MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Compliance**		
Title:	**Compliance Reporting and Investigations**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** Annually **Author:** Chief Compliance Officer and Quality Improvement Council	**Adopted Date: 04.07.2015** **Review Date:** 11.05.2019 **Revision Eff. Date:**	**Related Policies:** Compliance & Program Integrity Required Reporting

Purpose

To ensure MSHN staff and its Provider Network report suspected violations, misconduct and Medicaid fraud and abuse, complete investigations, and complete the required reporting in accordance with the MSHN Compliance Plan; Reporting and Investigations.

Policy

Suspected Medicaid Fraud and/or Abuse:

MSHN staff and its Provider Network, shall report all suspected Medicaid fraud and abuse to the MSHN Compliance Officer in accordance with standards established in the MSHN Compliance Plan. Investigations shall be conducted in accordance with the MSHN Compliance Plan; Reporting and Investigations.

- Reports will be made to the MSHN Compliance Officer in writing utilizing the Office of Inspector General Fraud Referral Form.
- MSHN's Compliance Officer will complete a preliminary investigation, as needed, to determine if a suspicion of fraud exists.
- If there is suspicion of fraud, MSHN's Compliance Officer will report the suspected fraud and abuse to the MDHHS Office of Inspector General.
- MSHN's Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
- MSHN will follow the guidance/direction provided by the MDHHS Office of Inspector General regarding investigation and/or other necessary follow up.

Suspected Violations and/or Misconduct (not involving Medicaid Fraud and/or Abuse):

MSHN staff and its Provider Network, shall report all suspected violations and/or misconduct to the MSHN Compliance Officer and/or the appropriate CMHSP Participant/SUD Provider designated Compliance Officer. Reporting and Investigations shall be conducted in accordance with the MSHN Compliance Plan; Reporting and Investigations.

- Where internal investigation substantiates a reported violation, corrective action plans will be initiated by MSHN staff or its Provider Network.
- Corrective action plans developed by the Provider Network, shall be submitted to the MSHN Compliance Officer within thirty (30) days of the approved plan.
- The MSHN Compliance Officer shall review corrective action plans and ensure, as appropriate, prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, coordinating with the CMHSP designee for follow-up monitoring and oversight, and implementing system changes to prevent a similar violation from recurring in the future.

Required Reporting:

MSHN's Provider Network shall submit compliance activity reports quarterly to the MSHN Compliance Officer utilizing the Office of Inspector General program integrity report template. Minimally the report will include the following:

- Tips/grievances received
- Data mining and analysis of paid claims, including audits performed based on the results
- Audits performed
- Overpayments collected
- Identification and investigation of fraud, waste and abuse (as these terms are defined in the "Definitions" section of this contract
- Corrective action plans implemented
- Provider dis-enrollments
- Contract terminations

Reporting Period/Due Dates to MSHN:

- January through March: May 1st
- April through June: August 1st
- July through September: November 1st
- October through December: February 1st

The MSHN Compliance Officer will prepare a quarterly summary report of the Provider Network and direct MSHN compliance activities and present to the MSHN Compliance Committee, Regional Compliance Committee and MSHN Operations Council. An annual summary report of the regional compliance activities will be presented to the MSHN Board of Directors.

To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the PIHP is required to comply with MDHHS-OIG's requests for documentation and information related to program integrity and compliance.

Applies to:

☒All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN's CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒Other: Sub-contract Providers

Definitions:

Abuse: Provider practices that are inconsistent with sound fiscal, business or medical 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 the professionally recognized standards for health care.
CMHSP: Community Mental Health Service Program
Fraud: The intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person.
MSHN: Mid-State Health Network
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
SUD: Substance Use Disorder
Waste: 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.

Other Related Materials:
MSHN Compliance Plan
MSHN Compliance Investigation Reports Office of Inspector General Fraud Referral Form
MSHN Compliance Activity Report Template
MSHN Contract Compliance Procedure

References/Legal Authority:
1. 42 Code of Federal Regulations 455.17 – Reporting Requirements
2. 42 Code of Federal Regulations 438.608: Program Integrity Requirement
3. 42 Code of Federal Regulations, Part 2: Confidentiality of Substance Use Disorder Patient Records
4. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 contract, Program Integrity, section 33.0
5. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY20 contract, Attachment P 7.7.1.1: PIHP Reporting Requirements
6. Michigan Mental Health Code

Change Log:

Date of Change	Description of Change	Responsible Party
03.2015	New Policy	Chief Compliance Officer
03.2016	Annual Review	Director of Compliance, Customer Service & Quality
08.2016	Annual Review	Director of Compliance, Customer Service & Quality
08.2017	Annual Review	Director of Compliance, Customer Service & Quality
08.2018	Annual Review	Director of Compliance, Customer Service & Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality