

FY18 COMPLIANCE BOARD OF DIRECTORS



COMPLIANCE PROGRAM REQUIREMENTS

The Medicaid Managed Specialty Supports and Services Contract with MDHHS, requires:

7 ELEMENTS:

ELEMENT 1. Code of Conduct Standards, Policies and Procedures

ELEMENT 2. Compliance Program Administration (PIHP CO, NMRE Compliance Committee)

ELEMENT 3. Training, Screening and Evaluation (Employees, Physicians, Vendors and other agents)

ELEMENT 4. Communicating

ELEMENT 5. Monitoring, Auditing, and Internal Reporting

ELEMENT 6 & 7. Investigations, Discipline and Documentation Process

BOARD MEMBERS RESPONSIBILITIES

- Review and approve
 - Compliance Plan – Code of Conduct
 - Compliance related policies
 - Annual Compliance Report
 - Matters related to the Compliance Program
- Having the highest level of oversight of the Compliance Program
- Comply with the Compliance Plan
- Abiding by the Standards of Conduct(COPY) in performing activities
- Assisting in establishing a workplace culture that promotes prevention, detection, and resolution of instances of conduct that do not conform with applicable laws and regulations
- Receive training on Deficit Reduction Act (DRA)

DEFICIT REDUCTION ACT 2005

- Education and training for Board Members, employees and providers that contains detailed information about the Federal False Claims Acts, whistleblower provisions, and information about preventing and detecting Fraud, Waste, and Abuse in the Federal health care programs.
- Written policies that include detailed provisions consistent with State and Federal False Claims Acts, whistleblower provisions, and other applicable laws.
- Employee Handbook must include State and Federal laws, rights of employees to be protected as Whistleblowers, and any related policies and procedures

FEDERAL FALSE CLAIMS ACT

- Federal statute that covers fraud involving any federally funded contract or program, including the Medicaid program.
- Establishes civil liability for certain acts, including:
 - Knowingly presenting a false or fraudulent claim to the government for payment;
 - Knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved;
 - Conspiring to defraud by getting a false or fraudulent claim allowed or paid;
 - Knowingly making, using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.
- “Knowingly” means: MCL 400.602
 - Actual knowledge of the information;
 - Acting in deliberate ignorance of the truth or falsity of the information; or
 - Acting in reckless disregard of the truth or falsity of the information.
 - ****No proof of specific intent to defraud is required!****

Examples:

- Up-coding
- Billing for unnecessary services
- Billing for services or items that were not rendered
- Billing for items or services performed by an excluded individual
- Failing to repay overpayments within 60 days of identification

Penalties:

- Civil monetary penalties ranging from \$5,500 to \$11,000 for EACH false claim;
- Treble damages – three times the amount of damages incurred by the federal government related to the fraudulent or abusive conduct;
- Exclusion from participation in State and Federal programs;
- Federal criminal enforcement for intentional participation in the submission of a false claim.

INTERNAL REPORTING AND INVESTIGATION

All suspected violations, misconduct and fraud and abuse are required to be reported to the NMRE/CMHSP Compliance Officer

If it is suspected that Compliance Officer has a conflict of interest in the matter being reported, then the report is made to the Chief Executive Officer

If the suspected violation involves the Chief Executive Officer, then the report will be made to the Compliance Officer or the Board Chairperson

All reports of wrongdoing will be investigated promptly and investigations will be kept confidential.

EXTERNAL REPORTING AND INVESTIGATION:

The NMRE Compliance Officer will annually report all suspected fraud and abuse to the MDHHS Office of Health Services Inspector General

When an investigation substantiates a violation, corrective action will be required that can include restitution of overpayment amounts, notifying government agencies, a corrective action plan and implementing system changes

- Please sign attestation. The NMRE must report 100% of Board of Directors and employees were annually trained in compliance as directed by: MDHHS-OIG; section 6032 of the Deficit Reduction Act (ACT) of 2005.
- Copies of Code of Conduct, NMRE Compliance Plan provided
- Thank you for your service to the NMRE Board
- To report any non-compliance contact:

Jodie Balhorn- NMRE Compliance Officer

- Telephone: (231)383-6522
- E-mail: jbalhorn@nmre.org
- Mailing: 1420 Plaza Drive , Petoskey, MI 49770
- Website: nmre.org, click Resources>Compliance>Report Compliance Issues, enter summary of your issue.