

# Regulatory Compliance Program Description/Plan

## Partners Health Management

Original Effective Date: 7/1/2012 (Policy, Procedure, Program Description or Plan) Board or QIC/MT/Dir.		Lines of Business:	LME/MCO	Category: Regulatory Compliance			
				Policy Number: N/A			
Policy Revision Board Approval Date:	N/A	Policy Annual Board Approval Date:	N/A	Procedure/Program Description/Plan Revision QIC/MT/Dir. Approval Date:	9/20/2021	Procedure/Program Description/Plan Annual QIC/MT/Dir. Approval Date:	9/20/2021

**This document is housed electronically and may be easily accessed via the following links:**

- For Partners' Workforce: Partners Resource Center:  
<https://partnersbhm.sharepoint.com/policies/SitePages/Policies%20and%20Procedures.aspx>  
 Click on Plan & Program Descriptions, then select the Regulatory Compliance Program Description/Plan
  
- For Providers and the General Public: Partners Provider Knowledge Base Website:  
<http://providers.partnersbhm.org/regulatory-compliance/>  
 Scroll to the bottom of the page and select Partners Regulatory Compliance Program Description

**This document is also available via hard copy and may be obtained by submitting a request via email to the Legal Department at [policiesandprocedures@partnersbhm.org](mailto:policiesandprocedures@partnersbhm.org)**

**Regulatory references include, but are not limited to:**

- **Rules/Regulations:** 42 CFR 438.608, Social Security Act Section 1902(a)(68), False Claims Act 31 U.S.C. 3729 – 3733, Anti-Kickback Statute 42 U.S.C. 1320a – 7b(b), Civil Monetary Penalties 42 U.S.C. 1320A - 7a, Federal Exclusions 42 U.S.C. 1320a -7, 45 CFR Part 164
- **NC DMH//DD/SAS Contract:**
- **DHB Contract:** Section 14
- **MCO P, P &Ps:** 5.13 Encryption of PHI, 5.07 Electronic Mail, 5.15 Identification and Authentication Using IDs and Passwords, 8.09 Internal Quality Improvement of Credentialing Process within Network Operations, 8.11U On-Going Monitoring of Sanctions, 8.12U Participating Provider Disputes, 8.15 Primary Source Verification and Enrollment Requirements for LIPs, 8.20 Review, Approval & Follow-Up of Plans of Correction, 3.04 Claims Quality Monitoring and Review, 3.07 Coordination of Benefits and Use of Public Funds, 3.08 Eligibility Reconciliation, 3.26 Provider Payback Interest and Penalties, 3.27 Prohibition of Payments to Institutions Outside of the United States, 4.01 Assurance of Confidentiality, 4.18 Conflict of Interest Disclosure & Attestation Statement, 5.02 Assurance of Utilization Review Data Integrity, Credentialing Program Description, Delegation Program Description, Utilization Management Plan

### REVISION CHRONOLOGY SECTION

Revision Approval Date	Reason for Revision
2/24/2015	Annual review completion with revisions made to provide clarity and improve in the quality of the plan since it was first developed.
10/1/2016	Annual Review
8/28/2017	Annual Review
8/28/2018	Annual Review
09/27/2019	Annual Review
02/10/2020	Technical corrections
08/28/2020	Annual Review
08/11/2021	Annual Review



## **I. INTRODUCTION & PURPOSE**

A compliance program is a self-monitoring system of checks and balances to ensure that an organization consistently complies with applicable laws and regulatory oversight requirements relating to its business activities. The compliance program and plan described in this document is intended to establish a framework for legal, regulatory and contractual compliance as well as ethical behavior by PartnersHealth Management's employees, contractors, volunteers and temporary staffing (collectively referred to as responsible parties). It is not intended to set forth all the substantive practices that are designed to achieve compliance, but should be used as a roadmap for overall corporate compliance expectations and requirements.

The purpose of this document is to guide Partners in its management and operation of compliance-related activities. Partners intends to demonstrate that it is both committed to, and exercises, due diligence in seeking to prevent and detect systemic problems and violations of law by developing and sustaining a rigorous compliance program. Furthermore, the Regulatory Compliance Program has been developed to demonstrate Partners' strong commitment to legal and ethical behavior and to effectively communicate the expected Code of Conduct/Ethics to all Partners responsible parties.

Through an effective Regulatory Compliance Program, Partners seeks to do the following:

1. Educate and train its employees and responsible parties to demonstrate legal and ethical behavior while conducting business at or on behalf of Partners.
2. Empower all responsible parties to prevent, detect, respond and resolve violations of legal and ethical behavior conducted at or on behalf of Partners.
3. Establish systems which allow responsible parties to raise concerns about compliance issues without fear of retribution.
4. Provide oversight for the resolution of identified problems or potential risk areas.
5. Ensure compliance with N.C. Department of Health and Human Services (NCDHHS) contractual requirements as well as applicable local, state and federal rules, regulations and laws.
6. Ensure internal controls are established and effective.

## **II. PROGRAM SCOPE**

All Partners' employees, contractors, volunteers and temporary staffing as well as non-staff members that serve on Partners' boards and/or committees are required to follow the Regulatory Compliance Program, Partners' policies and procedures and all applicable laws and regulations.

## **III. REGULATORY COMPLIANCE PROGRAM OVERVIEW**

The Regulatory Compliance Program is designed to monitor adherence to applicable laws, regulations and program requirements and to identify, prevent, reduce and correct violations of legal or ethical conduct. Other goals achieved through the development of an effective compliance program include improved operational quality, quality of care for members and healthcare costs. The essential elements included within the Partners Regulatory Compliance Program/Plan include the following:

- Designation of a Chief Compliance Officer, accountable to senior management with direct accessibility to the Board of Directors, to manage the overall compliance program.
- Designation of a Program Integrity (PI) Director charged with oversight of the prevention, detection and resolution activities related to provider/member healthcare fraud, waste and financial abuse.

- Designation of a Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer to oversee HIPAA Privacy and other related protected health information confidentiality requirements.
- Designation of an Information Security Director to oversee HIPAA Security and other related protected health information confidentiality requirements as well as information security in general. This person serves as the Chief Information Security Officer (CISO). Designation of an Information Security Incident Response Team (ISIRT) to assist the Information Security Director in incident response as well as managing an effective information security plan.
- Designation of an Internal Auditor charged with assuring effective organizational internal controls.
- Establishment of a cross-departmental Compliance Committee, chaired by the Chief Compliance Officer, to assist in ensuring an effective compliance program.
- Implementation of and adherence to written policies, procedures and the Code of Conduct/Ethics that comply with applicable federal, state, contractual and regulatory oversight requirements.
- Tracking and assuring compliance with applicable laws and regulations in the jurisdictions where Partners conducts business.
- Monitoring of changes in applicable laws and regulations and adapting practices as necessary.
- Development and implementation of training and education related to regulatory compliance matters.
- Enforcement of policies, procedures and standards through publicized disciplinary actions.
- Development of effective lines of communication throughout the compliance process.
- Development and implementation of effective internal controls.
- Establishment of procedures that allow for prompt, thorough investigations of possible misconduct or non-compliance and prompt facilitation of corrective action of detected problems.

#### **IV. CHIEF COMPLIANCE OFFICER**

In an effort to affect successful implementation and management of the Regulatory Compliance Program, a Chief Compliance Officer is identified and readily accessible to all responsible parties. The Chief Compliance Officer is a member of the Executive Leadership Team (ELT) and reports directly to senior leadership with direct access to the Board of Directors.

The Chief Compliance Officer is responsible for the following items:

1. The development and implementation of the Regulatory Compliance Program.
2. Assurance of tracking and monitoring of applicable laws and regulations and ensuring organizational compliance in collaboration with the Chief Legal Officer. Tracking of applicable laws and regulations is delegated to the Chief Legal Officer (or designee) in cooperation with the Chief Compliance Officer.
3. Overseeing the education and training of Partners' staff and board regarding compliance matters.
4. Maintaining procedures to ensure access for individuals to make confidential reports of compliance concerns.
5. Assuring all allegations of concerns related to illegal, improper or unethical activities are responded to promptly.
6. Providing information related to Regulatory Compliance matters to Partners' Quality Improvement Committee (QIC), Partners' Chief Executive Officer (CEO) and/or leadership, and Partners' Board of Directors as well as the Compliance Committee to the Board. This information may be provided to the board in open session or closed session as allowed by law.

7. Coordinating the identification, prevention and prompt development of corrective action, as appropriate.
8. Serving as Chair of the Regulatory Compliance Committee (RCC) and ensuring committee responsibilities are carried out effectively.

## **V. TRAINING/EDUCATION**

New employees receive Regulatory Compliance training during orientation and annually thereafter. Documentation of training completion is maintained within the Human Resources Department and/or the Partners' online learning platform (Relias). Partners' employees and board/committee members receive written materials for review outlining the organization's Code of Conduct/Ethics, confidentiality requirements and Conflict of Interest Disclosure and Attestation Statement upon hire and/or appointment and as changes occur. An opportunity is given to receive any needed clarification prior to signing the attestation statement and acknowledging understanding of these expectations. Completion of these attestations is a condition of employment, contract, or board/committee appointment. Additionally, Partners' leadership and the Board of Directors receive compliance and performance related information routinely within the Executive Dashboard.

Partners will not tolerate violations of the Code of Conduct/Ethics or the organization's policies and procedures which are in violation of federal, state or local laws and regulations. Partners will take appropriate disciplinary action should such violations occur. Disciplinary action can include, but may not be limited to, written warnings, dismissal from employment, termination of contract, removal from board/committee and/or reporting of unethical behavior to licensing, certifying and/or accrediting authorities. Penalties can also be imposed for violations of federal and state healthcare program requirements. Such penalties can include monetary fines and penalties, civil and/or criminal legal actions, and federal program exclusions.

Each Partners' regulatory compliance training and education program includes information related to non-intimidation/non-retaliation for good faith reporting of concerns of wrong doing in accordance with the whistleblower provision of the False Claims Act.

## **VI. TRACKING OF APPLICABLE LAWS & REGULATIONS**

The Partners Legal Department maintains a log of applicable laws and regulations regarding the organization's program services. This log contains links to applicable websites to monitor changes or updates to these applicable laws and regulations. Partners is also registered to receive email notifications of updates or changes in applicable laws and regulations. This process leads to changes as needed within agency policies and procedures to ensure ongoing compliance with any changes in the laws. Changes in the laws potentially impacting Partners' operations are reviewed and/or addressed within the Partners Executive Leadership Team (ELT), Regulatory Compliance Committee (RCC), and/or other committees/departments as deemed appropriate. A listing of rules and regulations applicable to Partners is maintained and made available to all staff via the intranet as well as being posted on the Partners website.

## **VII. INTERNAL CONTROLS**

It is the responsibility of each department to maintain effective internal control procedures necessary for reducing errors in payment and minimizing waste, fraud and abuse, to ensure that funds are being used for allowable program purposes and for eligible members. Each department director is responsible for ensuring effective internal controls within their respective areas of responsibility. A few examples include, but are not limited to, the Provider Network Department ensures effective primary source verification of Partners contracted providers; the Finance Department ensures appropriate management

and reporting of funds; the Human Resources Department ensures that all employees have criminal background checks, etc. Internal control policies, procedures, plans and practices should be self-audited and monitored within each department to assure effectiveness of such controls. However, the Chief Compliance Officer, Internal Auditor or their designees, may periodically review internal control procedures to assure effectiveness.

Partners has established a RCC with cross-departmental representatives chaired by the Chief Compliance Officer. This committee reports to the Quality Improvement Committee (QIC). A primary responsibility of the RCC is to monitor the adherence to and effectiveness of internal control procedures and make recommendations for improvements as identified. The RCC assures the compliance program is quality- and integrity-driven and that trends and staff development opportunities are identified. This committee reviews the Regulatory Compliance Program Description/Plan annually, making revision recommendations as appropriate.

It is not the purpose of the RCC to investigate cases, nor should any individual with a concern of potential wrongdoing feel the need to investigate concerns for substantiation. Individuals with concerns should report their concerns immediately through processes outlined under Section IX below and should neither delay reporting nor take action on their own to investigate their concerns, as this may compromise the integrity of the investigation.

Any indication of potential fraud, waste or abuse identified through the review of internal controls by Partners will be referred directly to the Chief Compliance Officer. The Chief Compliance Officer will collaborate with the Human Resources Director, PI Director, Internal Auditor, Legal Counsel, HIPAA Privacy/Security Officers, the CEO, Partners Board of Directors, and/or other individuals as deemed appropriate to the case.

Partners has various resources/methods of internal controls such as system edits, alerts, reporting, audits, monitoring, alert-lines (phone and web applications), etc. As each department is the expert in their respective area of responsibility, it is the department’s duty to determine what internal controls are necessary to establish reasonable and appropriate safeguards that comply with applicable regulatory and accrediting bodies to prevent, detect and mitigate wrongdoing. The Compliance Officer, Internal Auditor, HIPAA Privacy Officer and/or HIPAA Security Officer (or designee) shall provide assistance, upon request, in the development of departmental internal controls.

**VIII. MONITORING – AUDITING**

Examples of compliance monitoring/auditing reviews conducted by Partners include, but are not limited to, the following:

<b>Department/Position</b>	<b>Compliance Review Description</b>
Program Integrity	Health care fraud, waste and/or financial abuse by providers and/or members
HIPAA Privacy Officer	HIPAA Privacy, PHI confidentiality – paper, oral
HIPAA Security Officer	HIPAA Security, e-PHI
Finance/Claims	Petty cash/credit card compliance/provider claims quality reviews
Provider Network	Primary Source Verification (PSV), credentialing reviews
Quality Management	Partners’ national accreditation, NC-TOPPS provider compliance, routine monitoring reviews of contracted providers (i.e., general compliance, quality of care), member health and safety/incident investigations
Human Resources	Conflicts of interest and concerns of potential wrongdoings involving Partners staff, staff qualifications and compliance with attestations

Chief Compliance Officer	Conflicts of interest, regulatory compliance and others, as deemed appropriate
Grievance Coordinator/ Office of Legal Counsel	Grievances/complaints
Internal Auditor	Internal controls

#### **IX. REPORTING OF COMPLIANCE CONCERNS & PROGRAM ACTIVITIES**

Compliance concerns can be reported by anyone with concerns of potential wrongdoing. Partners offers various methods for reporting concerns of wrongdoing. These include direct reporting, online submission, as well as toll-free telephonic reporting. Partners uses the services of a third-party vendor for toll-free telephonic reporting to receive reports. The Partners reporting system is referred to as the Regulatory Compliance Alert Line. All responsible parties are provided with the Alert Line information and given instruction on how to make a compliance report. Additionally, this information is posted on the Partners website for the general public. Confidentiality of these reports is maintained as requested by the reporter, as allowed by law. Reports can be made anonymously. Compliance concerns as well as the activities of the Regulatory Compliance Program will be reported on a regular basis by the Chief Compliance Officer (or designee) to the QIC, Partners CEO, the Executive Leadership Team and the Board of Directors. Partners reports incidents to NCDHHS and other regulatory bodies in compliance with contractual and legal requirements.

If you suspect or question practices by Partners or a provider within the Partners' network that might be illegal, unethical or may involve violations of member confidentiality rights, please report these concerns immediately. Reporting is easy: call the **Partners Regulatory Compliance Alert Line** at **1-866-806-8777** or report online at <https://partnersbhm.alertline.com>.

#### **X. RESPONDING TO COMPLIANCE CONCERNS & CORRECTIVE ACTION**

Upon receipt, the Chief Compliance Officer, or designee, promptly reviews all compliance concerns. Through this review, the Chief Compliance Officer, or designee, determines the level of potential risk and responds promptly according to the level of risk. The Chief Compliance Officer, or designee, will facilitate an investigation of the concern and involve Partners' staff and external supports as deemed necessary.

#### **XI. INTERNAL INVESTIGATIONS**

Investigations into allegations or concerns of fraud, waste or financial abuse (FWA) reported against Partners' employees or vendors that support Partners' operations will be investigated directly by the Chief Compliance Officer, Internal Auditor, and/or Human Resources Director, unless otherwise delegated.

In the event a concern is made directly against the Chief Compliance Officer, Internal Auditor or Human Resources Director, the concern should be routed directly to the CEO, or designee, for investigation. In the event a concern of FWA is reported against the CEO, the Chief Compliance Officer will notify the Board of Directors' Chairperson and shall conduct/coordinate an internal investigation and share findings as delegated by the Board of Directors. The Alert Line is developed such that access to allegations is limited depending on those named in the allegation and to protect the integrity of the investigation.

The results of substantiated allegations will promptly be summarized and presented to the Partners' CEO and Legal Counsel as deemed appropriate.

## **XII. EXTERNAL INVESTIGATIONS**

The Program Integrity Department (PID) will investigate all allegations related to potential provider or member healthcare fraud, waste and/or financial abuse. All investigations that identify potential healthcare fraud will be reported to the NC Division of Health Benefits (DHB) Office of Compliance and Program Integrity in compliance with the current NC DHB contractual requirements. Furthermore, Partners shall fully cooperate with any investigation conducted by federal or state authorities, including NC DHB and the NC Medicaid Investigative Division, to the extent required by law and the currently executed contract.

The Chief Compliance Officer and PID Director, or their designee, will refer all provider-related investigations requiring a corrective action plan to the Quality Management Department, in accordance with Partners Policy and Procedure 8.20 Review, Approval & Follow-Up on Plans of Corrections. The Compliance Officer and PID Director, or their designee, shall collaborate with the Quality Management Department as appropriate and through plan of correction completion, as applicable.

## **XIII. CODE OF CONDUCT**

Partners adopts the following standards by which our staff (*employees, volunteers, temporary staff, and contractors*) and board/committee members will conduct themselves in order to protect and promote organizational integrity.

### **A. COMPLY WITH POLICIES & REGULATIONS**

As a condition of employment or business association, all staff and board/committee members are expected to comply with Partners' policies, procedures, accreditation and applicable regulatory requirements. Training and education are made available through Partners; however, it is also the staff and board/committee member's responsibility to remain abreast of current policies and procedures as well as applicable regulatory requirements. Violations cannot be excused due to unfamiliarity with the policy or law.

### **B. ENGAGE IN ETHICAL BEHAVIOR**

Every Partners' staff and board/committee member is expected to adhere to high ethical standards in performing their duties. Compliance with Partners' Code of Conduct/Ethics in addition to other ethical standards that may be adopted by licensing or certifying boards/authorities is required.

### **C. COMMITMENT TO PRIVACY & CONFIDENTIALITY**

Staff and board/committee members will adhere to all applicable confidentiality rules and regulations, including but not limited to, HIPAA Privacy and Security and NC confidentiality laws. Staff and board/committee members respect member's right to privacy and request only the information needed to perform functions within their scope of responsibility. Staff and board/committee members shall be committed to safeguarding the privacy and confidentiality of Individually Identifiable Health Information (IIHI) unless given specific written and informed consent, or when a risk of harm to self or others exists, or in situations where regulations allow such disclosure. Obligations to protect privacy and confidentiality continue beyond such a time when employment and/or board/committee appointment ends.

### **D. ENGAGE IN ETHICAL BILLING PRACTICES**

It is against the law to knowingly submit false claims for payment. This includes the submission of false, fraudulent or misleading claims to any government entity or third-party payor, including

claims for services not rendered or claims which do not comply with applicable program or contractual requirements. Services are to be billed accurately.

**E. MAINTAIN PROFESSIONAL RELATIONSHIPS WITH BUSINESS ASSOCIATES & COLLEAGUES**

Staff and board/committee members treat business associates and colleagues with dignity and respect. Disagreements are managed without personal attacks, and mediation is sought when needed to resolve issues. Staff and board/committee members avoid conflict of interest issues by not accepting substantial gifts or any other remuneration from business associates. Financial incentives dependent on the outcome of a case are prohibited and must never be accepted. If a conflict of interest exists, or may be perceived by a reasonable person to exist, staff/board/committee members should report it immediately and recuse themselves from performing the service as necessary. Staff shall not exhibit preferential treatment to any individual or organization and shall act in an impartial manner to prevent even the appearance of preferential treatment.

**F. ENGAGE IN ETHICAL & LEGAL BUSINESS PRACTICES**

Partners is committed to ethical and legal business practices in our relationships with contracted organizations and individuals. We select our vendors, suppliers and contractors on the basis of location, quality, price and service. Our relationships are detailed in written agreements that comply with all applicable statutes and regulations. Direct, indirect or disguised payments in exchange for the referral of services are strictly prohibited.

**G. REPUTABLE MARKETING/ADVERTISING PRACTICES**

Materials used to describe and promote our operations are accurate, truthful, fully informative and not deceptive or misleading. Partners' staff/board/committee members neither claim nor imply professional qualifications that exceed those earned and are responsible for correcting any known misrepresentations of these qualifications by others.

**H. PROFESSIONAL COMPETENCE**

Partners' staff and contract providers will only deliver those services for which they are qualified by education, techniques or experience. In order to ensure competent services, Partners' staff recognizes the need and seeks appropriate supervision and continuing education as well as receives or maintains licensure/certifications specific to their credentials. Staff and contract providers shall report any adverse action taken, licensure restrictions or other sanctions related to credentials to Partners immediately.

**I. PROPER USE OF ORGANIZATION RESOURCES**

Partners' resources are provided for the fulfillment of organization needs and services. Use of organization resources for personal needs is strictly prohibited.

**J. DUTY TO REPORT**

Employees, contract providers and board/committee members are required to report any activity they believe is unethical or in violation of any law or regulatory requirement. Furthermore, employees, contract providers and board/committee members are required to seek guidance on any activity for which they are uncertain. One does not need to be certain that the violation has occurred in order to report it. Reporting enables Partners to investigate potential problems quickly and to take prompt action to resolve them. Individuals may file such reports without fear of retaliation, and their confidentiality will be protected to the fullest extent possible. Partners does not retaliate against those who report violations of the False

Claims Act (FCA) [31 U.S.C. 3729 – 3733] in good faith and encourages individuals to report concerns of wrongdoing for investigation to the Partners Regulatory Compliance Alert Line.

**K. DISCIPLINARY ACTION**

By acceptance of employment, contractual obligation or appointment to a board/committee with Partners, individuals agree to abide by and are held accountable for compliance with Partners' policies and applicable state and federal laws. An employee, contractor or board/committee member is subject to disciplinary action for failure to comply with these policies and applicable regulatory requirements. This includes failure to report or attempting to conceal a suspected violation of any regulatory requirement or policy.

**L. CODES OF CONDUCT/ETHICS FROM LICENSURE/CERTIFICATION BOARDS AND/OR ASSOCIATIONS**

Employees, contract providers and board/committee members are expected to comply with the Codes of Conduct/Ethics adopted by any board/authority that licenses or certifies an individual or any association to which an individual or organization may belong. A copy of the Code of Conduct/Ethics is located on the board and/or association's website.