



**Title:** Director of Compliance's Authority and Obligations Policy

**Date Created:** March 1, 2015

**Date Modified:** May 8, 2025

**Date Approved by CCN Board of Directors:** June 10, 2025

**Date Approved by CCC Board of Directors:** September 24, 2024

**Date Approved by IPA Board of Directors:** September 24, 2024

**Policy#** CC1

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**Purpose:**

To outline the authority and obligations of the Director of Compliance of the Care Compass Entities.

**Definitions:**

**Affected Individual(s):** All persons who are affected by Care Compass Entities' risk areas including Care Compass Entities' employees, officers, Directors, managers, contractors, agents, subcontractors, independent contractors, governing bodies, or third-parties, who or that, in acting on behalf of the Care Compass Entities: (i) delivers, furnishes, directs, orders, authorizes, or otherwise provides health or social care items and services under State, Federal, or Care Compass programs; and (ii) contributes to the Care Compass Entities' entitlement to payment under Federal health or social care programs, or from other payor sources.

**Care Compass Entities:** Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC .

**Policy:**

It is the policy of the Care Compass Entities to have a Director of Compliance, serving as the Compliance and Privacy Officer to oversee the development and implementation of the Care Compass Entities' Compliance and Privacy Programs and to ensure appropriate handling of instances of suspected or known illegal or unethical conduct and the protection of Personally Identifiable Information (PII) and Protected Health Information (PHI).

- I. Authority.** The Director of Compliance has principal authority and responsibility for the development, implementation, oversight, and evaluation of the Care Compass Entities' Compliance and Privacy Programs. The Director of Compliance will report directly to the Executive Director (ED) or designee and is assured direct access to the Care Compass Entities' Board of Directors and legal counsel for the purpose of making reports and recommendations on compliance matters. The Director of Compliance is authorized to investigate all instances of suspected illegal or unethical conduct to determine the necessary facts and may, upon obtaining appropriate authorization and consistent with the Care Compass Entities' budget constraints, seek the advice of legal counsel, and hire outside investigators and/or consultants.

- II. Privacy Officer Role.** The Director of Compliance shall be assigned the role of Privacy Officer and be appointed with the mission and resources to coordinate, develop, implement, and maintain organization-wide Privacy Programs.
- III. Duties.** The Director of Compliance will have all of the duties and responsibilities that are ordinarily delegated to Corporate Compliance and Privacy Officers to carry out the day-to-day operations of compliance programs and as required under Social Services Law Section 363-d (SOS § 363-d), Title 18 NYCRR SubPart 521-1, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As part of these duties and responsibilities, the Director of Compliance is responsible for the following Compliance and Privacy Program activities on behalf of the Care Compass Entities:
- a. Administrative management of the Care Compass Entities' Compliance Committees;
  - b. Overseeing and monitoring the development and implementation of the Care Compass Entities' Compliance and Privacy Programs and annual Compliance Work Plans;
  - c. Establishing methods, such as periodic audits, effective lines of communication on compliance issues, and written practice standards, policies, and procedures to reduce the Care Compass Entities' vulnerability to fraud, waste, abuse, conflicts of interest, HIPAA privacy, and antitrust issues;
  - d. Periodically revising the Care Compass Entities' Compliance and Privacy Programs and Compliance Work Plans, or recommending such revisions to applicable Compliance Committees, in light of changes in the needs of the Care Compass Entities or changes in the law and/or in the standards and procedures of government and private payor health plans;
  - e. Developing, coordinating, and participating in a training program that focuses on the components of the Compliance Programs and seeks to ensure that Affected Individuals are knowledgeable of, and comply with, pertinent Federal and State standards and that independent contractors, consultants, and volunteers who furnish services to the Care Compass Entities are aware of the requirements of the Care Compass Entities' Compliance and Privacy Programs;
  - f. Ensuring that the excluded provider checks have been conducted monthly on Affected Individuals;
  - g. Independently investigating and acting on any report or allegation of unethical or improper conduct or business practices, and implementing and monitoring appropriate corrective action and/or subsequent compliance;
  - h. Reporting on a regular basis, and no less than quarterly, to the Care Compass Entities' Compliance Committees, the Executive Director, and the Board of Directors for the Care Compass Entities on the progress of the Compliance and Privacy Program's implementation and of the methods adopted to improve the Care Compass Entities' efficiency and quality of services and to reduce its vulnerability to fraud, waste, abuse, conflicts of interest, HIPAA privacy, and antitrust issues;
  - i. Conducting annual reviews of the Care Compass Entities' Compliance and Privacy Programs, including but not limited to annual completion of the Office of Medicaid Inspector General (OMIG) Compliance Program Self-Assessment Form to review whether applicable requirements of Social Services Law Section 363-d (SOS § 363-d) and Title 18 NYCRR SubPart 521-1 have been met and to evaluate, update, and monitor Compliance

- Program effectiveness, the accomplishment of Compliance Program objectives, and to determine whether any revisions or corrective actions are required;
- j. Supporting the development and coordination of and participation in the education and guidance to Affected Individuals and Community Based Organizations in their implementation of a Compliance Program for their organizations, where required, to support transformation of care delivery efforts and compliance with the requirements of the receipt of Medicaid funds;
  - k. Maintaining appropriate documentation of compliance and privacy matters and activities;
  - l. Ensuring appropriate corrective action to identified deficiencies;
  - m. Implementing an organization-wide, comprehensive strategy to manage risk related to organizational operations and assets, individuals, and other organizations associated with the operation and use of information systems to include:
    - i. an unambiguous expression of the risk tolerance for the Care Compass Entities,
    - ii. risk mitigation strategies,
    - iii. a process for consistently evaluating risk across the Care Compass Entities with respect to the Care Compass Entities risk tolerance, and
    - iv. approaches for monitoring risk over time that include conducting risk assessments, at least annually, based on the current business, health care, and network environment, determining where exposure exists and how the exposure will be addressed;
  - n. Drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies and standards, a compliance work plan which shall outline the Care Compass Entities' proposed strategies for meeting the requirements that certain providers adopt and implement an effective compliance program, pursuant to Social Services Law Section 363-d (SOS § 363-d) and Title 18 NYCRR SubPart 521-1 (SubPart 521-1), for the coming year, with a specific emphasis on the following:
    - i. Written policies and procedures,
    - ii. Compliance program training and education,
    - iii. Auditing and monitoring, and
    - iv. Responding to compliance issues.

**CCN Board Approval History:** 3/11/2015, 12/8/2015, 2/12/2019, 12/10/2019, 11/10/2020, 5/11/2021, 11/09/2021, 11/08/2022, 8/08/2023, 7/24/2024, 8/13/2024, 6/10/2025

**CCC Board Approval History:** 9/12/2023, 9/24/2024

**IPA Board Approval History:** 9/12/2023, 9/24/2024

**Compliance Committee Review History:** 12/8/2015, 10/28/2016, 11/17/2017, 1/18/2019, 11/15/2019, 10/16/2020, 5/7/2021, 10/15/2021, 11/30/2021, 11/01/2022, 7/28/2023, 7/24/2024, 5/22/2025

**Policy Revisions:**

Date	Revision Log	Updated By
3/1/2015	Original creation	Ann Homer

11/19/2015	Updated to reflect Care Compass Network organization structure	Rebecca Kennis
11/3/2016	Added Board Review History	Andrea Rotella
1/18/2019	Updated with changes by the Compliance and Audit Committee	Andrea Rotella
11/15/2019	Updated with changes by the Compliance and Audit Committee	Andrea Rotella
10/16/2020	Removal of references to DSRIP	Andrea Rotella
5/4/2021	Updated to reflect HITRUST requirement for formal privacy program	Cathy Petrak
10/19/2021	Updated to include HITRUST risk management requirements	Andrea Rotella
7/12/2023	Added “Affiliated Entities” throughout to update to an enterprise-wide policy and updated Corporate Compliance and Privacy Officer to “Director of Compliance” throughout	Cathy Petrak
5/8/2025	Updated “Affiliated Entities” to “Care Compass Entities” throughout. <u>added “Affected Individuals” definition and updates where applicable, added responsibility to implement an annual compliance work plan and annual review of compliance programs</u>	Cathy Petrak

**This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**