CORPORATE COMPLIANCE PLAN
2012

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

Revised: January 2012

Introduction: CMH is committed to conducting itself with the utmost professional integrity and honesty. This commitment extends to all aspects of business. This plan lays out the expectations and procedures for carrying this out in a structured and accountable manner.

I. Written Standards of Conduct: These standards are established to promote a clear commitment to compliance from employees, contractors, and agents.

A. Community Mental Health of Ottawa County (CMHOC) has in place the following written policies and procedures that address compliance.

1. Executive Director Responsibilities (Policy BRD 4.0): Specifies responsibility of Director to act in accordance with law and professional ethics.

2. Organizational Ethics (Policy 1.2): embodies standards of behavior for CMHOC providers in the professional relationships with those they serve, with colleagues, with the governing body, with other professions, with the community, with billing, accounting and marketing practices.

3. Recipient Rights Policies (Policy Section 1): specifies policies on consumer rights and processes that address state laws and guidelines.

4. Claims Verification (Policy 2.20): Specifies procedures to audit claims to assure that payments for services are made properly.

5. Policy and Procedure Formulation, Revision, and Review (Policy 6.3): Specifies organizational process for reviewing and changing policy.

6. Credentialing (Policy 9.2): Specifies process for assuring that the appropriate education, licensure, and other certifications are verified for each service provider.

7. Functions and Abilities (Policy 9.5): Specifies job functions, requiring minimally an annual staff evaluation.

8. Volunteers (Policy 9.11): Requires a criminal background check for volunteers, and assures that orientation is provided and documented.

9. Clinical Staff Committee (Policy 9.13): Committee is responsible for reviewing all privileging requests and making recommendation to the CMH Board of Directors.

10. Competency and Performance Evaluation (Policy 9.14): Competency evaluations, based on job functions and a competency matrix, are completed at hire, 6 month probation and annually thereafter.

11. Clinical Documentation (Policy 9.16): Specifies expectations for documentation of clinical services as specified in the consumer's Individual Plan of Service.

12. Improving Organizational Performance (Policy 6.1): describes CMHOC's process to "design processes, measure data, assess outcomes, and then improve performance through the cycle of continuous quality improvement". This includes a description of performance data tracked by QI committees.

13. Ottawa County Personnel Policies and Procedures, HR-7. Employee Behavior, Discipline, and Rules of Conduct.

B. Community Mental Health of Ottawa County (CMHOC) has in place the following written policies and procedures that address compliance specifically relating to privacy and security of health care information. These policies are consistent with Ottawa County policy specified in "Policies for Protection of the Privacy of Protected Health Information", effective on April 14, 2003.

1. Ottawa County IT Policies and Procedures 02. Use of Electronic Mail and Privacy.

2. Ottawa County IT Policies and Procedures, 04. Internet Use Policy.

3. Ottawa County IT Policies and Procedures, 01. Acceptable Use.

4. Ottawa County IT Policies and Procedures 06: Remote Access and Application Service Provider Policy.

5. Ottawa County IT Policies and Procedures 07: Wireless Access Policy

6. Ottawa County IT Policies and Procedures 08: Social Media Policy

7. Privacy and Security of Information (10.8): Specifies agency expectations on the release and privacy of protected health information.

8. Telefacsimile Policy (10.6): Specifies reasonable practices to assure faxes are sent to the authorized individual consistent with agency policy, and that areas that receive and send faxes are reasonably secure.

9. E-Mail Policy (10.9): Specifies parameters to secure information sent via e-mail

C. CMHOC is an affiliate member of the Lakeshore Behavioral Health Alliance. This alliance also has written requirements related to compliance activities. These policies are listed below and active for all affiliate members.

1. Claim Payment and Data Collection Procedure (No. 20-3)
2. Security Policy (Health Insurance Portability and Accountability Act of 1996), (No. 20-4)
3. Data Processing (No. 20-5)
4. Procurement of Services (No. 20-16)
5. Behavioral Health Services Contract Requirements (No. 20-18)
6. Regulatory Management (No. 20-20)
7. Monitoring of Civil and Criminal History of Providers (No. 20-28)
8. Provider Sanctions by Affiliates (No. 20-40)\

9. Affiliation Medicaid Claims Verification (No. 20-43)

II. Structure and Responsibilities: The structure of the Compliance Program is designed to appoint high level personnel as responsible for overseeing compliance at CMHOC. Care is utilized to avoid delegating substantial discretionary authority to any individuals whom CMHOC knows (or should have known) have a propensity to engage in illegal activities.

A. Compliance Officers and Compliance Committee

1. The role of Compliance Officer will be held by CMHOC's Director of Quality Improvement, or their designee. See the attached job function for specific expectations and duties.

2. The role of Privacy Officer will be held by CMHOC's Recipient Right's Director, or their designee. See the attached job function for specific expectations and duties.

3. The role of Security Director will be held by CMHOC's Director of Information Technology, or their designee. See the attached job function for specific expectations and duties.

4. A Compliance Committee comprised minimally of the Compliance Officer, Privacy Officer, Security Officer, Contract Manager, and Corporate Counsel will meet on a regular basis (no less than quarterly) to identify compliance issues and report these to CMHOC's Executive Director. In order to maintain integrity, any staff with a conflict of interest may not hold any of these positions nor sit on the Committee.

5. Summary and trend data on compliance will be reported no less than annually to CMHOC's Leadership Group.

6. Ottawa County Community Mental Health Board: The Board will receive summary and trend data on compliance annually.

7. Role of Ottawa County Corporate Counsel: The corporate counsel for Ottawa County provides overall interpretation and consultation on compliance issues and activities. Compliance issues may be directed to the counsel assigned by Ottawa County or his/her designee.

8. CMHOC is an affiliate member of the Lakeshore Behavioral Health Alliance, and compliance issues can be brought to the attention of Muskegon County Community Mental Health. The Alliance will receive copies of the Compliance Committee reports after approval from the Leadership Group.

B. Functions: The following list describes functions that together comprise the compliance program at CMHOC.

1. Contract Management System: Contractual service providers receive an annual review, and when applicable, a site visit. Contractual performance, training, licensure, verification of a

sample of submitted claims, and other requirements are reviewed prior to contract renewal.

2. Billing Review and Audit: Consistency between billing and documentation is reviewed on a concurrent basis.

3. Quality Improvement System: A number of committees track performance expectations across the agency, reporting these to the Leadership Group, Program & Clinical Services Committee, and/or the Board.

4. Health Information Management: Thoroughness, completeness, timeliness, accuracy, and accessibility to health information is monitored with corrective action required when necessary. The Medical Records Manual, Avatar user guides, and CMH policy/ guidelines will specify requirements for documentation, and other privacy and confidentiality issues. Consistency between service provision and the authorized Individual Plan of Service is reviewed.

5. Accreditation / External Review: CMHOC maintains CARF accreditation in directly operated core clinical programs and is certified by the Michigan Department of Community Health.

6. Recipient Rights Process: CMHOC meets all state requirements for consumer rights, reviewing consumer incidents, complaints and confidentiality issues as evidenced by successful review of the Michigan Department of Community Health's Office of Recipient Rights.

7. Human Resources: Education and licensure requirements are source verified. Criminal checks and education verification are the responsibility of Ottawa County Human Resources. Verification of licensure and review of excluded providers, Board members, and relevant contract providers will be carried out by CMHOC's Quality Improvement Unit.

III. Training and Education: The goal of compliance training and education is to effectively communicate the standards and procedures to all employees and agents.

A. CMHOC will assure that the following trainings on compliance, privacy and security are completed.

1. Privacy training (per the HIPAA standards) was initially provided to all staff prior to April 14, 2003. All staff are provided updated training at least annually since that time.

2. CMHOC sent pertinent information on privacy requirements to all network providers in 2003 and have continued to do so annually at a minimum.

3. All contract providers receiving in excess of 5 million dollars of Medicaid funds annually are required by contract and federal rules (DRA) to establish internal compliance programs.

4. All CMHOC staff will receive orientation on the compliance, privacy and security program at time of hire as well as annual updated information. At the time of orientation, staff will be

asked to review the Compliance Plan and sign indicating their receipt of that plan using the "Policy Receipt Statement". Completion of initial training will be documented on the individual's training record.

5. An initial training on corporate compliance and security was completed for CMHOC staff during 2005, and will continue to be provided annually.

6. Training on compliance and security will be offered to contractual providers on a regular basis at their request.

7. Informational updates will be made available to all CMHOC providers and contractual service providers as necessary, but no less than annually.

8. CMHOC staff and contractual staff will periodically receive updates on proper coding and documentation.

9. Updated information regarding compliance standards will be communicated no less than annually through either staff training or written updates such as newsletters. Contractual entities will receive at least annual compliance updates as well.

10. Whenever a new compliance issue or standard is identified, communications will go out to all applicable staff and agents.

IV. Enforcing Standards: These standards are developed and maintained as reasonable steps to achieve compliance with standards and include monitoring and auditing systems. They also describe publication of systems for employees to use when reporting violations of code standards, as well as criminal conduct, without fear of retribution.

A. Suspected violations or misconduct may be reported in writing, via phone, or via e-mail. If at all possible, the reporter should be advised of the process and the details documented as completely as possible.

B. There will be a process for allowing CMHOC staff to report suspected compliance problems.

1. Staff must report suspected compliance issues to the Compliance Officer at (616) 393-5685.

Examples of issues to be reported include:

a. Fraudulent or incorrect billing practices,
b. Documentation problems, and/or
c. Service authorization problems.

2. Issues specific to federal privacy guidelines will be reported to the Privacy Officer at (616) 393-5763.

Examples of issues to be reported include:

a. Improper release of information,
b. Staff behavior in public places,
c. Poor agency practices, and/or

d. Obtaining information beyond a "need to know basis".

3. Issues specific to information system security will be reported to the Security Officer at (616) 393-5648.

Examples of issues to be reported include:
a. Password sharing,
b. Failure to follow authorization procedures, and/or
c. Equipment failure resulting in loss of data.

4. Staff or agents who do not wish to report to the above named individuals will also report compliance issues to any of the following sources:
a) County of Ottawa Privacy Officer at (616) 738-4861 or grappleye@miottawa.org
b) County of Ottawa Security Officer at (616) 738- 4833 or dhulst@miottawa.org
c) Lakeshore Behavioral Healthcare Alliance Corporate Compliance Officer:
i) Direct telephone: (231) 724-6053
ii) Hotline: (231) 724-6575
iii) Corporate_compliance@ cmhs.co.muskegon.mi.us (underscore is used between corporate and compliance)
d) Office of Inspector General at 1-800-HHS-TIPS (1-800-447-8477)

5. Failure to report a compliance violation may lead to disciplinary action. Furthermore, retaliation for reporting an alleged compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

C. A review of every reported compliance incident or concern will be initiated within 15 business days. The investigation and the results there from will be documented and reviewed by the CMHOC Compliance Committee.

D. In the event any staff feels threatened, or is not getting an appropriate response, they may contact the assigned Compliance Officer, Privacy Officer, or Security Officer. They may also contact the legal counsel assigned by Ottawa County should they desire. They may also contact the Lakeshore Behavioral Health Affiliation main office at (231) 724-6053.

V. Auditing and Monitoring

A. The following agency monitoring checks will be in place to enforce compliance standards.

1. Contract Monitoring and Checklist: Findings from contract reviews will result in necessary follow-up. Fraudulent practices may result in termination of a contract. Aggregated findings will be reported to Compliance Committee.

2. Clinical Records Auditing: Findings will be shared with supervisor who are charged with ensuring that record documentation is a required competency for all clinical staff evaluated annually. Recurrent inadequacies will be grounds for discipline. Aggregated findings will be reported to the Medical Records Committee for analysis and reporting with recommendations to Leadership quarterly.

3. Concurrent Billing Review: Billing audits will be held on a monthly basis. Any billing errors will be corrected, or if this is impossible, will not be billed

4. Billing Errors: If the organization finds that improper billing has occurred, it will follow protocol to assure that no payor will be billed or charged for such services.

5. Medicaid Claim Audit: Semiannual performance Medicaid verification of claims review are completed and findings are presented to the LBHA.

6. Medication Audits: Records will be reviewed to assure proper documentation of medication services, side effects and lab tests. System and site reviews will be conducted and/or supervised by a licensed pharmacist.

7. Supervisory Review of Charts: Supervisors will review a sample of their staff's records as necessary to identify/remedy individual staff deficits and/or identify/remedy problematic programmatic trends and/or identify/remedy absence of best practices.

8. At the time of hire, Ottawa County Human Resources Department will perform a criminal history background check and verify the results of that review in the individual's personnel record.

9. Licensing and Credentialing: The Quality Improvement Unit will review all clinical staff licenses and credentials on an annual basis using direct verification from State data bases. They will assure that no action or limitation has been placed on any clinical staff. Documentation of this monitoring activity will be completed at the time of hire and upon renewal and will be filed in the QI unit of CMHOC.

10. Exclusion from provider panel: The Quality Improvement Unit will coordinate annual reviews of Board members and providers of services for CMHOC as well as Board members for contractual organizations.

11. Certification and Accreditation: CMHOC will maintain necessary compliance with all Michigan Department of Community Health requirements, and will maintain accreditation in delineated programs.

VI. Corrective Action

A. Employees with a history of poor business practice, and employees who have exhibited fraudulent practices will be placed under disciplinary process. This process will be consistent with all Ottawa County policies and will be done with Ottawa County's Human Resources Department as the lead responsibility. According to Ottawa County Policy HR-07, Employee Behavior, Discipline, and Rules of Conduct. Law enforcement or legal entity will be notified if necessary.

B. Contractual agencies, if involved in fraudulent behavior, may have their contracts immediately terminated, unless suitable action is taken to address the behavior by agency leadership.