud or Abuse Referral form
  - Form available at [www.caloptima.org](http://www.caloptima.org)
    - Email: [hnreporting@caloptima.org](mailto:hnreporting@caloptima.org)
    - Fax: 1-714-481-6457
    - Mail: CalOptima Office of Compliance  
505 City Parkway West  
Orange, CA 92868

# How to Report Non-Compliance Issues to CalOptima (cont.)


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- Complete a Request for Compliance Action form
  - Form available on CalOptima Website at [www.caloptima.org](http://www.caloptima.org)
    - Email: [hnreporting@caloptima.org](mailto:hnreporting@caloptima.org)
    - Fax: 1-714-481-6457
    - Mail: CalOptima Office of Compliance  
505 City Parkway West  
Orange, CA 92868
- Report directly to the Compliance Officer, Sunmi Janicek
  - **1-657-235-6769**
    - Any info received by the Compliance Officer shall be handled in same manner as calls received on the Compliance Hotline.




# Suspected Fraud or Abuse Referral Form

- CalOptima's Suspected Fraud or Abuse Referral form is available at [www.caloptima.org](http://www.caloptima.org).
  - Click on "Providers"
  - Click onto "Common Forms"
  - Click onto "Suspected Fraud or Abuse Referral" form

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<b>SUSPECTED FRAUD OR ABUSE REFERRAL FORM</b>		
<b>REFERRAL INFORMATION</b>		
Date: _____		Notice involves suspected fraud or abuse by a:
Referred by: Name: _____ Title: _____		<input type="checkbox"/> Member
Dept.: _____ Phone#: _____		<input type="checkbox"/> Provider
<b>MEMBER</b>		<b>PROVIDER</b>
CalOptima Program: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> OneCare <input type="checkbox"/> PACE		Provider Name:
Member Name:		Type of provider:
Member ID:		Provider ID #:
Address:		Address:

# Request for Compliance Action Form

- CalOptima's Request for Compliance Action Form is available at [www.caloptima.org](http://www.caloptima.org).
  - Click on "Providers"
  - Click onto "Common Forms"
  - Click onto "Request For Compliance Action" form

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REQUEST FOR COMPLIANCE ACTION	
<b>Requestor must complete this Request for Compliance Action Form and include all documentation necessary to determine if alleged violation (s) justify further Compliance action.</b>	
DATE:	
REQUESTOR'S NAME:	TITLE:
EXTENSION:	DEPT:
Explain in detail the issue and suspected non-compliance with statutory, regulatory, contractual, CalOptima policy, or other requirements of the CalOptima program:	
Director's Signature	Date reviewed /approved by Director
Select type of Compliance Action being requested:	
<input type="checkbox"/> Provider	<input type="checkbox"/> Compliance Action Plan (CAP)
<input type="checkbox"/> Sanction/Action	<input type="checkbox"/> Other

# CalOptima's Mission

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To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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Medi-Cal

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OneCare (HMO SNP)

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PACE

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