

## Summary of Changes: Compliance Plan 2024

*The following changes were made to be in compliance with contract changes to the program integrity section of the MDHHS/PIHP Contract.*

- I. Overview/Mission Statement
  - *No Changes*
- II. Value Statement
  - *No Changes*
- III. Scope of Plan
  - *Moved some information to section X111. under disciplinary guidelines*
- IV. Definitions
  - *No Changes*
- V. Compliance Program
  - A. Plan
    - *No substantial changes*
  - B. Policies and Procedures
    - *Added information on what elements the policies and procedures minimally need to include*
- VI. Structure of the Compliance Program
  - A. General Structure
    - *No Changes*
  - B. Compliance Officer
    - *Added having the authority to report to the Board and Senior Management*
  - C. Regional Compliance Committee
    - *No Changes*
  - D. MSHN Corporate Compliance Committee
    - *Changes meeting schedule to every other month*
- VII. Compliance Standards
  - A. Conduct and Ethical Guidelines Standards
    - *Added that the standards of conduct will be distributed to all employees and be required to certify that they have read, understand, and agree to comply with the standards.*

- B. Legal & Regulatory Standards
  - *No Changes*
- C. Environmental Standards
  - *No Changes*
- D. Workplace Conduct Standards
  - *No Changes*
- E. Contractual Relationships
  - *No Changes*
- F. Purchasing and Supplies
  - *No Changes*
- G. Marketing Standards
  - *No Changes*
- H. Financial Systems Reliability and Integrity
  - *No Changes*
- I. Information Systems Reliability and Integrity
  - *No Changes*
- J. Confidentiality and Privacy
  - *No Changes*

VIII. Areas of Focus

- *Changes made to attachment C*

IX. Training

- A. MSHN Employee Training
  - *Added that training is to be completed within 90 days of hire*
  - *Added that training is to be focused on Medicaid statutory, regulatory, and contractual requirements and the Contractor's code of conduct.*
- B. Provider Network Training
  - *No Changes*

X. Communication

- *Added allowing for anonymous reporting*

XI. Monitoring and Auditing

- *Added the compliance program will be evaluated, no less than annually, for overall effectiveness*
- *Under Additional Internal Monitoring and Auditing added that there will be a questionnaire for exiting employee regarding any observed violations of the compliance program*
- *Added a Data Mining Activities section to include utilizing statistical models, complex algorithms, and pattern recognition programs to detect possible*

*fraudulent or abusive practices*

XII. Reporting and Investigation

- *Changed language to state MSHN will have a distinct unit that has adequate staffing and resources to investigate incidents and develop and implement corrective action plans to assist in preventing and detecting potential fraud, waste and abuse activities.*
  - A. Reporting of Suspected Violations or Misconduct
    - *Added only reporting for an overpayment of \$5,000 or greater to the OIG and the Office of Inspector General and the Attorney General – Health Care Fraud Division*
    - *Added that the MSHN Compliance Officer and provider network member staff will present the fraud referral case to the OIG and the AG-HCFU.*
    - *Added that the MSHN Compliance Officer will defend potential credible allegation of fraud in any appeal should the referral result in suspension issued by the MDHHS OIG.*
  - *Added that MSHN will cease all efforts to take adverse action against or collect overpayments from the provider until authorized by the MDHHS OIG and follow the*
  - B. Process for Investigation
    - *Added that the investigation process and outcome will be documented and will be reported on the OIG Quarterly Program Integrity Report.*
    - *Removed the information what is included on the template*

XIII. Corrective Action/Prevention/Disciplinary Guidelines

- *Added disciplinary guidelines to this section*
- *Added that in all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner*
- *Moved failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed in accordance with the MSHN By-Laws from a previous section to this section*

XIV. Submission of Program Integrity Activities/Report

- *Added that The PIHP will submit to MDHHS-OIG an annual Program Integrity Report containing details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report will also address the plan of activities for the current and upcoming fiscal year and all provider and service-specific program integrity activities.*

XV. Communication of Requirements

- *This is a new section that includes The PIHP will issue a contract, Provider Manual, Bulletins, and/or other means of communication to the provider network regarding services covered under contract. This communication will serve as a source of information for providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements.*

XVI. References and Supporting Documents

- *Updated links*

Attachments:

- A. List of MSHN Compliance Policies/Procedures
  - *Updated link*
- B. MSHN Compliance Organizational Chart
  - *No Changes*
- C. MSHN Areas of Focus
  - *Removed Waiver/Appendix K Extension*
  - *Removed Telehealth Requirements*
  - *Removed Waivers*
- D. MSHN Compliance Violation Reporting Posting
  - *Updated contacts*