



Community Alliance

Corporate Compliance Plan

Review Dates:

September 2013-Updated

September 2014- No Changes

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Introduction

Community Alliance is committed to conducting itself as a good steward of public resources by promoting an organizational culture that encourages a commitment to compliance with the law. As an organization, we are committed to preventing fraud, abuse and waste while furthering our mission. This commitment extends to every aspect of our business as well as every work-related activity of our employees, contractors, and individuals with responsibility pertaining to the ordering, provision, marketing, documentation, billing or services reimbursable by Federal healthcare programs. The commitment further extends to the preparation of claims, reports or other requests for reimbursement for such items or services with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal Health Care Programs. Community Alliance is also committed to ensuring that it complies with the requirements of all federal and state programs from which it receives funding.

The Corporate Compliance Plan provides standards of conduct and internal control systems that are reasonably capable of reducing the likelihood of violations of law. The Corporate Compliance Program, which is an outgrowth of the Plan, seeks to prevent violation of any law, whether criminal or non-criminal for which Community Alliance is, or would be, liable.

I. Definitions:

- a. Covered Individuals: All Community Alliance employees, Boards of Directors, Vendors, Stakeholders, individuals with responsibilities pertaining to the ordering, provision, documentation, coding or billing of services payable by federal or state program for which Community Alliance seeks reimbursement.
- b. Corporate Compliance Plan: Procedural framework established to provide assurances that Community Alliance maintains compliance with all billing, collection and medical records and other documentation requirements of all federal and state programs with which the agency does business. The plan provides avenues for errors/problems in the system to be appropriately and timely identified and corrected.
- c. Corporate and Compliance Officer: Senior staff member or Board appointed member that implements and monitors the Corporate Compliance Plan. This person has necessary access to legal counsel, Board of Directors and the Executive Director in order to enforce the requirements of the Plan. This person must certify in a Compliance History Statement the following:

- They have not been convicted of any crimes other than traffic related offenses.
- They have not had a professional license revoked or suspended.
- They have not been sanctioned either personally or through an entity by the Medicare or Medicaid programs.
- They certified their committed to ensuring the success of the program.

d. Risk Management Committee: Senior staff members of the Agency with the responsibility to review risk management and other compliance issues and activities.

e. Abuse: Payment for items or services when there is no legal entitlement to that payment and the provider have not knowingly and/or intentionally misrepresented facts to obtain payment.

f. Fraud: Knowingly and willfully executing or attempting to execute, a scheme or artifice to defraud any federal program or state program, or obtain, by means of false or fraudulent pretenses, representations of promises any of the money or property owned by, or under custody or control of, any federal or state program.

II. Responsibility:

- a. The Executive Director in partnership with the Board of Directors is responsible to
 - i. Develop and implement policy procedures and practices designed to ensure compliance with the requirements of the Plan and with Federal and State program requirements.
 - ii. Review and propose all modifications to the Corporate Compliance Plan.
 - iii. Train Board and staff members related to the requirements of the Corporate Compliance Plan.
 - iv. Ensure adequate staff training on billing and chart documentation rules and regulations is held.
 - v. Conduct all investigations within 30-days of complaint. If it is not possible to complete the investigation due to the complexity of the investigation, a status report will be written at the end of the 30-day period. An investigation will be completed within 90 days.
 - vi. Ensure adequate notifications are made to Community Alliance Policy Board of Directors, Corporate Counsel, and/or CMH/Medicare and Medicaid Programs.
 - vii. Monitor the effectiveness of the Corporate Compliance Plan.
 - viii. Report to the Board of Directors on an annual basis.

- ix. Ensure that employees and vendors have not been previously engaged in violations of law or other conduct inconsistent with an effective program.
 - b. The Corporate Compliance Officer will utilize the Risk Management Committee to:
 - i. Ensure that the organizational leadership shall a) be knowledgeable about the content and operation of the Compliance Plan; b) perform their duties with due diligence; and c) promote an organization culture that encourages a commitment to compliance.
 - ii. Review all new programs, internal/external audit findings, changes in billing documentation rules to ensure Community Alliance remains in compliance.
 - iii. Review compliance issues and identify trends.
 - c. The Audit Committee Chair from the Policy Board of Directors will:
 - i. Assist the Corporate Compliance Officer in conducting investigations of complaints.
 - ii. Review all investigations to ensure that proper procedures were followed, sufficient evidence was gathered and reviewed, appropriate conclusions were made, and appropriate actions were taken.
- III. The Functions of the Corporate Compliance Program are:
- a. Contract Management: Contractual service providers are reviewed on an annual basis. Corrective action plans if required for compliance purposes are monitored to ensure implementation.
 - b. Billing/claims Audits: Billing audits are done to ensure documentation supports the claims to community mental health.
 - c. Quality Assurance Performance and Improvement: Ensures through a variety of mechanisms that quality of care is a key ingredient in the provision of services.
 - d. Utilization Management: Ensures through a variety of mechanisms that the appropriate level of care is provided to the consumer
 - e. Document Reviews: Thoroughness of consumer records is reviewed with corrective action required when necessary.
 - f. Accreditation and External Reviews: Community Alliance maintains accreditation with a national accreditation organization and is certified by Michigan Department of Health and Human Services, and Licensing and Regulation of the State of Michigan.
 - g. Recipient Rights: Community Alliance adheres to state and county requirements for consumer rights, reviewing consumer incidents, complaints and confidentiality issues.

- h. Human Resources: Education and credentialing requirements are source verified. Criminal background checks and education verification are the responsibility of Human Resources Department.

IV. Written Standards

- a. Code of Ethics. Community Alliance Code of Ethics is part of its Administrative Policy Manual. Each employee of Community Alliance shall certify in writing that he or she has received, read, understood and will abide by the Code of Ethics. New employees shall receive the Code of Ethics and shall complete the required certification within two (2) weeks after becoming an employee. The Board of Directors shall annually review the Code of Ethics to determine if revisions are appropriate and shall make necessary revisions based on such a review. Any such revised Code of Ethics shall be distributed within 30 days of finalizing such changes. Individuals shall certify that they have received read understood and will abide by the revised Code of Ethics within 30 days of the finalization of such revisions.

- a. Record Retention Policy
- b. Financial Management Procedures
- c. Investigation of Critical Incidents Policy
- d. Employee Manual
- e. Conflict Resolution Policy
- f. Whistleblower Policy
- g. Conflict of Interest Policy
- h. Email, Fax and Workstation Security Policy
- i. Notice of Privacy Practices/HIPA Policy

V. Education and Training

- a. The Executive Director in partnership with the Human Resources Department shall ensure all employees are trained on the Corporate Compliance Plan at hire and annually. The employee will sign off attestation of their training and their commitment to fully participate in reporting any lack or potential lack of compliance with federal and state programs of which he or she is aware.

VI. Reporting Violations

- a. If an employee becomes aware of any wrongdoing under the standards set forth in the Plan, whether committed by that employee or someone else, he or she must report the wrongdoing to the Executive Director who then informs the Corporate Compliance Officer. Any information related to a corporate

compliance complaint will become part of a record that is protected through Client/Attorney privilege as a Corporate Compliance Program may include investigations of conduct that may raise legal concerns, peer review and risk management or in anticipation of potential litigation. The reports can be made anonymously, however the reports must provide enough information to investigate. If the information provided cannot conduct a successful investigation, the case may be closed.

- b. Communicating the suspected violation can be done by:
 - i. Telephone or text message.
 - ii. Internal Mail.
 - iii. Electronic Mail – email or fax
- c. Every effort to keep reports confidential will be made by all parties concerned. All reports regardless of the ability to investigate will be reported to the Board Chair.

VII. Response to Reporting

- a. Upon receiving a report of wrongdoing, the Executive Director in partnership with the Corporate Compliance Officer shall initially send a memorandum to the staff member reporting the incident. Unless circumstances dictate otherwise, this will be the only information provided to the reporting staff member.
- b. The Executive Director in partnership with the Corporate Compliance Officer shall determine whether an alleged wrongdoing has occurred as defined in the Code of Ethics and Corporate Compliance Plan. If it is determined that the complaint does not meet the criteria of a corporate compliance complaint, the complainant will be notified within 10 days of receipt of the complaint.
- c. If the complaint places Community Alliance at risk of economic injury or injury to reputation, the Executive Director in partnership with the Corporate Compliance Officer will conduct the appropriate investigation into the incident within 30 days of the complaint. If the investigation cannot be completed within the time frame due to the complexity of the subject, a status report will be placed within the file. A summary report for each complaint will be completed during the timeframe. The Summary Report will include recommendations for program changes. Corrective actions that have been identified must be addressed within 30 days of the report.
- d. If the Executive Director in partnership with the Corporate Compliance Officer and legal counsel conclude that reporting to governmental authorities is or may be appropriate, they shall inform the Community Alliance Board immediately. The Executive Director, in consultation with the Policy Board of Directors and

legal counsel shall then be responsible for determining whether and how a timely and thorough report shall be made to the appropriate governmental authorities on behalf of Community Alliance.

- e. The Executive Director in partnership with the Corporate Compliance Officer shall report at least annually to the Policy Board any allegations of wrongdoing, the results of the subsequent investigations and related disciplinary and/or remedial actions taken, and any corrective actions taken to prevent future wrongdoings.

VIII. Retribution

Community Alliance shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assist in, or participates in a proceeding or court action under the Michigan False Claims Act and/or other federal health care statutes or because the employee cooperates with or assists in an investigation under the respective false claims act.

IX. Auditing and Monitoring

The following monitoring activities are in place to enforce compliance standards

- a. Contract Monitoring from funders
- b. Chart Reviews: Findings will be shared with supervisors. Recurrent inadequacies will be grounds for discipline
- c. Billing Audits: On a monthly basis, any billing errors will be corrected, or if this is not possible, the amount billed to the Medicaid program will be reimbursed. A random sample of 15% of open records to ensure the billing has occurred appropriately.
- d. Medication Audits: records will be reviewed to assure proper documentation of medication services. System reviews are done by Site Supervisors and Internal Monitoring teams.
- e. Certifications and Accreditations: Community Alliance will maintain necessary compliance with all federal, state and county requirements and CARF accreditation standards.
- f. The Corporate Compliance Plan will be monitored annually at the beginning of the fiscal year. As a result of the review any revisions deemed appropriate will be made.

X. Records

Community Alliance will retain records according to all applicable laws. All confidential records must be protected under HIPPA Policy. All requests for records must be

authorized by Executive Director. In most situations Community Alliance will require a subpoena or other court order authorizing and requiring the release of records

XI. Enforcement

Employees with a history of poor business practice and employees who have exhibited fraudulent practices will be placed under disciplinary process. This process shall be consistent with all Community Alliance policies and could include termination.

XII. Goals and Objectives

- a. To ensure the Agency complies with all federal and state statutes
- b. Review the Corporate Compliance Program on annual basis to ensure validity and comprehensive approach to all audits
- c. Provide an annual report to the Board of Directors of internal and external audit findings
- d. Monitor the results of the Medicaid Verification Audits pursuant to Community Alliance Policies.