

	<b>DEPARTMENT: COMPLIANCE</b>	
	<b>Procedure No. COMP13-002</b>	Effective Date: 11/22/2013
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	Approved by:	Date:
	Reviewed by:	Date:
	Revised by: Jeffrey Baron	Date: 2/05/2015 Version:
<b>TITLE OF PROCEDURE: Compliance Committee &amp; Subcommittee</b>		

**Purpose:**

To establish the duties and responsibilities of the REGAL MEDICAL GROUP, Inc. Compliance Committee (“CC”), and its executive subcommittee to be known as the Executive Compliance Committee (“ECC”)

**Policy:**

**BACKGROUND:**

Regal Medical Group, Inc. (“RMG”) re-established its Compliance Program and Anti-Fraud, Waste, & Abuse Program on July 29, 2013. The Compliance Program and its integrated Codes of Conduct and Anti-Fraud, Waste, and Abuse Programs, in accordance with the Heritage Provider Network, Inc. and Affiliated Groups’ Compliance Plan, and are structured in accord with the guidance and requirements provided by the United States Department of Health and Human Services, Office of Inspector General, and pursuant to statute and regulations applicable to any participating provider organization serving Medicare and/or Medicaid beneficiaries or related to any programs administered by the Centers for Medicare and Medicaid Services (CMS) and or which derive or relate to any services covered under the jurisdiction of the California Department of Managed Health Care or the California Department of Health Services, the California Medical and Nursing Boards, or the California Department of Insurance. Beyond these regulatory authorities (CMS, DMHC, Cal DHS, and CA DOI), RMG is subject to a myriad of laws, regulations, and contractual obligations, that govern its conduct and business, and prescribe and proscribe the manner under which RMG conducts its activities. The Compliance Office is responsible for implementing a Compliance Program to ensure that RMG and its first tier, downstream, and related parties, conduct themselves and provide all services in compliance with all applicable federal, state, and local laws and regulations. It is therefore necessary to establish a Compliance Program Oversight Committee (“Committee”) to advise and assist the Compliance Officer with implementing and maintaining an effective compliance program.

**POLICY:**

1. RMG will maintain a Compliance Oversight Committee that will meet on a regular basis, no less than quarterly, to advise the Compliance Officer and assist with the development, implementation and maintenance of the RMG Compliance Program.
2. The RMG Chief Operating Officer, the Compliance Officer, and **Regional Medical Director of Regulatory & Health Plan**, and shall appoint the members of the Committee. The Committee shall receive direction from, and report directly to, the Compliance Officer when working on Compliance related issues.

**Responsible Departments:**

Compliance Department, inclusive of participation of all contributing committee members covering most departments of Regal Medical Group, Inc.

**Procedure:**

1. The Committee shall assist the Compliance Officer with developing standards of conduct and policies and procedures to promote compliance within Regal Medical Group, Inc.
2. The Committee shall assist the Compliance Officer in identifying potential risk areas, and shall advise and assist the Compliance Officer with compliance initiatives.
3. An executive subcommittee of the Compliance Committee, which shall be known as the Executive Compliance Committee (ECC), shall be composed of the Compliance Officer, **Regional Medical Director of Regulatory & Health Plan Compliance**, the COO, RMG-HPN General Counsel, the Vice President of **Employee Services** (Human Resources), and the Vice Present of Information Technology (plus the Security Officer and Privacy Officers if not holding one of the other included positions). The ECC shall meeting monthly and shall be entrusted with matters and subjects that include extremely time sensitive and extremely confidential matters. These activities and deliberations will be summarized and redacted in order to foster the compliance, anti-fraud, waste, and abuse, security and privacy rights of any individuals, as well as to prevent any interference with any pending or present or future prosecution or investigations.
4. The Committee shall include representatives from Senior RMG Management. Committee members will be appointed jointly by the Agency Director and the Compliance Officer. The Chairman of the Meeting shall be the Compliance Officer, co-chaired by the **Regional Medical Director of Regulatory & Health Plan**. The members of the Compliance Committee (CC) are listed as follows : ( **Bold** signifying those members that are on ECC )
  - a. **Compliance Officer (CO)**
  - b. **Regional Medical Director of Regulatory & Health Plan (“MD-C”)**
  - c. **Chief Operating Officer (COO)**
  - d. **RMG / HPN General Counsel**
  - e. **Vice President of Human Resources (“HR”)**
  - f. **Vice President of Information Technology**
  - g. **Privacy Officer (“CPO”)** ( if not elsewhere listed as member of CC)
  - h. **Security Officer (“CSO”)** ( if not elsewhere listed as member of CC)
  - i. Director of Claims (and Customer Service)
  - j. Senior Vice President of Network Management (No. or South, as designated by COO)
  - k. Chief Medical Officer (“CMO”) (Alternating per year as designated by MD-C)
  - l. Ex-Officio: Heritage Provider Network, Inc. - Corporate Compliance Officer
  - m. **Chief Financial Officer (“CFO”)**
5. The Compliance Committee shall meet monthly at regularly scheduled meetings, at least four (4) times per calendar year. The agendas, sign-ins, binders of reviewed materials, and the minutes for the meetings shall be considered highly confidential and shall be retained in the Compliance Office.
6. A quorum for CC voting purposes shall include no less than four (4), inclusive of their being at least 3 members of the Executive Compliance Committee so voting. An quorum for ECC shall include no less than 3 members of the ECC so voting. Members may participate in meetings using telephonic call in or videoconferencing as possible.

**Attachments:**