

POLICY: #903 – Compliance Program Structure and Oversight
(Previous #901.3)

Approved By: 
Chief Executive Officer

SECTION: 900 Corporate Compliance

Approved By: _____
Medical Director (if applicable)

MAINTAINED BY: Compliance Officer

APPLIES TO: OnPoint Board of Directors
 OnPoint Staff
 Contracted Providers
 Other: _____

First Effective: 2/2019

Last Revised: 4/2026

PURPOSE

To outline OnPoint’s Compliance Program structure and oversight responsibilities.

DEFINITIONS

As outlined in OnPoint’s Compliance Policy 901.5 Compliance Related Definitions and Terms

Access via OnPoint Intranet at: [Policies & Procedures - Compliance](#)

Access via OnPoint Website at: [Providers – OnPoint](#)

POLICY

It is the policy of OnPoint to maintain a Compliance Program with an established structure in order to ensure proper oversight responsibilities at the appropriate level within the organization and to ensure communication of issues through proper channels.

PROCEDURE(S)

The OnPoint corporate compliance structure and oversight is as follows:

I. The Board of Directors

- A. Appoints the Compliance Officer
- B. Stays aware of any OnPoint compliance trends and potential threats (e.g., litigation, sanctions) to the organization.
- C. Approves the OnPoint Compliance Program and Plan.
- D. Commits to attending compliance training at least annually.
- E. Maintains open communication with the Compliance Officer. and the compliance functions.
- F. Because the Board of Directors is charged with overseeing the organization's compliance program and its compliance with the requirements under contract, the executive committee shall also serve as the organization's board level compliance committee. The Board Compliance Committee shall include the Organization's Compliance Officer as an advisor.
- G. The Committee shall meet at least quarterly, on a regular basis, at a date and time determined by the committee chairperson.

II. The Chief Executive Officer

- A. Meets regularly with the Corporate Compliance Officer.

- B. Works with the Compliance Officer to maintain a Compliance Committee to work collaboratively with the Compliance Officer and carry out duties as assigned as a member of the Compliance Committee.
- C. Reviews and recommends to the Board the approval of the Compliance Program and Plan.
- D. Stays aware of and informed on important compliance investigations, initiatives, issues, and resolutions.
- E. Supports the efforts of the Compliance program and promotes accountability.
- F. Provides guidance and support to the Compliance Officer.
- G. Ensures sufficient resources (training, budget, staffing, etc.) to support compliance functions to ensure an effective Compliance Program which meets the needs of the agency and minimizes compliance risks to the organization.

III. The Compliance Officer (CO)

- A. Oversees the overall compliance program and monitors its implementation.
- B. The Compliance Officer is responsible for implementing a compliance program that includes and addresses quality and patient safety compliance risks just as they do for any other compliance risk area integral to the entity's health care segment.
- C. Reports directly to the Chief Executive Officer and has a direct line of report to the OnPoint Board Executive/Compliance Committee and/or Board of Directors.
- D. Must be very familiar with the operational practices and compliance activities.
- E. Acts as the chairperson for the Corporate Compliance Committee, directs and coordinates committee activities, develops the Corporate Compliance Program and associated policies and procedures, and delegates responsibilities as appropriate.
- F. Ensures the maintenance of adequate documentation of all investigations.
- G. Oversee compliance training in accordance with regulatory bodies.
- H. Submits reports and maintains open communication with the OnPoint Board Executive/Compliance Committee and/or Board of Directors.
- I. Oversees the initial and annual trainings of OnPoint Personnel, and Contract Provider agencies.
- J. Initiates and oversees compliance investigations, and stays apprised of regulatory requirements from federal, state, and local entities.
- K. Assists with the development, monitoring, and revisions of the OnPoint Risk Management Plan.
- L. Promotes an organizational and network culture which encourages ethical conduct and the reporting of suspected or known violations.
- M. Displays an ongoing commitment to compliance with all laws, regulations, rules, policies, and procedures.
- N. Serves as an agency resource to advise and resolve compliance and ethics issues.
- O. Communicates and coordinates compliance activities with Lakeshore Regional Entity, as necessary.
- P. Maintains a confidential database that includes all alleged and substantiated complaints/issues related to fraud, waste, abuse, and other compliance matters.
- Q. Collaborate with the Privacy and Security Officers and ensure proper tracking and reporting to respective Officers.

- R. Develop productive working relationships with clinical and quality leadership, sharing information and work and advising on compliance matters.
- S. In collaboration with the Director of Quality and Innovation have the resources to conduct quality compliance audits, either individually or in collaboration with Internal Audit or outside resources and be informed about any internal quality audits and incident reviews.

IV. Privacy Officer

- A. Responsible to develop, implement, and accurately maintain appropriate policies and procedures that support the HIPAA privacy requirements, Michigan Mental Health Code, and 42 CFR Part 2.
- B. Coordinate policy and procedure development and maintenance that overlap with the Michigan Mental Health Code Recipient Rights standards with OnPoint's Office of Recipient Rights.
- C. Monitor and analyze privacy alerts and other security communications and ensure adequate follow-up.
- D. Ensures proper investigation of privacy incidents/privacy breaches and ensures adequate follow-up.
- E. Ensures privacy risk assessments are completed.
- F. Keep up to date on federal, state, and regional privacy laws, rules and regulations.
- G. Create, post, and distribute the Notice of Privacy Practices (NPP), and ensure there is a process to record each client's acknowledgment or refusing the NPP is documented.
- H. Develop and implement HIPAA Privacy training.
- I. Member of the Compliance Committee.
- J. Maintains a confidential database that includes all alleged and substantiated complaints/issues related to identified privacy issues and breaches.
- K. Collaborate with the Compliance Officer and ensure proper tracking and reporting to the Compliance Office.
- L. Collaborates and coordinates with OnPoint Security Officer and Recipient Rights Director/Department as necessary.

V. Security Officer

- A. Responsible to develop, implement, and accurately maintain appropriate policies and procedures that support the HIPAA and other applicable security requirements.
- B. Monitor and analyzes security alerts and other security communications and ensure adequate follow-up.
- C. Conduct security risk assessments.
- D. Keep up to date on federal, state, and regional security laws, rules, and regulations.
- E. Investigate security incidents/security breaches and ensure adequate follow-up.
- F. Establish, manage, and enforce the HIPAA Security Rule safeguards and subsequent rules issued by OCR and other that pertain to OnPoint related to HIPAA security.
- G. Address issues related to access controls, business continuity and disaster recovery.
- H. Member of the Compliance Committee.
- I. Maintains a confidential database that includes all alleged and substantiated complaints/issues related to identified security issues and breaches.
- J. Collaborate with the Compliance Officer and ensure proper tracking and reporting to

the Compliance Office.

- K. Collaborates and coordinates with OnPoint Privacy Officer as necessary.

VI. The Corporate Compliance Committee

The Compliance Committee responsibilities are outlined in the Compliance Committee Charter. 903.1 Compliance Committee Charter.

VI. OnPoint Personnel and Contract Provider Expectations

A. OnPoint Personnel and Contract Providers are relied upon to:

1. ensure full compliance within their work, departments, and organization.
2. be knowledgeable of the OnPoint Code of Conduct and Ethics
3. be knowledgeable and aware of how compliance obligations impact their day-to-day business activities and must respond accordingly.
4. successfully complete initial and annual compliance trainings and ensure Contract provider staff successfully complete required compliance trainings.
5. report any suspected or known incident of:
 - a. Fraud, waste, or abuse issues
 - b. Violation of the OnPoint code of conduct
 - c. Violation of contract
 - d. Other compliance issues such as violation of OnPoint policy/procedure, HIPAA issue or potential illegal activity of an OnPoint employee while working.

REFERENCE(S)

1. OnPoint Compliance Plan and Policies
 - a. Access via OnPoint Intranet at: [Policies, Procedures and Guidelines - Home](#)
 - b. Access via OnPoint Website at: [Providers – OnPoint](#)
2. 42 CFR, Parts 400 and 438.608 (Balanced Budget Act) – Program Integrity Requirements
3. The OnPoint Compliance Program is written to be in congruence and in conjunction with Lakeshore Regional Entity Corporate Compliance Plan - [FY26-LRE-Corporate-Compliance-Plan.pdf](#)

ATTACHMENT(S)

903.1 Compliance Committee Charter