



Policy Title:	Compliance Officer and Oversight
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Associated Forms & Policies	
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Key Words:	Compliance, Committee, Board, Responsibilities

I. Policy

Crouse Medical Practice has designated a Compliance Officer (“CO”) and Committee to oversee and implement the Practice’s Code of Conduct and Compliance Plan (“Compliance Program”) and to ensure compliance with the relevant laws, rules and regulations, and government (including Medicare and Medicaid) and private payer requirements.

The Compliance Program consists of the following members:

- Director of Risk Management and Corporate Compliance
- HIPAA Privacy and Compliance Officer
- HIPAA Security Officer
- Policies & Contracts Administrator

II. Purpose

The purpose of the Compliance Officer and Committee is to assist the Board of Directors in fulfilling its oversight of the detection and prevention of fraud, waste and abuse, violations involving laws, regulations or policies, and in meeting its fiduciary duties.

III. Scope

This policy applies to the Compliance Committee, Compliance Officer, and their designee.

IV. Procedure

A. Responsibilities of the Compliance Committee.

The Committee’s responsibilities shall generally include: overseeing the Practice’s Corporate Compliance program and its performance; fostering and maintaining a culture of compliance throughout the organization; evaluating strategic compliance issues and making recommendations regarding proposed action and corrective action plans; and monitoring appropriate follow up and improvement.

Additional duties include but are not limited to:

- i. Receive and act upon reports and recommendation of the Compliance Officer, or their designee;
- ii. Coordinate with the Compliance Officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other compliance function or activity. An affected individual is all persons who are affected by the provider's risk areas including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices;
- iii. Conduct periodic analysis of the current health care environment, the legal requirements to which the Practice is subject, and identification of specific risk areas;
- iv. Review and assess the Practice Compliance Program policies and procedures as well as other existing policies and procedures that address risk areas, and make recommendations accordingly;
- v. Work with Practice departments to develop standards of conduct and policies and procedures to ensure effective implementation of the Compliance Program;
- vi. Monitor internal systems and controls implementing the Practice Compliance Program's standards, policies and procedures which incorporate them into daily Practice operations;
- vii. Maintain appropriate strategies to promote compliance and the detection of potential violations, including the hotline or other fraud reporting mechanisms;
- viii. Ensure effective systems and processes are in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues;
- ix. Monitor the status of internal and external audits conducted pursuant to the Compliance Program and implementing corrective and preventive action; and
- x. The Committee shall also:
 1. Review & discuss issues brought to the attention of compliance (i.e. hotline calls, etc.);
 2. Review and discuss patient complaints in regard to compliance;
 3. Review and discuss HIPAA privacy issues & activities;
 4. Review and discuss HIPAA Security issues & activities;
 5. Review and make recommendations on compliance auditing and monitoring activities (i.e. scheduled activities, at the request of the Board);
 6. Receive and discuss updates and status on rules & regulations that govern the Practice;
 7. Review and discuss any physician compliance issues; and
 8. Review and approve the annual compliance work plan.

B. Composition of the Compliance Committee

The composition of the Compliance Committee includes the following:

1. President and Medical Director/Board;
2. Executive Director;
3. Corporate Compliance and HIPAA Privacy Officer;
4. Director of Risk Management;
5. HIPAA Security Officer;
6. Affiliate Manager of Finance;

7. Director of Clinical Operations;
8. Human Resources Manager;
9. Supervisor of Provider Services.

C. Meetings of the Compliance Committee

The Committee shall generally meet on a quarterly basis or more frequently as circumstances dictate and will report to the Board on an annual basis.

D. Compliance Officer's Responsibilities

The Compliance Officer shall be responsible for the day to day operation and oversight of the Compliance Program. The CO is also responsible for overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness.

The CO may designate as they deem appropriate, an individual, such as the HIPAA Security Officer, to assist in the day to day operation and duties of the CO which may include, without limitation, the following:

- i. Reporting at least quarterly to the Board of Directors, the President, and the Committee on the process of adopting, implementing and maintaining the Compliance Program;
- ii. Administrating the Compliance Program;
- iii. Developing, reviewing, and revising the Compliance program, including the Compliance Plan, Code of Conduct and policies and procedures to incorporate changes based on CMP's organization experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;
- iv. Drafting, implementing and updating no less frequently than annually or, as otherwise necessary, policies & procedures and the the compliance work plan;
- v. Reviewing and revising the Compliance Program as necessary to address changes in the Practice and in the applicable laws, policies and procedures of government and private payer health plans;
- vi. Assisting in establishing methods to improve efficiency, quality of services and reducing vulnerability to fraud, waste and abuse;
- vii. Developing and participating in a multifaceted educational and training program focusing on the elements of the Compliance Program and ensuring affected individuals are knowledgeable of and comply with pertinent federal, state, and local laws;
- viii. Ensuring that employees and affected individuals who furnish medical, billing and coding services to the Practice are aware of the requirements of the Practice's Compliance Program;
- ix. Coordinating efforts by Practice departments to implement the Compliance Program;
- x. Coordinating personnel issues with the Practice's Human Resources Department, and Compliance Specialist to ensure that the excluded provider lists are regularly reviewed with respect to all employees, medical staff and independent contractors;
- xi. Overseeing, coordinating and/or conducting internal compliance review, audit and monitoring activities, including annual or periodic review of Practice departments to determine compliance and coordinating any resulting corrective action;
- xii. Independently investigating matters related to compliance, including the design and coordination

of investigations, the initiation of a response to reports of problems or suspected violations, documenting, reporting, coordinating and pursuing any resulting corrective action with all practice departments, contractors and the State.

- xiii. Developing policies and programs that encourage affected individuals to report suspected fraud and other improprieties without fear of retaliation;
- xiv. Recommending disciplinary action for those affected individuals found to be in violation of the Compliance Program;
- xv. Meeting with the Practice's legal counsel to help ensure that the Practice remains in compliance with all applicable federal and state laws and regulations with respect to its business arrangements and relationships.

E. Compliance Officer's Authority:

- i. The CO shall have the authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient records, billing records, marketing records, and contracts with other parties, including employees, staff professionals, independent contractors, suppliers, agents, and Practice-based physicians.
- ii. The CO shall have the authority to review all contracts and obligations of the Practice, seek the advice of legal counsel where appropriate, with a particular concern for referral and payment issues that may violate the anti-kickback statute, as well as the physician self-referral prohibition and other legal or regulatory requirements.
- iii. The CO shall have the authority to stop the processing of claims for services that they believe are problematic until such time as the issue in question has been resolved.