

GREATER COLUMBIA BEHAVIORAL HEALTH

Policies and Procedures

Category: Compliance
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Approved By: The Board of Directors
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Title: Fraud and Abuse Compliance Plan

I. Policy Statement:

It is the policy of Greater Columbia Behavioral Health (GCBH) to comply with all local, state, and federal laws governing its operations (**including 42 CFR Part 438 Subpart H**) and to conduct its affairs in keeping with the moral, legal and ethical standards of its industry; and to support the government's efforts to reduce healthcare fraud and abuse. The GCBH Fraud and Abuse Compliance Plan establishes a culture within the organization that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or federal, state, and private payor health care program requirements. All persons associated with GCBH and/or its providers are expected to comply with the Compliance Plan.

It is the purpose of this Plan and the Compliance Process that it details, to ensure full implementation of such requirements.

II. Purpose:

To outline and define the scope, responsibilities, and activities to prevent, detect, and report incidents of fraud and abuse. To outline the scope, responsibilities, and activities conducted by GCBH to identify and report instances of fraud and abuse including prevention, detection, and reporting of occurrences of fraud and abuse.

III. Definitions:

A. Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

- B. 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 professionally recognized standards for health care.
- C. Persons associated with GCBH: Means all board members, consultants, GCBH employees, and agencies receiving GCBH funding directly or indirectly to support mental health services.
- D. Provider: Means any individual or entity providing GCBH funded mental health services through contractual agreement with GCBH or a GCBH Member Government. The term does not include employees of GCBH.
- E. Fraud and Abuse can include but not be limited to:
1. Billing For Services Not Performed;
 2. Double Billing;
 3. Unnecessary Services;
 4. Kickbacks;
 5. Upcoding;
 6. Unbundling;
 7. Falsification of Health Care Provider Credentials;
 8. Falsification of Provider Financial Solvency;
 9. Intentional improper billing;
 10. Related Party Contracting;
 11. Incentives that limit services or referral;
 12. Embezzlement and theft; and
 13. Billing Medicaid enrollees for GCBH covered services.
 14. Failure to follow all applicable professional standards , practices or ethical guidelines.

IV. Compliance Officer and Committee:

- A. GCBH has appointed the GCBH Finance Manager as the Corporate Compliance Officer (“CCO”) (also known as the Program Integrity Officer (“PIO”) under the Medicaid program) who will be responsible for overseeing the Plan and coordinating monitoring activities.
- B. The CCO reports to a Corporate Compliance Committee (“CCC”). A subcommittee of the GCBH Funding and Financial Operations Committee serves as the CCC. The CCC reports to the GCBH Board of Directors.
 - 1. The CCC is comprised of representatives from the GCBH Board, Provider Agencies and members of GCBH senior management.
 - 2. While the CCO generally reports to the CCC, the CCO maintains independence by always having:
 - i. direct access to the GCBH Director when he determines that such reporting is required to address specific issues or concerns.:
 - ii. the right to directly meet with the Board if the circumstances warrant (e.g., in case of CCC or Director inaction).
 - 3. The CCO may (without prior approval) seek legal assistance from the GCBH legal counsel regarding issues related to Fraud and Abuse.
 - 4. In consultation with the CCC or Board, the CCO may revise the Plan, as appropriate.
- C. The CCO duties include the following:
 - 1. To oversee and monitor GCBH compliance activities. This includes maintaining ongoing communication and interactions with GCBH Senior management (including the Director, Office manager, Chief Clinical Officer, Quality Manager, Medical director, Customer Services manager and Information Services manager) for the promotion of an environment that prevents and detects Fraud and Abuse.
 - 2. To assist the CEO, the COO, the CCC and the Board of Directors in establishing and maintaining a methodology for preventing and detecting Fraud and Abuse, including (but not limited to):
 - a. Creating, updating and utilizing a Risk assessment methodology;
 - i. This methodology will be reviewed with the CCC at least annually in reference to its applicability and need for revision;
 - b. Incorporating Compliance monitoring into the financial audits completed on Provider agencies;
 - c. Assuring that focus is given to the highest volume/highest risk Providers;
 - d. Addressing audit findings pertinent to GCBH.
 - 3. To report on a periodic basis to the Corporate Compliance Committee (CCC) and the Board of Directors on the progress of implementation of the Plan.

4. To periodically review the Plan and recommend revisions as necessary.
5. To coordinate internal auditing and monitoring activities within GCBH and to establish procedures for periodic audits of the operations of providers. An outside independent auditor is utilized for this purpose (unless otherwise stated, the Washington State Auditor is utilized).
 - a. In addition to the GCBH Audit standard, and in certain circumstances, the CCO may be authorized by the Director (in consultation with legal counsel) to implement an immediate on-site Compliance review when critical and time-sensitive issues associated with potential Fraud and Abuse have been reported. The CCO will provide immediate feedback to the Director and Board regarding the findings and need for interventions.
6. To receive and investigate reports of possible violations of the Plan.
7. To develop corrective action plans to correct violations and prevent future incidents of noncompliance.
8. To develop policies and programs that encourage employees and contractors to report suspected violations of the Plan without fear of retaliation.
9. Identifies areas where corrective actions are needed and, in consultation with the CCC, develops strategies to improve compliance.
 - a. This may include, as necessary, the implementation of GCBH employee disciplinary action that is delivered fairly and uniformly applied. (and documented appropriately in the employee's personnel file).
10. As a part of the ongoing monitoring and auditing of the Plan, the CCO, in cooperation with the CCC, establishes mechanism to notify employees and contractors of changes in laws, regulations or policies, as necessary, to assure continued compliance.

V. Monitoring:

- A. Detection and prevention of fraud and abuse is conducted by GCBH staff through the following activities:
 1. GCBH conducted Provider Site Reviews;
 2. Review of Provider quarterly Financial information;
 3. Requirement of Annual Independent Audit;
 4. Profiling of Provider Client Data;

5. Review of Community Inpatient Claims;
 6. Reviewing for and certifying the pursuit and collection of all Third-party payers as mandated by MHD contract;
 7. Quality Review Team Site Visit ;
 8. Performance of Data Integrity Audits on all Contract Providers;
 9. Ombuds;
 10. Grievance;
 11. Utilization Management Operations ;
 12. Review MHD Provider Licensing Reports
 13. Completion of GCBH Annual Independent Audits;
- B. The GCBH Senior management team will review the effectiveness of these monitoring activities on an annual basis. They will confer with the CCO who will make recommendations to the CCC. In turn the CCO will meet with the BOD regarding the need to amend them as needed and at least annually.

VI. Provider Relations and Contracts:

- A. GCBH does not enter into contracts or other arrangements with providers which, directly or indirectly, pay or offer to pay anything of value, be it money, gifts, space, equipment or services, in return for the referral of consumers to GCBH for services paid by the Medicaid program or by any other federal health care program.
- B. GCBH does not enter into financial arrangements with providers that base compensation on the volume of Medicaid services provided.
- C. In accordance with 42 CFR 438.604. GCBH certifies data submitted to the state. GCBH does not approve nor cause claims to be submitted to the Medicaid program or any other federal health care program:
 1. For services provided as a result of payments made in violation of (A) above.
 2. For services that are not reasonable and necessary.
 3. For services which cannot be supported by the documentation in the medical record.

4. GCBH does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with the Medicaid program or any other federal health care benefit program.
5. GCBH does not provide incentives to providers to reduce or limit medical necessary mental health services to Medicaid beneficiaries or recipients of other federal health care programs.
6. GCBH conducts all business with providers at arm's length and pursuant to written contract.
7. No employee or person associated with GCBH prevents or delays the communication of information or records related to violation of the Plan to the CCO.
8. In accordance with 42 CFR 438.610, all GCBH employees and all provider agencies are screened by GCBH to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws. The latter is verified through the United States Health and Human Services website at <http://exclusions.oig.hhs.gov>., and the Excluded Parties Listing System at <http://www.epls.gov>.
9. Individuals and agencies listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws, or found to have a conviction or sanction related to health care will be excluded from providing GCBH funded services.

VII. Provider Responsibilities:

- A. Providers are to have internal control standards that meet Generally Accepted Accounting Principles and Budgeting, Accounting and Revenue Standards.
 1. All Providers are to provide GCBH with an annual independent Auditor's report.
- B. Providers implement procedures to screen employees and subcontractors to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation as verified through the United States Health and Human Services website at <http://exclusions.oig.hhs.gov>, and the Excluded Parties Listing System at <http://www.epls.gov>. Employees or subcontractors found to have a conviction or sanction or found to be under investigation for any criminal offense related to health care are to be removed from direct responsibility for, or involvement with GCBH funded services.

- C. Report all incidents of abuse and fraudulent activities to the GCBH CCO per section IX.
- D. Providers will provide Fraud and Abuse prevention training materials to their staff and document in their personnel files their receipt or participation in such training.
- E. Providers will maintain current Fraud and Abuse Prevention/Compliance plans and will provide GCBH with those policies and any updates as prepared.

VIII. Education and Training:

- A. Contractors are made aware of their obligation to report to GCBH their good faith belief of any possible instances of non-compliance through terms identified in the GCHB Statement of Work.
- B. The Plan and reporting requirements are referenced in GCHB contracts and provided as an attachment. Contractors are made aware of their obligation to report to GCBH their good faith belief of any possible instances of non-compliance.
 - 1. GCBH will notify Contractors of applicable fraud and abuse training opportunities offered through CMS or the State MHD.
 - 2. GCBH will annually update its subcontractors of any changes to the GCBH Fraud and Abuse Plan. This may be done either through an addition to the GCBH Website, electronically or at an All-Provider meeting. Regardless of the form of communication, each Contractor must indicate that the materials have been reviewed by members of their senior staff.
 - a. GCBH may elect to enforce participation in training through sanctions if indicated by a lack of Contractor adherence to the Plan or training requirements.
 - b. The GCBH CCO will (at a minimum) annually review the content of the training and solicit feedback as to the clarity and utility of the materials provided.
- C. All GCBH employees receive a copy of the GCBH Fraud and Abuse Compliance Plan in addition to training provided by the GCBH Compliance Officer on their responsibilities to report non-compliance. Training addressed the following:
 - 1. GCBH commitment to compliance with all laws, regulations and guidelines of Federal and state programs.
 - 2. The elements of the Plan.
 - 3. An overview of what constitutes fraud and abuse in a Medicaid Managed Care environment.

4. A review of the specific state contract requirements applicable to GCBH business.
 5. The disciplinary consequences of failing to comply with applicable laws as well as that such discipline will be equitably enforced for all employees.
- D. The CCO will provide GCBH employees with an annual update on the Plan and any GCBH Fraud and Abuse prevention activities. This update may be done at an all-staff meeting, through memo and/or electronically. Regardless of the form of communication, each employee must indicate that the materials have been reviewed and this information placed in their employment file.
1. GCBH may elect to enforce participation in training through disciplinary actions if indicated by a lack of employee participation in required training.
 2. The GCBH CCO will (at a minimum) annually review the content of the training and solicit feedback as to the clarity and utility of the materials provided.
 3. GCBH administration will maintain documentation of employee participation in such training.
- E. All members of the GCBH Board of Directors are provided a copy of the GCBH Fraud and Abuse Compliance Plan upon their entry onto the Board. The CCO will remind BOD members of the presence of the Plan during his quarterly reports to the Board.
- F. The GCBH CCO will be expected to participate in ongoing continuing education to assure that his knowledge in the area of compliance and fraud/abuse prevention (or detection) is kept up-to-date. GCBH will provide the necessary support to accomplish this expectation.

IX. Developing Effective Lines of Communication:

- A. An open line of communication between the CCO and employee or others associated with GCBH is critical to the successful implementation and operation of the Plan.
1. All employees and persons associated with GCBH have a duty to report all incidents of abuse and fraudulent activities to the CCO.
 2. A report is made in any of the following ways:
 - a. In person, to the CCO;
 - b. By faxing the CCO at (509) 783-4165;

c. By calling, on an anonymous basis, the Corporate Compliance Office at (509) 735 8681 or (800)-795-9296.

d. By mailing a written concern to:

Corporate Compliance Officer/Finance Manager
Greater Columbia Behavioral Health
101 N. Edison Street
Kennewick, WA 99336

e. By e-mail:

troyw@gcbh.org

3. In addition, any person may seek guidance with respect to the Plan at any time by following the same reporting mechanisms outlined above.

B. All alleged incidents of Fraud or Abuse are investigated by the CCO. The process for an investigation of a report is as follows:

1. Upon notification of a suspected instance of non-compliance the CCO will conduct an initial investigation. If it appears there are genuine compliance concerns, the CCO informs the CCC and the State Mental Health Division.
2. The CCO presents the recommended corrective action plan to the CCC. The CCC, after consideration and any modification, forwards the corrective action to the Board. Upon approval of the Board, the CCO and CCC develop a strategy for implementation of the corrective action plan, with the advice and guidance of legal counsel. The corrective action plan is designed to ensure that the specific violation is addressed and, to the extent possible, that a similar problem does not occur in other departments or areas; appropriate education activities are included.

a. If the investigation reveals possible criminal activity, the corrective action plan includes:

- i. Immediate cessation of the activity until the corrective action is in place.
- ii. Initiation of appropriate disciplinary action against the person or persons involved in the activity. Such activities are to be well documented in the individual's employment file.
- iii. Notification to such law enforcement and regulatory authorities as legal counsel advises, which at a minimum includes, for Medicaid fraud, notification to the Medicaid Fraud Unit of the Washington Attorney

General's office and the Director of the Managed Care Contracting Division of the Department of Health Care Policy and Financing.

- iv. Appropriate education of employees and those associated with GCBH to prevent future similar problems.
 - v. Initiation of any necessary action to ensure that no consumers are placed at clinical risk.
- b. If the review results in conclusions or findings that the activity is not a violation of the Plan or that the activity did not occur as alleged, the investigation is closed.
- C. Any threat of reprisal against a person who makes a good faith report under the Plan is against GCBH policy. Reprisal, if found to be substantiated, is subject to appropriate discipline, up to and including termination.
- D. Any attempt to harm or slander another through false accusations, malicious rumors or other irresponsible actions are a violation of GCBH policy. Such attempts, if found to be substantiated, shall be subject to discipline, up to and including termination.
- E. GCBH, at the request of a reporting person, shall provide such anonymity to the reporting person as is possible under the circumstances in the judgment of the CCO, consistent with GCBH obligation to investigate concerns and take necessary corrective action.
- F. If the identity of the complainant is known, the CCO provides a written report to the reporting individual that an investigation has been completed and, if appropriate, the corrective action that has been taken.
- G. The CCO will maintain a confidential log of all contacts and correspondence concerning Fraud and Abuse. This log will be utilized as part of his report to the CCC.

X. Enforcement Through Disciplinary Measures:

A. Employee Discipline

1. GCBH will initiate appropriate disciplinary action against the person(s) whose conduct appears to have been intentional, willfully indifferent or with reckless disregard of state and federal laws.

B. Contractor Discipline/Termination

1. GCBH contracts include provisions which require compliance with the Plan and clearly state that breach of these provisions will be events for corrective action or termination of the contract after failure to cure.

XI. Monitoring and Outcomes Reviews:

- A. On a quarterly basis the chief compliance officer will submit a report to the GCBH Funding and Fiscal Operations Committee in reference to the activities associated with Compliance related activities. This report will include:
 1. Numbers of allegations.
 2. Findings of investigations (redacted to maintain confidentiality).
 3. Individual interventions prompted by findings.
 4. Aggregate recommendations regarding system enhancements to avoid future occurrences.
- B. These CCO reports will be included in the Funding and Fiscal Operations reports to the GCBH Board of Directors on a quarterly basis for approval of any pertinent recommendations.

XII. Scheduled Review of this Policy:

The review of the GCBH policies and procedures manual is on a two year cycle. The GCBH policy review and revision approval process is a three month process. This policy is scheduled to be reviewed every second year:

- A. by GCBH staff by February of even years,
- B. by the Regional Advisory Board (RAB) by March of even years,
- C. by the GCBH Board of Directors by April of even years, and
- D. outside of the schedule if required.