POLICY AND PROCEDURE	
Policy # and TITLE: Code of Conduct and Ethics	
Primary Policy owner: Compliance	**POLICY #:** CMP03
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☒All Departments 2) ☐Behavioral Health (BH) 3) ☐Benefits Administration (BA) 4) ☐Care Management (CM) 5) ☐Claims (CLMS) 6) ☐Community Marketplace & Member Engagement (MAR) 7) ☐Compliance (CMP/HPA) 8) ☐Configuration (CFG) 9) ☐Provider Contracting (CONT) 10) ☐Cultural & Linguistics (CL) 11) ☐Customer Service (CS)	12) ☐Facilities (FAC) 13) ☐Finance (FIN) 14) ☐Human Resources (HR) 15) ☐Information Technology / Core Systems (IT) 16) ☐Pharmacy (PH) 17) ☐Provider Networks (PRO) 18) ☐QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:**

I. PURPOSE

To ensure that the San Joaquin County Health Commission ("Commission"), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") Workforce and Delegates act in an ethical manner in accordance with the organization's values and Health Plan's Code of Conduct and Business Ethics (Health Plan Code). The Health Plan reviews, updates, approves, and communicates to the Workforce and Delegates the Health Plan Code, which describes the requirement for conduct that is ethical and in compliance.

II. POLICY

A. Health Plan Workforce are required to review and attest to

understanding the Health Plan code within 30 days upon hire and annually thereafter.

B. The Workforce reports any violations of the Health Plan Code upon becoming aware.
C. The Workforce complies with all policies and procedures to ensure proper operation of the Health Plan.
D. Health Plan does not sanction, penalize, or reprimand providers for giving their patients medically appropriate care and referrals. The delivery of effective, clinically appropriate medical services is the most essential factor in the provision of quality healthcare. Health Plan recognizes that quality health care is the basis of cost-effective health care.
E. Health Plan members are not discriminated against by Health Plan or its Network Providers and/or Third-Party Subcontractors due to the member filing a complaint or grievance against the Health Plan or Subcontractors or Network providers. Any alleged discriminations due to a member filing a complaint or grievance are investigated in accordance with the grievance policy and procedures (P&P).
F. Member health care, consistent with professionally recognized standards of practice, is not withheld, delayed, or denied to any member for any reason. Health Plan does not offer financial incentives related to withholding, delaying, or denying healthcare to its members. The delivery of quality health care according to professionally recognized standards of practice in an expedient manner is essential to the Health Plan's efforts to deliver cost effective healthcare to all populations.
G. Health Plan does not exert any economic pressure upon providers to grant privileges to any healthcare provider that would not otherwise be granted. All providers must deliver healthcare services in strict accordance with their professional license, clinical capabilities, and credentials.
H. Health Plan does not intimidate, threaten, coerce, discriminate against, or take other retaliatory actions against an individual, or their personal representative, who:

1. Files a complaint with the Secretary of Health and Human Services alleging that the Health Plan violated the privacy of that individual as

defined under the HIPAA Privacy Rule.

2. Testifies, assists, or participates in an investigation, compliance review, proceeding, or hearing, or
3. Opposes any act or practice of Health Plan that violates the HIPAA Privacy Rule, provided the individual has a good faith belief that the practice they oppose is a violation, and the manner of their opposition is reasonable and does not involve a disclosure of protected health information. [1]

III. PROCEDURE

A. Review and Approval of the Health Plan Code
   1. The Chief Compliance Officer (CCO) or his/her designee in collaboration with Human Resources is responsible for the maintenance and update of the Health Plan Code.
   2. The approval of the Health Plan Code is performed annually by the Compliance Committee and the Commission.

B. Distribution of the Health Plan Code to the Workforce
   1. The Health Plan code is distributed to the Health Plan workforce annually.
   2. All the Health Plan Workforce receives the Health Plan Code within thirty (30) days of hire and annually thereafter. The Workforce is required to read and attest receipt and understanding of the Health Plan Code.

C. Distribution of the Health Plan Code to Delegates
   1. The Health Plan code is distributed to Third-Party entities via web posting and/or direct distribution.

D. Reporting of Deviation
   1. The Health Plan Workforce, Subcontractors and Third-Party entities are required to report any deviation from this policy and/or the Health Plan Code to their Supervisor, Chief Compliance Officer, or his/her designee.

IV. ATTACHMENT(S)

A. The Health Plan Code of Conduct and Business Ethics
B. Glossary of Terms Link

[1] 45 CFR §164.530(g)

V. REFERENCES

A. 45 CFR §164.530(g)
B. DHCS 2024 Contract 22-20200, Exhibit A, Attachment III, 1.3.1 Compliance Program

VI. REVISION HISTORY

Version*	Revision Summary	Date
001	Conducted annual review of policy, revised to meet formatting standards, and placed policy in current template.	10/30/2023
002		
003		
004		
Initial Effective Date: 2/1/1996		

VII. COMMITTEE REVIEW AND APPROVAL

Committee Name	Version	Date
Compliance Committee	001	12/7/2023
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review	001	11/15/2023
• Quality and Utilization Management		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	MCOD Operational Readiness	001	8/7/2023
Department of Managed Care (DMHC)			

IX. APPROVAL SIGNATURE*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy