

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS CORPORATE COMPLIANCE COMMITTEE MEETING

Thursday, February 6, 2025 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members: Robert Pawlak, Ex Off, Ch Christopher Girard, V Ch Tim Banaszak Patrick Conley	Present	Excused	Absent	Committee Members: Patrick McFarland Pam Schumacher Richard Byrne, Ex Off	Present	Excused	Absent	Others Present: BABH: Karen Amon, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	
	_____	_____	_____		_____	_____	_____	

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Corporate Compliance Report 4.2) Annual Litigation Report 4.3) Centers for Medicare & Medicaid (CMS) Office of Inspector General (OIG) Work Plan for 2025 4.4) Quarterly Fraud & Abuse Report to Midstate Health Network (MSHN) 4.5) Corporate Compliance Plan		4.1) No action necessary 4.2) No action necessary 4.3) No action necessary 4.4) No action necessary 4.5) Consideration of motion to refer the 2025 Corporate Compliance Plan to the full Board for approval

AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING
Thursday, February 6, 2025 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Page 2 of 2

	4.6) Corporate Compliance Plan Semi-Annual Report		4.6) No action necessary
	4.7) Commission on Accreditation of Rehabilitation Facilities (CARF) Survey Report		4.7) No action necessary
	4.8) Dashboard Review		4.8) No action necessary
5.	Adjournment	M -	S - pm MA



ANNUAL LITIGATION REPORT

CMHSP: Bay Arenac Behavioral Health

Submission Date: _____ **Period Covered: October 01, 2023 through September 30, 2024**

Note: Annual litigation report shall including the following detail for all civil litigation, relevant to the PIHP contract with the CMHSP and/or MDHHS.

For each litigation report:			
a Case Name	None		
b Docket Number			
c Name of Plaintiff (s)			
d Name of Defendant (s)			
e Name of Counsel			
f Address of Counsel			
g Nature of Claim			
h Status of Case			

CMS Office of Inspector General Work Plan

Audit of State Medicaid Provider Enrollment and Screening Activities

Provider enrollment screening is a key program integrity tool for protecting Medicaid against fraudulent and abusive providers. Federal law requires State Medicaid agencies to screen providers as part of the Medicaid enrollment process. For high-risk provider types, including durable medical equipment, prosthetics, and orthotics suppliers and home health agencies, required screening activities include site visits and fingerprint-based criminal background checks. Prior OIG work has identified issues with States' implementation of provider enrollment and screening requirements for both fee-for-service Medicaid and Medicaid managed care. During the COVID-19 public health emergency, CMS suspended certain screening requirements, which may have exacerbated the issues previously identified and presented new challenges. This study will determine the status of States' required Medicaid provider enrollment and screening and will assess States' standards and processes for screening.

Medicare Part B Remote Patient Monitoring Services

Medicare Part B remote patient monitoring (RPM) services have the potential to significantly improve health outcomes, but the services warrant additional oversight. RPM services involve the collection of patient physiologic data used to develop and manage a care plan related to a chronic and/or acute health illness or condition. For example, sensors that monitor temperature in a patient's extremities may help prevent diabetic ulcers that can lead to amputations. However, since 2018, the way that providers bill for certain Medicare Part B RPM services has changed significantly, and Medicare payments for those services have increased dramatically. RPM services are also susceptible to fraud, waste, and abuse (e.g., unsolicited device shipments, inadequate monitoring, and inappropriate billing). In November 2023, OIG issued a Consumer Alert about a fraud scheme for RPM services. We will determine whether providers furnished and billed for RPM services in accordance with Medicare requirements.

State Agencies Compliance with Requirements for Children in Foster Care Placed in Qualified Residential Treatment Programs

Title IV-E of the Social Security Act established the Federal Foster Care Program, which provides funding to States for safe and stable out-of-home care for children who meet certain eligibility requirements. The Family First Prevention Services Act of 2018 created a new category of child care institutions, called qualified residential treatment programs, designed to address the needs of children with serious emotional or behavioral disorders or disturbances. We plan to perform audits of selected States to determine compliance with Federal and State requirements related to children in foster care who were eligible for assistance under Title IV-E of the Social Security Act and resided in qualified residential treatment programs.

Medicaid Personal Care Services

Personal care services (PCS) are categorized as a range of human assistance provided to persons with disabilities and chronic conditions to enable them to accomplish activities of daily living or instrumental activities of daily living. PCS assists people enrolled in Medicaid with activities of daily living and helps them remain in their homes and communities. Examples of PCS include bathing, dressing, light housework, money management, meal preparation, and transportation. Prior OIG reviews identified significant problems with States' compliance with PCS requirements. Some reviews also showed that program safeguards intended to ensure medical necessity, patient safety, and quality, and prevent improper payments were often ineffective. We will determine whether PCS claims complied with Federal and State requirements.

Status	Date Initiated	Source of Activity	Service/Program	Provider Name	Brief description of issue/allegation	Codes Involved	# of Paid Claims	# of invalid Claims	# of Staff	# of consumers	Total Paid Amount Related to Complaint/Activity	Overpay Identified?	Potential Fraud?	Date Referred to MIOHSIG	Total Over-payment	Disposition	Date Resolved
Closed	05/16/24	Tip/Grievance	CLS	Personal Assistance Options	Employee of the Organization Copying and pasting notes. Services were Provided.	H2015	0	0	1		\$31,041.60	N	N	Referred on 9/5/24. Met with OIG on 10/3/24. Did not accept referral.	\$0.00	Closed. Additional Training conducted with Supervisory and Administrative staff on 12/16/24	12/16/24
Closed	09/04/24	Audit-Scheduled	CLS	Personal Assistance Options	Scheduled audit resulted in findings of progress notes missing signatures. When the provider submitted POC, updated notes had signature of an employee thought to not be employed any longer.	H2015	8	0	1		\$1,669.12	N	N	N/A	\$0.00	Closed-No findings. The employee was still employed with the agency. They had failed to include her on the list of current employees.	12/16/24
Closed	10/10/24	Audit-Scheduled	CLS	BABHA	BABHA CLS staff provided emergency staffing for a family in their home. CLS progress notes were lost during a move by the family. Without progress notes, the services billed were invalid.	H2015	132	31	Multiple	1	\$2,459.60	y	n	N/A	\$24,686.00	Closed-Claims voided.	10/10/24
Closed	10/10/24	Audit-Scheduled	Vocational	Do-All	Scheduled audit.		134	1	Multiple	Multiple	\$2,110.76	Y	N	N/A	\$32.88	Closed-funds recovered	11/01/24
closed	10/10/24	Audit-Scheduled	CLS	Personal Assistance Options	Scheduled audit.	H2015	56	1	Multiple	Multiple	\$7,517.56	Y	N	N/A	\$26.08	Closed-funds recovered	11/22/24
Closed	10/10/24	Audit-Scheduled	CLS	Samaritas	Scheduled audit.	H2015	30	2	Multiple	Multiple	\$12,991.76	Y	N	N/A	\$215.16	Closed-funds recovered	12/06/24
Closed	10/10/24	Audit-Scheduled	Vocational	Arenac Opportunities	Scheduled audit.		52	1	Multiple	Multiple	\$6,383.93	Y	N	N/A	\$67.52	Closed-funds recovered	10/18/24
Open-Pending Internal Review	12/13/24	Tip/Grievance	CLS	Self Directed Arrangement	Random audit. It has been reported that notes may have been written by one staff person for another staff person who signed the notes. Also notes may be copied and repeated.	H2015			3	1						Open-Pending Internal Review	
							412	36			\$64,174.33				\$25,027.64		



Corporate Compliance Plan

~~2024~~2025

APPROVALS

Corporate Compliance Committee:

Strategic Leadership Team:

Corporate Compliance Committee:

Full Board Approval Date:

Contents

- Statement of Purpose1
- Definitions.....1
- Policies, Procedures, Standards of Conduct2
 - Regulatory Compliance.....2
 - Medical Records2
 - Prohibited Affiliations.....3
 - Privacy and Security.....3
 - Standards of Conduct/ Operating Philosophy and Ethical Guidelines4
 - Ethics Committee4
 - Program Integrity Requirements for Clinical Contracted Service Provider Organizations.....5
- Compliance Officer and Compliance Committees5
 - Corporate Compliance Officer5
 - Corporate Compliance Committees7
- Training and Education8
 - Board of Directors8
 - Employees8
 - Supervisors9
 - Contracted Service Providers9
 - Corporate Compliance Officer, Security Officer, Privacy Officer, CC Committee9
- Lines of Communication10
- Disciplinary Guidelines.....11
 - Employees11
 - Contracted Service Providers12
- Monitoring and Auditing.....12
 - Environmental and Risk Assessments14
- Response and Corrective Action.....15
 - Investigations.....15
 - Corrective Action15
 - Claims/Over-Payment Recoupment and Voiding of Encounters16
 - Other Corrective Action and Enforcement.....16
- Compliance Reporting16
 - Employee/ Contracted Service Provider Guidance and Reporting16
 - External Reporting.....17
 - Reporting of Overpayments17
 - Medicaid Eligibility18
 - Provider Disenrollment18
- Evaluation of Program Effectiveness and Program Priorities18

Statement of Purpose

It is the policy of the Bay Arenac Behavioral Health Authority (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 BABHA¹.

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.²

The BABHA Corporate Compliance Plan is reviewed and updated annually.

Definitions

Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or failure to meet professionally recognized standards for healthcare.

Contracted Service Provider means an individual who has a contractual agreement with BABHA to provide behavioral health clinical or administrative 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 Authority.

CC is an abbreviation for Corporate Compliance.

CCO or CC Officer means Corporate Compliance Officer.

Fraud: An intentional deception or misrepresentation by a person that could result in unauthorized benefit to him/herself or some other person. Includes any act that constitutes fraud under applicable Federal or State laws.

Individual Practitioner 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.

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.

¹ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)

² CARF Standards: Section 1 Aspire to Excellence: E Legal Requirements: Standard 1

Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, considered not caused by criminally negligent actions, but rather the misuse of resources.

Policies, Procedures, Standards of Conduct

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; the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005), the Michigan Whistleblowers Protection Act (PA 469 of 1980) and the federal Whistleblower Protection Act of 1989, 5 U.S.C. 2302(b)(8)-(9).³

The policies have been approved by the BABHA Board of Directors in accord with Federal Program Integrity requirements, the MI Dep’t of Health and Human Services Medicaid Manual and the Medicaid Managed Specialty Supports and Services Contract.

Regulatory Compliance

BABHA maintains a list of Federal and State laws and regulations, and contractual requirements with which the organization must comply (see attachments). The list is maintained on the BABHA group drive by the CCO. The BABHA Corporate Compliance Committee has a regular monitoring process for review and disposition of new and changing regulatory requirements. The membership of the BABH Corporate Compliance Committee facilitates communications and preparations for compliance with new and revised regulatory and contractual requirements. The Director or Health Care Accountability attends the CMHA Legislative and Regulatory Meeting and updates the Corporate Compliance Committee on legislative proposals that may impact service delivery and operations.

~~In 2023, the Corporate Compliance Committee identified a weakness in BABHA’s regulatory compliance process regarding confirming changes in policies and procedures that are made to comply with regulatory changes are fully actualized. The Committee worked with agency leadership to add post-implementation evaluations to ensure full vertical integration of policy and procedure changes. The Committee also determined improvements in the applicability section of the policy and procedure template are needed to provide more clarity regarding who needs to be educated regarding the document.~~ Agenda items on the Leadership Meeting have been added to include regulatory items to ensure that the full integration of changes are consistently being adopted. Policy and Procedure changes are presented to the staff through Relias and for Providers they are posted on the website. At the Provider Network and Quality Management Committee (PNOQMC) a reminder of the policies that have been updated is included will be included on the Agenda.

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 Individual Practitioners) are required to either utilize

³ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(i)

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 key documents into the BABHA electronic health record (EHR).

BABHA policy and procedure [C04:S10:T01 Clinical Documentation](#), [C13-S01-T20 Designated Record Set](#), and [C04:S10: T02 Signatures](#) outlines specific 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 Affiliations⁴

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.⁴ 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 Backgrounds](#) outlines BABHA's monitoring and response program. The program covers BABHA's Board of Directors, CEO and employees, as well as contracted service providers (including Individual Practitioners), as well as selected vendors and suppliers.

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

BABHA contracts 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 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. BABHA also requires employees to complete an annual attestation which confirms they have not acquired a criminal conviction during their employment that has not been reported to Human Resources.

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. BABHA confirms these practices are in place during site reviews of contracted clinical service providers.

Criminal background checks are completed for BABHA employees upon hire and every two years thereafter. Abuse registry checks are completed for BABHA employees serving children. Contracted service providers are required to comply with the criminal background checks and abuse registry checks for providers that serve children. Specialized residential providers are further required to obtain fingerprint-based background checks.

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, as well as 42 CFR PART 2 for confidentiality of any substance abuse treatment program records maintained by BABHA, 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

⁴ Managed Care Rules: 438.610 Prohibited Affiliations

information generated, received, maintained, used, disclosed or transmitted by BABHA and selected contracted service providers (including Individual 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.

BABHA's policy and procedure C13-S01-T18 Business Associates outlines which types of service providers, including health care service providers, and non-health care vendors and suppliers, who meet the definition of a Business Associate (BA) of BABHA. The BABHA Contract Manager and Finance Assistant work with the Privacy Officer to ensure BA Agreements are in place where required.

Standards of Conduct⁵/ Operating Philosophy and Ethical Guidelines

BABHA has written Standards of Conduct and Operating Philosophies/Ethical Guidelines for employees and Individual Practitioners to clearly delineate BABHA's institutional philosophy and values concerning compliance with the law, government guidelines and ethical standards applicable to the delivery of behavioral health care.

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 BABHA intranet site. It is posted for contracted service providers through the provider section of the BABHA website. Changes to the Standards are communicated to all staff via the policy/ procedure/ plan educational system.

[Ethics Committee](#)

BABHA operates an Ethics Committee chaired by the Recipient Rights/Customer Service Manager, 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. The Recipient Rights/Customer Service Manager 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 from a local university is on contract for consultation with the Committee as needed.

Duties of the Committee include but are not limited to:

⁵ Managed Care Rules: 438.608 (a)(1)(i) Program Integrity Requirements

- 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 Provider Organizations

BABHA requires clinical contracted service providers 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](#).

Clinical contracted service provider organizations are 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.⁶

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

The BABHA CEO has designated a Compliance Officer⁷. The BABHA Board of Directors has established a regulatory Compliance Committee and the CEO has a regulatory Compliance Committee at the senior management level.⁸

Corporate Compliance Officer

The CEO appoints the Corporate Compliance Officer. The CC Officer has the authority to address compliance concerns directly 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;

⁶ Managed Care Rules: 438.608(a)(6)

⁷ Managed Care Rules: 438.608(a)(1)(ii)

⁸ Managed Care Rules: 438.608(a)(1)(iii)

- 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;
- Chairing the CC Committee or appointing 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 Individual 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; monitoring the environment to identify other regulatory requirements that may impact BABHA; 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) 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;
- In conjunction with the CC Committee, complete an evaluation of the effectiveness of the compliance program;
- Promptly investigating potential compliance and privacy issues discovered through monitoring/auditing activities and disclosures by employees and contracted service providers (including Individual Practitioners); includes mitigation and remediation; maintaining investigative files; in conjunction with the Corporate Compliance Committee, determining if root causes analyses are warranted; 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 federal and state authorities prior to investigation as required; act as liaison to payers and state authorities for compliance and privacy issues, and oversee the activities of the Security Officer in doing the same for security issues;
- 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 as necessary to develop and issue HIPAA Privacy Notices for use by BABHA Clinical programs and contractors;
- Working with legal advisers (as necessary) and BABHA contract management 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, BABHA Board of Directors, Mid-State Health Network, and Corporate Compliance Committee on the activities of the CC Program.

Corporate Compliance Committees⁹

The BABHA Board of Directors ~~Corporate Compliance Committee (BCCC), Health Care Improvement and Compliance Committee (HCICC)~~ is the compliance committee of the Board. ~~BCCC's~~~~HCICC'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 ~~quarterly~~~~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 and Compliance Audits and recommend appropriate actions.

In addition to the Board Committees and the Ethics Committee, BABHA operates an internal Corporate Compliance Committee (CCC) comprised of members of senior management and key subject matter experts. The Committee is chaired by the Corporate Compliance Officer. The BABHA Finance Manager backs up the CC Officer as Chair of the CCC if needed. 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 and compliance program evaluations, 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, including performing informal root cause analyses where warranted,
- 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: Chief Financial Officer, and Finance Manager (who also acts as the back-up the CCC Chair)
- Regulatory Compliance and Accreditation: Corporate Compliance Officer, Quality Manager, Medical Records Associate(s) (ad-hoc member(s)), Quality/Compliance Coordinator(s) (ad-hoc member(s)) and Secretary (Committee Recorder)
- Contracting: Contract Manager
- Clinical Practices: Directors of Integrated Care, Clinical Practice Manager (ad-hoc member)
- Ethics and Personnel: Director of Human Resources

⁹ Managed Care Rules: 438.608(a)(1)(iii)

- Recipient Rights: Customer Service/ Recipient Rights Manager

The Committee reports through the BABHA Corporate Compliance Officer to the Medical Director and CEO. The CC Committee meets 10-12 times per year. Meeting records are maintained by the Secretary member of the Committee.

Training and Education

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 Individual Practitioners)¹⁰. 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.

Training of personnel and contracted service providers is required under the Deficit Reduction Act of 2005 Section 6032: Employee Education About False Claims Recovery. BABHA is required to attest to the State each year that training has been completed.

Board of Directors

The Board of Directors receives education on corporate compliance requirements annually, including information about fraud and abuse, conflict of interest, and how to report compliance concerns. The Board of Directors does review and approves the Corporate Compliance Plan each year. Contemporary compliance issues, such as new Medicaid and Medicare regulations, Office of Inspector General work plans, and federal/state compliance program standards are included on the Board of Directors Corporate Health Care Improvement and Compliance Committee agendas as warranted to keep the members abreast of changes in the compliance environment.

Employees¹¹

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 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, and any systems issues identified during fraud, abuse and privacy investigations.¹² The Security Office likewise incorporates security related findings into the annual BABHA Information Management Strategic and Operational Plan.

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

¹⁰ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(iv)

¹¹ CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

¹² CARF Section1: Aspire to Excellence; Section A Leadership; Standard 7 (requires training of personnel on the corporate compliance plan)

intranet site announcements, and discussion of topics at Strategic Leadership Team meetings, or Agency Leadership Meetings.

Supervisors

BABHA has determined the compliance program would be strengthened by providing specialized program integrity training for supervisors and managers. This training ~~is in~~ is in addition to the standard employee orientation and training. ~~This training has been developed and implemented in 2023-2024.~~ New Supervisors are trained by the Director of Health Care Accountability to outline their role in compliance. In addition, periodic training for supervisors has been sent out via email throughout the year and the CC Officer has met in person with new Supervisors when they are hired. The training focus is on what supervisors should be watching for as indicators of the presence of potential fraud or abuse, and the importance of monitoring processes for regulatory compliance.

Regulatory compliance has also been added to BABHA Leadership meeting agendas to ensure supervisors and managers are kept up to date on compliance issues and regulatory changes.

Contracted Service Providers¹³

Individuals (including Individual 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, Community Living Support (CLS)/residential, autism provider, and vocational provider meetings. An annual training is completed by the BABHA Corporate Compliance Officer for primary clinical contractors, vocational, autism and CLS/residential service providers.

The following training and resource 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 Plan
- Compliance Hotline Poster for Providers
- Operating Philosophy and Ethical Guidelines
- Corporate Compliance, Privacy and Security Policies and Procedures
- Provider Training on Corporate Compliance for Subcontracted Mental Health Service Providers
- Provider Training on Privacy and Security for Subcontracted Mental Health Service Providers
- Documentation Requirements Guide

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 seeks opinions and other educational guidance regarding general compliance and privacy issues.

¹³ CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 6

BABHA is a member of the Health Care Compliance Association and receives the newsletters and magazine. The Officers attend conferences and webinars on compliance, security, and privacy concerns as available and if cost effective. BABHA has identified the following training opportunities:

- US Dep't of Health and Human Services Office of Inspector General [Compliance Resource Portal](#) Provider Compliance Resources and Training materials
- Health Care Compliance Association web and regional conferences
- The Community Mental Health Association of MI, Improving Outcomes Conference sessions

BABHA is a member of the Regional Compliance Officers group for MSHN which offers a venue 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.

Lines of Communication

Effective lines of communication are in place between the compliance officer and the organization's employees¹⁴. BABHA operates a hot-line for consumer, employee, provider and contracted service provider reporting of compliance and privacy/ security concerns. BABHA's policy and procedure [C13-S02-T01 Internal Reporting \(Hot-LINE\)](#) describes the purpose and procedure for the hot-line and other reporting provisions.

The main BABHA Corporate Compliance Hot-Line Poster is attached to this plan. A customizable version is available for contracted service providers. The poster includes Mid-State Health Network and state MDHHS Office of Inspector General (MIOHSIG) contact information as required. The poster is displayed in all BABHA waiting, conference and break rooms

Employees and contracted service providers (including Individual 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.

In 2020, BABHA added an annual employee attestation, where they indicate whether or not they are aware of potential fraud or abuse, and whether they had any criminal convictions. Employees are further asked if they have reported these issues in accordance with BABHA policies. This includes Individual Practitioners.

Compliance activity is reported to the BABHA Board of Directors, as well as the Corporate Compliance Committee, which includes representatives from senior management, finance, contracts, medical records, quality, information management, human resources, and clinical programs. The BABHA Corporate Compliance Officer attends Agency Leadership and contracted service provider meetings (vocational, residential/CLS, primary, and Autism providers) to receive and respond to compliance related issues.

Information regarding the Corporate Compliance Hot-Line and how to contact the BABHA Privacy Officer, MSHN Privacy Officer and MIOHSIG are included in the handbook provided to individuals receiving BABHA services. An interpreter is made available to individuals with limited English proficiency as requested.

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

¹⁴ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(v)

Disciplinary Guidelines

BABHA's corporate compliance related standards are communicated to staff and clinical contracted service providers (including Individual Practitioners) through the Corporate Compliance education program outlined in this plan, including disciplinary guidelines and provisions for adverse contract action¹⁵.

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 requirements, which include the obligation to report suspected fraud, waste, abuse and privacy/security 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 are examples of the types of potential disciplinary action, which 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
 - Failure to adhere to BABH policies and procedures
 - Intent to defraud
- Discipline may also be applied to employees who assisted, facilitated, or ignored a fraud and abuse, including supervisory and 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. Standards

¹⁵ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vi)

of conduct and disciplinary guidelines are covered in employee compliance and privacy/security related trainings.

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;
- Recoupment of payments;
- Suspension or reduction of payments;¹⁶ or
- Termination of the contractual agreement.

Provider trainings on these topics address adverse contract action that may be taken. Individual Practitioner and Organizational Provider re-credentialing includes consideration of past fraud, abuse, privacy and security related investigations.

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 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, including reporting to Medicaid payers and the MI Dep't of Licensing and Regulatory Affairs (LARA).

Monitoring and Auditing¹⁷

BABHA has an active internal prevention, monitoring and auditing program¹⁸. The Attachments to this Plan include the current BABHA Compliance Committee Data Monitoring Plan, which define monitoring BABHA's

¹⁶ Managed Care Rules: 438.608(a)(8)

¹⁷ CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

¹⁸ Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vii)

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.

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.¹⁹ 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
 - d. Monitoring for security breaches
 - e. Email phishing drills
2. Fraud and Abuse
 - a. Fraud and abuse risk assessment (Triennial)
 - b. Annual financial compliance audits
 - c. Retrospective record reviews to verify Medicaid service claims, concurrent checks of high risk services, (specifically self-determined community living support services), and continuing stay reviews of psychiatric inpatient bed days.
 - d. Checks for sanctioned, excluded, or debarred employees, directors/ officers, contracted service provider CEO’s or their owners, and selected vendors
 - e. Verification of specialized residential provider Adult Foster Care Licensure
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; and
 - iv. The presence of physician orders for Medicaid services for which orders are required.

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. Supervisors also receive a list of the service encounters generated by their program each month. Supervisors are required to attest that the encounters have face validity, and they refer suspicious encounters to compliance staff for review. 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

¹⁹ Managed Care Rules: 438.608(a)(5)

and federal priorities and identified risk areas. Monitoring reports are received by the CC Committee and corrective action taken, as necessary.

BABHA limits the service codes which can be used by employees and contracted service providers (including Individual 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 is outlined in the [C08 Fiscal Management, Section 7 – Claims](#), of the BABHA policy and procedure manual.

Environmental and Risk Assessments²⁰

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.

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

In 2019 BABHA adopted the US Dep't of Justice Corporate Compliance Program Evaluation as a program evaluation tool. The evaluation is used by US attorneys when investigating Medicare fraud and abuse to determine the effectiveness of compliance programs. The presence of an effective program is a consideration when the DOJ assesses intent and determines fines/penalties. Findings being actioned are included in the list of areas warranting attention below. The evaluation is completed every three years, alternating with the BABHA Fraud/Abuse Risk Assessment.

The BABHA fraud and abuse Risk Assessment is also completed by the Corporate Compliance Committee every three years, and 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 oversight by the CC Committee. Findings from the compliance program evaluation and risk assessments are also included in the Corporate Compliance Plan evaluation of plan effectiveness and priorities.

²⁰ CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

Response and Corrective Action

BABHA has policies and procedures which provide for prompt response to compliance issues, including investigation of potential compliance problems as identified during 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.²¹

Investigations

BABHA policy and procedure C13-S02-T22 Complaint Investigations provides detail regarding BABHA investigation strategies. Both the BABHA Corporate Compliance Fraud/Abuse Record and Privacy/Security Record templates are attached to this plan.

In general terms, the CC Officer oversees the prompt and thorough investigation of any report of potential fraud or abuse, in coordination with the HR Department and/or management structure as appropriate. Similarly, the Privacy Officer conducts investigations of HIPAA privacy violations and breaches.

Record reviews are performed by the Quality and Compliance Coordinator under the oversight of the CC Officer. 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.

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 Individual Practitioners) who may be able to provide pertinent information, as warranted. However, any investigation which overlaps with potential Recipient Rights violations, particularly confidentiality investigations, 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 a privacy/ security concern will be substantiated, to minimize the impact of investigations on the involved parties.

Payments to contracted service providers may be suspended during investigations in accordance with BABHA policies. New referrals may also be suspended.

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.

BABHA and the provider network will cooperate fully with investigations or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Cooperation must include providing upon request, information, access to records, and access to interview employees and consultants including but not limited to those with expertise in administration of the program and/or in any matter related to an investigation or prosecution.

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, Privacy Officer, or appropriate 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

²¹ Managed Care Rules: 438.608(b)(7) Program Integrity Requirements

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 Individual Practitioners), as previously described in this Plan. Training programs are also updated frequently to address current patterns of fraud/abuse or privacy violations.

BABHA has added to its investigative process a checkpoint to determine whether a root cause analysis is warranted to identify the variables that contributed to the occurrence and possible remediation.

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

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. Finance policies and procedures also address suspension of payments as necessary.

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 BABHA Finance Manager. This includes 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 for larger recoupments, to the satisfaction of the CFO. The CFO, in consultation with the CEO as necessary, determines whether contracted service providers (including Individual 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, the Michigan Department of Licensing and Regulatory Affairs, and Mid-State Health Network in accord with contract requirements.

Compliance Reporting

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](#)²²

BABHA employees are required to report to the CC Officer and their Supervisor any suspected fraud/ abuse or privacy/security violation, and any criminal conviction that may result in their exclusion/debarment from Medicaid/Medicare programs. BABHA policy and procedure C13-S02-T01 Internal Reporting (Hotline) provides more information about such provisions. New employees are advised of this requirement during their orientation and other employees are reminded during annual training updates. Reporting obligations are cited in the contract boilerplate for contracted service providers (including Individual Practitioners).

²² CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

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. Employees sign a similar attestation annually.

Through the contractual agreement, provider agencies and Individual 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), as well as criminal convictions that may result in their exclusion or debarment from participation in Federal and State health care programs.

Employees and contracted service providers (including Individual 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 Individual Practitioners) regarding questionable or erroneous claims.

External Reporting

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.²³

BABHA submits a quarterly report to the MI Office of Health Services Inspector General (MIOHSIG) through MSHN regarding the number of complaints of fraud and abuse that warranted preliminary investigation throughout the year. Annually a summary is also provided directly to MDHHS by BABHA. Additional requirements for reporting of contracted service provider information were added by MIOHSIG, including new and terminated providers.

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.

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 Overpayments²⁴

BABHA reports overpayments 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.²⁵

²³ Managed Care Rules: 438.608(a)(7)

²⁴ 42 CFR 401 Reporting and Returning of Overpayments (for Medicare) and Section 1128J(d) of the Affordable Care Act for Medicaid overpayments

²⁵ Managed Care Rules: 438.608(a)(2)

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.²⁶

Provider Disenrollment

BABHA 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.²⁷

Contracted service providers who leave or who are removed from the BABHA provider network are reported to MIOHSIG, 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. The program’s quality and effectiveness is evaluated every three years by the Corporate Compliance Committee, Corporate Compliance Officer and the Chief Executive Officer. BABHA created an evaluation tool using the U.S. Department of Justice Criminal Division, Evaluation of Corporate Compliance Programs template (see attachments). The lowest scoring items are actioned.

Throughout the course of the past year and/or through the DOJ evaluation process, the following areas were identified for improvement:

Planned Improvement	Target Date	Actions Taken	Status <small>New; Continue; Discontinue; Completed</small>
1) The Privacy Notice revisions to address changes in access to Medicaid claims data for coordination of care	<u>3/1/25</u> 9/30/24	Still in process; regulations have continued to change. The Privacy Policy and Procedure needs to be updated and the Privacy Notice needs to reflect new requirements.	Continue
2) Add: Develop a system to track education of Fraud, Abuse, waste and compliance to Consumers and begin reporting quarterly to MIOHSIG/MSHN.	<u>3/1/25</u> 7/1/24 and ongoing	<u>The MSHN quarterly report has been modified to include consumer education. The identified population are those individuals in Self D and those that are sent the EOB’s annually.</u>	Continue <u>New</u>

²⁶ Managed Care Rules: 438.608(a)(3)

²⁷ Managed Care Rules: 438.608(a)(4)

	a		
3) Continue to expand supervisor skills relative to program integrity and corporate compliance, beyond the traditional audit compliance.	4/1/ 20 25	Have completed a training for supervisors and have sent out emails and intranet postings on topical items related to Fraud, Abuse, waste and compliance.	Continue
4) Increase follow-through with line staff regarding how policy/procedure changes should impact their day-to-day work.	4/1/25		Continue
5) Add: Provide education when appropriate for Fraud, Abuse and waste substantiations and record on the Fraud and Abuse log. This will be reported quarterly to MSHN and MIOHSIG.	4/1/ 20 25		<u>Continue</u> -New
6) Add: Review, educate staff and revise policies and procedures as needed to comply with the revisions to 42 CFR, part 2.	4/1/25		<u>Continue</u> New

Attachments: Law-Regulation Log/Compliance Education Log
Corporate Compliance Education Schedule

Compliance Committee Data Monitoring Plan

Data Monitoring Plan: Supplemental Compliance Reports
Corporate Compliance Log
BABHA Fraud and Abuse Risk Assessment with Action Plan
Evaluation of Compliance Report
Corporate Compliance Fraud/Abuse Record
Corporate Compliance Privacy/Breach Record
Hotline Poster

Scale for Status Rating: Good-Improved-Fair-Poor

COMPLIANCE MONITORING

Monitoring	Status at Last Report	Status as of this Report	Comments
Electronic health record security breach monitoring (for violations of role-based security)	Good	Good	No findings.
Sanctioned provider (exclusion/ debarment) checks for employees and officers, contracted clinical service providers and selected vendors	Good	Good	No findings.

Auditing	Status at Last Report	Status at this Report	Comments
Contracted Service Provider Site Reviews	Good	Good	Site Reviews were conducted for all of the CLS providers, ABA providers, Inpatient-McLaren and all of the Primary Providers. No trends noted.
Record Reviews	Improved	Fair	FY24Q4 there were 101 records reviewed which was 86% of the assigned were completed. This was an improvement from last report. There were 30 trainings completed because of the reviews which is 77% completed. There were improvements in the Plan of Service having SMART goals and objectives, the IPOS was reviewed within intervals identified, services were provided as identified and the progress notes addressed the goals and objectives. There was a decrease in the discharge summary not including consumer satisfaction. Action Steps are to remind staff to include the frequency, scope, duration of services in the appropriate section of the IPOS, to provide services as identified in the IPOSW and to complete the Review of Progress within the timeframe identified in the IPOS. These areas were under the threshold of 95%.
Verification of Medicaid services provided for direct operated programs & contracted service providers	Good	Good	MEV audits completed over the last two quarters for ABA and Vocational providers in Q4. FY 25 Q1 MEV audits included CLS providers including internal. Internal CLS was provided to a consumer in crisis in their own home, the documentation was lost resulting in voiding claims for the amount of \$24,686. There were 29 MEV audits in Q4 completed and 9 required take backs. There were 12 MEV Audits in Q1 and 5 required take backs. Self Determination Coordinator has been completing monthly spot checks for MEV and quality in documentation and reporting to the CCC.

RISK ASSESSMENT			Status of Action Plans
Dep't of Justice Compliance Program Eval	Triennial	Next eval due in 2025	The 2022 self-evaluation was completed during the reporting period as scheduled. BABHA scored 99-100% on 34 out of 43 standards (80%). Of the 9 standards warranting improvement, action steps include more training for supervisors on compliance, strengthening training on policies and procedures, and post implementation evaluation of process changes to ensure regulatory compliance is fully actualized. Training for Supervisors has been developed and individual new supervisors have had one on one training. To address

RISK ASSESSMENT			Status of Action Plans
			education on policies and procedures this has been incorporated in the Relias System.
Fraud/Abuse Risk Assessment	Triennial	Next Assessment due 12/2026	Completed and presented to CCC 12/2023. Presented and Approved by HCICC 1/2024. The MEV reviews have been completed as scheduled and the increased amount of MEV's being conducted has been implemented. The external providers have been restricted from being able to do stand alone authorizations. The Self Determination Coordinator has provided monthly MEV and provider education and reported this to the CCC. A training schedule has been developed and staff development has assigned children's training to staff who need the hours. The EVV system has had a soft launch and is being implemented. IPOS training continues to be missed. Additional training has been conducted at Leadership Meetings and PNOQMC. The children's team has been educated on how to run reports on the training hours within Relias.
Security Risk Assessment	Annual	Completed July 2024	New Plan includes exploring new options to limit device access to the cloud based E.H.R. Access to PHI is protected by user name, password and 2 factor authentication. Explore ways to improve monitoring unauthorized attempts to access our facilities.

EDUCATION		
Persons Served	Frequency	Status
Consumer Council-Bay Consumer Council-Arenac	Annual/PRN	Website contains Fraud Abuse and Privacy education. Consumer Council will be educated in September. Self Determination education for new consumers has begun to be tracked and reported to MSHN as well as the 5% EOB's that are sent out annually.
Board of Directors	Frequency	Status
Full Board Corporate Compliance training	Annual	Completed June 27, 2024.
Additional compliance information provided for Board of Directors:		
<u>Date</u>	<u>Audience</u>	<u>Topic</u>
7/1/24	Health Care Improvement & Compliance Committee	Review of the Strategic Initiatives and the Corporate Compliance Program Evaluation. Behavioral Health Homes and Advanced Nursing Services.
8/5/24	Health Care Improvement & Compliance Committee	Review of Privacy and confidentiality updates and level of severity for breaches.
10/7/24	Health Care Improvement & Compliance Committee	Status of EVV system. Changes for the MiChiCANS assessment for children. Updates on a new unified electronic system for Corp Compliance.
11/4/24	Health Care Improvement & Compliance Committee	MEV system training. Changes to the Medicare requirements for F2F in person visits to be reinstated.
12/2/24	Health Care Improvement & Compliance Committee	Subpoenas and the need for consultation on the complicated court orders.

Supervisors	Frequency	Status
Standing compliance agenda item on Bi-Weekly Leadership meetings	Monthly	Completed

Supervisors	Frequency	Status
Supervisor-specific corporate compliance training	Annual	Developed initial training and provided training via email to Supervisors. Provided individual training to two new Program Managers

Additional Educational Activities for Supervisors:			
<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
10/1/24	All Leadership	Disaster Recovery/Breach procedures	Virtual

Employees	Frequency	Status
New employee orientation to corporate compliance, privacy and confidentiality	Monthly	Completed every month.
Corporate compliance training	Annual	KA completed "OIG General Compliance Program Guidance for 2024" on 5/14/24.
Privacy/security/confidentiality training	Annual	Phishing emails and Opening malicious mail; Phishing Reporting button on 4/9/24. Monthly email on the Security Newsletters. Supervisors training on Disaster Recovery and Breach procedures 10/1/24
Corporate Compliance Plan in-service	Annual	HCICC approval 6/3/24, Board approval 6/20/24 and staff training completed in July.
Email security drills (by Security Officer)	Quarterly	Phishing tests were conducted in January, March and May. January there were 20 people who clicked on the email and no one reported. In March, 24 people clicked and 5 people reported. In May, there was a dramatic increase both in people who clicked on the email and those that reported. 45 people clicked on the either the email contents or the attachment. 51 people reported the phishing email. The increase may have been a result of installing a Phishing Reporting button that staff just have to hit and it send the email to the Help Desk.

Additional Educational Activities for Personnel:			
<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
8/8/24	All staff and Primary Providers	Records request from consumers and prohibition of texting PHI.	Email
9/26/24	All staff and Primary Providers	Michicans and E.H.R	Email
9/26/24	All staff and Primary Providers	BHTEDS Changes for FY25	Email
9/27/24	All staff and Primary Providers	Changes to Preplan to include all waiver choices	Email

Contracted Service Providers	Frequency	Status
Corporate Compliance Training for Residential/ Community Living Support Providers	Annual	Completed 1/11/24
Corporate Compliance Training for Vocational Providers	Annual	Completed 2/29/24

Corporate Compliance Training for Primary Providers	Annual	Needs to be completed
Corporate Compliance Training for Autism Providers	Annual	Completed 4/16/24

Additional Educational Activities for Contracted Service Providers:

<u>Date</u>	<u>Audience</u>	<u>Topic</u>	<u>Type</u>
8/13/24	List Psychological	Compliance with Medicaid Standards	In person
12/16/24	PAO Administrative and Supervisors	Fraud and Abuse	In person

Corporate Compliance Staff & Leadership	Frequency	Status
Review of Regulatory Changes	Monthly	Completed
Review of Medicaid and General Fund Contract Boilerplate and Attachments	Yearly	Need to be completed
Review of CMS Office of Inspector General [Regulatory Compliance] Work Plan	Yearly	1/13/25

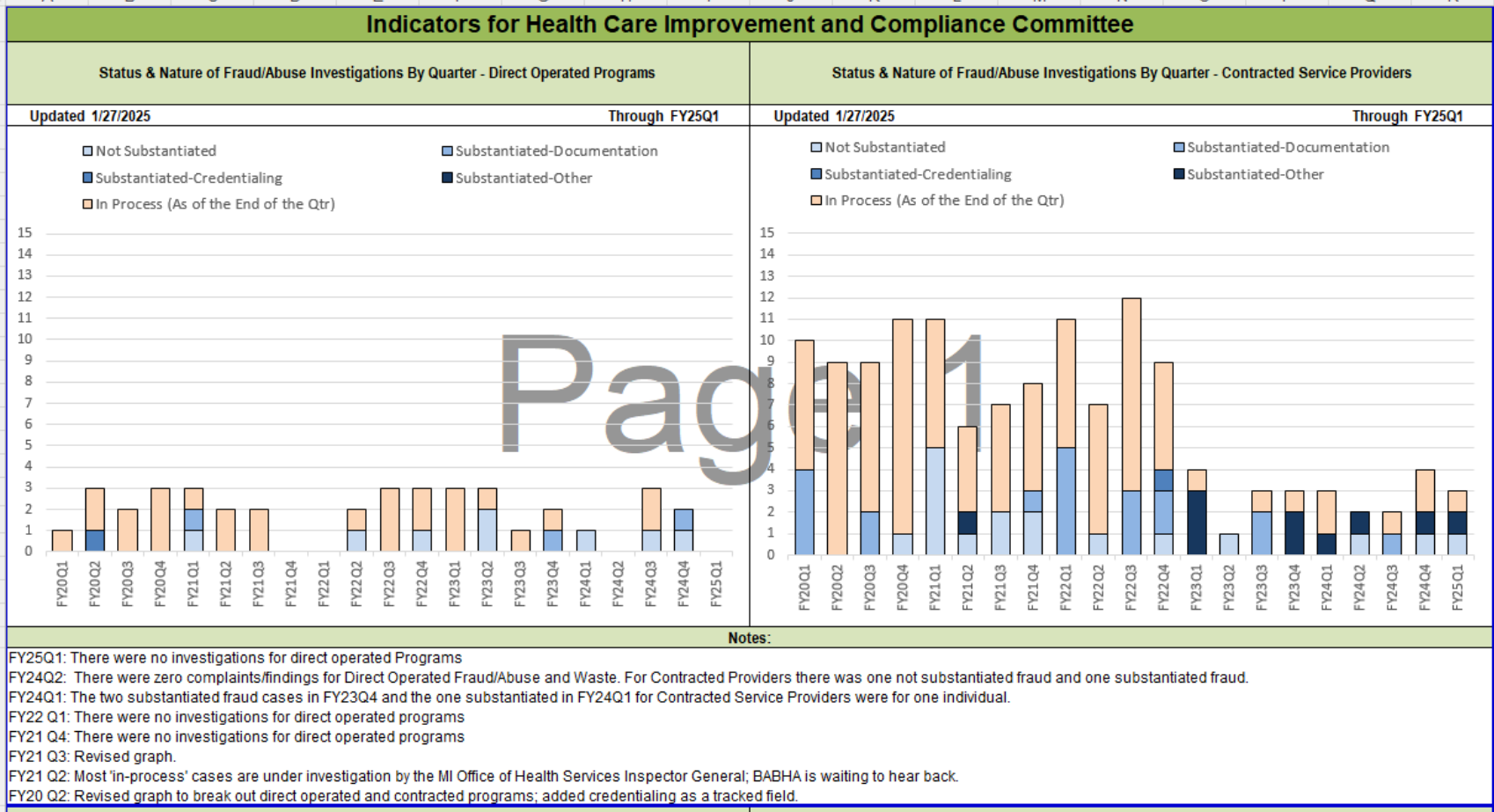
Educational activities for compliance leadership:

<u>Date</u>	<u>Audience</u>	<u>Topics</u>	<u>Type</u>
5/14/24	Karen Amon	OIG General Compliance Program Guidance for 2024	Webinar
8/29/24	Karen Amon	HIPAA Training for Compliance Officers	Webinar
12/5/24	Karen Amon	Telehealth Updates	Webinar

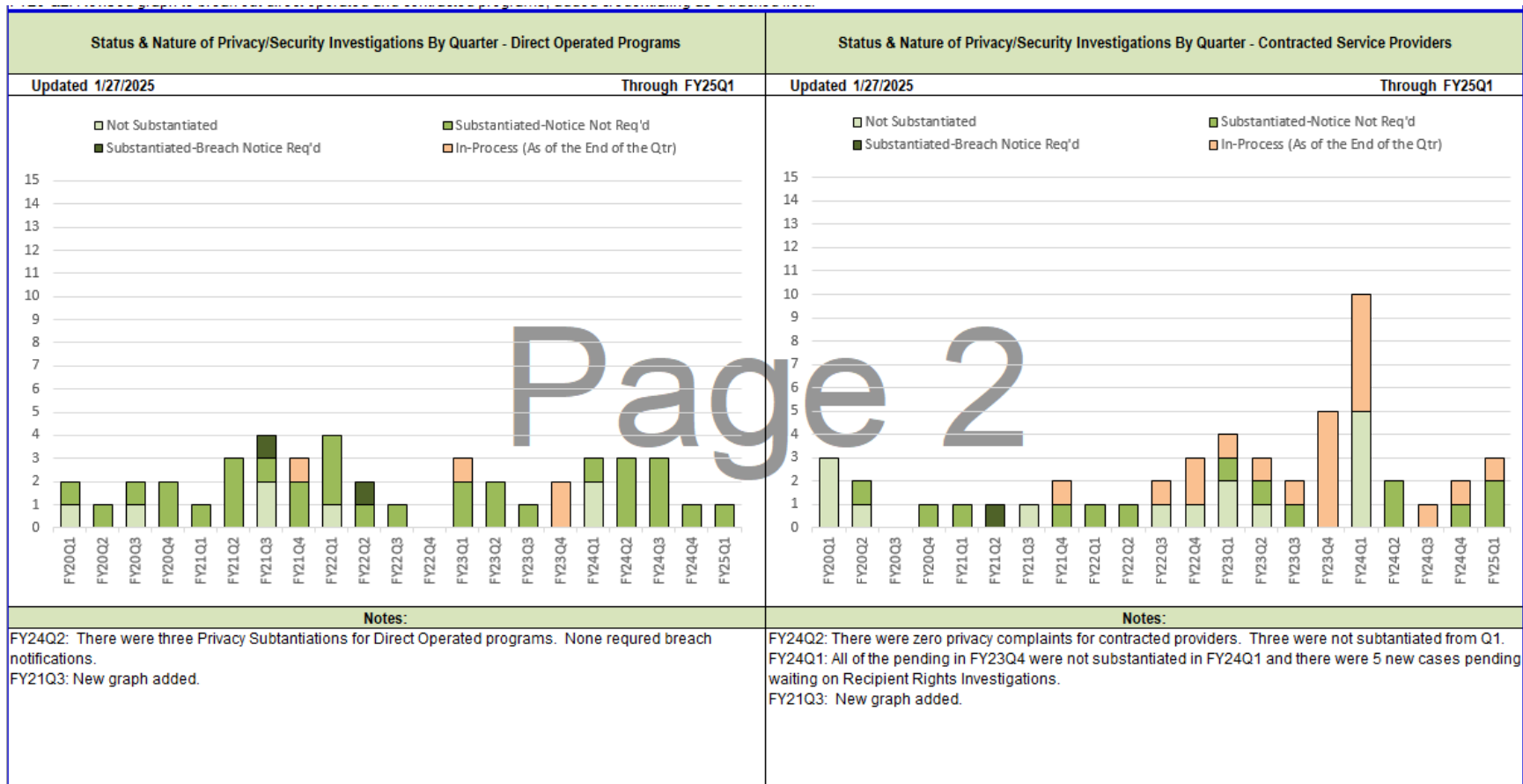
Report Prepared by:
Karen Amon, LMSW
Director of Healthcare Accountability

Date: January 13, 2025

Fraud/Abuse Investigations: Direct and Contracted Service Providers



Privacy/Security Investigations for Direct and Contracted Providers



IT Report for Corporate Compliance

The items reported on for the IT section of the corporate compliance report include the phishing report, security report, presenting the new IT dashboard, and status updates on the IT Management Strategic Operational Plan.

Phishing Report

In January's phishing test 17 users (7%) clicked on the simulated phishing email, and 41 users (16%) reported the email. We fared better than the industry average of 10% in this test.

August of 2024's test had 5 clicks (2%), and 65 reports (25%).

May of 2024's test had 45 clicks (28%), and 21 reports (8%).

We ran tests every other month as scheduled but had to omit the results of some tests due to false positives being reported when the spam filter "opened" the emails and "clicked" on the link. We have since developed a process to weed out the spam filter clicks while preserving accurate data.

More detail on our recent phishing test, as well as results dating back to October of 2019 can be found in the "January phish test report" PowerPoint.

Security Report

We have been using our AI powered intrusion detection software "Blumira" to help secure our environment and report on security findings.

In December there were 5 security findings, and all of them were determined to be false positives, so no actual security incidents occurred.

There were no other security incidents to report.

More detail on the Blumira findings, as well as past data can be found in the "Blumira_ES_December_2024" PDF.

New IT Dashboard

We have a new IT Dashboard to consolidate relevant information onto one screen. The topics reported on are phishing test information, security findings, and outage reports.

The current categories are:

- Phishing Clickers (% of users)
- Phishing Reporters (% of users)
- Security Findings (# of findings)
- False Positives (# of false positives)
- Resolved Security Incidents (# of resolved incidents)
- LAN Outage (recorded in hours, i.e., 15 minutes would be 0.25)
- WAN Outage (recorded in hours, i.e., 15 minutes would be 0.25)
- Phone Outage (recorded in hours, i.e., 15 minutes would be 0.25)
- Email Outage (recorded in hours, i.e., 15 minutes would be 0.25)
- Teams Outage (recorded in hours, i.e., 15 minutes would be 0.25)
- PCE Outage (recorded in hours, i.e., 15 minutes would be 0.25)

The snapshot included “Dashboard Jan 2025” includes real and simulated data to present what it will look like. The data that is real for this presentation are:

- Phishing Clickers
- Phishing Reporters
- Security Finding
- False Positives

All other data is test/simulated numbers for the sake of examples, as we did not have any resolved security findings or outages to report, but I felt it would be helpful to see what it would look like.

ITMSOP

The breakthrough initiative to implement the change to Microsoft 365 licenses is in progress at the time of writing this report and will be complete by the time this is presented. This change improves our ability to manage devices whether they are on or off our network and increases our security capabilities.

The Vendor and Performance monitoring environmental scan has seen progress by implementing our new IT Dashboard to modernize what we report on and reporting relevant

information, as well as auditing our Microsoft licensing count as part the changeover to Microsoft licenses from Office licenses.

The Maintain cost effective telecommunication systems environmental scan has seen progress by identifying a unified communications system to replace our end-of-life phone system and has already gone through board level approval. This is scheduled to start implementation around June-July.

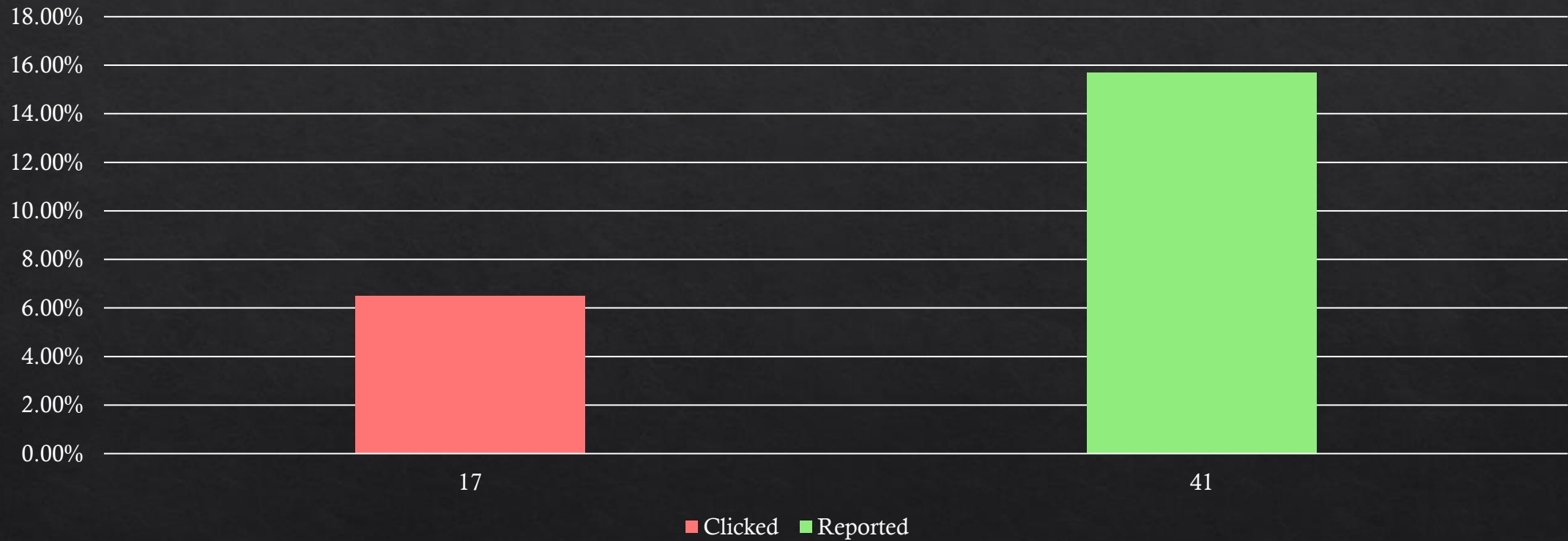
The Increase mobile and remote work technologies environmental scan has a target date of this September, and required the change to Microsoft licenses to facilitate the remote management necessary to move this forward.

Phishing test report

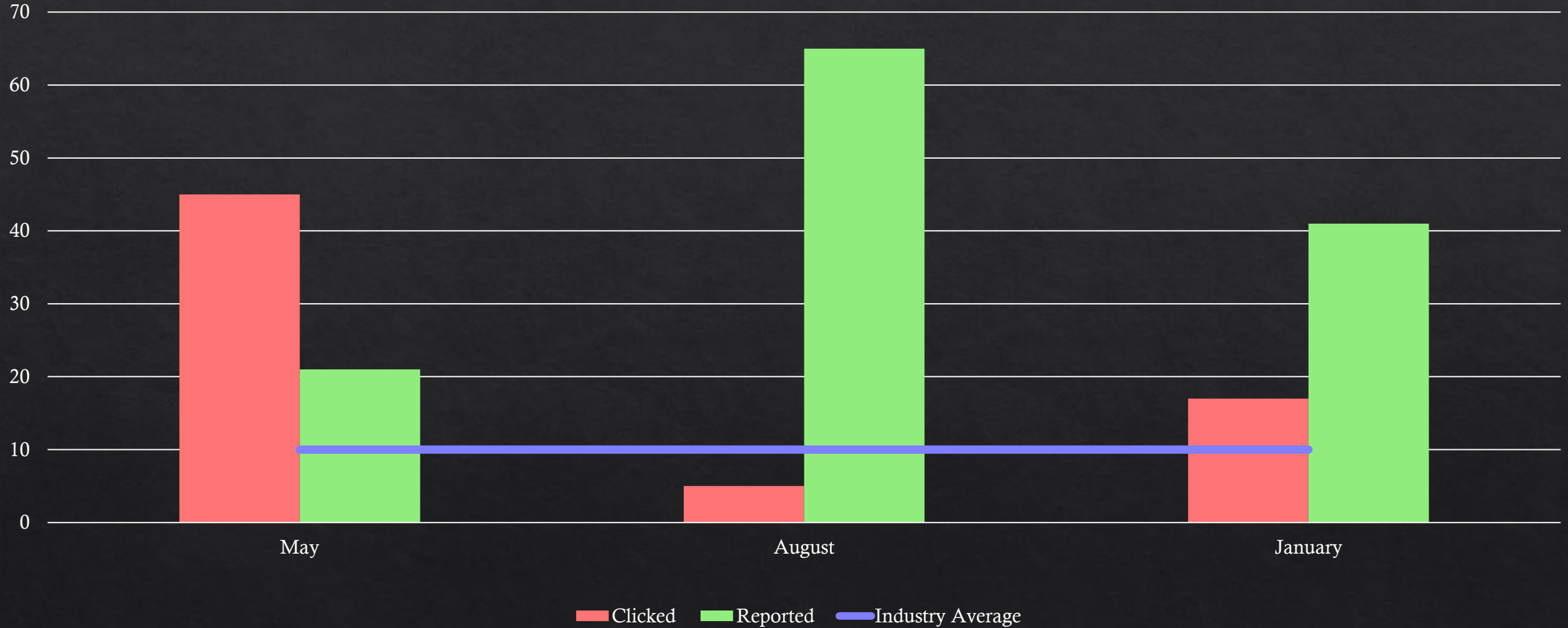
January 2025

January phishing test results

Recipients 261

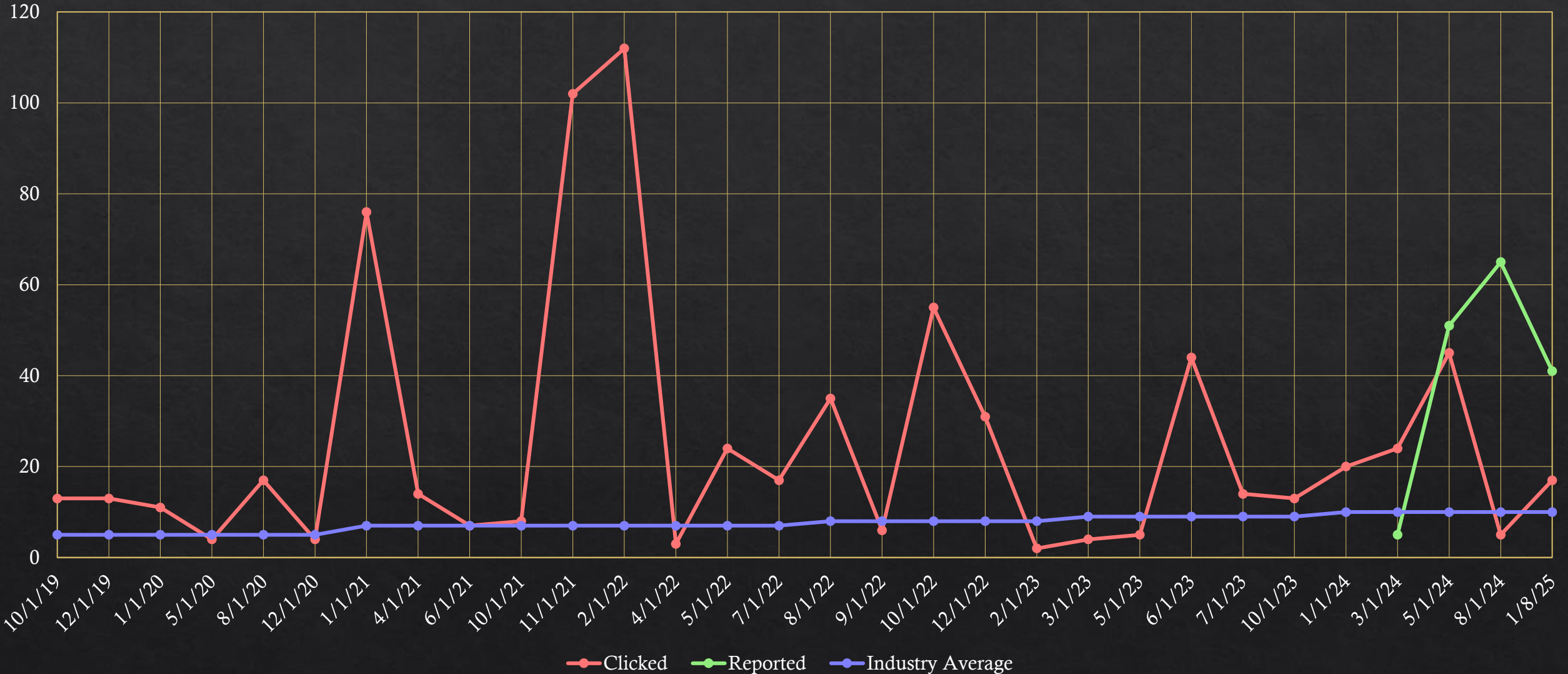


Phishing tests, last 3



** Omitted some month's tests due to false positives from a software update to the spam*

Entire history of phishing tests



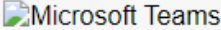
What was sent out

Microsoft Teams <noreply@teams-microsoft.us> ☺ ↩ Reply ↩ Reply all ➡ Forward 🔗 📧 🗒 ⋮ Tue 1/28/2025 11:58 AM

To: 🕒 Jesse Bellinger

ⓘ Some content in this message has been blocked because the sender isn't in your Safe senders list. Trust sender Show blocked content

WARNING: This message has originated from an **External Source**, please use caution when opening attachments or clicking links.

 Microsoft Teams

URGENT message in Teams


[REPLY in Teams](#)

[Unsubscribe](#) | [Help](#)

This email was sent to Jesse Bellinger

We are constantly working to enhance your Teams experience and empower your teams to achieve even more. We are committed to delivering new features, improving performance, and ensuring the highest level of security.

Sent out (with mouse hovered over link)


Microsoft Teams <noreply@teams-microsoft.us>
To:  Jesse Bellinger

Reply Reply all Forward

Tue 1/28/2025 11:58 AM

Some content in this message has been blocked because the sender isn't in your Safe senders list. [Trust sender](#) [Show blocked content](#)

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URGENT message in Teams

[REPLY in Teams](#)

Original URL: <https://googl-e.secured-login.net/XdXJgsPWh0dHmBzOi8vZ2q9vZ2wtjuZS5zeZWN1cmVkuLWyxvZ2luLm5ldC9wYWdlIcy9mMjc1ZWRjNjkyYiZlbWFpbF90ZW1wbGF0ZV9pZD04NjM3OTJmFjdGlvbj1wcmV2aWV3JnVzZXJfaWQ9NzM3NjAyNzU=>. Click or tap if you trust this link.

[Unsubscribe](#) | [Help](#)

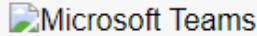
This email was sent to Jesse Bellinger
Page 41 of 48

Red Flags

Microsoft Teams <noreply@teams-microsoft.us>
To: Jesse Bellinger
Tue 1/28/2025 11:58 AM

Some content in this message has been blocked because the sender isn't in your Safe senders list. [Trust sender](#) [Show blocked content](#)

WARNING: This message has originated from an **External Source**, please use caution when opening attachments or clicking links.


URGENT message in Teams

Creates sense of urgency to get you to act without careful consideration.

Hovering over the link shows it will not take you where you want to go.

[REPLY in Teams](#)

Original URL: <https://googl-e.secured-login.net/XdXJgsPWh0dHmBzOi8vZ2q9vZ2wtjuZS5zeZWN1cmVkuLWyxvZ2luLm5ldC9wYWdlcy9mMjc1ZWRjNjkyYiZibWFpbF90ZW1wbGF0ZV9pZD04NmM3OTJmFjdGlvbj1wcmV2aWV3JnVzZXJfaWQ9NzZM3NjAyNzU=>. Click or tap if you trust this link.

[Unsubscribe](#) | [Help](#)

This email was sent to Jesse Bellinger
Page 42 of 48

Phish Alert Button

- ◆ Introducing our new phish alert button (PAB). Use this button to report all suspected phishing emails (real and tests). Available on Outlook (app and web), and Outlook mobile app.



Blumira Executive Summary

December 2024 - Bay Arenac Behavioral Health

Blumira helps prevent ransomware and data breaches, saving you money and time while reducing your overall risk. The Blumira security platform analyzes your data, detecting and alerting you to potential threats faster.

How much data has Blumira analyzed & retained to date?

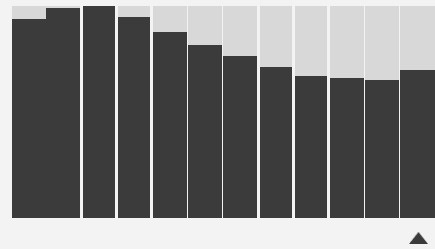
4.8TB

Data includes user, device and network activity like computer logins, network access attempts, and much more.



Typical SIEM pricing (\$4k/month per 1024GB/1TB of logs) causes unpredictable costs and limited visibility. Blumira gives you affordable pricing with unlimited data for full coverage without tradeoffs.

Previous 12 Months (GB)



How many total security findings did Blumira generate from this data?

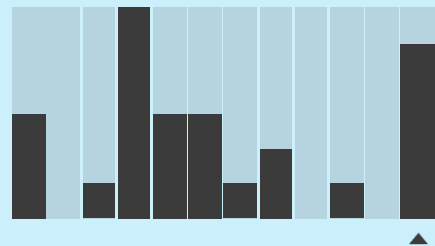
5

This is the total number of security findings that Blumira found while automatically analyzing all of your data, around the clock.



Blumira's detection team creates detections, so you don't have to hire a team of security analysts to do that for you.

Previous 12 Months



How many were determined by Blumira to be threats?

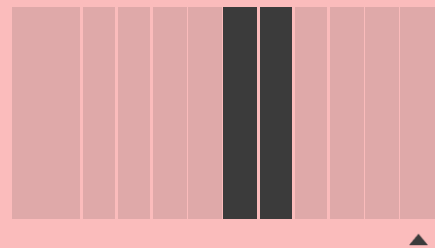
0

These are P1 level threats which Blumira has determined are the highest level of concern.



By automatically prioritizing threats as they are detected, Blumira saves you time on triaging so you can focus on the highest priorities.

Previous 12 Months



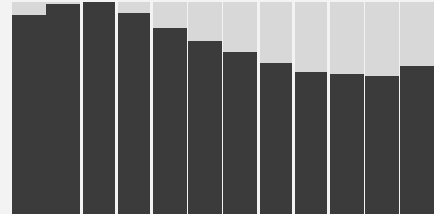
How much data has Blumira analyzed & retained to date?

4.8TB



Storing this amount of data in other SIEMs is up to 5x the cost of Blumira. Unlimited data storage significantly reduces your total cost of ownership.

Previous 12 Months (GB)



Where did this data come from?

	Data Source	Log Events Seen per Hour
1	Microsoft Windows	685023
2	Blumira - Windows (Agent)	175036
3	Fortinet - Traffic	117661
4	Blumira - Agent Audit Logs	7626
5	Fortinet - DNS	4610

How many total sources of data are you sending to Blumira?

37 Sources

Adding more data sources increases Blumira's ability to detect potential threats across your environment. Blumira's platform integrates with your current tech stack to centralize your data, provide more insights and get the most out of your existing investments.

of Data Sources previous 12 Months



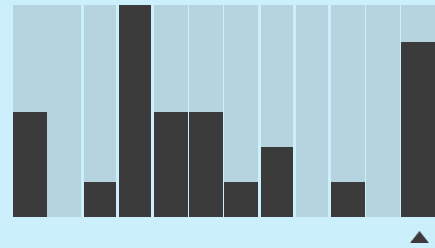
How many total security findings did Blumira generate?

5



Blumira's detection team creates detections, so you don't have to hire a team of security analysts to do that for you.

Previous 12 Months



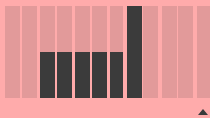
How does this number break down?

Threats

0

An event that Blumira has determined, with a high level of confidence, poses an immediate and real threat to the security of data or resources.

Prev 12 Months



Suspects

5

Items that cannot be verified as being a threat due to lack of information surrounding the event. Suspect events require further investigation.

Prev 12 Months



Risks

0

Security events that are a risk to any organization and could lead to Suspects and Threats in the future. Immediate action not required in most cases.

Prev 12 Months

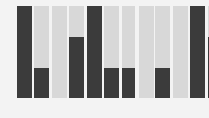


Operational

2

Items that pertain to day-to-day operations. They are not necessarily security-related, but Blumira detected them in our logs.

Prev 12 Months



High Priority (P1)

0

Previous 12 Months



Moderate Priority (P2)

0

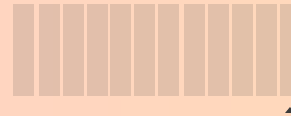
Previous 12 Months



Lower Priority (P3)

0

Previous 12 Months



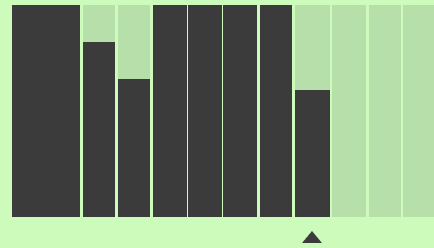
How many total security findings were resolved this period?

60%



Increasing resolution rates can help with future audits and reduce outstanding issues to help close any potential security gaps.

Previous 12 Months (%)



What were the top detection categories?



Top Findings

	# of Findings	Finding Name	Detection Type
1	2 ↗	Potential Cleartext Password on Local System by File Write	P3 Suspect
2	1 ↗	Reconnaissance via Net Commands	P3 Suspect
3	1 →	Microsoft 365: Tenant Allow/Block List Entry is About to Expire	P3 Operational
4	1 ↗	Windows User Group Deleted	P3 Operational
5	1 ↗	Duo: User Reported Fraudulent Authentication Attempt	P2 Suspect
6	1 →	Potential Cleartext Password on Local System by Process	P3 Suspect



Sum of Value by Quarter and DashboardMeasure

