

Summary of Recommended Changes to the 2022 Corporate Compliance Plan

The following is a summary of the recommended changes, per section, to the 2022 Compliance Plan.

KEY: No Revisions = no changes recommended; No Substantive Revisions = only minor additions/deletions not affecting intent

- I. OVERVIEW/MISSION STATEMENT**
 - No Revisions

- II. VALUE STATEMENT**
 - No Revisions

- III. SCOPE OF PLAN**
 - No Revisions

- IV. DEFINITIONS**
 - No Revisions

- V. COMPLIANCE PROGRAM**
 - A. Compliance Policies**
 - No Revisions
 - B. Compliance Plan**
 - No Revisions

- VI. STRUCTURE OF THE COMPLIANCE PROGRAM**
 - A. General Structure**
 - No Substantive Revisions
 - B. MSHN Compliance Officer**
 - No Revisions
 - C. Regional Compliance Committee**
 - No Revisions
 - D. MSHN Corporate Compliance Committee**
 - No Revisions

- VII. COMPLIANCE STANDARDS**
 - A. Standards of Conduct and Ethical Guidelines**
 - No Revisions
 - B. Legal and Regulatory Standards**
 - No Revisions
 - C. Environmental Standards**
 - No Revisions
 - D. Workplace Standards of Conduct**
 - No Revisions
 - E. Contractual Relationships**
 - No Revisions
 - F. Purchasing and Supplies**
 - No Revisions
 - G. Marketing**
 - No Revisions

H. Financial Systems Reliability and Integrity

- No Revisions

I. Information Systems Reliability and Integrity

- No Revisions

J. Confidentiality and Privacy

- No Substantive Revisions

VIII. AREAS OF FOCUS

- No Revisions

IX. TRAINING

A. MSHN Employees and Board Members

- No Revisions

B. MSHN Provider Network

- No Revisions

X. COMMUNICATION

The following changes are being recommended:

- Utilization of Interpreter: Changed “where capacity in the area has been identified” to “as needed/requested”

XI. MONITORING AND AUDITING

The following changes are being recommended:

- Added that the results of the monitoring and auditing activities will be communicated through “appropriate council/committee” instead of through the Quality Improvement Council and added Quality Improvement Council to the list that will review the summarized results through the annual compliance plan
- Financial and Billing Integrity: Removed details on the frequency and quantity of audits performed for the Medicaid Event Verification review
- Information Systems Reliability and Integrity: Added “system backup and recovery processes” to the sentence on assuring appropriate security is in place
- Clinical/Quality of Care: Added “timeliness and access to” for the performance indicators
- Consumer Rights and Protections: Added “reported” for each sentinel event
- Additional Internal Monitoring and Auditing Analysis: Changed “contract” to “report” for assuring network adequacy; Removed last bullet point on completing periodic reviews of MSHN staff
- Additional External Monitoring and Auditing Analysis: Removed “Independent Financial Audits” and “Independent Compliance Examinations”

XII. REPORTING AND INVESTIGATIONS

A. Reporting of Suspected Violations and/or Misconduct

- No Substantive Revisions

B. Process for Investigation

The following changes are being recommended:

- Removed “Resolution and Documentation Process (Attachment F)” and added reference to MSHN Compliance Investigation Procedure

XIII. Corrective Actions and Prevention

- No Revisions

XIV. Submission of Program Integrity Activities

- No Revisions

XV. References, Legal Authority and Supporting Documents

- No Revisions

ATTACHMENT A

- No Revisions

ATTACHMENT B

The following changes are being recommended:

- Changed “Director of Compliance, Customer Service and Quality” to ‘Chief of Compliance and Quality Officer”
- Removed “Chief Clinical Officer” and “Director of Provider Network” from the MSHN Corporate Compliance Committee

ATTACHMENT C

The following changes are being recommended to the area of focus chart:

- Removed the column for “Responsible Party” as this is identified in the narrative
- Removed the following:
 - OIG Reporting Requirements
 - Medicaid Event Verification audits
 - Autism Requirements
 - Health Services Advisory Group Site Review Findings and Recommendations
- Added the following:
 - Remote Work Environment
 - Compliance Training Requirements
 - Waiver/Appendix K

ATTACHMENT D

The following changes are being recommended:

- Changed this form to be contact information for Compliance Officers
- No longer being used as a suspected compliance violation report form

ATTACHMENT E

- No Revisions

ATTACHMENT F

The following changes are being recommended:

- This attachment is being removed and the information has been moved to a procedure