

Elite Health Plan	Dept: Corporate Effective Date: January 1, 2025 Policy No: PC201 Revised: ,
POLICIES AND PROCEDURES	
Subject: Duties of Compliance Officer and Corporate Compliance Committee	Page No: Page 1 of 5
Reviewed and Accepted By: (Committee or Department Head) _____ <u>Board of Directors</u>	
Authorized Signature: _____ <i>Steph M. Blacklock</i> Date: <u>1/27/2025</u>	

I. Purpose:

To outline the responsibilities of the Company Chief Compliance Officer, Compliance Committee and their relationship to the Corporate Compliance Program

II. Policy:

Elite Health Plan’s Board of Directors and Board Compliance Committee have delegated authority to the Compliance Officer to oversee the Corporate Compliance Program and to have open access to senior management and to the Board of Directors. The Compliance Officer reports to the President/CEO in both a reporting and supervisory relationship with dotted line reporting to the Board of Directors. The Compliance Officer has express authority to provide unfiltered, in-person reports to the Plan’s senior leadership and compliance reports to the Plan’s Board Compliance Committee and Board of Directors and are made through the Plans compliance structure.

The Compliance Officer is independent of daily responsibilities for operational areas and focuses solely on compliance for the health plan. The Compliance Committee is headed by the Compliance Officer. The Compliance Committee meets quarterly (or as needed) to address the following:

- Review and Approve the Plan’s Compliance & Anti-Fraud Program and related policies and procedures at least annually, or on an as needed basis dependent on regulatory updates from Federal or State agencies;
- Maintain a Compliance Committee charter to delineate the responsibilities of the Committee as it relates to the requirements in Chapters 9 and 21 of the CMS manuals;
- Complete annually an Elite Health Plan Work Plan, which includes all information issued from the OIG Work plan as it pertains to Plan operations; all information issued within the Annual Call Letter as it pertains to Plan operations; all Federal Updates to the Medicare program as it relates to Plan operations; and an ongoing Risk Assessment Plan to address through an Audit Work Plan all critical areas to ensure compliance and mitigation of FWA;
- Meet quarterly or as needed to address any government policy changes, new regulations that require implementation, and any changes to CMS Manuals to ensure policies and procedures are updated within 30 days of issuance.

The Chief Compliance Officer has been designated as the Compliance Officer.

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Authorized Signature: _____ *Steph M. Blacklock* _____ **Date:** 1/27/2025

Procedure:

The Chief Compliance Officer is a full-time employee of the organization for both the Part C and Part D operations. The Compliance Officer works closely with the Plan's Chief Operations Officer who is a subject matter expert in Part D functions to ensure the Plan's PBM has the level of focused oversight to ensure compliance with regulations. Responsibilities included, but may not be limited to:

1. Designing, implementing, operating, and monitoring the Compliance Program including establishing and maintain an effective communications program to ensure that all employees and business partners are aware of the contents and requirements of the Compliance Program (Refer further to the Employee Training P&P PC200)
2. Chairing the Compliance Committee (See Compliance Committee Charter) The compliance officer with the Compliance Committee defines the Compliance Program Structure, Educational Requirements, Reporting, and complaint mechanisms, response and correction procedures, and compliance expectations internal and externally.
3. Contracting investigations, both internally/externally and with an outside SIU vendor to provide specialized expertise in the investigation of suspected fraud, waste or abuse issues or other compliance related concerns. Investigations can include issues identified either internally by Plan Personnel, or externally by business associates, delegated provider entities, vendors, members, local law enforcement, and directly by governmental entities.
4. Ensuring that compliance reports are provided regularly to the Plan senior management and governing body, CEO, and compliance committee. Reports include status of the sponsors Medicare Compliance Program implementation, the identification and resolution of suspected, detected or reported instances of noncompliance, and compliance oversight and audit activities. Updates to work plan implementation are provided to the Committee by designated implementation teams; and functional area reports, including ongoing monitoring and auditing of internal and external FDRs are provided.
5. The Compliance Officer will through the Plan's Committee Structure be aware of daily business activities through interaction and reports provided to the Compliance Committee.
6. The Compliance Officer creates, coordinates by appropriate delegation, if required, educational training programs to ensure the Plan's senior management and governing body, and all staff and FDRs, etc. are knowledgeable about the Plan's compliance program, its written Standards of Conduct, compliance policies and procedures, and all applicable statutory and regulatory requirements. Compliance Officer to work closely with the Human Resources to ensure standards of conduct are updated and disseminated

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properly. The Compliance Officer works with the Compliance Committee to conduct ongoing risk assessments, OIG annual work plan/Elite Health Plan work plan implementation, training initiatives, and new and updated state and federal regulatory requirements.

7. Anonymous reporting can be done through the Fraud Hotline. The firm maintains a Hotline telephone #, email and info on website for individuals to report instances of suspected fraud without fear of reprisal from the company. (Refer to Policy Reporting Potential Issues or Areas of Noncompliance, Fraud and or Abuse PC202). Compliance Officer works closely with any designed Hotline vendors, and the Plan's Special Investigation Units. to respond to any and all accusations of FWA and reports up through the Compliance Officer and the Compliance Committee Structure as appropriate.
8. Ensuring that any potential violations are promptly investigated and addressed. This will include investigating all reports of wrongdoing, with the assistance of the firm that specializes in investigation of suspected fraud and outside counsel as necessary. (Refer to Policy Reporting Potential Issues or Areas of Noncompliance, Fraud and or Abuse PC202)
 - The Compliance officer(s) shall ensure the Board is aware of the fraud program and the outcome of all fraud investigations.
9. Administering appropriate disciplinary action for violations of law and/or corporate policies in conjunction with human resources. (Refer to Policy Reporting Potential Issues or Areas of Noncompliance, Fraud and or Abuse PC202)
10. Perform an assessment of the program, minimally on an ongoing basis, recommending modifications to the Compliance Program based on identified risk areas that are evident from CMS (high risk CMS to plan reporting) or internal audits, CTM's, Grievance and Appeals data, the OIG work plan, FDRs, or areas that appear to have a compliance risk, making modifications as necessary to enhance program effectiveness; requiring corrective action plans for continued monitoring with significant areas of findings;
 - Monitoring compliance key indicators and assisting in the reduction of identified problem areas on the annual risk assessment;
11. Reviewing overall company policies and procedures and ensuring that as changes are promulgated through CMS guidance or rule-making, that departments are updating specialized department policies and procedures timely, to ensure compliance with all applicable rules and regulations within 30 days as required by CMS; and

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11. Overall program components include the Corporate Compliance Committee for triggering work related to new regulations or changes ongoing implementation and review of performance indicators; reports to the Board of Directors on a quarterly basis, or as needed, activities of the Compliance Program The
12. Compliance Officer or Compliance Committee may also raise urgent or serious issues to the Board, as necessary
- a. The Compliance Program and related committee reporting is designed to provide sufficient information and reporting so that each Board member is aware of compliance concerns related to Elite Health Plan’s performance against regulatory standards, and can articulate at a high level actions being taken so they can ensure the overall program effectiveness;
13. Monitoring that individual department heads conduct self-monitoring on a quarterly basis and reporting compliance metrics related to the internal monitoring. Self-monitoring is primarily done using the CMS universes, and Audit Guide and Monitoring Tool, supplemented with updates and changes that occur via HPMS memos or revisions to the CMS manuals. The audit findings are reported in the Plan’s Corporate Compliance Committee or directly to Compliance. Internal Monitoring is tracked within the Elite Health Plan Work Plan.
14. Additionally, as requirements change, department heads will be asked to update their audits to ensure that they are performing self-monitoring based on new, applicable state and federal requirements.
- a. Department Monitoring/Auditing
Internal monitoring/audits will involve an examination of actions that the Plan has taken to comply with all applicable state and federal statutes and regulatory requirements and corporate policies and procedures to detect areas of concern. Department head will develop a plan for those deficient areas to include: actions being taken to bring the department into compliance; individuals responsible for completing the plan; documentation showing compliance via training or other means; and the process used to continually monitor and assure compliance.
- Compliance Oversight
 - Monitoring of key metrics reported

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- Include focused compliance reviews and audits related to areas identified as having either repeat findings or representing significant compliance risk
- Report findings and Actions taken and date of expected compliance as part of the risk assessment process, with summary findings of significant risk areas presented to the board.
 - The board must ensure appropriate resource allocation is made, where necessary to move deficient performance into compliance.

The Compliance Officer has the authority to:

- Interview or delegate the responsibility to interview the Plan's employees and other relevant individuals regarding compliance issues.
- Review company contracts and other documents pertinent to is Medicare business
- Review or delegate the responsibility to review the submission of data to CMS to ensure that it is accurate and in compliance with CMS reporting requirements. All submissions are delegated to the Chief Operations Officer and reviewed for accuracy and issues at the Corporate Compliance Committee and these functions are audited by an independent Data Validation Auditor contracted by the Plan that reports findings annually to CMS.
- Pursue and present for contracting the annual Compliance Program Effectiveness Audit vendor to the Board of Directors
- Independently seek advice from legal counsel.
- Report potential FWA to CMS, its designee or law enforcement
- Conduct and/or direct audits and investigations of FDRs
- Conduct and/or direct audits of any area or function involved with Medicare Parts C or D
- Recommend policy, procedure and process changes.

Resources: CMS Manuals Chapters 9 and 21.

Elite Health Plan Compliance & Anti-Fraud Program

PC202 – Reporting Potential Issues or Areas of Noncompliance, Fraud and Abuse

PC200 - Compliance Program Employee Training

42 C.F.R. 422.503(b)(4)(vi)(B), 423.504(b)(4)(vi)(B)