

CORPORATE COMPLIANCE PLAN
2017/2018

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I. OVERVIEW/MISSION STATEMENT

Mid-State Health Network (MSHN) is a regional entity, which was formed pursuant to 1974 P.A. 258, as amended, MCL §330.1204b, as a public governmental entity separate from the CMHSP Participants that established it. The CMHSP Participants formed Mid-State Health Network to serve as the prepaid inpatient health plan ("PIHP") for the twenty-one counties designated by the Michigan Department of Community Health as Region 5. The CMHSP Participants include Bay-Arenac Behavioral Health, Clinton-Eaton-Ingham Community Mental Health Authority, Community Mental Health for Central Michigan, Gratiot Integrated Health Network, Huron County Community Mental Health Authority, LifeWays Community Mental Health Authority, Montcalm Care Network, Newaygo County Community Mental Health Authority, The Right Door (formerly Ionia County CMH), Saginaw County Community Mental Health Authority, Shiawassee County Community Mental Health Authority and Tuscola Behavioral Health Systems. As of October 1, 2015, MSHN took over the direct administration of all public funding for substance use disorder (SUD) prevention, treatment and intervention within the region and expanded the provider network to include SUD providers.

The mission of Mid-State Health Network is to ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

II. VALUE STATEMENT

MSHN and its provider network are committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws, regulations, contractual obligations, and sound business practices, and with the highest standards of excellence. MSHN has adopted a compliance model that provides for prevention, detection, investigation and remediation.

III. SCOPE OF PLAN

The MSHN Compliance Plan encompasses the activities of all MSHN board members, employees, and contractual providers. It is the expectation the Provider Network will follow the standards identified in the MSHN Compliance Plan or develop their own Compliance Plan that minimally meets the standards identified by MSHN and in accordance with the Code of Federal Regulations, Title 42, Part 438.608: Program Integrity Requirements.

IV. DEFINITIONS

These terms have the following meaning throughout this Compliance Plan.

1. Behavioral Health: refers to individuals with a Mental Health, Intellectual Developmental Disability, Substance Use Disorder Provider and/or children with Serious Emotional Disturbances

2. CMHSP Participant: refers to one of the twelve member Community Mental Health Services Program (CMHSP) participant in the Mid-State Health Network.

3. Subcontractors: refers to an individual or organization that is directly under contract with a CMHSP to provide services and/or supports.

4. Contractual Provider: refers to an individual or organization under contract with the MSHN Pre-Paid Inpatient Health Plan (PIHP) to provide administrative type services including CMHSP participants who hold retained functions contracts.

5. Employee: refers to an individual who is employed by the MSHN PIHP.

6. 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.

7. Staff: refers to an individual directly employed and/or contracted with a Community Mental Health Service Provider and/or Behavioral Health Provider.

V. COMPLIANCE PROGRAM

A. Compliance Policies

While the Compliance Plan provides the framework of the Compliance Program, the Compliance Policies provide more specific guidance. Refer to **Attachment A** for a list of the Compliance Policies that are part of the Compliance Program.

B. Compliance Plan

The Compliance Plan is prepared as a good-faith effort to summarize MSHN's rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law or regulation, the law takes precedence.

The purpose of the Compliance Plan is to provide the framework for MSHN to comply with applicable laws, regulations and program requirements. The overall key principles of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with billing requirements of Medicare, Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through prevention and early detection.
- Being proactive in Compliance to reduce exposure to civil and criminal sanctions.
- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations including credentialing requirements, as well as accreditation standards.
- Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold such laws, regulations, and standards.

The following elements have been identified by the Medicaid Alliance for Program Safeguards as being essential to an effective compliance program for Managed Care Organizations and Prepaid (Inpatient) Health Plans (PIHP):

- *Standards and procedures* – the organization must have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards, laws and regulations.
- *High level oversight and delegation of authority* – the PIHP must designate a Compliance Officer and a Compliance Committee.

- *Training* – the PIHP must provide for effective training and education for the Board of Directors, Compliance Officer and the organization's employees. The PIHP must assure adequate training is provided through the provider network.
- *Communication* - Effective lines of communication must be established between the Compliance Officer and the organization's employees.
- *Monitoring and auditing* – The organization must take reasonable steps to achieve compliance with defined standards by utilizing reasonably designed monitoring and auditing systems and practices.
- *Enforcement and disciplinary mechanisms* – Standards must be enforced through well-publicized disciplinary guidelines.
- *Corrective actions and prevention* – After an offense *(non-compliance)* has been detected, the organization must take reasonable steps to respond appropriately to the offense and to develop corrective action initiatives and performance improvement. This includes follow-up monitoring and review to ensure the performance improvement plan is effective.

VI. STRUCTURE OF THE COMPLIANCE PROGRAM

A. General Structure

- *MSHN Board of Directors*: MSHN's Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, review of the Annual Compliance Report, and review of matters related to the Compliance Program. The MSHN Board of Directors has the highest level of responsibility for the oversight of the Compliance Program.
    a. The Executive Committee of the Board shall review reports annually from the MSHN Compliance Officer (CO)

- *Corporate Compliance Committee*: The Corporate Compliance Committee provides guidance, supervision, and coordination for compliance efforts at MSHN. MSHN's Corporate Compliance Committee (CCC) is comprised of the MSHN Chief Executive Officer, Deputy Director, Chief Information Officer, Chief Finance Officer, Chief Clinical Director and the Director of Compliance, Customer Service and Quality. The Medical Director and Compliance Counsel will be ad-hoc members of the CCC. In addition, Ex-officio members may be asked to attend as non-voting members to provide consultation on specific areas of expertise.
    a. The Corporate Compliance Committee meets at least semi-annually to review and provide feedback on system process and procedures regarding compliance to the MSHN Compliance Officer. The Corporate Compliance Committee will develop the annual areas of focus that will guide MSHN compliance efforts.

- *Compliance Officer:* The MSHN Compliance Officer has primary responsibility for ensuring that MSHN maintains a successful Compliance Program. In particular, the Compliance Officer oversees the implementation and effectiveness of the Compliance Plan and Compliance Policies, serves as the Chair of the Quality Improvement Council, provides consultative support to the provider network and has responsibility for the day-to-day operations of the compliance program.

- *Quality Improvement Council:* The Quality Improvement Council advises the Operations Council and the MSHN Chief Executive Officer concerning quality improvement matters. The Quality Improvement Council is comprised of the MSHN Director of Compliance, Customer Service and Quality and the CMHSP Participants' Quality Improvement staff appointed by the respective CMHSP Participant Chief Executive Officer/Executive Director. All CMHSP Participants shall have equal representation on this council. Substance Use Disorder services is represented by participation of MSHN SUD staff.

- *Operations Council*: The Operations Council reviews reports concerning quality improvement matters as identified by the Quality Improvement Council and reported by the MSHN Chief Executive Officer. The Operations Council shall be comprised of the Chief Executive Officers or Executive Directors of each CMHSP Participant and the MSHN Chief Executive Officer who serves as Chair.

  See **Attachment B** – MSHN Compliance Process/Governance

B. MSHN Compliance Officer

MSHN designates the Director of Compliance, Customer Service and Quality as the PIHP Compliance Officer, who will be given sufficient authority and control to oversee and monitor the Compliance Program related Policies and Procedures, including but not limited to the following:

- Coordinating internal (PIHP Audits) and external provider network audits (MDHHS Audit and EQR Audit) and monitoring activities outlined in the compliance plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the MSHN's Corporate Compliance Committee and provides leadership to MSHN compliance activity and consultative support to CMHSP Participants/SUD Providers.
- Responsible for oversight of MSHN efforts to maintain compliance with federal and state regulations and contractual obligations.
- Serves as the Privacy Officer for MSHN.
- Ensures that effective systems are in place by which actual or suspected compliance violations are reported in a timely manner to appropriate governing bodies.
- Reviews all reports of actual or suspected compliance violations received by MSHN from any source, and ensures that effective investigation and/or other action is taken.
- Monitors changes in federal and state health care laws and regulations applicable to MSHN operations and disseminate to the region.
- Works collaboratively with other MSHN employees and CMHSP Participants/SUD Providers to ensure that auditing and monitoring protocols are designed to detect and deter potential compliance violations.
- Ensures that performance improvement plans are adequate to ensure compliance and assures effective implementation of corrective action occurs to reduce risk of future occurrences.
- Prepares and delivers an annual compliance report to the MSHN Board covering the fiscal year, including:
  - A summary of trends in the frequency, nature and severity of substantiated compliance violations;
  - A review of any changes to the Compliance Plan or program; and

- An objective assessment of the effectiveness of the Compliance Plan and Program.

The authority given the MSHN Compliance Officer will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of MSHN.

Each MSHN CMHSP Participant/SUD Provider shall designate a Compliance Officer who has the authority to perform the duties listed for the MSHN Compliance Officer at their respective organization, as appropriate.

C. Quality Improvement Council

The MSHN Quality Improvement Council will consist of the MSHN Director of Compliance, Customer Service and Quality, and the CMHSP Participants' Quality Improvement staff, or designees appointed by MSHN CMHSP Participant's. Substance Use Disorder services will be represented by participation of MSHN SUD staff. The Council will meet at regular intervals and shall be responsible for the following:

- Advising the MSHN Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting MSHN policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures and developing new policies and procedures as needed.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk as well as areas of focus.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing MDHHS, EQR and PIHP related audit results and corrective action plans, making recommendations when appropriate.
- Implementing a Peer Review Process that incorporates best practices related to the QAPIP and Compliance Plan to encourage continuous quality improvement.

VII. COMPLIANCE STANDARDS

MSHN will ensure the development of written policies and procedures, standards, and documentation of practices that govern the PIHP's efforts to identify risk and areas of vulnerabilities and are in compliance with federal regulations and state contract requirements.

A. Standards of Conduct and Ethical Guidelines

MSHN and its Provider Network are committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, and Values. As such, MSHN minimally establishes the following Standards of Conduct to clearly delineate the philosophy and values concerning compliance with the laws, regulations, contractual obligations, government guidelines and ethical standards applicable to the delivery of behavioral health care.

- Provide through its Provider Network, high quality services consistent with MSHN Vision, Mission, and Values;

- Dedicated to ensuring that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Participants/SUD Providers operate;
- Shared operating structure, using a committee-based system that creates many venues, allowing voices from across the region to be heard;
- MSHN operations are for service to the CMHSP Participants/SUD Providers in achieving high levels of regulatory compliance, quality of service, and fiscal integrity;
- MSHN exists to serve in the best interest of and to the benefit of all CMHSP Participants/SUD Providers and their consumers;
- Foster each CMHSP Participants/SUD Providers integration activities and locally driven work.
- Conduct business in an honest, legal and competent manner to prevent fraud, abuse and waste;
- Perform all duties in good faith and refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, MSHN policies or procedures, contract requirements, state and federal regulations or other conduct that is known or suspected to be illegal;
- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;
- Protect through its Provider Network, the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.

These Standards of Conduct provide guidance for MSHN Board members and employees, as well as the provider network in performing daily activities within appropriate ethical and legal standards and establish a workplace culture that promotes prevention, detection, and resolution of instances of conduct that do not conform with applicable laws and regulations. While the above standards are expected to be a framework for compliance, the issues addressed are not exhaustive. Therefore, MSHN Board Members, employees and its provider network staff are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety and in accordance with established policies and procedures.

B. Legal and Regulatory Standards

It is the policy of MSHN to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:

State/Federal Laws and Rules

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Other Statutes Related to Municipal Organizations and Operations
- Other requirements as identified in the MDHHS contract
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins

- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

Federal Medicaid Law, Regulations and Related Items

- Social Security Act, Title XIX (Medicaid)
  - Balanced Budget Act of 1997
  - Deficit Reduction Act/Medicaid Integrity Program of 2005
  - Anti-kickback Statute
- Code of Federal Regulations
- State Operations Manual
- Letters to State Medicaid Directors
- Technical Assistance Tools
  - Quality Improvement Systems for Managed Care (QISMC)
  - Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)

Other Relevant Legislation

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- HITECH Act

C. Environmental Standards

MSHN shall maintain a hazard-free environment in compliance with all environmental laws and regulations. MSHN shall operate with the necessary security systems, permits, approvals and controls. Maintenance of a safe environment is the responsibility of all employees and contractual providers. In order to maintain a safe environment, MSHN shall enforce policies and procedures (as needed) designed to protect consumers, employees, staff, providers, visitors, the environment, and the community.

D. Workplace Standards of Conduct

In order to safeguard the ethical and legal workplace standards of conduct, MSHN shall enforce policies and procedures, per the MSHN Personnel Manual, that address employee behaviors and activities within the workplace setting, including but not limited to the following:

1. Confidentiality: MSHN is committed to protect the privacy of its consumers. MSHN Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748, Code of Federal Regulations (CFR), Title 42 and all other privacy laws as specified under the Confidentiality section of this document.
2. Drug and Alcohol: MSHN is committed to maintain its property and to provide a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards.
3. Harassment: MSHN is committed to maintaining a work environment free of harassment for Board members, employees, and contractual providers. MSHN will not tolerate harassment based on sex, race, color, religion, national origin, disability,

citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.

4. Conflict of Interest: MSHN Board members, employees, and contractual providers shall avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist in accordance with established policies and procedures.
5. Reporting Suspected Fraud: MSHN Board, employees, and contractual providers shall report any suspected or actual "fraud, abuse or waste" of any funds, including Medicaid funds, to the organization.
6. Solicitation and Acceptance of Gifts: MSHN Board members, employees and contractual providers shall not solicit gifts, gratuities or favors. MSHN Board members, employees and contractual providers will not accept gifts worth more than $25, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with MSHN.
7. Workplace Bullying: MSHN defines bullying as "repeated" inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates MSHN Code of Ethics, which clearly states that all employees will be treated with dignity and respect.
8. Workplace Violence and Weapons: MSHN takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited.
9. Political Contributions: MSHN shall not use agency funds or resources to contribute to political campaigns or activities of any political party.

E. Contractual Relationships

MSHN shall ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers served. In order to ethically and legally meet all standards, MSHN will strictly adhere to the following:

1. MSHN and its Provider Network shall not pay or accept payment of any tangible or intangible kind for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and the ability to provide the services needed. No employee, contractual provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, MSHN and the CMHSP Participants performing delegated managed care functions, will not take into account the volume or value of referrals that the provider has made (or may make).
2. The Provider Network shall not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at MSHN.
3. MSHN does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent

background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.

4. MSHN and its contractual providers, as well as the Provider Network and its contractors, are responsible for properly conducting credentialing and re-credentialing in accordance with State Policy and the MSHN policies and procedures. The Provider Network and contractual providers are responsible for reporting suspected fraud, abuse and licensing violations to MHSN as soon as suspected.
5. The Provider Network and its contractors shall be responsible, and held accountable, to provide accurate and truthful information in connection with treatment of consumers, documentation of services, and submission of claims.

F. Purchasing and Supplies

MSHN shall ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.

All contractor and supplier arrangements shall be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors shall be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply.

G. Marketing

Marketing and advertising practices are defined as those activities used by MSHN to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. MSHN will present only truthful, fully informative and non-deceptive information in any materials or announcements.

The federal Anti-Kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive “remuneration” as an inducement to generate business compensated by Medicare or Medicaid programs.

H. Financial Systems Reliability and Integrity

MSHN shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.

MSHN shall develop internal controls and obtain an annual independent audit of financial records and annual compliance examination; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets. The Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid.

In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005) MSHN’s processes shall monitor for actions by contractual providers of Medicaid services to prevent fraud, abuse, and waste, or are likely to result in unintended expenditures.

I. Information Systems Reliability and Integrity

The MSHN Chief Information Officer shall serve as the Security Officer and shall ensure the reliability and integrity of the information systems utilized to support the effectiveness of the MSHN compliance program, including but not limited to the following:

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Assuring reliability, validity and accuracy of data through periodic auditing processes.
- Following procedures that assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.

J. Confidentiality and Privacy

MSHN is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in compliance with applicable privacy laws, regulations and contractual requirements To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy Regulations , the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 C.F.R. Part 2, 45 C.F.R. Part 160 & 164 as outlined below:

- MSHN will follow the HIPAA requirements, as well as all applicable federal and state requirements, for the use of protected health data and information.
- MSHN will immediately report to the MDHHS any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements.
- Any breach of protected health information shall result in notification of the affected individuals as well as the HHS Secretary and the media in cases where the breach affects more than 500 individuals.
- Privacy Notice - MSHN will have a notice of privacy practices.
- Authorization - If information is shared, outside of those described in the Privacy Notice, a signed authorization will be obtained from the consumer prior to sharing information
- MSHN will require the Provider Network to have a consent form signed prior to treatment for permission to treat, bill for and carry out health care operations.
- MSHN will perform any necessary internal risk analyses or assessments to ensure compliance.
- Physical and electronic safeguards shall be in place for MSHN employees and premises, including, but not limited to, door locks, unique logins and secure passwords, firewall and virus protection, disaster recovery mechanisms, and secure email.

VIII. AREAS OF FOCUS

The MSHN Compliance Officer under the direction of the MSHN Board of Directors, MSHN Corporate Compliance Committee and the MSHN Quality Improvement Council, will identify strategic areas of focus developed from a risk analysis that will guide the direction of MSHN compliance activities (**Attachment C**).

IX. TRAINING

A. MSHN Employees, Board Members and Advisory Council Members

All MSHN Employees, Board members and Advisory Council members shall receive training on the MSHN Compliance Plan and Standards of Conduct. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records shall be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

B. MSHN Provider Network

The MSHN Provider Network Committee will review and recommend an Annual Training Plan (**Attachment D**) to assure and provide consistent training requirements throughout the provider network. MSHN will monitor the provider network to ensure adherence to the identified training requirements. Where viable, MSHN will offer related compliance training and educational materials to the Provider Network.

X. COMMUNICATION

Open lines of communication between the MSHN Compliance Officer, the CMHSP Participant/SUD Provider Compliance Officer(s) and CMHSP Participant/SUD Provider staff within the region are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:

- There shall be access to the MSHN Compliance Officer for clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis.
- Access to a dedicated toll-free compliance line
- Utilization of interpreter where capacity in the area has been identified
- Information will be shared regarding the results of internal and external audits, reviews, and site visits, utilization data, performance and quality data, and other information that may facilitate understanding of regulations, and the importance of compliance.
- Information may be communicated through a variety of methods such as formal trainings, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.
- Compliance contact information shall be available to stakeholders through a variety of methods such as the MSHN & CMHSP Participants/SUD Provider customer service handbook, websites, posters, and/or other methods (or processes) identified consistent with standards associated with MSHN Policies.

XI. MONITORING AND AUDITING

Monitoring and auditing of MSHN's operations is key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education and training is required. Results of the below activities will be communicated through the Quality Improvement Council and summarized results to the Operations Council, MSHN Corporate Compliance Committee and MSHN Board of Directors through the Annual Compliance Report.

MSHN shall assure the provision and adequacy of the following monitoring and auditing activities:

Financial and Billing Integrity

- An independent audit of financial records each year;

- An independent compliance examination in accordance with the MDHHS guidelines (if applicable);
- Contractual providers have signed contracts and adhere to the contract requirements;
- Explanation of benefits; and Medicaid Event Verification

Information Systems Reliability and Integrity
- MSHN Information System employees and Provider Network staff monitor the reliability and integrity of the information system and data;
- Assure appropriate security and redundancies are in place to address loss of information and that provide sufficient disaster recovery plans; and
- MSHN employees and Provider Network staff are trained on use of information systems and provided access based on role and job function.

Clinical/Quality of Care
- Performance indicators are monitored and reviewed in an effort to continually improve services;
- MSHN employees and Provider Network staff are evaluated in writing on their performance and are provided with detailed job descriptions;
- MSHN employees and Provider Network staff are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program;
- Assuring qualification and competency of organizational and practitioner credentialing and privileging directly operated by or under sub-contract with the Provider Network;
- Clinical supervision is provided and documented to ensure competency, as required by PIHP/MDHHS contract attachment, Credentialing and Re-Credentialing Process and related MSHN Policies and Procedures.

Consumer Rights and Protections
- Rights complaints and issues are reviewed and investigations are completed as required;
- MSHN shall ensure that the Provider Network has a designated individual (Recipient Rights Officer or Advisor) and that the responsibilities of the Recipient Rights Office are completed in accordance with state and federal requirements.
- Risk events and incident reports are completed, reported and follow up action is taken as needed
- A root cause analysis is completed on each sentinel event as defined in MDHHS contract.

Environmental Risks
- Comprehensive maintenance reviews of facilities, equipment, and vehicles are completed as required;
- Emergency drills are conducted and evaluated on a regular basis;
- Accommodations are provided in accordance with the Americans with Disabilities Act (ADA);
- Privacy reviews of facility/office are completed;
- Ensure appropriate environmental licensures; and
- Initial and ongoing education on health, safety, and emergency issues are provided.

Quality and Utilization Reviews
- Review of delegated managed care functions (as identified in the MSHN/CMHSP Medicaid Subcontract);
- Review of SUD Provider Network in accordance with contracted functions
- Review of adherence and compliance with Quality Assurance and Performance Improvement Program (QAPIP) Plan; and
- Review of adherence and compliance with the Utilization Management (UM) Plan.

Additional Internal Monitoring and Auditing Activities
- Assessment of initial capacity and competency to perform delegated PIHP functions;
- Consumer Satisfaction Surveys;

- Review of MSHN contracts for administrative services;
- Monitor capacity and demand for services in the PIHP region through the Assuring Network Adequacy contract; and
- Review of Policies and Procedures for any needed revisions or development of new ones.

Additional External Monitoring and Auditing Activities:

- External Quality Reviews
- CMS Site Visits
- MDHHS Site Visits
- Independent Financial Audits
- Independent Compliance Examinations
- Accreditation Surveys

XII. REPORTING AND INVESTIGATIONS

MSHN and its Provider Network shall follow established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. The guidelines shall be consistently enforced at all levels of the organization.

A. Reporting of Suspected Violations or Misconduct

MSHN shall maintain a reporting system that provides a clear process and guideline for reporting potential offenses or issues.

MSHN employees, contractual providers, consumers, and others are to report suspected violations or misconduct to the MSHN Compliance Officer or the appropriate CMHSP Participant/SUD Provider Compliance Officer and/or designee as outlined below. Suspected violations or misconduct may be reported by phone/voicemail, email, in person, or in writing. See **Attachment E** for contact information.

- MSHN employees, contractual providers and the provider network will report all suspected fraud and abuse to the MSHN Compliance Officer. The report will be submitted in writing utilizing the Office of Inspector General Fraud Referral Form (**Attachment I**).
- The MSHN Compliance Officer will report suspected fraud and abuse to the MDHHS Office of Health Services Inspector General.
- The MSHN Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Health Services Inspector General.
- MSHN employees will report all suspected violations or misconduct (not involving suspected fraud or abuse) directly to the MSHN Compliance Officer for investigation. If the suspected violation involves the MSHN Compliance Officer, the report will be made to the MSHN Chief Executive Officer. Information submitted in writing shall utilize the Suspected Compliance Violation or Misconduct Report Form (**Attachment F**).
- Any suspected violations regarding the MSHN Chief Executive Officer will be reported to the MSHN Compliance Officer and/or the MSHN Board Chairperson/Executive Committee for investigation.
- CMHSP Participant/SUD Provider staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations (not involving suspected fraud or abuse) are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Participant/SUD Provider Compliance Officer. The CMHSP Participant/SUD

Provider Compliance Officer will review reported violations to determine the need to report to the MSHN Compliance Officer. The review will be based on but not limited to: external party involvement, Medicaid recipient services, practices and/or system-wide process applicability.

- The Provider Network (CEO)/Executive Director(ED) and/or designee, shall inform, in writing, the MSHN Chief Executive Officer (CEO) of any material notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory (excluding Recipient Rights related to non-PIHP activities), prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services. The Provider Network CEO/ED shall inform, in writing, the MSHN CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
- Reports of suspected violations or misconduct may be made on a confidential basis to the extent possible.
- No MSHN employee, consumer, contractual provider, or CMHSP Participant/SUD Provider staff making such a report in good faith shall be retaliated against by MSHN, its employees or contractual providers.

B. Process for Investigation

All reports of suspected wrongdoing, not involving fraud or abuse, shall be investigated promptly following the process outlined in the MSHN Compliance Investigation, Resolution and Documentation Process (**Attachment G**). The investigation process and outcome will be documented using the MSHN Compliance Investigation Report Form (**Attachment H**). In conducting the investigation, judgment shall be exercised and consideration shall be given to the scope and materiality consistent with the nature of the concern. Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within MSHN who is not involved in the investigation process or to anyone outside of MSHN without the prior approval of the MSHN Compliance Officer. All MSHN employees, Provider Network staff and subcontractors are expected to cooperate fully with investigation efforts. The MSHN Compliance Officer and the CMHSP Participant/SUD Provider Compliance Officers must report any conflict of interest that may exist when investigating a report of suspected wrong doing or misconduct. If a conflict of interest does exist, the MSHN Compliance Officer will be responsible for securing an appropriate source to complete the investigation, which may include utilizing the MSHN Compliance Officer, one of the Provider Network Compliance Officers or an external source if necessary.

XIII. Corrective Actions and Prevention

Where an internal investigation substantiates a reported violation, corrective action will be initiated as identified within MSHN policies and procedures and the MSHN subcontracts with the CMHSP Participant/SUD Providers including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, the provision of a corrective action plan from the designated Provider Network member (as necessary) including follow-up monitoring of adequate implementation, and implementing system changes to prevent a similar violation from recurring in the future.

XIV. References, Legal Authority and Supporting Documents

1. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002
http://ahca.myflorida.com/medicaid/managed_care/pdf/federal_cms_guidelines_constructing_compliance_program.pdf

2. Anti-kickback Statute (section 1128B[b] of the Social Security Act)
http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm
https://oig.hhs.gov/compliance/safe-harbor-regulations

3. False Claims Act
https://oig.hhs.gov/fraud
http://www.legislature.mi.gov

4. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)
http://www.cms.hhs.gov/deficitreductionact

5. Michigan Mental Health Code
http://michigan.gov/documents/mentalhealthcode_113313_7.pdf

6. Department of Health and Human Services, Office of Inspector General
https://oig.hhs.gov

7. Michigan Public Health Code
http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf

8. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164)
http://www.ecfr.gov/cgi-bin/ECFR?page=browse

ATTACHMENT A

MSHN's Policies and Procedures can be found at the following link:
http://www.midstatehealthnetwork.org/policies/

Policy and Procedure Categories Include:

Compliance

Customer Service

Finance

General Management

Human Resources

Information Technology

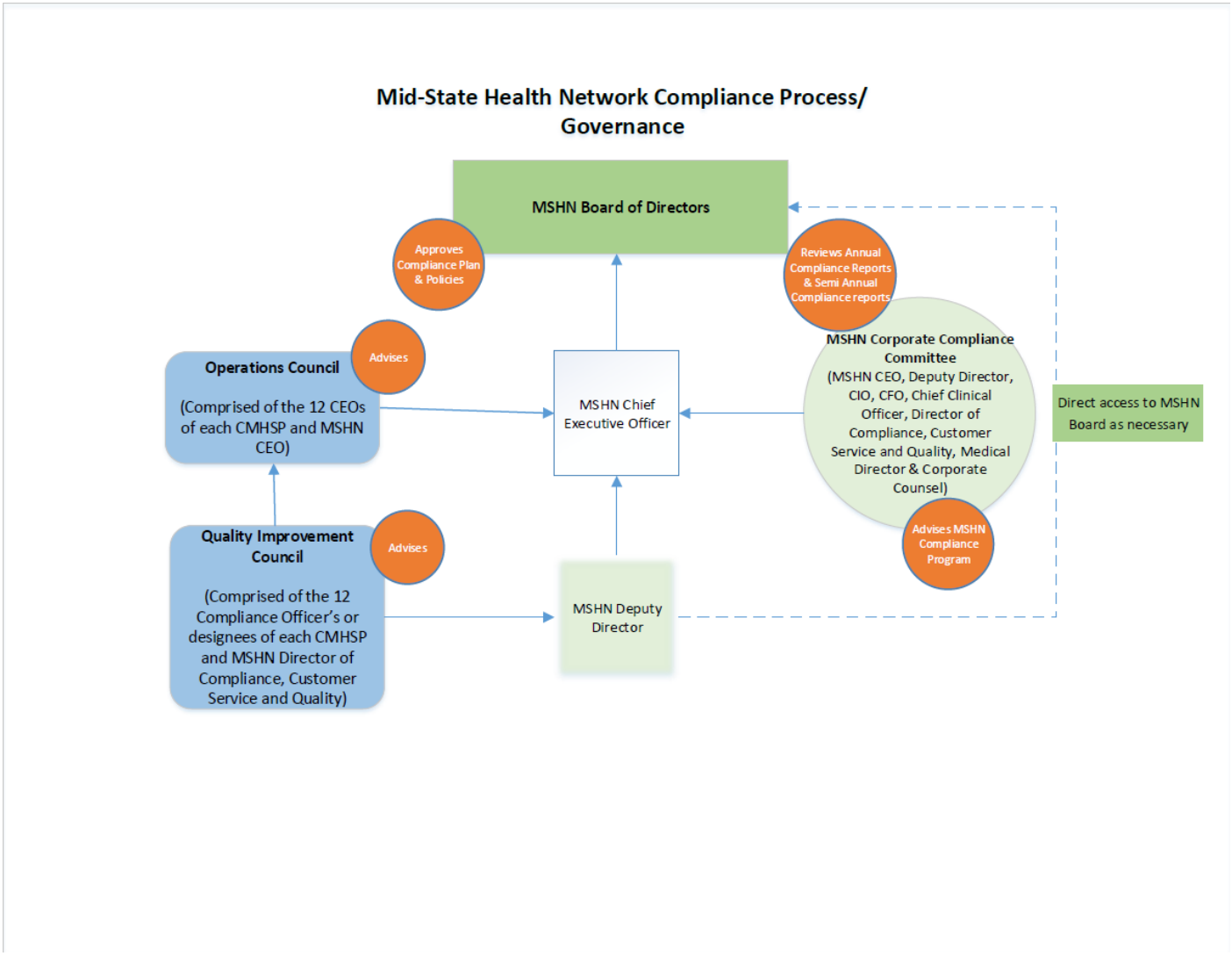
Provider Network

Quality

Service Delivery System

Utilization Management

ATTACHMENT B



ATTACHMENT C

MSHN Compliance Officer in coordination with the MSHN Quality Improvement Council shall focus its efforts on overseeing compliance in the below key areas as identified and prioritized:

Area of Focus	Responsible Party	Task
CMHSP Participants/ SUD Providers		
Review of Provider Credentialing and Competency	MSHN	Monitoring through desk audit/site visit
Provider network subcontracted provider monitor	MSHN	Contract Oversight and Monitoring through reporting and compliance with contract terms
MSHN Utilization Management, Access and Authorization	MSHN	Develop regionally adopted Utilization Management Access and Authorization Benefit
BH-TEDS		
CMHSP Implementation/MSHN Oversight	CMHSP/MSHN	Monitoring through internal audit (security, integrity and privacy)
CMHSP/IT Contracts Communication	MSHN/CMHSP	Testing and reporting; accuracy verifications
Compliance with New Initiatives		
Implementation of New Managed Care Rules	MSHN/CMHSP	Monitor the implementation of the appropriate content areas of the new managed care rules as identified in the workplan.
Improved Coordination of Care and Population Health Management	MSHN	
Waiver Changes		
HCBW Planning and implementation of changes	MSHN / CMHSP	Review capacity, changes in waiver requirements
Autism Compliance and Expansion Capacity & Readiness	MSHN / CMHSP	Communicate information to Provider Network

ATTACHMENT D

MSHN Minimum CMHSP Training Requirements:

EXHIBIT E

MSHN Minimum CMHSP Training Requirements

Source Document Key:

1. Balanced Budget Act
2. Health Insurance Portability and Accountability Act (HIPAA)
3. Deficit Reduction Act
4. Michigan Department of Community Health (MDCH)
5. Michigan Administrative Code
6. Michigan Mental Health Code
7. Occupational Safety & Health Administration (OSHA)
8. Code of Federal Regulations

Renewal Key: I = Initially; A = Initially & Annually; 2 = Initially & every 2 years

Training	Requirements	Source	CMH-employed Administration Group	Crisis Intervention/ Access	Other Professional Service (OT,PT, Dietary, Psychological Testing	CMH-employed Maintenance	Medical Professional	Residential Supervisors/QI/Licensee	AFC Licensed Direct Care Staff	Aide level staff providing service in the community or in unlicensed settings	Students/ Volunteers/ Temporary workers	Primary Service Providers (Case Managers, Supports Coordination, Home Based Staff, MST, Wraparound)	Individual/Group Therapist	Clubhouse/ Drop-In/ Peer Supports	CMH-employed Transporters	ACT
Assertive Community Treatment (ACT)	180 days of hire for work in ACT	4														I
Advance Directives	90 days of hire	1										I	I			I
Appeals & Grievances	90 days of hire	1, 4, 6	A	A	A	A	A	A			A	A	A	A	A	A
CAFAS and/or PECFAS (if working with children)	90 days of hire	4		2								2	2			
Corporate & Regulatory Compliance	90 days of hire	1, 3	A	A	A	A	A	A	A	A	A	A	A	A	A	A
CPR & First Aid*	30 days of hire	5							2	first aid only						
Cultural Competency & Diversity	1 year of hire	4, 6, 8	A	A	A	A	A	A	A	A		A	A	A	A	A
Environmental Safety	1 year of hire	5, 6	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Health Management - (Blood Borne Pathogens/Infection Control)	30 days of hire	5, 6, 7	A	A	A	A	A	A	A	A	A	A	A	A	A	A
HIPAA Privacy & Security	30 days of hire	2, 4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A
IDDT/COD	90 days of hire	4		COD								COD - if necessary	COD - if necessary			A- if providing IDDT
Limited English Proficiency (LEP)	90 days of hire	1, 4	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Medication Administration	90 days of hire	5							I	I - if necessary						
Non-Physical Intervention (Verbal De-escalation)	90 days of hire	8		I					I	I - if necessary		I	I	I		I
Person-Centered Planning	30 days of hire	4, 6, 8	A	A	A		A	A	A	A	A	A	A	A	A	A
Recipient Rights	30 days of hire	4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Self Determination	90 days of hire	4		A								A	A			
Culture of Gentleness	90 days of hire	4							A-if necessary	A-if necessary						

* Based on Certification Length set by the training entitiy (i.e., American Red Cross)

→ Training with a DHS-approved group home curriculum is required for direct care staff working in licensed specialized AFC settings.

→ Customer Service staff must receive training as defined in Attachment P.6.3.1 of the MDHHS/PIHP contract (paragraph F.14)

→ Additional program specific training is requied for programs such as Wraparound, IMH, DBT, TFCBT, MST, Supported Employment, and ABA Aides (Autism Benefit).

→ Child Mental Health Professionals are required to obtain 24 hours annual related to child specific training

→ The following job titles will require Core Elements of Case Management training: Case Manager, Supports Coordinator, Home-based Mental Health Therapy, Multisystemic Therapy, and Wraparound

This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP.

Created FY16
Reviewed 7.11.17
Effective 10.1.17

ATTACHMENT E

MID-STATE HEALTH NETWORK

CONTACT INFORMATION FOR SUSPECTED COMPLIANCE VIOLATIONS

Please report suspected compliance violations to _____

In person:

By phone:

By email:

By mail:

Reports can also be made to MSHN Compliance Officer:

Kim Zimmerman
530 W. Ionia Street, Suite E
Lansing, MI 48933
P: 517.657-3018 C: 616-648-0485
kim.zimmerman@midstatehealthnetwork.org

MSHN COMPLIANCE LINE 1-844-793-1288

Or to:

CMHSP Compliance Officers (or designee):

Bay Arenac Behavioral Health,	Janis Pinter, 989.895.2760, jpinter@babha.org
CMH for Central Michigan,	Bryan Krogman, 989.772.1380, bkrogman@cmhcm.org
Clinton, Eaton, Ingham CMH,	Stefanie Zin, 517.346-8193, zinst@ceicmh.org
Gratiot County CMH,	Lynn Charping, 989.466.4108, lcharping@gihn-mi.org
Huron Behavioral Health,	Levi Zagorski, 989.269.9293, levi@huroncmh.org
The Right Door,	Susan Richards, 616.527.1790, srichards@rightdoor.org
LifeWays CMH,	Angie O'Dowd, 517.789.2526, Angie.O'Dowd@LifeWayscmh.org
Montcalm Care Network	Sally Culey, 989.831.7523, sculey@montcalmcare.net
Newaygo CMH,	Andrea Fletcher, 231.689.7542, afletcher@newaygocmh.org
Saginaw County CMH,	Richard Garpiel, 989.797.3539, Rmgarpiel@sccmha.org
Shiawassee County CMH,	Dirk Love, 989.723.0750, dlove@shiacmh.org
Tuscola Behavioral Health Systems	Michael Swathwood, 989.672.3014, mswathwood@tbhs.net

A complete listing of SUD Providers, with contact information, is located on the MSHN website at the following link:
http://www.midstatehealthnetwork.org/provider-network/SUD-Providers.php

MDHHS Medicaid Fraud Hotline: 1.855.MI.FRAUD (643.7283)
HHS/OIG Hotline: 1.800.HHS.TIPS (447.8477)

ATTACHMENT F

MID-STATE HEALTH NETWORK

Suspected Compliance Violation or Misconduct Report Form

Please provide the information listed below. You may submit your report anonymously. However, follow-up of your concern may be made easier and timelier by listing your name. Please return completed form to the Compliance Officer.

Name: _____ Date: _____

Phone Number: _____ Agency Program: _____

Suspected Violation: *(Describe details of the suspected violation. Be specific about names, dates and actions. Attach additional documentation if needed.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ATTACHMENT G

MID-STATE HEALTH NETWORK

Compliance Investigation, Resolution and Documentation Process

I. Investigation

- Within five business days of receiving a report, the MSHN Compliance Officer or CMHSP Participant/SUD Provider Compliance Officer shall provide a written acknowledgment of receipt to the individual making the report (if known) and conduct an initial assessment to determine whether the report has merit and warrants further investigation.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations and warrants no further action, the issue will be closed following the appropriate documentation and reporting by the MSHN Compliance Officer or CMHSP Participant/SUD Provider Compliance Officer.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations, but does identify an area for improvement or raises concern for potential future violations, the matter will be referred to the designated CMHSP Quality Improvement Council Member and/or the MSHN Quality Improvement Council for appropriate discussion, assignment and follow up action if appropriate.
- If it is determined that the matter requires further investigation, the MSHN Compliance Officer will first review the information and assess if immediate reporting to the OHSIG should take place. The MSHN CO and/or CMHSP Participant/SUD Provider CO shall take the necessary steps to assure that documents or other evidence are not altered or destroyed through the following means, as applicable:
  - Suspending normal record/document destruction procedures;
  - Taking control of the files of individuals suspected of wrongdoing;
  - Limiting access of files, computers, and other sources of documents by individuals suspected of wrongdoing; and/or
  - Taking additional action as necessary to ensure the integrity of the investigation that could include temporary suspension, or temporary re-assignment of duties, of involved individuals.
- If the MSHN Compliance Officer concludes that reporting to a government agency (CMS, OIG, and DOJ) or a third party may be appropriate, the MSHN CEO and the CMHSP Participant/SUD Provider Compliance Officer will be informed immediately and the MSHN CO shall report to the government agency(s) within five business days
- No further investigation shall occur until the MSHN CO has confirmed with the OHSIG to proceed. However, appropriate steps shall be taken to ensure consumer safety.
- Once confirmation from the OHSIG is obtained, the MSHN CO shall approve further investigation through internal MSHN investigation procedures and/or CMHSP Participant/SUD Provider investigation procedures.
- If OHSIG confirmation is not obtained and/or OHSIG instructs MSHN to not conduct any further investigation, the MSHN CO shall document the OHSIG communication and follow up with the OHSIG within thirty (30) days to obtain an update on the case.

II. Resolution

- Following the investigation, the MSHN Compliance Officer will document and report the findings of the investigation to the MSHN CEO and the MSHN Corporate Compliance Committee. In cases where actions of the MSHN CEO are investigated, the report of findings is made to the Executive Committee of the MSHN Board of Directors.
- If the occurrence involved a MSHN employee, disciplinary action will be taken in accordance with MHSN's policies and procedures and Personnel Manual.

- If the occurrence involved a CMHSP Participant/SUD Provider, the CMHSP Participant/SUD Provider shall submit a remedial action plan to address any confirmed violations or address areas of concerns raised during the investigation.

III. Documentation

- A record will be maintained by the MSHN Compliance Officer and/or the CMHSP Participant/SUD Provider Compliance Officer or designee for all reports of potential/alleged violations utilizing the attached *Compliance Investigation Report* form. The record may also include copies of interview notes and documents reviewed and any other documentation as appropriate.
- Records will be maintained in accordance with the "State of MI, Department of History, Arts and Libraries – Record Management – Records Retention and Disposal Schedule". http://www.michigan.gov/documents/hal/mhc_rm_gs20_195724_7.pdf

ATTACHMENT H

MID-STATE HEALTH NETWORK
Compliance Investigation Report Form

Source of the Complaint (Name/Agency): _____

Date of Complaint: _____

Medicaid ID Number (if Applicable): _____

Type of Provider Involved (If Applicable): _____

Suspected Violation: (Describe the details of the suspected violation. Be specific about the information disclosed including names, dates and actions. Attach additional documentation if needed.)

Findings/Outcome of the Investigation: (Include description of disclosures, the investigative process followed and conclusion/findings/outcome of the investigation.)

Required Plan of Correction (If Necessary) (Include any recommended or required plan of action needed based on the outcome of the investigation.)

Follow up Needed (If Necessary):

_____
_____
_____

Does this investigation need to be reported to MSHN: Yes____ No ____

If yes, please identify the date reported to MSHN: _____

Name(and title) of the individual completing the investigation: _____

Date the investigation was completed: _____

ATTACHMENT I

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
INSPECTOR GENERAL ADMINISTRATION
INTEGRITY DIVISION
MCO – FRAUD REFERRAL

MCO Details:			
MCO Name:		**Date of Referral:**	
Referrer's Name:		**Referrer's Phone:**	
Referrer's Title:		**Referrer's Email:**	
Suspect Provider(s) Details:			
Provider Name:		**Provider Phone #:**	
Provider NPI #:		**Provider Type:**	
Provider Address:		**Provider Email:**	
Facility Owner Name:		**Owner Phone #:**	
Complainant(s) Details:			
Complainant Name:		**Complainant Phone #:**	
Complainant Address:		**Complainant Email:**	
Medicaid ID #:		**DOB:**	
Suspected Fraud Referral Details:			
Summarize the Suspected Fraudulent Activity:			
Estimated Fraud Amount:			
Date(s) of conduct:			
Document the specific laws, rules, regulations, policies, etc. that were violated:			
Supporting Documentation:	*Attach any and all documentation, data, or records obtained, reviewed, or relied on by the auditor leading to the suspicion of fraud including but not limited to:* ⇒ *Beneficiary/patient files and/or relevant medical records* ⇒ *Audit reports and findings* ⇒ *Provider Enrollment Agreements* ⇒ *Relevant fee schedules* ⇒ *Relevant provider policy manual* ⇒ *Provider education letters* ⇒ *Interview transcripts* ⇒ *Encounter claims data* *Label attachments 1-10, as applicable.*		

	All submissions must be (1) zipped, encrypted, and sent to MDHHS-OIG@michigan.gov or (2) submitted via the secure File Transfer Protocol (FTP) to the OIG area specific to your MCO.
Action Taken:	*Document the status of the current audit.* *NOTE – Do not make a fraud complaint if corrective action has been taken against the suspect provider (e.g., recoupment, contract termination, prepayment review, etc.).*
Record Review Results:	
Describe Record Selection Methodology:	*Include sample size and how the sample was selected (e.g., statistical vs nonstatistical, judgmental, etc.)*
Describe Record Review Results:	
Interview Results:	
Summarize Interviews:	*List all communications, chronologically, between the MCO and complainant, member and/or provider concerning the suspected fraud.*
Audit History:	
Document Suspect Provider(s) prior Audit History and Action Taken:	