



# COMPLIANCE PROGRAM DESCRIPTION AND WORK PLAN FY 2021

<b>Approved By</b>	<b>Date</b>
Operations Oversight Committee (OOC)	May 4, 2021
Quality and Compliance Committee (QOC)	May 4, 2021
Operations Committee	May 18, 2021
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## 1. INTRODUCTION

- A. The NMRE is committed to establishing and maintaining an effective Compliance Program in accordance with the Compliance Program guidance published by the Office of Inspector General and the U.S. Department of Health and Human Services. The Compliance Program is about prevention, detection, collaboration and enforcement of the law, requirements from regulatory bodies, contractual obligations, and NMRE's policies, procedures, and Standards of Conduct.
- B. The Compliance Program:
  - i. Ensures that the NMRE staff and partners adhere to all pertinent Federal, State, and contractual obligations and guidelines.
  - ii. Serves as a mechanism for preventing and reporting any breach of those laws and regulations that fall within specified criteria.
  - iii. Applies the guidelines of the Office of Inspector General (OIG), requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 CFR 438.608, and 42 CFR Part 2.

The NMRE's Compliance Program includes the following elements:

- 1) Written policies, procedures, and Standards of Conduct.
- 2) Compliance Program Oversight.
- 3) Effective training and education.
- 4) Effective lines of communication.
- 5) Well-publicized disciplinary guidelines.
- 6) Internal and external monitoring and auditing activities.
- 7) Prompt response to detected offenses and developing corrective actions.

## 2. STRUCTURE OF THE COMPLIANCE PROGRAM

- A. The NMRE Board of Directors: The NMRE's Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, review of the Annual

Compliance Report, and review of matters related to the Compliance Program. The NMRE Board of Directors has the highest level of responsibility for the oversight of the Compliance Program.

- B. The NMRE Regional Quality and Compliance Committee: The Quality and Compliance Committee (QOC) provides guidance, supervision, and coordination for compliance efforts at NMRE and its partners. The NMRE QOC advises on matters involving compliance with contractual requirements and all related Federal and State laws and regulations, including the Office of Inspector General guidelines and the 42 CFR 438.608 and 42 CFR Part 2. The NMRE QOC is comprised of the key NMRE and Provider Quality and Compliance staff. The NMRE Medical Director is an ad-hoc Committee member is consulted as required.
- C. The NMRE Chief Compliance Officer: The NMRE's Chief Compliance Officer has the primary responsibility for ensuring that NMRE maintains an effective Compliance Program. Specifically, the Chief Compliance Officer oversees the implementation and effectiveness of the Compliance Plan, Standards of Conduct, and Compliance Policies, serves as the Chair of the Quality and Compliance Committee, and provides consultative support to staff of the NMRE and its Provider Network. The Chief Compliance Officer also has responsibility for the day-to-day operation of the Compliance Program.

### 3. ELEMENTS

#### A. Implementing Written Standards, Policies and Procedures.

Written Standards of Conduct and written policies and procedures are a central element of the Compliance Program. The Standards of Conduct demonstrates the NMRE's ethical attitude and its emphasis on compliance with all applicable laws and regulations. The policies and procedures are living documents of the organization and provides guidelines on the day-to-day operations of the organization. Written policies and procedures also ensure good quality of care as well as patient confidentiality and privacy. These compliance standards apply equally to ALL NMRE staff and partners. It is the responsibility of each employee to become familiar with the Standards of Conduct and the written policies and procedures that apply to their job duties.

A. Designating Compliance Oversight.

- i. The NMRE's Chief Compliance Officer has the authority and responsibility to administer and manage all tasks related to establishing, monitoring, and updating the Compliance Program. To ensure the success of the program, the Chief Compliance Officer will:

- 1) Have direct access to the Chief Executive Officer and the NMRE Board of Directors; this ensure that a system of checks and balances is established to effectively achieve the goals of the Compliance Program.
- 2) Coordinate and collaborate with NMRE leadership and NMRE partners to assess and mitigate risks, develop and implement policies and procedures, and develop and implement the Compliance Program.

Methods used to ensure an effective Compliance Program include:

- a. Work with the NMRE Provider Network and other partners to coordinate and implement compliance activities.
  - b. Analyze data reports as part of the auditing and monitoring initiatives and other processes to identify trends and implement corrective actions.
  - c. Analyze all allegations of abuse, waste, or fraud and reporting requirements/processes and providing notifications to MDHHS/Office of Inspector General (OIG) as necessary.
  - d. Review and analyze compliance activities of provider agencies via ongoing and annual contract monitoring processes.
- 3) Ensure that appropriate screening and evaluation checks are completed to eliminate sanctioned individuals and contractors from participating in the federal or state health care programs for the provision of items or services. This will include the following activities:
- a. Ensure that NMRE complies with all requirements to obtain, maintain, disclose, and furnish required information about ownership and control interest, business transactions, and criminal

convictions.

- b. Ensure that all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided with Federal and State healthcare funds are compliant with applicable Federal and State regulations.
  - c. Ensure that NMRE and its partners comply with 42 USC 1320a-7(b), which imposes penalties for "arranging (by employment or otherwise) with an individual or entity that the person knows, or should know, is excluded from participation in a Federal health care program for the provision of items or services for which payment may be made under such a program.
  - d. Ensure that no individual or provider has been excluded from participation in Medicare, Medicaid and other Federal health care programs prior to engagement with the individual or provider, and monthly thereafter, pursuant to the NMRE Excluded Provider Policy and Procedure.
- 4) Develop and implement an educational training program for NMRE staff and its partners who furnish services to ensure understanding of federal and state laws and regulations involving ethical and legal business practices.
- 5) Independently and confidentially investigate and act on matters related to compliance and privacy.
- ii. The NMRE regional Quality and Compliance Committee will be responsible to:
- 1) Guide the implementation of the Compliance Program.
  - 2) Assist with the implementation of compliance policies and procedures and the Standards of Conduct.
  - 3) Encourage employees to raise concerns and report non-compliance issues including suspected fraud, waste, abuse, or inappropriate behavior without fear

of retaliation.

## B. Conducting Effective Training and Education

Education and training are the first and possibly the most important lines of defense of a Compliance Program. All NMRE staff and Board Members will receive training and have access to the NMRE Compliance Plan, compliance policies and procedures, and Standards of Conduct. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records shall be maintained on all formal training and educational activities. The Chief Compliance Officer shall receive training by an entity other than herself. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination. All employees will receive mandatory compliance training during the first 30 days of employment and annually thereafter.

Education activities include but not limited to face-to-face training and online training in programs related to:

- i. Federal and State regulations, and guidelines
- ii. Contractual obligations
- iii. Policies, procedures, and the Standards of Conduct
- iv. Coding and billing requirements
- v. False Claims Act Implications including fraud, waste, and abuse

The Chief Compliance Officer will provide ongoing information and education on matters related to health care fraud, waste, and abuse as disseminated by the Office of Inspector General, Department of Health and Human Services or other regulatory bodies.

It is the responsibility of NMRE staff to maintain licensure and certifications that are specific to their job responsibilities.

The NMRE Provider Network Committee will review and recommend Regional Training Requirements Guideline to assure and provide consistent training requirements throughout the provider network. NMRE will monitor the Provider Network to ensure adherence to the identified training requirements. When necessary, NMRE will offer related compliance training

and educational materials to the Provider Network.

### C. Developing Effective Lines of Communication

There will be open communication between the Chief Compliance Officer, the Quality and Compliance Committee, and all NMRE staff and partners. With open lines of communication, the potential for fraud, waste, and abuse is substantially reduced.

Examples of ways to maintain lines of communication include:

- i. Face-to-face with the Chief Compliance Officer
- ii. Compliance Hotline: 866 789 5774
- iii. Compliance E-mail: [Compliancesupport@nmre.org](mailto:Compliancesupport@nmre.org)
- iv. NMRE website: [NMRE.org](http://NMRE.org) → Compliance → Report Compliance Issue
- v. US Mail: 1999 Walden Drive, Gaylord, MI 49735

Confidentiality and Non-Retaliation policies and procedures are in place and accessible to all employees to encourage the reporting of incidents of potential or suspected fraud, waste, or abuse in a safe environment without fear of retaliation.

All reported incidents will be documented and investigated promptly to determine validity.

### D. Developing Effective Communication System

The Compliance Program's system for effective communication will include the following:

- i. The requirement that staff reports suspected misconduct in good faith and without fear of retaliation.
- ii. Creation of a user-friendly process, such as the compliance hotline; where staff can anonymously and promptly report fraudulent, unethical, or erroneous conduct.
- iii. Policy and procedures that states a failure to report fraudulent, unethical, or erroneous conduct is a violation of the Compliance Program.
- iv. Implementation of a simple and readily accessible procedure to investigate



reports of fraudulent, unethical, or erroneous conduct.

- v. Implementation of a process that maintains the confidentiality of the persons involved in alleged fraudulent, unethical, or erroneous conduct and the person making the allegation.
- vi. Policies and procedures that indicate non-retribution for reporting conduct that a reasonable person acting in good faith would have believed to be fraudulent, unethical, or erroneous.

#### E. [Enforcing Standards through Well-Publicized Disciplinary Guidelines](#)

The Standards of Conduct and affiliated policies and procedures apply to all NMRE employees and partners. Enforcement applies regardless of the employee's position or years of service. Failure by any employee to comply with applicable regulations, NMRE's Standards of Conduct, or affiliated policies and procedures will subject the employee, including supervisors who ignored or failed to detect misconduct or who has knowledge of the misconduct and failed to correct it, to disciplinary action that could range from verbal warnings to suspension, privilege revocation, or termination from employment, based on the seriousness and type of violation. The NMRE's Sanctions policy and procedure sets forth the degree of disciplinary action that may be imposed on employees for failing to comply with the Compliance Program.

#### F. [Conducting Internal and External Monitoring and Auditing Activities](#)

Auditing and monitoring activities are critical to a successful Compliance Program and should be an ongoing activity under the direction of the Chief Compliance Officer. Auditing and monitoring will remain a key feature in any annual review of the effectiveness of the Compliance Program. The auditing activities will focus on compliance with specific regulations and policies that have been identified by the Centers for Medicare and Medicaid Services, the Office of the Inspector General, and MDHHS-PIHP contractual obligations. The NMRE utilizes a variety of monitoring and auditing techniques including:

- a. Periodic questionnaires, surveys, and interviews with staff within the NMRE, member CMHSPS, and Network Providers regarding their perceived levels of compliance and the effectiveness of training/education within their departments and areas of

responsibilities.

- b. Periodic audits that comply with Federal and State regulations, MDHHS-PIHP contractual obligations, and other guidelines.
- c. Input from regional Compliance Officers
- d. Internal/external audit results for specific compliance guidelines
- e. Information from past investigations of noncompliance
- f. Information from exit interviews

**Quarterly Program Integrity Report to the OIG:**

- a. Grievances report
- b. Data mining and analysis of paid claims
- c. Audits performed
- d. Overpayments collected
- e. Identification and investigations of fraud, waste, and abuse
- f. Corrective action plans implemented
- g. Provider disenrollment
- h. Contract termination

**Reporting/reviewing Compliance Data:**

- a. Quarterly reports of issues
- b. Quarterly results of Medicaid Service Verification
- c. Annual reviews of the Compliance Plan
- d. Annual summaries of compliance activities, including number of investigations, summaries of results of investigations, and summaries of disciplinary actions
- e. Trend analysis that identifies deviations, positive or negative in specific risk areas over a given period

- f. Annual reports of Medicaid Verification
- g. Annual reports to MDHHS of Medicaid Verification results
- h. Annual reports to MDHHS of compliance with annual trainings on the Deficit Reduction Act (DRA) from all Network Providers
- i. Annual reports to the OIG of any non-compliance communication resulting in OIG involvement.

**HIPAA Privacy and Information Security audits, such as:**

- a. Use and disclosure of protected health information (PHI)
- b. Employee access to protected information,
- c. Validation and reliability of data,
- d. Information security risk assessment,
- e. Electronic and physical safeguards.

**Clinical/Quality of Care review of:**

- a. Performance Indicators
- b. Peer reviews
- c. Scope of work and qualification

**Consumer rights review of**

- a. Rights complaints and concerns
- b. Consumer satisfaction surveys
- c. Rights Officers' responsibilities
- d. Risk Events and Critical Incidents
- e. Sentinel Events and Root Cause Analyses

G. [Responding to Detected Offenses, Developing Corrective Actions and Prevention.](#)

According to the OIG, one of the seven essential elements for an effective Compliance

Program is the investigation and remediation of identified systemic problems. If there should ever be a reason to believe that misconduct or wrongdoing has actually occurred, the organization must respond appropriately. OIG notes that violations of the Compliance Program and other types of misconduct threaten an organization's status as credible, honest, and trustworthy provider capable of participating in federal health care programs. Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of the NMRE. In addition, OIG calls for prompt reporting of misconduct to the appropriate authority with a reasonable period but not more than 60 days after determination that there is credible evidence of a violation and not more than 30 days to avoid stricter fines.

Audit and review follow-up are important parts of good management and evidence of effective Compliance Program. To ensure that identified problems and/or weaknesses do not recur, it is essential that corrective action is taken on findings and recommendations.