

PATHWAYS CMH

POLICY TITLE: Compliance / Risk Management Monitoring Team		CATEGORY: Compliance	
EFFECTIVE DATE: 06/05/14 Rescinds: Corporate Compliance Program Policy		BOARD APPROVAL DATE: 05/03/17	
REVIEWED DATE: 04/07/17		REVISION(S) TO POLICY STATEMENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Compliance Manager		CEO APPROVAL: Mary Swift, CEO	

APPLIES TO:

Pathways Personnel

POLICY:

Pathways shall maintain a Compliance / Risk Management Monitoring Team (CRMT) that will oversee the implementation and operation of the Pathways Compliance Plan. The CRMT will review reports and recommendations made by the Pathways Compliance Manager regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the CRMT will make recommendation to the Board regarding the effectiveness of the Pathways compliance program.

PURPOSE:

The Pathways Compliance Plan requires the establishment and composition of a Compliance / Risk Management Team. This will be a permanent committee with the authority, responsibility and specific duties as described herein. The intended charge is to ensure compliance with applicable state and federal law, including HIPAA, MDHHS, and other contract obligations, accreditation standards, and to ensure adequate operation of Pathways Compliance Program while mitigating risk.

DEFINITIONS

Compliance activities include privacy and security, which are defined as follows:

- *Privacy Rule:* The part of the HIPAA rules that addresses the saving, accessing, and sharing of medical and personal information of an individual, including a patient's own right to access.
- *Security Rule:* The part of the HIPAA rule the outlines national security standards intended to protect health data created, received, maintained, or transmitted electronically.

REFERENCES:

- BBA 438.608
- MDCH/CMHSP Managed Mental Health Supports and Services Contract Sections I.15, II.5

- CARF Standards: Section 1.A and 1.G
- NorthCare Compliance Program Plan and Policies
- Pathways Compliance Program Plan and Policies
- PIHP/CMHSP Delegation Agreement

HISTORY:

REVISION DATE: N/A; 04/08/15; 04/07/17

CEO APPROVAL DATE: 06/13/14 (Rescinds Corporate Compliance Program Policy);
04/08/15; 04/12/17

BOARD APPROVAL DATE: 06/04/14; 05/03/17

PROCEDURES:

1. *Composition and Chair*

The CRMT will be chaired by the Compliance Manager and will consist of members appointed by the CEO, or designee, which can include (those with an “*” are minimum positions required on the team):

- Business Office Staff (one individual)
- Clinical Staff (one individual)
- Medical Records / Administrative Staff (one individual)
- Billing / Intake Staff (one individual)
- *Privacy Officer
- *Security Officer
- *Compliance Manager
- *Human Resources Director
- *Chief Executive Officer
- Medical Services
- Quality Improvement Coordinator

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

2. *Assurance and Confidentiality*

The Pathways CRMT will assure that any problem identified through an investigative report, audit report, or data findings are appropriately reviewed.

- a. Each finding will differentiate between infrequent mistakes, common system mistakes, and criminal behavior.
- b. Where human error occurred, at a minimum, staff will be retrained.
- c. Effective compliance plans will be developed which include frequently scheduled reviews to assess organization compliance.
- d. Where violations are substantiated, appropriate corrective action will be initiated. These can include, but are not limited to: prompt restitution of any overpayment amounts; notifying the appropriate governmental agency; instituting whatever disciplinary action is necessary; and implementing system changes to prevent a similar reoccurrence in the future.

The CRMT 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 Compliance Manager, or Privacy Officer / Security Officer as applicable, on a confidential basis. They shall not be disclosed except: (i) to members of the CRMT; (ii) to legal counsel; (iii) to individuals authorized by the CRMT to receive such information; or (iv) as may be required by law or order of a court of competent jurisdiction.

3. *Committee Member Responsibilities*

Duties of the CRMT shall include, but are not limited to the following:

- a. 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.
- b. Ensure compliance with applicable laws and regulations.
- c. Respond promptly to detected problems and take corrective action as needed.
- d. Track applicable laws and regulations in the jurisdictions where the organization conducts business.
- e. Conduct a thorough review of state and federal laws and regulations related to Privacy and Security, including HIPAA; Parity of health care services as applicable; and fraud, waste, and abuse.
- f. Conduct periodic review and analysis to determine if there are any changes in its benefits, policies and/or procedures, and utilization management protocols that impact compliance.
- g. Communicate to delegated contractors and staff, as appropriate, regarding changes impacting compliance, including parity of health care services, as applicable.
- h. Advising the Compliance Manager and monitoring the ongoing effectiveness of the compliance program;
- i. Development 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;
- j. Develop standards of conduct and policies and procedures to promote compliance with the compliance plan;
- k. Conduct ongoing analysis of the effectiveness of the compliance education and training programs;
- l. Review the compliance log for adequate and timely resolution of issues and/or inquiries;
- m. Identify potential risk areas and how to address such;
- n. Advise and assist the Compliance Manager with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring and auditing programs;
- o. Receive, interpret, and act upon reports and recommendations from the Compliance Manager;
- p. Evaluate the overall performance of the compliance program, at least annually, and make recommendations accordingly;
- q. Generate routine reports, at least annually, for the Board of Directors.
- r. Provide a forum for the discussion of ethical issues related to business functions.
- s. Establish work groups as needed to address specific issues.

4. Meetings

The team shall meet at least quarterly; additional meetings may be held as required. All meetings will be documented and confidentially maintained by the Pathways Compliance Manager.