

**Meeting: Regional Compliance Committee**

**Meeting Date:** March 15, 2019

**Attendees:**  
BABH, CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Right Door, Saginaw, Shiawassee and Tuscola  
  
MSHN Staff: Kim Z.

**KEY DISCUSSION TOPICS**

- Compliance Training in Relias
- Compliance Officers Training
- Update on OIG/PIHP Q1 Report
- Vulnerable People Reporting
- Compliance Risk Assessments
- Disqualified Individual Policy
- MSHN Medicaid Policy Work Plan
- Open Discussion

✓ **KEY DECISIONS**

- No additions to Agenda
- Compliance Training
  - ✓ The Compliance Training PowerPoint will be updated and put into Relias
  - ✓ The training can be personalized and added to, but it is requested that the required components not be revised as it has been agreed upon that this would be a standardized training
  - ✓ Kim asks that modifications to the presentation be shared in case MSHN would like to adopt the changes into the overall training
  - ✓ The PIHP Compliance Officers group will be creating a post test, which will be made available some time down the road
- Compliance Officers Training
  - ✓ This issue was raised by Janice P – per FY 2019 contract section 33.0 Program Integrity - Compliance Officers are not to be self-trained. The question is raised regarding options for training.
  - ✓ Options are being considered, including resources from HCCA, the OIG and other PIHPs
  - ✓ Kim Z. will look for assistance in fulfilling this requirement
- Updates on OIG FY19 Q1 Report
  - ✓ Kim Z. expressed appreciation that everyone met the guidelines for the first submission and that the various parties were very responsive to her requests for additional clarity
  - ✓ Shortly before the first report was due, the OIG provided additional information regarding the process.
    - Going forward, the OIG will ask for corrections and clarifications TWICE – on the third time, they will provide a status of “failed” --- pass/fail with sanctions
  - ✓ Kim Z. indicates that the first submission was a fantastic effort
    - There were relatively minor problems with column A – no # assigned, the OIG now says they want an identifier in column A
    - Some information provided in Quarter 1 included items with completion dates in January – these items were changed to “in progress”
  - ✓ Due date for Q2 will be sent out soon
  - ✓ The MEV line was acceptable – submitted MSHN MEV findings per provider
  - ✓ It is taking a little longer to get the quarterly report forms put into PCE – working on a few items, but it will be placed into PCE and made available shortly. The screens are completed and being tested. Kim will keep us updated with this.
- Vulnerable People Reporting

	<ul style="list-style-type: none"> <li>✓ How should a vulnerable adult be handled/reported if they share information during the course of (SUD) treatment? The balance is the obligation to report vs 42 CFR requirement to maintain confidentiality!</li> <li>✓ Janis P.: <ul style="list-style-type: none"> <li>▪ If the diagnosis is for a SUD service, 42 CFR applies</li> <li>▪ If you are viewed as primarily providing SUD services, 42 CFR applies</li> </ul> </li> <li>✓ Kim will take this issue to the PIHP compliance officers meeting for further guidance</li> <li>✓ Regarding the 'duty to report abuse' – see MHC and Social Welfare Act – the sub abuse issue can be left out of the report. "Report the abuse, not the treatment". The SUD aspect of this does NOT have to be reported. Seems to have consensus of the group on this point</li> <li>• Compliance Risk Assessments <ul style="list-style-type: none"> <li>✓ Compliance Risk Assessments are a reference to a HIPAA security risk assessment (an IT requirement)</li> <li>✓ MSHN conducts an annual Compliance Risk Assessment</li> <li>✓ The HIPAA assessment tool is available online for use</li> <li>✓ OIG has stated they are intending on expanding our reporting requirements to include other types of information and audits</li> <li>✓ Kim suggested that we make sure these assessments are occurring and that they are HIPAA compliant</li> </ul> </li> <li>• Disqualified Individual Policy and MSA 10-03 <ul style="list-style-type: none"> <li>✓ The MSHN disqualified individual policy is NOT rendered null and void by this MSA Bulletin.</li> <li>✓ MSA 10-03 is effective April 1, 2019 – make sure we are aware of this</li> <li>✓ Question regarding Home help providers (Bryan) – B on page 3</li> <li>✓ There is no waiver for using Medicaid funding for staff who do not meet the Medicaid requirements</li> <li>✓ If a crime is committed between background checks – a payback could be involved if the individual continued to provide services when not meeting the Medicaid requirements</li> <li>✓ Employment applications – do they provide an obligation to self-report? Individual employers should check this issue.</li> <li>✓ Delegating the responsibility to providers to complete background checks is acceptable</li> <li>✓ No waiver for self-determination arrangements</li> <li>✓ Monthly submission – electronic (possible through REMI)– MSHN Compliance officer or Provider Network Director</li> <li>✓ Revisions will be made per discussion</li> <li>✓ Group decided that the disqualified individuals will be reported within 5 days for fraud/abuse standard to MSHN</li> </ul> </li> <li>• MSHN Medicaid Policy Work Plan <ul style="list-style-type: none"> <li>✓ Kim reviewed and described the MSHN work plan for Medicaid Policy Bulletins and the contract work plan</li> <li>✓ The question was asked as to whether or not the Regional Compliance Officers Group wants this product to be made available as a resource for them?</li> <li>✓ Description of changes related to MSAs and Amendments to the PIHP/MDHHS contract. Very detailed in terms of changes to documents.</li> <li>✓ The conclusion was that Kim Z. will review this work product and determine how to make this available</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>KEY DATA POINTS/DATES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Next Meeting: April 19, 2019 (3<sup>rd</sup> Friday of the month from 10:00am – 12:00pm)</li> </ul>