



## SHIAWASSEE HEALTH AND WELLNESS POLICY MANUAL

<b>Title:</b>	Corporate Compliance
<b>Section:</b>	Corporate Compliance
<b>Policy Number:</b>	1
<b>Issued By:</b>	Director of Strategic Services
<b>Approved by:</b> Corporate Compliance Committee <b>Approved on:</b> 06/19/2020	<b>Effective Date:</b> 07/27/09 <b>Last Revision:</b> 1/13/2023 <b>Last Review:</b> 1/13/2023

### **POLICY STATEMENT:**

It is the policy of Shiawassee Health and Wellness (SHW) to implement an active Corporate Compliance Program.

### **PURPOSE:**

The purpose of this policy is to identify the duties, activities, and responsibilities of the Corporate Compliance Program as identified through the Corporate Compliance Plan.

### **DEPARTMENT OF HEALTH AND HUMAN SERVICE DEFINITION:**

Corporate Compliance is a program of effective internal controls that promote adherence to federal and state law and the program requirements of federal, state, and private health plans.

### **CORPORATE COMPLIANCE OFFICER RESPONSIBILITIES:**

These include but are not limited to those activities listed below. These activities may also be delegated to an individual qualified to perform said functions.

1. Oversight of the operations of the compliance program
2. Reports to the Chief Executive Officer (CEO) on compliance matters
3. Recommends revisions to the program and policies as necessary
4. Investigates and act on reported compliance related concerns
5. Assure that all state and federal standards related to corporate compliance are followed
6. Oversee that the internal monitoring is being followed
7. Assure disclosure of information related to individuals with ownership or control interests in a provider entity is maintained and promptly reported to the state

8. Oversees and facilitates efficient training programs designed for employees to understand antitrust compliance, ethical practices, and other applicable legal requirements thereby ensuring employees are aware of the compliance program and applicable regulations.
9. Prepare and maintain an active Corporate Compliance Plan. If the Corporate Compliance Plans spans multiple years, it will be reviewed, and if necessary revised no less than annually.

**CORPORATE COMPLIANCE COMMITTEE MEMBER RESPONSIBILTIES:**

1. Meet on sensitive compliance issues requiring decisions regarding potential corrective action,
2. Assist the Corporate Compliance Officer in monitoring, revising, and updating the compliance program and policies as necessary,
3. Keep apprised of changes in regulations, payor requirements, etc. that affect SHW,
4. Recommend the development, implementation and monitoring of policies and actions taken to address areas of risk,
5. Assist in the analysis of compliance related activities so as to determine the effectiveness of the program.
6. Shall be involved in the review of the training program for both employees, board members and as determined necessary network providers.

**FRAUD AND ABUSE:**

One of the goals of the corporate compliance function is to prevent and detect fraud, abuse, and waste in the organization.

Fraud is defined as the knowing and willful execution or attempt to execute a scheme to defraud a health care benefit program to obtain, by means of false or fraudulent representation or promise, any money or other property owned by a health care benefit program. This includes any act that constitutes fraud under applicable federal and state law

Abuse is defined as incidents or practices that are inconsistent with sound fiscal, business, or medical practices that may result directly or indirectly in unnecessary program costs, improper payment, or payment for services that fail to meet professionally recognized standards of care or that are medically unnecessary.

Areas of high risk specific to fraud and abuse will be evaluated no less than annually as an element of the Corporate Compliance Work Plan. These areas may include but are not limited to:

1. False claims such as up or down coding to obtain higher payment
2. Bill for false or unnecessary services
3. Submit claims without adequate documentation
4. False documentation used to support and bill a service never given
5. Provide service without a license or without meeting training requirements
6. Bribes and kickbacks or gifts as incentives to do business
7. Actively engage in data mining activity to verify compliance to regulatory standards and to mitigate risk.

Audits of network providers are conducted in accordance with existing Policy and Procedures. These audits will look for improper billing documentation and undocumented services (items 1, 2, 3 & 4). validation of credentials is conducted on all providers (item 5). Staff and officers are required to sign an ethics affidavit as a condition of employment. Contractors also are required to sign a binding contract that includes these items. Annual compliance audits of the accounting and financial functions are conducted by an independent auditing firm and the state.

Healthcare fraud and abuse is prosecuted under the Federal False Claims Act. This Act prohibits a person or entity from knowingly presenting, or causing to be presented, claims or false records or statements to the Federal government in order to get payment for a false or fraudulent claim. CEOs and Boards can be subject to criminal penalties as well as monetary civil penalties for individuals.

The Deficit Reduction Act and The Medicaid Integrity Program authorize additional Federal scrutiny of healthcare providers, more audits and investigations. The standard for guilt in an investigation is, "If you knew or should have known", the fraudulent activity was taking place.

#### **REPORTING VIOLATIONS:**

SHW employees, independent contractors, and subcontractors are to report perceived violations of this corporate compliance program, and/or applicable federal, state laws and third-party payor rules to the Corporate Compliance Officer or representative designee.

Employees, independent contractors, and subcontractors are to report any compliance-related concerns to the Shiawassee Health and Wellness Corporate Compliance Officer by any of the following methods:

1. Drafting a written note and placing it in a sealed envelope marked "CONFIDENTIAL" and placing such envelope in the Compliance Officer internal mailbox; or
2. Directly speaking to the Compliance Officer in person or by phone at (989) 723-0750 and making such report verbally.
3. Drafting a written note with a cover sheet marked "confidential" and faxing to the dedicated Corporate Compliance number 989-723-0740

The Corporate Compliance Officer will take all concerns seriously and will promptly (maximum of 7 business days) initiate investigation of all reports made. Reported concerns that are merely seeking advice or clarification will be handled accordingly. Note that some reported concerns might provide information that is too sparse to act upon.

Note - Human Resource issues will be directed to the Director of Human Resources. Issues pertaining to the Provider Network will be directed to the Contracts Manager. Recipient Rights issues will be directed to the Recipient Rights Officer.

#### **DISCIPLINARY POLICY REGARDING EMPLOYEES:**

SHW may take disciplinary action regarding substantiated claims of fraud or abuse, as determined by SHW, of wrongdoing in violation of the corporate compliance program. No employee who makes a report of alleged wrongdoing in good faith may be subjected to reprisal, harassment, retribution, discipline, or discrimination by SHW or any of its employees or agents based on having made the report. Any SHW employee or agent who engages in any such reprisal, harassment, retribution, discipline, or discrimination against a good faith reporter may be subject to disciplinary action as deemed appropriate by SHW.

Employees will be subject to prompt disciplinary action if SHW concludes that the employee knew or should have known that the reporting of wrongdoing was fabricated, not based on true facts, or made in bad faith or that the report was distorted, exaggerated, or minimized to either injure someone else or to protect himself/herself or others.

To effectively enforce the compliance program and incorporated policies, the SHW Corporate Compliance Officer may recommend to the CEO or designee that disciplinary action be taken against an employee for failure to comply with the program or incorporated policies. However, the CEO will maintain authority over employee disciplinary issues.

The proposed disciplinary action may include, at the sole discretion of the CEO, such sanctions ranging from, but not limited to oral counseling, official reprimand, suspension, or termination.

SHW remains a just-cause employer who may discharge employees with notice and/or without cause. Nothing in this policy alters or shall be construed to alter the just-cause employment of SHW employees.

### **THIRD PARTY REQUIREMENTS:**

Third-party payors to which SHW submits claims and/or cost reports will provide a copy of the following applicable documents:

1. Manuals
2. Bulletins
3. Contracts
4. Other relevant publications or reference documents published by the major third-party payors

The Corporate Compliance Officer (or designee) is responsible for overseeing that emphasis will be placed on educating staff and providers on how to gain access to all Medicaid manuals and bulletins applicable to community mental health services providers such as the Michigan Medicaid Community Mental Health Services Manual.

The Corporate Compliance Officer (or designee) and one member of the finance department (as designated by the Corporate Compliance Officer), shall be responsible for reviewing applicable publications, bulletins and manuals when received to determine if such information should be disseminated to relevant employees and subcontractors. If it is determined that pertinent information from these publications would be valuable/necessary or employee's job duties/functions are impacted by the information, the Corporate Compliance Officer (or designee) shall internally distribute the information to staff or subcontractors as appropriate.

### **DISCLOSURE:**

Providers are required to disclose information related to ownership or control interest in a provider entity at enrollment, reenrollment or at any change in organization. Exclusion information obtained in a disclosure from a provider about an individual with ownership or control interest in a provider entity will be forwarded to the state immediately.

The Medicare Exclusion Database (MED) available on line as the List of Excluded Individuals/Entities (LEIE) database (or equivalent) will be reviewed on a monthly basis for all health care providers, individuals or entities with ownership or control interest in a provider participating in the network.

### **TRAINING:**

All employees, including members of the Corporate Compliance Committee and providers, are required to take part in annual Corporate Compliance training. SHW will specify and provide training to employees through both on-line and in person sources.

The Corporate Compliance Officer (or designee) will annually review the training curriculum to ensure that it contains relevant and up to date information.

The Corporate Compliance Officer will annually participate in an additional 6 hours of Corporate Compliance specific training.

**REFERENCE DOCUMENTS:**

Staff Code of Ethics  
Officers Code of Ethics  
Employee Education Policy  
Documentation Retention Policy  
Prohibited Affiliations and/or Exclusion or Conviction Policy  
Written Plan of Service and Person-Centered Planning  
Credentialing Policy  
SCCMHS Annual Corporate Compliance Plan

**REFERENCES/LEGAL AUTHORITY:**

1. Department of Health and Human Services, Office of the Inspector General Annual Work Plan.
2. American Recovery and Reinvestment Act of 2009, P.L. 111-5
3. Deficit Reduction Act/Medicaid Integrity Program of 2005
4. Balanced Budget Act of 1997

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
8/31/12	Revised	Corporate Compliance Committee
10/22/13	Revised	Dirk Love Corporate Compliance Officer
12/26/18	Format Change	Jamie Burke, Executive Assistant
5/12/20	Policy Review, procedure change	Dirk Love Corporate Compliance Officer
4/13/2022	Policy Review, Procedure review without changes	Dirk Love Corporate Compliance Officer
1/13/2023	Policy Review, Procedure review with changes	Dirk Love, CCO: Vickey Hoffman Compliance Specialist

Section: Corporate Compliance  
Policy Number: 1  
Policy Name: Corporate Compliance