



## CORPORATE COMPLIANCE PLAN

### **I. Introduction and Statement of Purpose:**

West Michigan Community Mental Health (WCMH) is designed and committed to maintain its highest standards of clinical and professional ethics and provide an organizational culture that promotes prevention, detection, and resolution of instances of conduct that may raise compliance issues. WCMH maintains Corporate Compliance policies to provide quality behavioral healthcare services in compliance with all local, state, and federal laws and regulations governing its operations, as well as the standards set forth through accreditation.

WCMH recognizes its business relationships with network providers and their respective governing bodies, employees, and volunteers all which will be referred to as workforce members. Network providers and vendors are all subject to legal requirements and accountability standards and administers this through contractual obligations. Workforce members must be cognizant of applicable laws and regulations that impact subjects such as, but not limited to, certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, clinical record-keeping, access to clinical records and confidentiality, consumers rights, credentials and clinical privileges, medication restrictions, competitive practices and Medicare and Medicaid regulations.

This plan establishes the following principles for legal and corporate compliance by WCMH workforce members:

- Designation of responsible persons charged with directing the effort to enhance compliance and implement the corporate compliance plan;
- Incorporation of standards, policies and administrative guidelines directing WCMH personnel and others involved with operational practices which include CCBHC standards;
- Identification of legal issues that apply to business relationships and methods of conducting business;
- Maintenance of professional development and education programs for the WCMH governing body, clinical staff, administrative staff, and, as necessary, network providers, addressing obligations for adherence to applicable compliance requirements;
- Ensuring a mechanism for employees to raise questions and receive appropriate guidance concerning operational compliance issues;
- Maintenance and enhancement of ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education;
- Development and implementation of a process for employees to report possible compliance issues including a process for such reports to be fully and independently reviewed;

- Enforcement of standards through documented disciplinary guidelines and education addressing expectations, sanctions and consequences;
- Formulation of plans for corrective action to address identified areas of noncompliance;
- Coordination with contract providers to ensure effective compliance in areas where activities of WMCMH and contract providers overlap; and
- Completion of regular audits to ensure that operational practices reflect current compliance requirements and to improve WMCMH operations.

This Corporate Compliance Plan is not intended to present all the substantive programs and practices of WMCMH that are designed to achieve compliance. Many laws are complex and must be analyzed in a specific manner. This plan pertains generally with some of the more important legal principles. Their mention is not intended to present an exclusive list of applicable laws or regulations which apply to WMCMH or to minimize the importance of other applicable laws, professional standards, or ethical principles that may be covered by other WMCMH documents. For example, in addition to this plan, WMCMH has developed and implemented a Quality Assurance Performance Improvement Plan (QAPI) and the Utilization Management Plan. The practices included in each of these plans are coordinated to aid in the administration of WMCMH overall compliance efforts.

## **II. West Michigan CMH’s Corporate Compliance Program Scope:**

This plan applies to WMCMH operational activities, administrative actions and includes those activities defined in federal and state regulations relating to behavioral healthcare professionals. WMCMH places focus on the following concerns:

- Adhering to requirements relating to the quantitative and qualitative documentation of professional services and associated billing practices;
- Evaluating and managing over-and-underutilization of services;
- Ensuring delivery of medically necessary and therapeutically appropriate services providing the best value for the consumers and communities served by WMCMH;
- Complying with regulatory guidelines for data collection and submission processes;
- Adhering to CCBHC Demonstration standards;
- Maintaining policies for credentialing clinical staff including the process for suspension or revocation of professional privileges;
- Adhering to policies and procedures relating to high-risk activities; and
- Addressing other notable areas identified by the organization through findings from the performance improvement/utilization management monitoring and self-assessment process.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust, supports the Mission, Vision and Core Values and Code of Ethics of WMCMH.

## **III. Compliance Program Structure**

### **A. Compliance Officer (CO)**

The Compliance Officer is responsible for overseeing the implementation, monitoring, and

enforcement of the Compliance Plan. The Compliance officer is also the Director of Corporate Compliance and Risk Management and the Privacy Officer. The CO will:

- Ensure the plan is up to date with current legal, regulatory, and organizational requirements.
- Conduct ongoing risk assessments to identify vulnerabilities.
- Serve as the central point of contact for compliance issues.
- Report directly to the Chief Executive Officer (CEO) and Board of Directors for Compliance issues.

### **B. Compliance Committee**

A Compliance Committee has been formed to support the Compliance Officer in policy development, monitoring, and compliance activities. The committee will be composed of:

- The Compliance Officer is the committee chair.
- Senior leadership from clinical, financial, legal, and administrative departments.
- Key personnel from departments most involved in regulatory compliance (e.g., billing, medical records, patient care).
- The Committee will meet no less than quarterly to discuss internal controls, work plans, and conduct compliance risk assessments.

### **C. Compliance Liaison Network**

Department-specific Compliance Liaisons (Department Directors) will be appointed to assist in monitoring compliance within their areas. They will work with the Compliance Officer to ensure adherence to the compliance program in day-to-day operations.

## **IV. Elements of WMCMH Compliance Program**

### **Element 1- Written Policies and Procedures:**

WMCMH has developed policies and procedures specific to the organization's operational practices. These policies and procedures are reviewed periodically, and revisions are made, as necessary. The regulatory management, 42 CFR Part 2, and HIPAA privacy and security policies specific to the organizations compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

WMCMH has also adopted a code of ethics to guide business activity. This code reflects a commonsense approach to ensure appropriate and ethical behavior. All new employees receive orientation and sign a Human Resources form acknowledging their understanding and review of the WMCMH Code of Ethics. Adherences to WMCMH policies are addressed with employees in various ways including, but not limited to, orientation, individual supervision, team meetings, trainings, professional development plans/measures, job descriptions and performance appraisals. Network providers receive a copy of the WMCMH Code of Ethics policy in their

provider manual and adherence to the ethics policy is also referenced as part of their contractual obligation.

The code of ethics and operational policies and procedures are available in the WMCMH Administrative Manual and may also be accessed on the WMCMH InfoHub. The Human Resources department is responsible for updating, trainings, and reinforcing the code of ethics policy.

There are committees that are formed that review policies for updates based on their expertise. Review of policies occurs annually or more frequently if needed. The history of reviewing policies is kept in the Administrative Manual log for reference.

**Element 2- Compliance Leadership and Oversight:** The West Michigan CMH Governing Board and CEO oversees the compliance program. The compliance officer reports directly to the board, at a minimum, of semi- annually to report risk mitigation strategies in order to show the commitment and value of the compliance program. The compliance officer has direct access to the board and CEO at any given time. The compliance officer's primary responsibility is to inform the CEO, board, and senior leadership on the compliance risks that the organization is facing within the compliance program. The compliance officer is also the chair for the Compliance Committee.

With the oversight of the CEO and the assistance of legal counsel, when applicable, the Director of Corporate Compliance shall participate or assist,, with established management committees (e.g., Corporate Compliance, Leadership, Quality Improvement Steering Committee, Stakeholder's group, Behavior Treatment, Clinical Oversight, etc.) when needed. This will foster the enhancement of appropriate internal controls and measurements to reasonably ensure activities of the organization comply with the laws, regulations, and rules governing the work of the agency and the instances of deficiencies requiring preventative and corrective action can be detected.

### **Element 3- Compliance Training and Education:**

West Michigan CMH has an extensive training and education program. The WMCMH governing body, employees, and volunteers' (workforce members), orientations will include an introduction to increase their awareness and understanding of the importance of ethical behavior and corporate compliance.

#### **Workforce Training**

All WMCMH workforce members will receive ongoing compliance training, including:

- **Initial Training:** All new workforce members will undergo training as part of their orientation, covering key compliance topics such as privacy laws (HIPAA), fraud prevention, and organization-specific policies within 30 days of hire.
- **Annual Refresher Training:** Employees will participate in yearly training sessions to stay current with changes in compliance laws, mental health regulations, and best practices.

- **Specialized Training:** Department-specific training will be provided for clinical staff, billing specialists, and administrative staff to address the unique compliance risks associated with their roles, as needed.
- **Avenues to Receive Compliance News:** WMCMH provides a column in the newsletter regularly, creates and distributes compliance quizzes at all staff meetings, creates educational videos, and attends team meetings based on need, for training purposes.

## Training Content

Training will cover the following topics:

- Legal and regulatory requirements, including HIPAA, 42 CFR Part 2, Medicaid, and Medicare billing practices.
- Deficit Reduction Act (DRA), information includes, but is not limited to, the Federal False Claim Act, the Whistleblowers' Protection Act and the Medicaid False Claim Act.
- Identifying and addressing potential fraud, waste, and abuse in mental health services.
  - WMCMH employees and network providers sign compliance attestation statements acknowledging their obligation to report, in good faith, any suspected or apparent incidence of false claim fraud, waste or abuse of public funding to the organization.
- Ethical standards and reporting mechanisms for potential violations.
- Patient care best practices and adherence to clinical protocols.
  - Education and ongoing staff development for employees is intended to provide an appropriate level of information and instruction regarding ethical and legal standards, including, but without limitation to, medical necessity and therapeutic appropriateness, person centered planning, cultural competency, and standards for documentation.
- Confidentiality and safeguarding patient information.

## Oversite of Mandatory Trainings

Human Resources will facilitate the organizational-wide training and development initiatives/resources including mandatory trainings and plans for required components of teams, programs or cross-functional areas. Staff development initiatives will be evaluated to determine effectiveness and, as needs exist, changes in the curriculum will be facilitated through Human Resources;

- Supervisors will discuss corporate compliance responsibility with the employee, no less than annually, at the time of the performance appraisal process;
- Employees will be expected to demonstrate a sufficient level of competency through testing and/or actual demonstration. In some cases, employees must pass a test before completing a training module. Supervisors and staff shall be held accountable through the individual supervision process; and

If a particular compliance issue or risk issue develops as determined through internal monitoring and review processes or otherwise, as well as contracted external risk assessments, the Quality Improvement Steering Committee in cooperation with, if necessary, the Corporate Compliance Committee, Human Resources and/or Network Management may recommend specific professional development initiatives to address high-risk areas.

While the organization will make every effort to provide appropriate compliance information to all employees, it is not possible to anticipate every situation. When in doubt, responsibility for compliance, including the duty to seek guidance from person(s) having supervisory responsibility for the service area rests with each employee.

#### **Element 4 - Effective Lines of Communication with Compliance Officer and Disclosure Programs:**

West Michigan CMH provides open line of communication for all employees and board members. Having these open lines of communication allows for a reduction of any potential for fraud, waste, and abuse. The information to make a report or contact the compliance officer is listed on InfoHub under Corporate Compliance Reporting.

#### **Reporting Mechanisms:**

**Email:** [report@wmcmhs.org](mailto:report@wmcmhs.org)

**Phone:** 231-845-6294 or 1-800-992-2061

**Anonymous Reporting:** <https://forms.office.com/r/kwNwwUSzSB>

#### **Non-Retaliation or Intimidation for Reporting**

1. The Federal False Claims Act, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistleblower” protection for those making good faith reports of statutory violations.

2. Under the Michigan Medicaid False Claims Act, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA236, MCL §600.2591; or (ii) planned, initiated, or participated in the conduct upon which the action is brought; or (iii) is convicted of criminal conduct arising from a violation of that act.

Reports of actual or suspected fraud, waste, and abuse from employees are critical and can have an impact on the quality of WCMCMH services. Employees and agents are one of the major sources of information about whether the organization is complying with law, regulations, and the code of ethics. To this end, the WCMCMH Corporate Compliance Policy (6-1-3) - *Open Lines of Communication* and the professional development materials on compliance inform employees that they each have an individual responsibility for reporting, in good faith, suspected fraud and other improprieties by any colleagues, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or the Code of Ethics.

**Element 5 - Enforcing Standards, Consequences, and Incentives:** West Michigan CMH has developed policies and procedures for appropriate consequences of instances of noncompliance, as well as incentives for compliance. Policies regarding conflict of interest; disclosure of ownership; sanctioned, excluded, debarred, etc. organizations and individuals; criminal background checks; etc. have been developed and implemented.

Corrective Action Plans (CAP) will be distributed if an internal investigation substantiates a reported violation, as appropriate, which will include: 1) WMCMH issuing a non-compliance letter through an investigation report, 2) WM requiring a CAP from the agency department or individual found out of compliance 3) Out of compliance department or individual will consider recommendations and develop an inclusive plan of monitoring for adequate implementation and risk mitigation, and 4) Out of compliance department or individual will implement changes to prevent a similar violation from recurring in the future, if possible.

Depending on the significance of the offense, the resulting action for WM staff could include additional training, review of policies, Professional Improvement Plan, or termination of employment. Network Provider's, also depending on the significance of the violation could also include additional training, letter of contract non-compliance, and termination of contract.

#### **Element 6 – Risk Assessment, Auditing, and Monitoring:**

WMCMH will conduct an annual risk assessment to identify and evaluate potential compliance risks across the organization. Topics and areas of auditing and monitoring are decided by the department directors and senior management team, usually identified through a risk assessment, managed care functions, and contractual agreements. Key areas of focus include:

- **Billing and Coding:** Ensure accurate billing practices for Medicaid, Medicare, and private insurance services. Prevent upcoding, overbilling, and other improper billing practices.
- **Mental Health Care Services:** Adherence to clinical guidelines, best practices, and local/state regulatory standards for mental health treatment.
- **Privacy and Confidentiality:** Compliance with HIPAA and other privacy regulations to ensure the confidentiality and security of patient information.
- **Staff Qualifications and Training:** Ensure staff meet licensing and certification requirements, and receive appropriate training to stay compliant with industry standards.
- **Fraud, Waste, and Abuse:** Implement preventive measures to avoid fraudulent claims, wasteful practices, and abuse of the system.
- **Patient Rights and Safeguards:** Ensure patient rights are respected, including the right to privacy, informed consent, and access to services.

Monitoring activities use the organization's internal control systems to determine the corporate compliance program's effectiveness in order to identify and promptly remedy any potential barriers to such compliance. Various control systems include elements such as, but not limited to:

WMCMH Quality Improvement Steering Committee (QISC)– Develops and coordinates the structure for systematically improving performance and service delivery across WMCMH. For

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example, QISC evaluates risks and opportunities associated with identified organizational performance. They also review organizational plans of correction and make determination regarding whether additional items or steps need to be taken (accepts/rejects plan) and issues final recommendation/report to the Senior Management Team.

WMCMH Clinical Leaders - Routinely meets to improve program level guiding principles of key organizational issues.

Clinical Oversight Committee – Charged with establishing, ensuring, and maintaining excellence in delivery of clinical services of WMCMH. This aim is accomplished through a wide range of activities including but not limited to approval of clinical policies, continuous quality improvement through special case reviews of high-risk cases, approval of agency adopted clinical practices, managing clinical quality of network providers, and addressing areas of concerns.

WMCMH Network, Quality Improvement, and Compliance Department – Conducts site review surveys and evaluates the service delivery and documentation of critical clinical provider functions.

Ongoing monitoring and results of reviews are integrated into the system-wide performance and service improvement program through QISC and in accordance with accreditation standards. Results are reported to the Senior Management Team through Chief Operations Officer (COO) and summarized in monthly Operation Board reports for the WMCMH Governing Body.

If a review identifies a high-risk issue that appears to have been severely inconsistent with WMCMH policies, procedures or Code of Ethics, the CEO may delegate authority to the Director of Corporate Compliance to seek consultation with the WMCMH legal counsel when further review is necessary for expert analysis.

The information gained from our monitoring activities will assist the organization to understand where additional information or education is needed or where operations and procedures need to change in order to ensure compliance.

Routinely evaluates the WMCMH programs clinical records to ensure that WMCMH standards are being met as set forth by the MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Title XIX Chapter III Michigan Medicaid Bulletin (WMCMH Clinical Practice Guidelines, Locus, CAFAS, NC-SNAP), and Accrediting Bodies. This team provides preliminary and final recommendations to the Quality Improvement Steering Committee.

### **Element 7 - Responding to Detected Offenses and Developing Corrective Action**

**Initiatives:** Violations of WMCMH's compliance program, failures to comply with applicable Federal or State law, local regulations and internal policies, along with other types of misconduct threaten the status as a trustworthy and reliable organization capable of participating in Federal and State health care programs. If there are findings on an investigation or audit but no corrective action is taken of misconduct, it can seriously jeopardize the reputation, credentialing, and reliability of our organization. It is the role of the compliance officer to address the concerns promptly and communicate the urgency with the appropriate leadership members to reduce risk within the agency. Investigation by close examination and systematic inquiry of actual or suspected non-compliance shall be conducted by observation or study, fairly, promptly, thoroughly and, to the extent practicable, in a manner intended to preserve the confidentiality of the person or entity whose information resulted in the investigation. The

urgency and scope of an investigation shall be appropriate to the potential severity of an actual or potential compliance violation and its consequences, with priority to be given to matters posing a risk to the health and safety of consumers and staff. The Director of Corporate Compliance shall initiate the investigation and report an overview to the Senior Management Team. Following approval from the CEO, further inquiry may include assistance from legal counsel.

All governing body members, employees, volunteers and network providers are expected to cooperate fully with investigation efforts. Consequences for conduct inconsistent with the WCMCMH Corporate Compliance Policies will be addressed with staff and/or with network providers according to contractual obligations.

In the event an investigation substantiates a compliance violation, the Director of Corporate Compliance will provide a recommended corrective action to the supervisor, Human Resources, and/or CEO (dependent on severity of risk to the organization). The supervisor and/or CEO shall give due consideration to the findings and recommendations in the investigative report and take immediate steps to mitigate any damage to WCMCMH, the Prepaid Inpatient Health Plan or any third-party resulting from the violation.

State and federal agencies have broad legal authority to investigate WCMCMH and review its records. WCMCMH will comply to the full extent required by law with all governmental requests for investigative materials and cooperate fully in governmental investigations while preserving the legal rights of WCMCMH and its employees. (Please reference the WCMCMH Corporate Compliance Policy 6-1-5, *Response to External Compliance Investigations*).

The Director of Corporate Compliance shall maintain a log of all reported healthcare fraud, abuse, waste or reported compliance allegations for all Medicaid and any other covered services. This log will record the compliance issue reported; indication if sufficient information was received to investigate; information regarding the affected programs/departments/organizations; indication of development of a preventive or corrective action plan; and the resolution. To the extent practical and appropriate, this log will be codified to maintain confidentiality. The log will be used to manage the development and resolution of action plans to improve the quality of behavioral healthcare provided by WCMCMH. The log will be treated as a confidential document whereby access will be limited to the Senior Management Team, Corporate Compliance Committee, and those persons at WCMCMH with specific responsibility for supervision or compliance matters.

When a compliance issue has been identified through routine monitoring or reported by employee/agents or investigation, the Director of Corporate Compliance will ensure the issue is conveyed to the supervisor with responsibility for the service area. The supervisor will be responsible for development and monitoring of an action plan with the employee or team, as applicable. Assistance may be solicited from other departments (e.g., Human Resources, Network/QI/Compliance, Clinical Oversight Committee). Information about preventive and corrective action plans will be reported to the applicable supervisor and CEO (as applicable).

Action plans will be designed to ensure not only correction of the specific issue but also, when appropriate, preventive measures to ensure the issue does not recur within the WCMCMH system of care. Corrective action may require provision of staff development; reassignment of

duties or functions; personnel action; terminating contractual relationships; repayment; or external disclosure to the appropriate oversight body of the risk issue and action taken.

If the investigation finds that any non-compliance act has been willful, that finding will be reported to the CEO (dependent upon organizational risk level), the Corporate Compliance Committee and Human Resources. In accordance with WMCMH policies, employees or contract providers who have engaged in willful misconduct will be subject to disciplinary action, including consideration of termination of employment or contract for services, respectively.

The action plans will be maintained in a secure file for at least seven years. The action plans may be used as historical reference tools whereby identified issues may be included in the WMCMH supervisory review process and high-risk compliance priorities.

### **Process for reporting Compliance Findings to the PIHP:**

WMCMH follows the process of reporting timely when there are findings during an investigation. WMCMH will report suspected compliance issues within three (3) business days or less to the PIHP Corporate Compliance Officer when one or more of the following Criteria are met:

- A. During an inquiry by the member CMHSP compliance officer when there is determined to be (reasonable person standard) Medicaid fraud, waste or abuse as defined by federal statute, CMS, HHS OIG and applicable Michigan statute, regulation or PIHP contract definition; or
- B. Prior to any self-disclosure to, inquiry from or investigation by any federal or state of Michigan Medicaid authority. In no way is this intended to nor should it be interpreted as a requirement or request to violate the letter or spirit of federal or Michigan reporting and whistleblower statutes or related regulations; or
- C. When as a result of fraud, abuse or waste the member CMHSP makes a material revision to prior reported financial statements to the PIHP; or
- D. When a member CMHSP knows or should have known that an action or failure to take action in the organization or its contractors could result in the improper application or improper retention of Medicaid funds.

Member CMHSP staff are encouraged to request technical assistance discussions with PIHP CCO on any compliance issue at any time. Such contacts will not automatically be considered a "report of compliance issue" by PIHP. In the event that the PIHP CCO receives a complaint or report from a Member CMHSP that he/she determines not to be fraud, waste or abuse, he/she will refer to the matter to the PIHP CEO to be addressed through the Dispute Resolution Process as set forth in the PIHP Operating Agreement, if appropriate.

### **VI. Definitions:**

**Fraud** (Federal False Claims Act): means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal and State law including but not limited to the Federal False Claims Act and the Medicaid False Claims Act. (42 CFR § 455.2)

**Fraud** (per Michigan statute and case law interpreting same): Under Michigan law, findings of Medicaid fraud can be based upon evidence that a person "should have been aware that the

nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge.” But errors or mistakes do not constitute “knowing” conduct necessary to establish Medicaid fraud, unless the person’s “course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present.” (MCL 400.601)

*WCMHS will take both fraud definitions into consideration and ensure that the organization is abiding by both the federal and state requirements when looking at audit and investigation results.*

Abuse: means provider practices that are inconsistent with sound fiscal, business or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)

Waste: means overutilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources. (42 CFR § 438.608)

Fraud and abuse are behaviors or actions that are intentional or knowingly committed by a person who either has actual knowledge of the false information or who should have known about the false information but acted in reckless disregard or with deliberate ignorance.

WCMH employees and network providers sign compliance attestation statements acknowledging their obligation to report, in good faith, any suspected or apparent incidence of false claim fraud, waste or abuse of public funding to the organization.

## **VII. Review and Revisions:**

This Corporate Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the behavioral healthcare system. The plan will be reviewed periodically by the Director of Corporate Compliance and the Corporate Compliance Committee to assess the viability of the plan. The plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Director of Corporate Compliance with the Corporate Compliance Committee will have the authority to revise or amend the plan with the approval of the CEO.

## **VIII. LEGAL AND REGULATORY STANDARDS**

### ***PRIMARY REGULATORY AND LEGAL STANDARDS***

West Michigan CMH follows many laws that are complex. Listed below are four primary legal requirements required by the Office of Investigator General (OIG).

**The Affordable Care Act (2010)** – This Act requires the PIHP and CMH to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse across the CMH’s provider network. All programs funded by West Michigan CMH including sub- contract provider organizations and practitioners, board members and others involved in rendering CMH’s covered services fall under the purview and scope of West Michigan’s Corporate Compliance Program.

**The Anti-Kickback Statute** – This Act prohibits the offer, solicitation, payment, or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

**The Federal False Claims Act** – This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).

**The Michigan False Claims Act** – This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the MI Attorney General to investigate alleged violations of this Act.

#### ***ADDITIONAL LEGAL AND REGULATORY STANDARDS***

There are numerous other applicable federal and state statutory, regulatory, and contractual obligations that establish requirements for West Michigan CHM's Corporate Compliance Program, include but are not limited to:

1. 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
2. American with Disabilities Act of 1990
3. Civil Monetary Penalty Law of 1981
4. Code of Federal Regulations
5. Deficit Reduction Act/Medicaid Integrity Program of 2005
6. Government Accounting Standards Board (GASB)Guide to Encounter Data Systems
7. Health Information Technology for Economic and Clinical Health Act (HITECH) Act
8. Home and Community Based Services Final Rule
9. Letters to State Medicaid Directors
10. Medical Services Administration (MSA) Policy Bulletins
11. Medicaid State Plan
12. Michigan Medicaid Provider Manual
13. Michigan Medical Records Act
14. Michigan Mental Health Code, Public Health Code and Administrative Rules
15. Michigan State Licensing requirements
16. Michigan Whistleblowers Act, Act 469 of 1980

17. Office of Inspector General Annual Work Plan
18. Office of Management and Budget (OMB) Circulars
19. Privacy and Security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
20. Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
21. Quality Improvement Systems for Managed Care (QISMC)
22. Requirements as identified by the Office of Inspector General
23. Social Security Act of 1964 (Medicare and Medicaid)
24. Stark Law
25. State of Michigan MDHHS/PIHP/CMH contract provisions
26. State Operations Manual
27. Technical Assistance Advisories, as required
28. Technical Assistance Tools
29. The Balanced Budget Act of 1997
30. Waiver Applications

Authority	Contact Information
West Michigan Community Mental Health	Devon Hernandez, Director of Corporate Compliance and Risk Management, Compliance and Privacy Officer P: 231-845-6294 C: 231-923-2097 Email: <a href="mailto:devonh@wmcchs.org">devonh@wmcchs.org</a> <a href="mailto:Report@wmcchs.org">Report@wmcchs.org</a> Anonymous Reporting: <a href="https://forms.office.com/r/kwNwwUSzSB">https://forms.office.com/r/kwNwwUSzSB</a>
Lakeshore Regional Entity	Compliance Hotline 800-420-3592 Email: <a href="mailto:compliance@lsre.org">compliance@lsre.org</a>
MDHHS Medicaid Fraud Hotline	1-855-MI-FRAUD (1-855-643-7283)
HHS/OIG Hotline	1-800-HHS-TIPS (1-800-447-8477)