

## NORTHCARE NETWORK

<b>POLICY TITLE:</b> Compliance Oversight & Risk Management Committee	<b>CATEGORY:</b> Compliance	
<b>EFFECTIVE DATE:</b> 3/6/13	<b>BOARD APPROVAL DATE:</b> 3/6/13	
<b>REVIEWED DATE:</b> 8/27/24	<b>REVISION(S) TO POLICY STATEMENT:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER REVISION(S):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESPONSIBLE PARTY:</b> Compliance & Privacy Officer	<b>CEO APPROVAL DATE:</b> 9/3/24 Megan Rooney, CEO	

### **APPLIES TO**

NorthCare Network Personnel

### **POLICY**

NorthCare Network shall maintain a Compliance Oversight and Risk Management Committee (CORMC) that will oversee the implementation and operation of the NorthCare Network Compliance Plan. The Compliance Oversight and Risk Management Committee will review reports and recommendations made by the NorthCare Network Compliance & Privacy Officer (CO) regarding program integrity. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the CORMC will make recommendations to the Board regarding the efficiency of the NorthCare Network compliance program

### **PURPOSE**

The NorthCare Network Compliance Plan requires the establishment and composition of a Compliance Oversight and Risk Management Committee. This will be a permanent committee with authority, responsibility and specific duties as described herein. Their charge is intended to ensure compliance with applicable State and federal law, including HIPAA, managed care rules, MDHHS, and other contract obligations, as applicable, and to ensure adequate operation of the NorthCare Network Compliance Program while mitigating risk.

### **DEFINITIONS**

N/A

### **REFERENCES**

- BBA 438.608
- MDHHS/PIHP Contract
- NorthCare Network Compliance Program Plan & Policies

### **HISTORY**

REVISION DATE: 9/12/13, 8/27/14, 1/18/17, 5/19/20, 2/26/21, 10/18/22, 10/25/23, 8/27/24

REVIEW DATE: 2/27/13, 9/12/13, 8/27/14, 5/22/15, 3/21/16, 1/18/17, 11/20/17,

9/25/18, 7/18/19, 5/19/20, 2/16/21, 12/21/21, 10/18/22, 10/25/23, 8/27/24

CEO APPROVAL DATE: 2/27/13, 9/12/13, 8/27/14, 6/2/15, 4/4/16, 2/7/17, 10/2/18, 8/6/19, 6/2/20, 3/2/21, 1/4/22, 11/1/22, 11/7/23, 9/3/24

BOARD APPROVAL DATE: 3/6/13.

## **PROCEDURES**

### **A. Composition and Chair**

The Compliance Oversight and Risk Management Committee is chaired by the Compliance & Privacy Officer and will consist of members appointed by the CEO, or designee, including:

- Chief Executive Officer
- Compliance & Privacy Officer
- Governing Board Chair
- Chief Information Officer
- Ad Hoc Member(s): Medical Director or others as deemed appropriate.

Because compliance touches every part of an organization, additional NorthCare staff may be called to participate on this committee as needed and indicated.

### **B. Assurance and Confidentiality**

The NorthCare Network Compliance Oversight and Risk Management Committee will ensure that any problem identified through an investigative report, audit report, or data findings are appropriately reviewed.

1. Each finding will differentiate between infrequent mistakes, common system mistakes, and criminal behavior.
2. Where human errors occur, training may be required.
3. Effective compliance plans will be developed which include frequently scheduled reviews to assess organization compliance.
4. Where violations are substantiated, appropriate corrective action will be initiated. These may include but are not limited to prompt restitution of any overpayment amounts and/or voiding/reconsideration of encounters reported; notifying the appropriate governmental agency; instituting necessary and appropriate disciplinary action; and implementing system changes to prevent a similar reoccurrence in the future.

The CORMC shall respect the confidentiality of privileged records and information and shall comply with applicable confidentiality laws and ethical standards. All files of inquiries shall be marked "Confidential" and maintained by the CO. They shall not be disclosed except: (i) to members of the CORMC; (ii) to legal counsel; (iii) to individuals authorized by the CORMC to receive such information; or (iv) as may be required by law or order of a court of competent authority.

### **C. Committee Member Responsibilities**

Duties of the Compliance Oversight and Risk Management Committee shall include, but are not limited to the following:

1. To ensure administrative and management arrangements or capacity and procedures for compliance with 42 CFR 438.608. Such arrangements or procedures must identify any activities that will be delegated and outline monitoring activities.

2. Ensure compliance with applicable laws and regulations.
3. Ensures corrective action to detected problems are addressed promptly.
4. Track applicable laws and regulations in the areas where the organization conducts business.
5. Conduct a thorough review of State and federal laws and regulations related to Privacy and Security, including HIPAA, and fraud, waste, and abuse.
6. Conduct periodic review and analysis to determine if there are any changes within NorthCare operations that impact compliance.
7. Communicate with delegated contractors and other network providers, as appropriate, regarding changes impacting compliance, as applicable.
8. Evaluate and monitor the ongoing effectiveness of the compliance program and make recommendations accordingly, at least annually.
9. Develop and regular review (at least annually and when applicable laws and regulations change) of compliance program policies to ensure they adequately address legal requirements, identified risk areas, and remediation of identified problems.
10. Develop standards of conduct, policies, and procedures to promote compliance with the compliance plan.
11. Conduct ongoing analysis of the effectiveness of the compliance education and training programs.
12. Ensures adequate and timely resolution of issues and/or inquiries.
13. Identify potential risk areas and how to address such.
14. Advise and assist the Compliance & Privacy Officer with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring and auditing programs.
15. Receive, interpret, and act upon reports and recommendations from the Compliance and Privacy Officer.
16. Reports, at least annually, to the Governing Board.
17. Provide a forum for the discussion of ethical issues related to business functions.
18. Establish work groups as needed to address specific issues concerning the health and welfare of individuals served.

D. Meetings

The committee shall meet at least quarterly; additional meetings may be held, as necessary. All meetings will be documented and confidentially maintained by the Compliance & Privacy Officer.