Policy and Procedure

Policy Name: Compliance Program	**Policy#:** CMP-220	**Version#:** 3
Author Department: Compliance	**Origination Date:** 1/1/2016	
Business Units Impacted: All	**Date Last Reviewed:** 6/10/2026	
Products/LOBs: RAE & CHP+	**Date Approved by CPT:** 06/11/2026	

DEFINITIONS:

Compliance Program: A structured set of policies, procedures, training, and monitoring activities designed to ensure that the organization adheres to applicable laws, regulations, and ethical standards. The Compliance Program aims to detect and prevent violations, mitigate risks, and promote a culture of ethical conduct.

Compliance Hotline: A confidential reporting service that Workforce Members and other individuals use to report concerns, potential violations, or questions related to compliance, ethics, or regulatory matters. The hotline ensures anonymity and protection from retaliation, promoting a safe and transparent environment for addressing issues.

Corrective Action: Steps taken by Colorado Access (COA or organization) in response to identified non-compliance or violations. Corrective actions may include retraining, revising policies, issuing disciplinary actions, and/or implementing new controls to prevent future violations.

Non-Retaliation Policy: A policy designed to protect individuals from retaliation when they report compliance violations or unethical behavior in good faith. This policy ensures that Workforce Members will not face negative consequences for reporting concerns.

OIG (Office of Inspector General): An office within the U.S. Department of Health and Human Services that provides oversight of healthcare programs to detect and prevent fraud, waste, and abuse. The OIG issues compliance guidelines and regulations that organizations must follow to maintain compliance with federal healthcare laws.

Workforce Member(s): Means individuals who are employed by, or affiliated with, COA, including full-time and part-time employees, temporary staff, contractors, volunteers, interns, and other personnel who perform work on behalf of the organization.

SCOPE:

This Compliance Program policy applies to all Workforce Members, including consultants, vendors, members of the Board and any other individuals or entities that interact with or conduct business on behalf of COA RAE and CHP+ lines of business. While the Compliance Program primarily governs COA Workforce Members and internal operations, certain elements also apply to contracted providers and subcontracted entities who perform healthcare functions on behalf of COA. These external entities, when acting on behalf of COA, are expected to operate in alignment with the COA Compliance Program and must:

- Comply with applicable COA compliance policies and procedures, including those related to fraud, waste, and abuse (FWA), privacy and security and reporting of non-compliance;
- Establish and maintain their own compliance programs as applicable, consistent with federal and state requirements, including those set by the Centers for Medicare & Medicaid Services (CMS) and the Colorado Department of Health Care Policy & Financing (HCPF), as applicable;
- Participate in COA compliance training, as applicable;
- Promptly report suspected or confirmed violations of law, regulation or contractual obligations to COA through designated reporting channels; and
- Cooperate with audits, monitoring, and oversight activities conducted by COA or applicable regulatory agencies.

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PURPOSE:

The purpose of this Compliance Program policy is to ensure that COA operates in full compliance with applicable federal, state and local laws, regulations, contractual requirements and ethical standards. This includes adherence to the program integrity requirements outlined in 42 C.F.R. §438 of the Medicaid Managed Care Rule and program integrity obligations required by CHP+ and RAE contracts. This policy establishes the framework for achieving compliance throughout the organization and provides guidelines for Workforce Members to follow for maintaining ethical conduct in all business activities. By implementing and maintaining this Compliance Program, COA demonstrates its commitment to prevent, detect and address any potential violations of laws, regulations, contractual requirements, and organizational policies, while promoting a culture of compliance and accountability.

STATEMENT OF POLICY:

COA is committed to conducting business with integrity, in compliance with all applicable federal, state and local laws, as well as contractual, regulatory and ethical standards.

Our Compliance Program is guided by the OIG's Seven Elements of an Effective Compliance Program and is integrated across our operations to prevent, detect, and respond to address non-compliance The Compliance Program establishes clear expectations, provides ongoing training and resources and supports open communication to promote ethical decision-making at all levels of the organization.

Workforce Members and entities acting on behalf of COA are expected to uphold these standards and expected to report concerns or potential violations through the Compliance Hotline, internal reporting mechanisms as defined under the Direct Lines of Communication section in this policy, or directly to the Compliance Department.

All reports are handled promptly, fairly, and, as appropriate, confidentially. We enforce a strict non-retaliation policy to protect individuals who report concerns in good faith. COA fosters a culture of compliance where ethical behavior is expected; compliance is a shared responsibility, and continuous improvement is prioritized. By adhering to this policy, we ensure that we remain compliant, protect our reputation and serve our members and community with integrity.

PROCEDURES:

A. Compliance Program Structure

COA maintains an effective Compliance Program aligned with the guidance issued by the U.S. Department of Health and Human Services Office of Inspector General (OIG). The program is designed to promote ethical conduct, ensure adherence to applicable laws and regulations, and support a culture of integrity across the organization. The structure of the Compliance Program is organized around seven key elements, which collectively support the prevention, detection and correction of potential compliance issues. These elements are outlined in the subsections below.

1. Designation of a Compliance Officer

The Director of Compliance Programs serves as the organization's designated compliance officer and oversees the daily operations to ensure ethical, legal, and regulatory adherence. The director develops policies, advises departments on compliance, and reports to the Chief Legal Officer/VP

of Compliance, with direct access to the CEO and the Board.

2. **Governing Body Oversight**
   a. **Finance Audit and Compliance Committee (FACC)**
   The Board of Directors holds ultimate responsibility for the Compliance Program and provides oversight through the FACC, a sub-committee of the Board. The Board has formally delegated authority for the implementation and day-to-day management of the Compliance Program to the Director of Compliance Programs. This role is responsible for ensuring compliance with ethical standards, regulatory obligations, and contractual requirements. The Director provides quarterly reports to the FACC, which is composed of Board members tasked with overseeing the organization's financial, audit, and compliance activities. The FACC ensures that the Compliance Program is effectively executed and remains aligned with regulatory obligations, contractual requirements and the organization's strategic goals.

   b. **Executive Compliance Committee (ECC)**
   COA has established an Executive Compliance Committee (ECC) made up of senior leaders and key operational managers. This committee is responsible for overseeing the organization's Compliance Program and ensuring adherence to applicable laws, regulations, and contractual obligations.

3. **Written Compliance Policies & Standards**
   COA has developed written policies and procedures and standards of conduct that outline the expected behavior of all Workforce Members and reflect the organization's commitment to complying with applicable laws, regulations and contractual requirements.

   a. **Code of Conduct**
   COA has adopted and makes available to all Workforce Members the Code of Conduct (Code). The Code serves as a guideline for ethical business practices for all Workforce Members, the members of the Board of Directors, our business partners, and anyone acting on behalf of the company. All Workforce Members are expected to follow the Code when conducting business on behalf of COA. The Code is specifically tailored to the organization's culture and work environment and serves as a guide for Workforce Members on compliance, reporting and ethics-related issues.

   b. **Policies and Procedures**
   COA has developed and maintains policies and procedures to address compliance risks and areas where clear guidelines help prevent regulatory and contractual violations. These written policies and standards are reviewed and updated regularly to ensure they remain current and effective. The Director of Compliance Programs oversees the development revision, and distribution of these materials. The Code, this Compliance Program and all related policies and procedures are accessible to all Workforce Members on the organization's SharePoint site. Updates are shared promptly when changes are made.

4. **Compliance Education & Training**
   All COA Workforce Members are required to complete mandatory compliance training on

the Compliance Program, the Code, relevant policies and procedures, and applicable laws and regulations. New Workforce Members must complete initial compliance training within a reasonable timeframe following hire. In addition, all Workforce Members must complete annual compliance training, along with periodic and specialized training as needed for individuals working in higher-risk areas. The Director of Compliance Programs is responsible for developing, delivering and regularly updating compliance training content. In addition to mandatory training, the Director of Compliance Programs may issue supplemental materials, such as memos and bulletins, in response to regulatory changes, emerging compliance risks or updates in applicable laws and contractual obligations. The Compliance Department, in collaboration with People Experience, is responsible for assigning required trainings and tracking Workforce Member completion to ensure full compliance with training requirements.

5. Direct Lines of Communication

All Workforce Members are expected to raise concerns regarding compliance with COA policies and procedures, as well as applicable rules and regulations and contractual obligations. Any individual who knows of or suspects wrongdoing must report this information to their supervisor, a member of management or the Director of Compliance Programs using one of the channels listed below, including the Confidential Hotline. Supervisors and management are responsible for ensuring the Director of Compliance Programs is promptly notified of any compliance-related concerns. Failure to report or intentionally submitting false reports will be considered misconduct.

COA is committed to the timely identification, investigation, prevention and resolution of any issues that may negatively impact Workforce Members, providers, subcontractors or the organization. To facilitate this, COA provides multiple channels for Workforce Members and other individuals and entities to report concerns. COA expects management to foster an open, receptive and non-retaliatory environment that encourages reporting. To support this commitment, COA has established various communication channels for reporting concerns, including an independent and confidential telephone hotline.

Workforce Members and others are encouraged to choose the reporting avenue most comfortable for them. Questions or concerns regarding the Code, the Compliance Program, or any policies and procedures can be reported through any of the following channels:

- **Compliance Hotline**: 877-363-3065 (Available 24/7)
- **Email**: compliance@coaccess.com
- **Online Portal Link**: EthicsPoint - Access Management Services, LLC
- **Direct Reporting**: Concerns may also be reported directly to a supervisor, manager, the Director of Compliance Programs, or a member of the Compliance Team.

The Director of Compliance Programs will be notified of all compliance-related concerns and will investigate or respond as necessary. COA has implemented a formal problem resolution policy and process and enforces a strict Non-Retaliation Policy to protect individuals who report concerns in good faith.

6. Internal Audit & Monitoring

COA conducts internal reviews to assess and evaluate its operations, with a focus on high-risk areas and overall compliance with the Compliance Program. The Director of Compliance Programs oversees or facilitates these reviews, which may involve other departments as needed. The specific types of reviews are determined by various factors, including industry standards, applicable state and federal regulations and operational considerations. The Director of Compliance Programs provides regular updates on auditing and monitoring activities to the CEO, the FACC, the ECC and department heads as required and appropriate.

7. Prompt Response to Compliance Issues

COA is committed to addressing and resolving identified compliance issues in a timely and effective manner to ensure the integrity of our business operations and the protection of our members and partners.

a. Documentation and Reporting

Supervisors, managers and other Workforce Members have a responsibility to refer compliance-related concerns to the Director of Compliance Programs and the Compliance Department. This ensures that all compliance issues are properly documented and addressed by the appropriate personnel. The Director of Compliance Programs or a designee will document all compliance concerns and inquiries. These records are compiled and reported quarterly to the ECC and FACC or more frequently as needed, based on the severity of the issues raised.

b. Investigation and Resolution

Upon receipt of a compliance issue, the Director of Compliance Programs will assess the nature of the concern and determine the appropriate response. If the issue requires investigation by multiple departments, those departments will collaborate to conduct a thorough review and take Corrective Action as necessary.

c. Collaboration Across Departments

Where interdisciplinary involvement is required, including the areas of Compliance, Legal, Information Systems, People Experience and other departments, the Director of Compliance Programs will facilitate collaboration to ensure all aspects of the issue are addressed. This may involve joint investigations, data analysis, and the development of Corrective Actions.

d. Consultation with Legal

When appropriate, the Director of Compliance Programs and/or management may consult with legal counsel or external resources to ensure that the organization's response follows relevant laws, regulations and contractual obligations. Legal counsel may also be consulted for advice on addressing sensitive issues or for the development of Corrective Actions.

e. Non-Retaliation Policy

COA maintains a strict Non-Retaliation Policy to protect individuals who report compliance issues in good faith. Any form of retaliation against employees or stakeholders who raise concerns will not be tolerated and will be addressed promptly.

f. Corrective Action

A fundamental component of the Compliance Program is the identification and correction of areas or processes that do not align with established policies, standards, and regulatory and contractual requirements. When concerns arise that confirm violations or potential violations of policies, procedures, or regulations, Corrective Action must be implemented. These actions may involve revisions to existing processes, systems or policies and procedures, as well as corrective measures directed at individuals when necessary. All Corrective Actions will be appropriately documented and the effectiveness of these actions will be verified and confirmed to ensure compliance is restored and maintained.

g. Follow-Up and Continuous Improvement

After resolving a compliance issue, the Director of Compliance Programs will monitor the effectiveness of the Corrective Action and make recommendations for process improvements to prevent recurrence. This may include updating policies, conducting additional training or implementing new controls.

8. Enforcement & Disciplinary Action

Violations of the Code, the Compliance Program, organizational policies and procedures or applicable laws and regulations governing COA will be addressed based on the severity and nature of the violation.

The Director of Compliance Programs, in collaboration with the Legal Department, management, and People Experience, will evaluate, recommend and implement disciplinary actions that are appropriate, proportional and consistent with the seriousness of the violation. Disciplinary actions for Workforce Members may range from Corrective Actions (such as retraining or written warnings) to termination, depending on the circumstances and severity of the violation.

For external parties such as providers, contractors, vendors or other business partners, violations may result in corrective action, contract remediation or termination of the business relationship. In cases involving violations of law, the appropriate legal authorities will be notified, and the matter will be referred for further investigation or prosecution as required.

B. Review & Updates

This Compliance Program will undergo review and approval annually in Q1 or Q2, based on the availability of key personnel and the completion of all required reviews to ensure its ongoing effectiveness and alignment with applicable laws, regulations and contractual obligations.

The program will be updated as needed to reflect changes in legal and regulatory environments and to incorporate new relevant information. All updates and revisions will be subject to final approval by COA's Director of Compliance Programs, Accountable Care Collaborative Program Officer, Core Policy Team and the FACC as appropriate

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REFERENCES:

Federal Regulations

- 42 CFR §438.608 – Program Integrity Requirements Under the Contract [ecfr.gov]
- 42 CFR Part 438, Subpart H – Additional Program Integrity Safeguards [law.cornell.edu]
- 42 CFR Part 455 – Program Integrity: Medicaid [ecfr.gov]
- Social Security Act §1902(a)(68) – Fraud, Waste, and Abuse Compliance Program Requirements

State / Contract Requirements

- Health First Colorado Regional Accountable Entity (RAE) Contract and Child Health Plan Plus (CHP+) – Program Integrity, Compliance and Reporting Provisions

Federal Guidance

- U.S. Department of Health and Human Services, Office of Inspector General (OIG) – *General Compliance Program Guidance* (2023)

ATTACHMENTS:
None

POLICY HISTORY:

SUMMARY OF REVIEW/REVISION/APPROVAL DATES:
Version 1: 01/01/2016, Version 2: 04/10/2025, Version 3: 06/11/2026 Clarified Compliance Program requirements for RAE/CHP+ alignment, oversight, reporting, and corrective action

APPROVAL BODY: COA Core Policy Team **APPROVAL DATE:** 06/11/2026
APPROVAL BODY: FACC **APPROVAL DATE:** May 6, 2025