



# Corporate Compliance Plan

2019

## APPROVALS

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## Statement of Purpose

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It is the policy of the BABHA Board of Directors to have a Corporate Compliance (CC) Plan in effect, as stated in BABHA policy and procedure [C13-S02-T18 Corporate Compliance Plan](#). The CC Plan is in place to guard against fraud and abuse, and to ensure that appropriate ethical and legal business standards and practices are maintained and enforced throughout BABHA<sup>1</sup>.

Furthermore, the BABHA Corporate Compliance Plan ensures the integrity of the system in which BABHA operates and the culture in which it is served is maintained at the highest standards of excellence, with a focus on business and professional standards of conduct compliant with federal, state and local laws, including confidentiality, compliance with reporting obligations to the federal and state government, and promotion of good corporate citizenship, prevention and early detection of misconduct.<sup>2</sup>

The BABHA Corporate Compliance Plan is reviewed and updated each year.

## Definitions

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BABHA means Bay-Arenac Behavioral Health Authority and all divisions and departments.

Contracted Service Provider means an individual who has an independent contract agreement with BABHA to provide goods or services to BABHA or its consumers, or an organization with such a contract.

CEO means Chief Executive Officer of Bay-Arenac Behavioral Health.

CC is an abbreviation for Corporate Compliance.

CC Officer means Corporate Compliance Officer.

Licensed Independent Practitioner (LIP) means a licensed professional engaged with BABHA through either an employment contract or as a Contracted Service Provider, providing health care services for consumers consistent with their licensure.

Participant means an individual subject to the CC Program. Participants shall include all: Employees, Directors and Officers of BABHA; and all Contractors and Licensed Independent Professionals

Privacy Officer means the individual assigned the responsibility for overseeing the ongoing development of privacy related operations.

PHI is an abbreviation for Protected Health Information, which is comprised of several types of confidential consumer treatment information which is defined as protected under the Healthcare Improvement Portability and Accountability Act.

Security Officer means the individual assigned the responsibility for overseeing the ongoing development and management of security related technological operations.

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<sup>1</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)

<sup>2</sup> CARF Standards: Section 1 Aspire to Excellence: E Legal Requirements: Standard 1

## Policies, Procedures, Standards of Conduct

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BABHA has established written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with applicable Federal and State standards, including but not limited to the False Claims Act (31 USC 3729-3733, the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; and the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005) and the Michigan Whistleblowers Protection Act (PA 469 of 1980).<sup>3</sup>

The policies have been approved by the BABHA Board of Directors in accord with Federal Program Integrity requirements.

### Regulatory Compliance

BABHA maintains a list of Federal and State laws and rules with which the organization must comply. The list is available from the CC Officer. The BABHA Corporate Compliance Committee has also introduced a new regulatory monitoring process for review and disposition of regulatory requirements and maintains a log of regulations and BABHA's assessment of their applicability.

### Medical Records

BABHA maintains an electronic record keeping system to ensure documentation of services delivered is maintained in a manner that is consistent with the provisions of the Michigan Medical Services Administration Policy Bulletins and the Michigan Medicaid Manual, and appropriate state and federal statutes. BABHA requires clinical service delivery records to document the quantity, quality, appropriateness and timeliness of services provided. Clinical contracted service providers (including Licensed Independent Practitioners) are required to either utilize the BABHA electronic medical record keeping system or establish and maintain a separate comprehensive individual service record system. At a minimum clinical contracted service providers are required to scan (or provide for scanning by the BABHA) Records Specialist) key documents into the BABHA electronic health record (EHR). See BABHA policy and procedure [C04:S10: T01 Clinical Documentation](#) and [C13:S02: T19 Date of Signature](#) for more information regarding BABHA record keeping standards.

BABHA policy and procedure [C13-S02-T03: Document Retention and Disposal](#) outlines BABHA's strategies to comply with retention schedules in place by the State of Michigan.

### Prohibited Affiliations

BABHA has an active program to protect the organization from knowingly having a relationship with individuals debarred, suspended or otherwise excluded from participation in Federal procurement activities and healthcare programs such as Medicare.<sup>4</sup> The program also ensures BABHA does not knowingly have relationships with individuals excluded from participation in Medicaid, or any other state healthcare program.

BABHA policy and procedure [C13-S02-T11 Prohibited Affiliations and/or Exclusions or Convictions](#) outlines BABHA's monitoring and response program. The program covers BABHA's Board of Directors, CEO and

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<sup>3</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(i)

<sup>4</sup> Managed Care Rules: 438.610 Prohibited Affiliations

employees, as well as contracted service providers (including Licensed Independent Practitioners), vendors and suppliers.

Federal exclusion/ debarment registries are checked monthly for BABHA Board of Directors, Officers (i.e., senior managers), employees, licensed independent professionals and clinical contracted service provider organizations, CEO's and key prescribers. BABH also checks non-clinical vendors with significant transactions with BABH and declared co-owners of contracted entities as appropriate.

In 2015 BABHA entered into a contract with a vendor to facilitate reviews of the registries monthly. BABHA requires providers to declare ownership and control interests and monitors these individuals concurrently with the aforementioned providers and BABHA personnel. Members of the BABHA Board of Directors, the BABHA CEO and new employees sign attestations of their compliance with these requirements and commit to notifying BABHA of any changes in status including criminal convictions.

Clinical contracted service provider organizations are required to perform initial and monthly checks for exclusion/debarment and criminal convictions for their employees and relevant subcontractors, if any.

Criminal background checks are completed for BABHA employees upon hire and every two years thereafter. Abuse registry checks are completed for persons working with children. Contracted service providers are required to comply with the criminal background checks. The abuse registry checks are being added to contract requirements for providers service children.

## Privacy and Security

BABHA has policies and procedures in place to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) for confidentiality of health care records, 42 CFR PART 2 for confidentiality of substance abuse treatment records and state laws governing the confidentiality of mental health and substance use disorder (SUD) treatment records and HIV/AIDS information. The policies and procedures cover protected health information (PHI) and substance use disorder treatment information generated, received, maintained, used, disclosed or transmitted by BABHA and its contracted service providers (including Licensed Independent Practitioners).

BABHA's Agency Manual Chapter 9, Information Management, contains the organization's HIPAA Security, Transaction and Code Set Rule compliance strategies. Privacy and confidentiality strategies are addressed in Chapter 13, Corporate Compliance, Section 1.

Contracted service provider organizations which are not covered entities for purposes of HIPAA compliance are required by BABHA to follow privacy and security provisions as defined in the MDHHS Medicaid Managed Specialty Supports and Services Contract and sign a HIPAA Business Associate and Qualified Service Organization Agreement.

## Standards of Conduct<sup>5</sup>/ Operating Philosophy and Ethical Guidelines

BABHA has written Standards of Conduct and an Operating Philosophy and Ethical Guidelines for employees and Licensed Independent Practitioners to clearly delineate BABHA's institutional philosophy and values concerning

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<sup>5</sup> Managed Care Rules: 438.608 (a)(1)(i) Program Integrity Requirements

compliance with the law, government guidelines and ethical standards applicable to the delivery of behavioral health care. BABHA operates an Ethics Committee to provide guidance to staff regarding ethical dilemmas.

The BABHA Director of Human Resources prepares and reviews/ revises the Standards of Conduct/ Operating Philosophy and Ethical Guidelines, as appropriate. The Standards of Conduct/Operating Philosophy and Ethical Guidelines are submitted to the Strategic Leadership Team, CEO and BABHA Board for consideration and approval.

A copy of the Standards of Conduct/Operating Philosophy and Ethical Guidelines is distributed to all employees as part of the new employee orientation process and is also available to staff on the BABH intranet site. It is posted for contracted service providers through the provider section of the BABH website. Changes to the Standards are communicated to all staff via the policy/ procedure/ plan educational system.

Policy topics in the BABHA Agency Manual related to Standard of Conduct reside in Chapter 7: Human Resources and include (but are not limited to): Licensure and Certification Renewal, Employee Discipline, , Employee Handbook, including sections addressing Non-Discrimination, Recruitment, Selection and Appointment, Driving Record, Termination of Service, Standards of Conduct, Standard Practices, Grievance and Drug-free Workplace.

### [Ethics Committee](#)

BABHA operates an Ethics Committee chaired by the Director of Human Resources, which is a sub-committee of the BABHA Corporate Compliance Committee. The Ethics Committee is responsible for serving as a forum for the review and analysis of ethical dilemmas. The Committee also oversees BABHA standards for ethical conduct, including establishing policies and procedures to enhance the organization's responsiveness to internal and external customers with respect to the ethical dimensions of managing, coordinating, and providing community-based behavioral health services. The Ethics Committee is responsible for promoting staff understanding of ethical concerns in contemporary behavioral health care, including ongoing education.

The Ethics Committee is comprised of representatives from the major departments and programs of BABHA, as well as subject matter experts, internal and external to the organization. The Ethics Committee reports through the Corporate Compliance Committee as well as through the BABHA senior Leadership Team. The Director of Human Resources has direct access to the CEO to address issues that overlap with personnel management and the Corporate Compliance Officer in the event of ethics issues that coincide with corporate compliance concerns.

The Ethics Committee meets twice per year, with additional meetings called on an ad hoc basis as needed for case review. Employees can submit an ethical question for consideration by the Committee. An Ethicist is on contract for consultation with the Committee as needed.

Duties of the Committee include but are not limited to:

- Assisting with annual updates of the BABHA Standards of Conduct/Operation Philosophy and Ethical Guidelines as appropriate.
- Concerns raised by staff and leadership of BABHA that are not determined to involve regulatory compliance will typically involve a conflict of interest or ethical dilemma. The Ethics Committee is responsible for serving as a forum for review and analysis of ethical dilemmas. The Committee analyzes ethical dilemmas, consults with an Ethicist as necessary, and provides feedback/ recommendations to the individual who submitted the issue for consideration.

- Assisting the Director of Human resources with overseeing BABHA standards for ethical conduct, including establishing policies and procedures to enhance the organization’s responsiveness to internal and external customers with respect to the ethical dimensions of managing, coordinating, and providing community-based behavioral health services.
- The Ethics Committee is responsible for promoting staff understanding of ethical concerns in contemporary behavioral health care, including ongoing education.

## Program Integrity Requirements for Clinical Contracted Service Providers

BABHA requires clinical contracted service providers (including Licensed Independent Practitioners) to adhere to Federal and State requirements regarding guarding against fraud and abuse, and complying with applicable regulatory requirements and standards, as outlined in BABHA policy and procedure C13-S02-T16 False Claims.

Organizational (clinical) contracted service providers are further required to implement and maintain written policies, procedures and standards of conduct, appropriate to the type and scale of the Provider agency, that articulate the organization’s commitment to comply with federal and state program integrity requirements, including provisions for monitoring for exclusion and debarment from participation in state and federal health care programs.<sup>6</sup>

The required program integrity elements are communicated to the providers through contractual requirements. Compliance by contracted service providers is monitored by BABHA during site reviews.

## Compliance Officer and Compliance Committees

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The BABHA CEO has designated a Compliance Officer<sup>7</sup>. The BABHA Board of Directors has established a regulatory Compliance Committee and the CEO has a regulatory Compliance Committee at the senior management level.<sup>8</sup>

### Corporate Compliance Officer

The CEO appoints the Corporate Compliance Officer. The CC Officer reports to the CEO for purposes of the CC program. The CC Officer also has the authority to address compliance concerns with the Chair of the BABHA Board of Directors and the Health Care Improvement and Compliance Committee of the Board of Directors. The CC Officer has direct access to the BABHA Chief Financial Officer for consultation, as well as to specialized legal counsel of BABHA.

The CC Officer is responsible for the following:

- Developing and operating the CC Program; reviewing/ revising the CC Plan annually as necessary to meet changes in the regulatory and business environment;
- Reviewing and revising as necessary BABHA policies, procedures and practices governing corporate compliance, privacy and confidentiality; and ensuring the Security Officer reviews and revises as necessary BABHA policies and procedures governing security;

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<sup>6</sup> Managed Care Rules: 438.608(a)(6)

<sup>7</sup> Managed Care Rules: 438.608(a)(1)(ii)

<sup>8</sup> Managed Care Rules: 438.608(a)(1)(iii)

- Chairing the CC Committee or appoint a designee; and maintaining meeting records;
- In consultation with the CC Committees as needed, preparing and implementing an education plan, to include Board members, senior management, all other employees and contracted service providers (including Licensed Independent Practitioners), as appropriate; including performance of new employee orientation;
- Identifying new Federal and State Acts, Regulations or Advisories relative to corporate compliance, fraud and abuse prevention, privacy, security and identity theft for which BABHA must comply; assisting with identifying other regulatory requirements; reviewing, analyzing and assisting with the development of strategies to comply.
- Maintaining effective lines of communication, including monitoring and responding to calls received on the Corporate Compliance Hot-Line or via other methods of communication;
- In conjunction with the CC Committee, establishing a system and schedule of routine monitoring activities (see Attachments for Monitoring Plan template) and ensuring follow-up activities are completed;
- In conjunction with the CC Committee, ensuring HIPAA Security and Fraud/ Abuse compliance risk assessments are conducted in accord with the monitoring plan and findings are addressed;
- Promptly investigating potential compliance and privacy issues discovered through monitoring/ auditing activities and disclosures by employees and contracted service providers (including Licensed Independent Practitioners); includes mitigation and remediation; maintaining investigative files; ensuring the Security Officer promptly investigates, mitigates, remediates and reports as required any security incidents;
- Working with the CFO to ensure prompt repayment of any overpayments identified through the corporate compliance program, including suspension of payments;
- Communicating reportable fraud/ abuse issues to payers and state authorities prior to investigation if required;
- Maintaining a log of compliance issues, whether substantiated and remedial actions;
- Maintaining breach logs and reporting to HHS and regional/state payers as required on an annual basis;
- Working with legal advisers to develop and issue HIPAA Privacy Notices for use by BABHA Clinical programs and contractors;
- Working with legal advisers and BABHA contract managers to develop and issue Business Associate Agreements;
- Ensuring disclosures of protected health information are logged by Medical Records staff as required by HIPAA; and
- Prepare and complete reports to the CEO and BABHA Board of Directors on the activities of the CC Program.

## Corporate Compliance Committees

The BABHA Board of Directors Health Care Improvement and Compliance Committee (HCICC) is the compliance committee of the Board. The HCICC Committee's duties include overseeing the BABHA Corporate Compliance Program by reviewing and approving the BABHA Corporate Compliance Plan and receiving regular reports of organizational activities to guard against fraud and abuse. The Corporate Compliance Officer formally reports

on Corporate Compliance Program activities to the BABHA Board of Directors at least once per year with monthly updates provided at each meeting.

The BABHA Board of Directors also has an Audit Committee, which helps ensure the fiscal integrity of the organization through internal controls and practice up to and including inspection of disbursements, paid health care claims and financial statements. The Committee also arranges for an independent audit, review the Financial Statement Audit and Compliance Audit and recommend appropriate actions.

In addition to the Board Committees and the Ethics Committee, BABHA operates a Corporate Compliance Committee comprised of members of senior management and key subject matter experts. The Committee is chaired by the Corporate Compliance Officer. The Corporate Compliance Committee is responsible for all matters related to the legal and regulatory requirements of BABHA operations as it relates to contractual compliance, HIPAA privacy and security, and guarding against fraud and abuse of state and federal healthcare funds.

Duties of the Committee include but are not limited to the following:

- Assist the CC Officer in the ongoing development and operation of the CC Program,
- Perform fraud and abuse risk assessments, identify focus areas, conduct any necessary audits and self-review and develop compliance program improvement priorities,
- Assess existing policies and procedures in the identified risk areas for incorporation into the CC Program and develop new policies and procedures as needed,
- Assist the CC Officer with systems level remediation and mitigation of substantiated compliance issues, where appropriate,
- Assist in the monitoring of new laws and regulations and the development of strategies to comply,
- Assist with the review of internal and external monitoring and auditing activities to ensure that efforts are appropriate to provide assurance of compliance,
- Ensure routine monitoring occurs as scheduled and findings are responded to, as assigned to the Committee via the Corporate Compliance Plan.

Committee membership is comprised of the following staff roles within the organization:

- HIPAA: Security and Privacy Officers
- Finance (including Claims) Management: Finance Manager
- Regulatory Compliance and Accreditation: Corporate Compliance Officer, Quality Manager, Records Specialist, Quality/Compliance Coordinator and Secretary (Committee Recorder)
- Contracting: Contract Administrator
- Clinical Practices: Directors of Integrated Care, Clinical Practice Manager
- Ethics and Personnel: Director of Human Resources
- Recipient Rights: Customer Service/ Recipient Rights Manager

The Committee reports through the BABHA Corporate Compliance Officer to the CEO. The Committee membership includes several members of the BABHA senior management, who likewise have access to the CEO and can speak to compliance concerns of the agency. The CC Committee meets 9-12 times per year. Meeting records are maintained by the Secretary member of the Committee.

## Training and Education

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BABHA has established an effective training and education program for its Board of Directors, senior managers, Compliance and HIPAA officers, employees and clinical contracted service providers (including Licensed Independent Practitioners)<sup>9</sup>. All training is documented via employee training records, various meeting records and Corporate Compliance Activity Reports. The current BABHA [Corporate Compliance Education Plan](#) is attached to this document. The Corporate Compliance Officer maintains a [Corporate Compliance Education Log](#), which is also attached.

### Board of Directors

Members of the BABHA Board of Directors are oriented to the corporate compliance program at the start of their first term. The Board of Directors also receives an annual training on corporate compliance requirements, including information regarding how to report compliance concerns. The Board of Directors does review and approve the Corporate Compliance Plan each year and receives reports on the status of the program. Contemporary compliance issues, such as new Medicaid and Medicare regulations, Office of Inspector General enforcement actions and federal/state compliance program standards are included on the Board of Directors Health Care Improvement and Compliance Committee agendas as warranted to keep the members abreast of changes in the compliance environment.

### Employees<sup>10</sup>

New employees are oriented to the compliance program and privacy/ confidentiality requirements within 30 days of hire. All employees receive an annual corporate compliance and privacy/ confidentiality training update. Training content includes but is not limited to the Standards of Conduct/Operating Philosophy and Ethical Guidelines and appropriate reporting mechanisms (e.g., the Corporate Compliance “Hot-line”, etc.). Employee orientation and training updates also cover the False Claims Act (31 USC 3729-3733), the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; and the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005), the federal False Claims Act (31 U.S.C. §§ 3729–3733) and the Michigan Whistleblowers Protection Act (PA 469 of 1980). Training content is updated regularly to reflect relevant content from the BABHA Corporate Compliance Plan.<sup>11</sup>

As compliance or privacy/ confidentiality concerns arise throughout the year or as they are identified as through priorities defined in the BABHA CC Plan, educational communications are issued to employees. This includes intranet site announcements, and discussion of topics at Strategic Leadership Team meetings, Prescriber Meetings, or Agency Supervisors’ Meetings.

### Contracted Service Providers<sup>12</sup>

Contracted clinical service provider agencies are required to follow program integrity requirements as applicable (see the policy section of this document). Adherence is monitored via on-site compliance reviews by the BABHA

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<sup>9</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(iv)

<sup>10</sup> CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

<sup>11</sup> CARF Section1: Aspire to Excellence; Section A Leadership; Standard 7 (requires training of personnel on the corporate compliance plan)

<sup>12</sup> CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

Quality and Compliance Coordinator. Site review templates are updated as needed and are reviewed with the CC Committee to ensure all regulatory requirements and standards are included.

Individuals (including Licensed Independent Practitioners) who are contracted with BABHA to provide clinical services receive an orientation to the BABHA Compliance Program and the Operating Philosophy and Ethical Guidelines. They sign an attestation to the completion of the orientation.

Clinical contracted service provider organizations are kept abreast of relevant current risk areas and trends as necessary via email communications and discussion during periodic primary, residential and vocational provider meetings, as well as Prescriber Planning Meetings. An annual training is completed by the BABHA Corporate Compliance Officer for primary clinical contractors, vocational and residential service providers. In 2019 a new Autism Provider meeting series will be started. The BABHA Compliance Officer will begin providing training and topical information regarding current risk areas and trends for this new provider group.

Training materials on Corporate Compliance, Privacy/Security and other topics, as well relevant BABHA policies and procedures are posted to the BABHA website in a Provider section for access by contracted service providers.

### Corporate Compliance Officer, Security Officer, Privacy Officer, CC Committee

The Corporate Compliance Officer, HIPAA Officers and various other senior managers and key staff of BABHA subscribe to Federal and State list-serves which provide alerts regarding emerging regulatory requirements. BABHA also takes advantage of available governmental guidance and technical websites for the operation of Medicaid and Medicare program integrity programs and maintenance of HIPAA regulatory compliance.

BABHA contracts with legal counsel with extensive healthcare experience and regularly seeks opinions and other educational guidance regarding general compliance and privacy issues. The Officers also attend conferences and webinars on compliance, security and privacy concerns as available and if cost effective. Changes to state contractual program integrity requirements for 2019 will no longer permit Compliance Officers to be just 'self-trained'. Many compliance related trainings in the marketplace are cost prohibitive. BABHA will seek to identify additional cost-effective training opportunities.

Occasionally CMHSP and PIHP CC Officers will gather to share expertise, which BABHA representatives attend as feasible. A new Regional Compliance Officers meeting for MSHN has been initiated which will offer a forum for communication of MI Office of Health Services Inspector General guidance regarding preventing and detecting fraud and abuse.

The Corporate Compliance Committee stays informed by reviewing changes to program integrity regulations for Medicaid, Medicare and other state health care programs, federal Office of Inspector General's Compliance Work Plans and federal program integrity guidance materials. The Committee reviews new laws and regulations from the federal and state government, and attorney general opinions, on an ongoing basis.

## Lines of Communication

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Effective lines of communication are in place between the compliance officer and the organization's employees<sup>13</sup>. BABHA operates a hot-line for consumer, employee, provider and contracted service provider

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<sup>13</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(v)

reporting of compliance and privacy/ security concerns. BABHA's policy and procedure [C13-S02-T01 Internal Reporting \(Hot-LINE\) and Response for Suspected Fraud, Waste and Abuse](#) describes the purpose and procedure for the hot-line and other reporting provisions. The current BABHA Corporate Compliance Hot-Line Poster is attached to this plan.

Revisions to the state contract for Medicaid services for FY19 require the dissemination of addresses and toll-free numbers for reporting fraud, waste and abuse to all BABH sub-contractors. The information will be added to training materials. The BABHA hotline poster has been updated to include Mid-State Health Network and state MDHHS Office of Inspector General (MIOHSIG) contact information. The revised poster will be posted to all BABHA waiting, conference and break rooms, and given to all contracted service providers for posting.

Employees and contracted service providers (including Licensed Independent Practitioners) have direct access to the BABHA Corporate Compliance Officer via phone, email and in person, both for consultation regarding compliance strategies and for reporting of suspected fraud and abuse, or privacy and security concerns.

Compliance activity is reported to the BABHA Board of Directors, as well as the Corporate Compliance Committee, which includes representatives from senior management. The BABHA Corporate Compliance Officer attends Agency Leadership and contracted service provider meetings (vocational, residential/CLS and primary provider, to include Autism providers in 2019) to receive and respond to compliance related issues.

Information regarding the Corporate Compliance Hot-Line and how to contact the BABHA Privacy Officer are included in the handbook provided to individuals receiving BABHA services. An interpreter would be made available to individuals with limited English proficiency if needed.

BABHA policy and procedure [C13-S02-T02 Non-Retaliation/ Non-Retribution](#) reflects BABHA's commitment to ensuring individuals reporting fraud/abuse or privacy/ security concerns are not subject to retaliation or retribution.

## Disciplinary Guidelines

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BABHA's corporate compliance related standards are communicated to staff and clinical contracted service providers (including Licensed Independent Practitioners) through the Corporate Compliance education program outlined in this plan, including disciplinary guidelines and provisions for adverse contract action<sup>14</sup>.

### Employees

In addition to the corporate compliance and privacy/ confidentiality education afforded new and existing employees, employees are informed of expectations for their compliance with regulatory requirements and standards via document-specific education on new and revised BABHA plans, policies and procedures. This includes education on the Corporate Compliance Plan, corporate compliance policies and procedures, and privacy and security policies and procedures.

Employees are educated at least annually regarding BABHA compliance, privacy and security related policies and procedures, which include the obligation to report suspected fraud, waste, abuse and privacy/security

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<sup>14</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vi)

violations, to report criminal convictions, as well as the protections available to individuals who are whistleblowers.

Employees directly responsible for fraud, abuse and privacy/security violations, as well as those who assisted, facilitated or ignored a violation, are subject to disciplinary action. Disciplinary action is commensurate with the severity of the offense and occurs at the discretion of the CEO in consultation with the Director of Human Resources and the involved supervisor. All disciplinary action is applied in accordance w/ BABHA human resources policies/ procedures.

The following disciplinary guidelines are communicated to staff:

- Employees may be suspended with or without pay during an investigation
- For minor violations employees may be subject to verbal/written warnings
- For more severe violations employees may be subject to significant disciplinary action including suspension and/or termination of employment
- Considerations may include:
  - Inaccurate or incomplete documentation
  - Unsigned or missing documentation
  - Deliberately fraudulent service documentation
  - Failure to maintain continuous licensure, registration or certification
  - Falsification of licensure or certification
- Discipline may also be applied to employees who assisted, facilitated or ignored a fraud and abuse, including supervisory and senior management staff

Provisions for disciplinary action are outlined in the BABHA Agency Manual and the BABHA Employee Handbook. Each employee receives a copy of the Employee Handbook at the time of hire. The handbook and all agency policies, procedures and plans are posted on the agency intranet site, accessible by all employees. Records of disciplinary actions are maintained in human resources records.

See the section on External Reporting for discussion of potential additional adverse action against licensed and registered professionals.

## Contracted Service Providers

The contract boilerplate language outlines contract remedies for failure to comply with the terms of the contract, such as substantiated privacy/confidentiality or security violations, and fraud or abuse involving state or federal healthcare funds, as follows:

- Require a plan of correction together with status reports and/or additional oversight by BABHA;
- Suspension of payments;<sup>15</sup> or
- Termination of the contractual agreement.

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<sup>15</sup> Managed Care Rules: 438.608(a)(8)

For purposes of example only, the following is a non-exhaustive list of compliance or performance issues for which BABHA may take remedial action to address repeated or substantial breaches, or patterns of non-compliance or substantial poor performance:

- Reporting timeliness, quality and accuracy;
- Performance Indicator Standards;
- Repeated Site Review non-compliance (repeated failure on same item);
- Failure to complete or achieve contractual performance objectives;
- Substantial inappropriate denial of Services required under this Agreement or substantial Services not corresponding to condition. Substantial can be a pattern, large volume or small volume, but severe impact;
- Repeated failure to honor appeals/grievance assurances;
- Substantial or repeated health and/or safety violations;
- Failure to adhere to training requirements and timelines for completion;
- Failure to complete required documentation for each service provided; and/or
- Failure to comply with prohibitions regarding exclusion, suspension or debarment from state and/or federal health care programs.

Adverse contract action is documented in contract files for each provider by the Finance Department. See the section on External Reporting for discussion of potential additional adverse action against contracted licensed and registered professionals and organizations.

## Monitoring and Auditing<sup>16</sup>

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BABHA has an active internal prevention, monitoring and auditing program<sup>17</sup>. The Attachments to this Plan include the current BABHA Compliance Committee Data Monitoring Plan. The Monitoring Plan is used by the CC Officer and Committee to define monitoring activities. The Monitoring Plan changes frequently based upon reporting timelines, results of ongoing environmental assessment activity and periodic risk assessments, and the availability of information. Copies of current and previous monitoring schedules are maintained by the CC Officer and are available for review.

BABHA's monitoring program includes methods to verify, by sampling or other methods, whether services that have been represented to have been delivered were received by the individuals whom BABHA intends to serve.<sup>18</sup> BABHA applies the verification process on a regular basis (see BABHA policy and procedure C13:A02:T20 Service Event Verification and Restitution) and participates in twice yearly verification activities by its regional payer. Monitoring activities include but are not limited to:

1. Privacy and Security
  - a. Electronic Health Record monitoring for use of "break the glass" feature in the role-based security system
  - b. Security risk assessment (annual)
  - c. Scan of shared/ group network drives for exposure of PHI

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<sup>16</sup> CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

<sup>17</sup> Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vii)

<sup>18</sup> Managed Care Rules: 438.608(a)(5)

- d. Monitoring the network for security breaches
  - e. Completion of Business Associate (or Qualified Service Organization Agreements, if applicable) for non-covered entities (relative to HIPAA) or non-licensed service providers (relative to substance use disorder services)
2. Fraud and Abuse
- a. Fraud and abuse risk assessment (bi-annual)
  - b. Annual financial compliance audits
  - c. Record reviews to verify Medicaid service claims and data mining priorities for service claims which do not meet coding and billing criteria
  - d. Checks for sanctioned, excluded or debarred employees, directors/ officers, contracted service provider CEO's or their owners
  - e. Human Resource checks for maintenance of professional licensure or registration by clinical staff and prescribers
  - f. Verification of specialized residential provider Adult Foster Care Licensure
  - g. Maintenance of Medicaid waiver enrollment certifications and minimum service requirements (Habilitation and Support Waiver program, Autism benefit, etc.)
  - h. Service claim audits for potential recoupment of Medicaid funds
3. General Compliance
- a. On-site reviews of organizational contracted service providers against contract requirements per a defined annual schedule, including record reviews (see BABHA policy and procedure [C04-S12-T35 Site Reviews.](#))
  - b. Quality Record reviews for direct operated programs, including verification of:
    - i. documentation of medical necessity including diagnostics and clinical assessments;
    - ii. completion of annual ability to pay assessments;
    - iii. Proper qualification of clinical staff for services rendered;
    - iv. the presence of physician orders for Medicaid services for which orders are required;
    - v. presence of a properly completed and signed plan of service, including signature by clinician, consumer or parent/ guardian as required; and
    - vi. Coordination of care with primary care physician.

BABHA compliance staff run routine compliance monitoring reports for clinical supervisors and team leader self-review. (See the attached Data Monitoring Plan and Supplemental Compliance Reports). Record reviews and corrections to documentation are completed as needed.

System barriers to compliance identified are addressed by quality and compliance staff in conjunction with clinical leadership. If compliance errors (not due to system errors) are not resolved within a reasonable timeframe, the Supervisor develops a corrective action plan.

Fraud/abuse risk areas for routine monitoring are identified by the Corporate Compliance Officer in collaboration with the BABHA Corporate Compliance Committee based on previous compliance concerns, state and federal priorities and identified risk areas. Monitoring reports are received by the CC Committee and corrective action taken as necessary.

BABHA electronic health record has various quality and compliance reports available to line staff users and their supervisors. BABHA has developed additional monitoring reports which will be published on a monthly and quarterly basis beginning in 2017 to assist line staff and leadership with ensuring regulatory compliance. This is

in addition to signing of clinical documents by supervisory staff and the data quality checks that are performed monthly and quarterly by primary case holders, supervisors, quality and state reporting staff to ensure data is complete and meets logic tests prior to submission to either regional or state entities.

BABHA also emphasizes prevention of fraud and abuse by limiting the service codes which can be used by employees and contracted service providers (including Licensed Independent Practitioners) to those which are relevant to their scope of work and credentials, as applicable. The electronic health record and its billing engine include extensive business rules which work to preclude as many billing errors as possible. Service authorization parameters and packages or bundles are employed to minimize the risk of abuse as much as feasible without adversely impacting person-centered planning by consumers served. Further information regarding BABHA claims management controls are outlined in the C08 Fiscal Management, Section 7 – Claims, of the BABHA policy and procedure manual.

## Environmental and Risk Assessments<sup>19</sup>

BABHA CC Officer and CC Committee members monitor the environment on an ongoing basis to identify new or emerging compliance requirements. The Officer and members participate in various list-serves and attend statewide and regional meetings, conferences and webinars.

The CC Officer, with assistance of the CC Committee, reviews the risk or focus areas identified in the Office of Inspector General (OIG) for the United States Department of Health and Human Services Work Plan, the Michigan Office of Health Services Inspector General (MIOHSIG) Recovery Audit Contractor Approved Scenarios, if any, as well as any other priority compliance or risk areas communicated by the Michigan Office of Health Services Inspector General or the Mid-State Health Network.

In addition, BABHA identifies themes in the results of its data/monitoring activities for reimbursement trends, prior audit findings, and internal record reviews to identify other areas of potential risk. The BABHA CC Committee members, as well as the BABHA PI Council, complete compliance related self-reviews (i.e., desk reviews) as required and participate in on-site audits and reviews.

A security risk assessment is completed which reviews existing BABHA technological, administrative and other safeguards to ensure compliance with HIPAA requirements.

A bi-annual BABHA fraud and abuse Risk Assessment is completed by the Corporate Compliance Committee. The assessment involves tracing BABHA's workflows for generation of service claims from contact with the person served to the submission of claims file to payers to assess and mitigate weaknesses in fraud/abuse protections. The Risk Assessment evaluates the likelihood of fraud and abuse occurring and potential impact on the organization should it occur. Workflows for both direct operated and contracted services are evaluated.

These activities result in corrective action planning to reduce risk and response to changing expectations in the external compliance environment. The BABHA Fraud and Abuse Risk Assessment template is attached to this plan.

The results of such reviews, on-site audits and CC data/monitoring activities are incorporated into BABHA policies, procedures and practices as necessary, and/or added to the CC data/ monitoring schedule for further

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<sup>19</sup> CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

oversight by the CC Committee. Findings from the risk assessments are also included in the Corporate Compliance Plan evaluation of plan effectiveness and priorities.

## Response and Corrective Action

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BABHA has policies and procedures which provide for prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (including any required coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence and ongoing compliance with requirements.<sup>20</sup>

### Investigations

BABHA policy and procedure C13-S02-T22 Complaint Investigations provides detail regarding BABHA investigation strategies. The BABHA Corporate Compliance Fraud/Abuse Report template is attached to this plan.

In general terms, the CC Officer oversees the prompt and thorough investigation of any report, in coordination with the HR Department and/or management structure as appropriate, as made through the CC Program. Suspected fraud and abuse of Medicaid funds is reported prior to investigation to the Mid-State Health Network, Michigan Department of Community Health and the Michigan Office of Health Services Inspector General per contract requirements. The MIOHSIG now has a reporting form which must be used. The CC Officer may delegate specific investigative tasks to the appropriate department, supervisor or legal counsel, if necessary. This delegation may be done generally or on a case-by-case basis, at the CC Officer's discretion, in consultation with the CEO, if appropriate.

Each investigation includes the gathering and preservation of relevant documents and identification and interviewing of employees, recipients of services and/or contracted service providers (including Licensed Independent Practitioners) who may be able to provide pertinent information, as warranted. However, any investigation which overlaps with potential Recipient Rights violations or Customer Service appeals, grievances, local dispute resolutions or complaints are coordinated with the relevant officials within BABHA. The BABHA CC Officer may use reports and interviews from those functions as a basis for determination of whether fraud/abuse or a privacy/ security concern will be substantiated, to minimize the impact of investigations on the involved parties.

The BABHA CC Officer maintains a compliance log (and documentation files where warranted) of CC related issues and their disposition, including privacy, security, fraud and abuse concerns.

### Corrective Action

Each investigation is documented, including information about the issue or incident, conclusions reached and the recommended corrective action, where such action is necessary. The CC Officer, or appropriate

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<sup>20</sup> Managed Care Rules: 438.608(b)(7) Program Integrity Requirements

management personnel responds to the reporting party, as appropriate and to the extent reasonably possible, regarding the status of the investigation and any corrective action taken.

Corrective actions are geared to mitigate the impact of the issue or incident, remediate the error(s), and prevent future occurrence if possible. Steps taken range from employee education or training, consultation with contracted service providers, revision of policies, procedures, or contract boilerplate, revision of electronic health record functionality, service claim recall, reporting and reporting recoupment of over-payments, disciplinary action against employees and adverse contract action against contracted service providers (including Licensed Independent Practitioners), as previously described in this Plan.

#### [Claims/Over-Payment Recoupment and Voiding of Encounters](#)

Recoupment of Medicaid, Medicare and other state/federal healthcare related over-payments for fraudulent or erroneous service claims from contracted service providers (including Licensed Independent Practitioners) are handled by the Chief Financial Officer and addressed in BABHA financial policies. The CFO or designee also manages the voiding of encounters and any cost write-off or repayment that may be required for substantiated fraud or abuse by BABHA employees which may have resulted in an excessive or erroneous service claim. Recoupments are tracked on the BABHA Corporate Compliance Log by the CC Officer.

Providers are required to agree to a repayment strategy, to the satisfaction of the CFO. The CFO, in consultation with the CEO as necessary, determines whether contracted service providers (including Licensed Independent Practitioners) will be subject to additional action, such as being turned over to collection agencies, if they fail to meet repayment obligations.

#### [Other Corrective Action and Enforcement](#)

BABHA works with the Michigan Office of Health Services Inspector General, and other governmental entities at the state and federal level which hold civil and criminal enforcement authority under Medicaid, Medicare and other state/federal healthcare program integrity related statutes. Corrective action plans are also coordinated with the Michigan Department of Health and Human Services and Mid-State Health Network in accord with contract requirements.

## Compliance Reporting

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BABHA requires employees and providers to report to the CC Program and the CC Program must submit required information to its payers. The CC Program endeavors to be accessible and consultative to stakeholders.

#### [Employee/ Contracted Service Provider Guidance and Reporting](#)<sup>21</sup>

BABHA employees are required to report to the CC Officer and their Supervisor any suspected fraud/ abuse or privacy/security violation. BABHA policy and procedure [C13-S02-T01 Internal Reporting \(Hot-LINE\) and Response for Suspected Fraud, Waste and Abuse](#) provides more information about such provisions. New employees are advised of this requirement during their orientation and other employees are reminded during

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<sup>21</sup> CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

annual training updates. Reporting obligations are cited in the contract boilerplate for contracted service providers (including Licensed Independent Practitioners).

Board members sign an attestation indicating they agree to report any criminal charge or conviction related to Medicaid, Medicare and any other Federal/State Healthcare Program, as well any other crime involving the delivery of a healthcare item or service.

Through the contractual agreement, provider agencies and licensed independent practitioners agree to report to BABHA any suspicion or knowledge of fraud or abuse and to fully cooperate with investigations. Providers are required to immediately report to BABHA any invalid claims and/or overpayments for correction. Also, providers agree to immediately notify BABHA with respect to any inquiry, investigation, sanction or otherwise from the Office of Inspector General (OIG).

Employees and contracted service providers (including Licensed Independent Practitioners) are encouraged to utilize the CC Program as a source of consultation and guidance regarding compliance related questions. Technical assistance is offered by the CC, Privacy and Security Officers to the maximum extent possible as questions arise and when investigations occur. The CC Officer meets face-to-face with each new employee during new employee orientation and participates in face-to-face meetings with key contracted service providers.

CC and other agency policies, procedures and documents are designed to encourage and facilitate regulatory compliance. As an example, the business rules embedded in the electronic health record are narrow, limiting an employee's ability to make wrong choices. BABHA has dedicated staff to verify service claims and communicates regularly with contracted service providers (including Licensed Independent Practitioners) regarding questionable or erroneous claims.

(See [Lines of Communication](#) for additional information).

## External Reporting

As noted earlier, BABHA is required to report potential fraud and abuse occurrences which warrant investigation to Mid-State Health Network, and ultimately to the Michigan Department of Community Health and the Michigan Office of Health Services Inspector General.<sup>22</sup>

BABHA is also required under state law to report licensed or registered professionals and organizations to the Michigan Department of Licensing and Regulatory Affairs (LARA) for potential investigation and possible adverse action.

In the past, on a semi-annual basis BABHA provided a summary report to MSHN of the number of complaints of fraud and abuse that warranted preliminary investigation throughout the year. For each incident, BABHA supplies the name(s) of the party(ies) involved, the Medicaid ID number of the consumer(s) involved, the source of the complaint, the type of provider(s) involved, the nature of the complaint, the approximate dollars involved, the legal and administrative disposition of the case and the funding source involved. BABHA and MSHN coordinate the required reporting to the Michigan Department of Community Health and the Michigan Office of Health Services Inspector General.

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<sup>22</sup> Managed Care Rules: 438.608(a)(7)

The program integrity provisions in the MDHHS Medicaid specialty services contract were significantly revised by the MDHHS OIG for FY19 to require expanded quarterly reporting, including virtually all compliance related activity by CMHSP's. BABHA has revised it's compliance log and reports to capture the required information.

As a covered entity under HIPAA, BABHA must also report security breaches to the Federal government on an annual basis. BABHA also has mandatory State reporting obligations as an employer.

#### [Reporting of Overpayments](#)<sup>23</sup>

BABHA's policy and procedure C08:S03:T13 Third Party Revenue Collection and Repayments outlines steps for prompt reporting and recoupment of all Medicaid and Medicare overpayments identified or recovered. BABHA reports to regional and state payers, and federal and state offices of inspector generals as required by law and contractual obligations. In accord with regulatory requirements, BABHA specifies the reason for overpayments, including if due to potential fraud.<sup>24</sup>

#### [Medicaid Eligibility](#)

If BABHA becomes aware of changes in a Medicaid enrollee's circumstances that, to the best of its knowledge, may affect the enrollee's eligibility for Medicaid, BABHA notifies a representative of the local office of the Michigan Department of Human Services, which is responsible for managing Medicaid eligibility determinations. As a Community Mental Health Services Program, BABHA is also responsible for reporting to the State of Michigan the death of an individual receiving services.<sup>25</sup>

#### [Provider Disenrollment](#)

BABHA also notifies regional and state payers when information is received about changes in a contracted service provider's circumstances that, to the best of BABHA's knowledge, may affect the provider's eligibility to participate in a managed care program as a Medicaid provider.<sup>26</sup>

Contracted service providers who leave or who are removed from the BABHA provider network must also be reported to BABHA's Medicaid payers, MDHHS and MSHN for purposes of MDHHS monitoring of Medicaid provider enrollment.

## Evaluation of Program Effectiveness and Program Priorities

The BABHA Corporate Compliance Program remains largely effective, however certain areas were identified for improvement in the 2018 plan which were addressed over the course of the year as follows:

- Training was provided for residential and vocational contracted service providers regarding documentation requirements
- Guidance was provided for staff and contracted service providers who are case holders regarding handling of privacy and confidentiality in situations where divorced parents share custody of a child in treatment through BABHA.

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<sup>23</sup> 42 CFR 401 Reporting and Returning of Overpayments (for Medicare) and Section 1128J(d) of the Affordable Care Act for Medicaid overpayments

<sup>24</sup> Managed Care Rules: 438.608(a)(2)

<sup>25</sup> Managed Care Rules: 438.608(a)(3)

<sup>26</sup> Managed Care Rules: 438.608(a)(4)

- Additional legal guidance was obtained regarding agreements with non-clinical vendors and exclusion and debarment prohibitions.
- BABHA staff and contracted service providers were provided additional privacy guidance and secure solutions for the communication of consumer information for purposes of coordination of care.
- Additional monitoring was added for claims for services where the consumer of the service is the employer (i.e., self-determined service arrangements) and also for vocational claims to ensure services were received as billed.
- Corporate compliance policies were revised to reference BABHA's commitment to prompt notification to regional and state payers when information is received about changes in:
  - A Medicaid enrollee's circumstances that may affect their eligibility, such as changes in residence or their death.
  - A contracted service provider's circumstances that may affect their eligibility to participate in a managed care program.

Areas of the program warranting attention (and program priorities) for 2019 are:

- The identification of additional cost-effective training opportunities for the Corporate Compliance Officer.
- Policy, contract, training material and site review template changes as necessary to comply with recent clarifications of requirements for background checks, including the abuse registry, ongoing criminal checks every two years and other requirements.
- The Privacy Notice needs to be finalized and published; revisions need to address any changes in organizational access to Medicaid claims data for coordinating care
- BABH will be finalizing its implementation of the MDHHS uniform behavioral health consent.
- Attend the new Autism Provider meetings to address compliance topics and provide annual training.
- The capacity of the compliance program to resolve compliance complaints in a timely manner needs continued resources and attention.
- Ensure BABHA Standards of Conduct and Ethical Guidelines are posted to the provider portion of the BABH website and reference in training materials.
- Informal record review activity by Program Coordinators across clinical programs needs info capture and structuring consistent with established event verification processes to increase the reach of the corporate compliance program. More frequent, targeted event verification by the Quality and Compliance Coordinator is needed to reduce look-back periods when issues with documentation supporting claims are identified.
- Additional checks for exclusion and debarment for selected non-clinical vendors will be added based upon recent legal consultation.
- Maintain and implement data/ monitoring schedule as indicated in this plan
- Implement the education plan as indicated in this plan.
- Ensure continued completion of annual security risk assessments per HIPAA requirements.
- Continue to publish compliance monitoring reports to leadership to assist with monitoring of potential compliance gaps in EHR documentation.
- Ensure the revised BABHA hotline poster is disseminated to all BABHA waiting, break and conference rooms, as well as to all BABH sub-contractors.

# Plan Attachments

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## Corporate Compliance Education Plan (2019)

The purpose of the Corporate Compliance Education Plan is to ensure appropriate communication and understanding of the Corporate Compliance Plan and the standards and procedures to be followed.

### Board of Directors

1. Orient new Board Members to the BABHA Corporate Compliance Program upon start of their first term, including review of the Corporate Compliance Plan and Code of Ethics/Conduct.
2. Provide annual update training to Board of Directors.
3. Board members to sign attestation annually.

### Employees

4. Educate new employees regarding corporate compliance, privacy and confidentiality during new employee orientation process (monthly).
5. Educate employees regarding corporate compliance, privacy and confidentiality during annual Staff Development Days (annually).
6. Provide general education to employees via periodic intranet announcements.
7. Address key compliance and privacy concerns as needed during All Leadership meetings.

### Contracted Service Providers

8. Orient new organizational providers and Licensed Independent Practitioners to BABHA compliance program upon initiation of contract.
9. Provide general education to key contracted service providers via provider meeting agendas (annually) – focusing on their particular compliance concerns.
10. Address compliance and privacy concerns as needed during Primary Provider, Residential Provider, Autism and Vocational Provider meetings as needed.
11. Post BABHA corporate compliance and privacy/confidentiality training materials on the BABHA web-based training site for ease of access by contracted service providers to help guide their own training programs.

### Corporate Compliance Officer, Security Officer, Privacy Officer, CC Committee

12. Include educational information for members on Corporate Compliance Committee meeting agendas (per meeting).
13. Provide Corporate Compliance, Security and Privacy Officers with access to ongoing education via professional newsletters and email list-serves commensurate with job duties and responsibilities (ongoing).
14. Officers to attend compliance related conferences/seminars as available and funds permit.



## Compliance Committee Data Monitoring Plan (2019)

ACTIVITY	RESPONSIBILITY	J	F	M	A	M	J	J	A	S	O	N	D
EHR (Phoenix) Breach Monitoring	Records Specialist	X	X	X	X	X	X	X	X	X	X	X	X
Gallery Breach Monitoring	IS Manager	X	X	X	X	X	X	X	X	X	X	X	X
Meaningful Use Measures Status Prescriber Compliance	Clinic Manager	X	X	X	X	X	X	X	X	X	X	X	X
Sanctioned provider list (OIG and GSA) checks • employees and officers • contracted service providers	HR Director	X	X	X	X	X	X	X	X	X	X	X	X
	Contract Admin.	X	X	X	X	X	X	X	X	X	X	X	X
Monitoring of Shared Drives for Exposure of PHI	Security Officer	X	X	X	X	X	X	X	X	X	X	X	X
Corporate Compliance Report	CCO	X						X					
Report of HIPAA Breach Log to HHS (cc MDCH, MSHN) (w/in 60 days of end of calendar year)	CCO	X											
Review of OIG Work Plan	CCO	X											
Quarterly Report of Fraud-Abuse to MSHN/ MDCH	CCO	X			X			X			X		
Compliance review of medical records, including: • Ability to pay completed in the last 12 months • Spend-down information present, if applicable • Physician order for services as required by Medicaid (i.e., OT, and PT) • Documentation of medical necessity	Quality Manager			X			X			X			X
Verification of Medicaid services - Contracted service providers	Q&C Coordinator			X			X			X			X
Verification of Medicaid services - Direct operated programs	Q&C Coordinator			X			X			X			X
HSW • Timeliness of HSW Re-Certification • Delivery of service other than Supp. Coord. • Potential Recoupments	Finance Manager			X			X			X			X
Organizational Credentialing Risk Assessments	Contract Admin					(year?)X							
Provider Network Site Review Summary	Q&C Coordinator						X						X
Review of Compliance Audit Findings	Finance Manager							X					
Security Risk Assessment	Security Officer							X					
Fraud/Abuse Risk Assessment (Bi-Annual)	CCO			2018									
Review of Licensure for AFC Homes	Contract Admin										X		
Review of Site Review Templates	Quality Manager											X	
PQRS/ Meaningful Use Incentives and Penalties	Finance Manager			prn			prn			prn			prn

## Data Monitoring Plan: Supplemental Compliance Reports

Purpose	ID#	Compliance Metric
Compliance (contract)	7	Missing BH-TEDS Admission Records
Compliance (contract)	8	Missing BH-TEDS Admission Record for HSW Enrollee (at time of enrollment)
Compliance (contract)	9	Concurrent BH-TEDS Admission Records w/o active admission to a state center
Compliance (contract)	10	Missing or overdue BH-TEDS Update Records
Compliance (contract)	11	Closed or deceased consumers w/ a BH-TEDS Admission Record but w/o a BH-TEDS Discharge Record
Fraud-Abuse	22	Missing Clinical Assessment, <u>including Respite Only</u>
Fraud-Abuse	23	Missing Assessment (Psychiatric Evaluation or clinical assessment) for Meds Only Consumers
Fraud-Abuse	24	Missing Diagnosis
Fraud-Abuse	35	Missing or expired PCP for open consumer
Fraud-Abuse	40	Missing (i.e., no) insurance information
Fraud-Abuse	41	Missing or expired Ability to Pay Assessment
Fraud-Abuse	45	Unsigned documents older than 30 days - including assessments, PCP's, periodic reviews and progress notes



BEHAVIORAL HEALTH

Compliance Education Log

Date	Audience	Topic	Intranet	Email	Spring Staff Dev Days	Policy Education	New Emp Orient	Inservice at Mtg	Notes

Corporate Compliance Log

Pink Fields Required for OIG Qtrly Rep'tg			Case Status Details			How Identified			Service/ Program									
			In Process			Clinical Prog	Consumer	Not Specified										
			Closed	Target		MEV	RR/CS Activity	Other	Provider Type	Provider Role	Outpatient	Nursing	Respite					
			Waiting on Finance Action	Consumer		Site Review	HR Activity	Hotline	Facility	Rendering	Skill Build/SE	OT/PT/SLP	Clubhouse					
			Pending OIG Response	Provider		Record Review	Finance Activity		Individual	Billing	CLS - Home	Autism	Psychiatric					
											CLS - Vocational	Case Mgt						
For Prov Net Mgt Conf	FY	Qtr	Case Status Details	Date Initiated (i.e., CC Officer Notified)	Source of Activity/ Complaint	Target of Activity (new field 10/01/18)	How Identified	Provider Name	Staff Name(s)	Provider Tax ID # (new field 10/1/18)	Provider/Staff NPI # (new field 10/1/18)	Provider Type (new field 10/01/18)	Provider Role (new field 10/01/18)	Service/ Program	Consumer Name(s)	Medicaid ID #'s (New field 10/01/18)	Time Period Start (New field 10/01/18)	Time Period End (New field 10/01/18)
	1900	2																
	1900	2																

Summary of Complaint/ Activity		Codes Involved in Complaint/ Activity (New field 10/01/18)	Total Paid Amt Related to Complaint/ Activity (new field 10/01/18)	Over-payment Identified (new field 10/01/18)	Date Initial Review Completed/ Overpayment Identified (new field 10/01/18)	Potential Fraud Identified (new field 10/01/18)	Date Referred to PIHP (new field 10/01/18)	Summary of Findings Part 1	Summary of Findings Part 2

Disposition Type	Potential Fraud-Abuse	Recorded Recoups Since 2004	Total Collection	Date Resolved		
Finding	Documentation Issues	Date Final Notice	Use Total	Date of EOB		
System	Credentialing Issues	Date of EOB	Overpayment Amount	(or) Date when CCO is done		
Individual	Not Substantiated	N/A	# of claim rows			
Nature of Findings	Disposition Type	Date Final Notice Sent to Provider (new field 10/01/18)	Total Overpayment Amount Related to Activity/ Complaint	Total # of Paid Claims Related to Overpayment (new field 10/01/18)	Total Collection Amount This Reporting Period (new field 10/01/18)	Date Resolved

BABHA Fraud and Abuse Risk Assessment (With Action Plan)

Direct Operated Programs and Contracted LIP's		CSM/SC	Outpatient Therapy	Psychiatric	Med Admin	Psychological Services	ABA	OT/ PT/ SLP (inc. LIP's)	CLS - Spec. Resid.	CLS - Voc.	CLS - SIP/ SIAP	ES	Jail Services	HSW Services	ES Only	Meds Only	Respite Only
Medical Necessity - Intake																	
Medical Necessity - Annual																	
Insurance/Funding																	
Qualifications																	
Service Documentation/SAL	Level 2																
	Level 3																
3 <sup>rd</sup> Party Payor Billing	Level 2																
	Level 3																

Contracted Service Programs	CSM/SC	Outpatient Therapy	Psychiatric		Psychological Services	ABA	OT/ PT/ SLP (via agencies)	CLS - Spec. Resid.	CLS-Voc	CLS - SIP/SIAP	CLS - Self Determination	Inpatient Psychiatric Hospital
<b>Medical Necessity</b> - Use Phoenix (Y) - Don't Use Phoenix (N)												
<b>Insurance/Funding</b> - Use Phoenix (Y) - Don't Use Phoenix (N)												
Qualifications												
<b>Service Documentation</b> - Use Phoenix (Y) - Don't Use Phoenix (N)												
Claims												

**Typical Risk Matrix**

		Potential severity of harm		
		Slightly Harmful 1	Harmful 2	Extremely Harmful 3
Likelihood of harm occurring	Highly unlikely 1	Trivial 1	Tolerable 2	Moderate 3
	Unlikely 2	Tolerable 2	Moderate 4	Substantial 6
	Likely 3	Moderate 3	Substantial 6	Intolerable 9

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## Action Plan

The following workflow areas received the highest risk scores during the BABHA Fraud and Abuse Risk Assessment and were given priority for auctioning at this time. Action plans follow each prioritized workflow area.

### Priority #1:

Provider Network Area:

Provider Type(s):

Workflow Area:

Risk Analysis:

Action Steps:

Person(s) Responsible:

Target Date(s):

### Priority # 2:

Provider Network Area:

Provider Type(s):

Workflow Area:

Risk Analysis:

Action Steps:

Person(s) Responsible:

Target Date(s):

### Priority # 3:

Provider Network Area:

Provider Type(s):

Workflow Area:

Risk Analysis:

Action Steps:

Person(s) Responsible:

Target Date(s):

Corporate Compliance Fraud/Abuse Report



C O R P O R A T E C O M P L I A N C E  
F R A U D / A B U S E  
R E P O R T

Date Complaint Received Click here to enter text.

Source of Complaint Click here to enter text.

Suspected Violation Click here to enter text.

Provider Involved Click here to enter text.

Owner/Director Click here to enter text.

Address Click here to enter text.

Phone Click here to enter text.

Type of Provider Click here to enter text.

Consumer(s) Involved (Including Medicaid ID(s))  
Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Findings/Outcome of the Investigation  
Click here to enter text.

Required Plan of Correction  
Click here to enter text.

Other Follow-Up Needed (If Necessary)  
Click here to enter text.

Name and Title of Individual Completing the Investigation  
Janis Pinter, Director of Healthcare Accountability, Corporate Compliance Officer

Date Investigation Completed  
Click here to enter a date.

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C O N F I D E N T I A L



Hotline Poster



**COMPLIANCE  
HOT-LINE  
800-243-7483**

**For Reporting Of:**

**Privacy or Security Violations  
Healthcare Fraud or Abuse**

**You may also contact**

**Janis Pinter, BABH Compliance/Privacy Officer 989-895-2760  
Brett Kish, BABH Security Officer 989-497-1373**

**or**

**Mid-State Health Network Compliance Line 844-793-1288**

**MI Dep't of Health and Human Services Medicaid Fraud  
and Abuse Reporting Line 855-643-7283**