

**St. Clair County
Community Mental Health Authority**

**Corporate
Compliance Plan
FY21 Annual Report**



St. Clair County Community Mental Health Authority
Compliance Plan – Annual Report
October 1, 2020 – September 30, 2021

OVERVIEW

As required by the SCCCMHA Corporate Compliance Plan, it is to be reviewed annually and an annual report presented to the SCCCMHA Board of Directors. Below is the assessment and report.

ASSESSMENT AND EVALUATION

Utilization Management

Key SCCCMHA, Lapeer Community Mental Health, and Sanilac Community Mental Health staff continue to meet with Region 10 staff and Region 10's contractor, TBD Solutions, as well as PCE, the electronic health record vendor, on the implementation of the updated UM process. The final process has been approved by all key staff. The final product will be sent to PCE for implementation in the electronic health record. Once fully implemented (scheduled for FY22) this will include a change in responsibility and process for service authorizations.

FY21 clinical case record reviews were conducted on both General Fund and Medicaid records. Records were randomly selected and reviewed each quarter to ensure practitioners are meeting clinical practice standards that promote the provision of medically effective, cost-effective and well-coordinated services. Cases must demonstrate meeting program outcomes, incorporate recovery-focused and integrated health service planning, and include appropriate trauma, clinical and medical assessments that both support diagnosis and service provision. A new UM tool and process is being developed and is scheduled for FY22. All direct and contract agencies programs are included in the clinical case reviews. Approximately 2.5% of Medicaid cases are reviewed annually.

Claims verification practices by SCCCMHA have continued in FY21. St. Clair CMH has ensured compliance with medical necessity criteria and documentation criteria which has resulted in some take-backs from contract agencies. Improved coordination of care and follow through of plans of correction continue. Claims verification activity is reported through the Quality Improvement Committee and to Region 10 PIHP through quarterly Program Integrity Reporting. During FY21 nearly 20,000 claims were reviewed.

The FY21 QAPIP Performance Improvement Project (PIP) continued throughout the year. The current PIPs are in the areas of tobacco cessation and follow-up after visit after hospitalization of mental health diagnosis. An additional MDHHS Quality Improvement Project for Habilitation Supports Waiver (HSW), Children's Waiver (CW) and Serious Emotional Disturbance Waiver (SEDW) regarding staff training and service provision compliance continues.

Grievances and Appeals

Region 10 delegates processing of all Medicaid grievances to St. Clair CMH. There were two (2) Medicaid grievance received in FY21. Non-Medicaid grievances and non-Medicaid appeals are also the responsibility of St. Clair CMH. There were one (1) non-Medicaid local appeal in FY21 and zero (0) non-Medicaid grievances. Both Medicaid grievances and the non-Medicaid appeal were resolved within the contractually prescribed timeframe.

Corporate Compliance Complaints, including Fraud, Waste and Abuse; HIPAA concerns

There were nine (9) complaints filed in FY21. Of the nine (9), three (3) were HIPAA privacy/security as well as policy complaints while four (4) were HIPAA privacy/security complaints; one (1) was a policy violation; and one (1) was related to Medicaid fraud/waste/abuse issues. Of the nine (9) complaints, one (1) was substantiated, seven (7) were unsubstantiated, one (1) was deemed non-suspicion (unsubstantiated) as Medicaid fraud, but substantiated in other areas. For the finalized complaints, all investigative follow up was completed with recommended corrective action issued if applicable. [For comparison purposes FY20 had twenty-three (23) complaints and FY19 had nine (9) complaints.]

Contract Monitoring

For FY21, both a desk audit and on-site visit occurred with providers that included a review of the Corporate Compliance area. (NOTE: Thirteen (13) non-primary case holder contract agencies had desk audits only for FY21.) If an agency had its own Corporate Compliance Plan, this was reviewed, and it was reinforced that all agencies are also required to follow St. Clair CMH's plan. The reviewer ensured the most recent copy of the Corporate Compliance flyer was conspicuously posted at each site. Staff training on corporate compliance was monitored via quarterly Performance Indicators, and a percentage of personnel files were audited during the on-site review to confirm documentation of training was on file.

PREVENTION ACTIVITIES

1. Sent one (1) HIPAA/PHI email to all SCCCMHA staff and contract agencies in May 2021 defining PHI and what constitutes a breach of information. In July 2021, one (1) HIPAA-related email sent to all SCCCMHA staff regarding propping open secure doors. In both March and August 2021, emails were sent to all SCCCMHA staff and contract agencies regarding protecting personal information from scam artists during the current COVID-19 pandemic.

2. During the COVID-19 pandemic, a work from home policy was created to address the need to keep employees and individuals safe. This policy discusses HIPAA related guidelines for employee home work environment and the safeguarding of Protected Health Information.
3. A new Virtual Private Network (VPN) approach was implemented by the SCCCMHA IT department. Netmotion was deployed as a way to require all agency laptops to join a secure VPN at the Electric Avenue office. This helps staff work as if they are in the office, by giving staff access to files shares and other network needs, while ensuring security wherever they are working.
4. Due to the growing need to provide video conferencing services to the people we serve, Lifesize Cloud accounts were created for all staff. A major need presented itself during the COVID-19 pandemic and Lifesize Cloud gave SCCCMHA staff the capability to meet individuals remotely and continue to provide services from the safety of their own homes. It gave SCCCMHA staff the ability to meet virtually with each other safely and securely during the pandemic as well. Lifesize Cloud also implemented stronger encryption and security measure throughout the year.
5. Jabber phone service was added in FY21. Jabber gives staff the ability to make and take phone calls from their laptop, as if it were their desk phone. This gives staff the capability of answering time sensitive work calls without the security risk of using personal cellphones or landlines.
6. Multi Factor Authentication for OASIS was identified as a security need. SCCCMHA Data Management is currently testing the use of security tokens with a small group of staff. The goal is to create a second form of authentication when anyone logs into OASIS. This is a security expectation for medical records across the nation and is a large undertaking as it involves all of SCCCMHA contract agencies as well as all employees who utilize OASIS.
7. SCCCMHA Corporate Compliance Committee convened periodically for review of corporate compliance complaints submitted/processed for FY21.
8. A need arose for information regarding SCCCMHA staff COVID-19 infection and isolation, close contact and quarantine, and vaccination records to be stored in a secure manner. An electronic file was created and only Human Resources and key leadership staff have access.

RECOMMENDATIONS

1. Continue SCCCMHA Utilization Management process enhancements to assist in ongoing monitoring of corporate compliance.

2. Ongoing SCCCMHA Contract Monitoring relating to contract agency system reporting of compliance issues.
3. Continue communication both internally and to contract agencies on importance of corporate compliance, identifying, and investigating concerns.
4. Continue annual SCCCMHA HIPAA Risk Assessment to inform on areas of concern.
5. Continue allocating sufficient resources (staff, hardware, software) to Information Technology and Security to optimize efficiency while ensuring PHI and electronic health record information is protected. This includes the use of multi-factor authentication.
6. Continue efforts to educate/remind staff regarding proper protocols for protecting PHI.
7. Continue to educate staff, both direct and contract agencies, on the importance of proper and accurate documentation as it relates to Medicaid fraud/waste/abuse.
8. Schedule quarterly SCCCMHA Corporate Compliance Committee meetings.
9. Review (and update as needed) SCCCMHA Corporate Compliance Goals for FY2022.

ATTACHMENT

1. SCCCMHA Corporate Compliance Plan FY21 Annual Goals Report

Respectfully submitted,

Tracey Pingitore
SCCCMHA Corporate Compliance Officer

St. Clair County CMH Authority
QUALITY IMPROVEMENT PLAN: FY 2021
-- Corporate Compliance Program Annual Goals --

PRIORITY GOALS/KEY TASKS	ACCOMPLISHMENTS
1. Report quarterly on corporate compliance complaints; identify trends (St. Clair County CMHA). (<i>Corporate Compliance Plan</i>)	Timely reports were submitted to Region 10 PIHP as required.
2. Report quarterly on Program Integrity activities (i.e., tips/grievances received, data mining, claims analysis, audits, overpayments collected, identification and investigation of fraud, waste, abuse, etc.). (<i>Corporate Compliance Plan</i>)	Timely reports were submitted to Region 10 PIHP as required.
3. Report monthly on grievance and appeals activities. (<i>Corporate Compliance Plan</i>)	Timely reports were submitted to Region 10 PIHP as required. Starting 3 rd Quarter, Region 10 changed the reporting frequency to quarterly.
4. St. Clair County CMHA Corporate Compliance Committee to meet quarterly or more frequently as deemed necessary. (<i>Corporate Compliance Plan</i>)	The SCCCMHA Corporate Compliance Committee met to review complaints, identify trends and examine corrective actions. Additionally, the Corporate Compliance Officer and Security Officer consult ongoing as needed.
5. Monitor and report any legal/regulatory changes. (<i>Good administrative practice</i>)	Monitor ongoing.
6. Monitor and report on debarred, suspended, or otherwise excluded (from participation in any federal healthcare program) providers. (<i>CFR requirement 438.610</i>)	Continued to contract with ProviderTrust, a third party entity who monitors ongoing all practitioners and organizations for sanctions, licensing issues, debarment, etc.
7. Provide training and education on corporate compliance. (<i>CFR requirement 438.608</i>)	Staff training on corporate compliance is provided at hire and annually thereafter. Emails to educate on corporate compliance topics are periodically sent.
8. Monitor subnetwork providers' corporate compliance activities. (<i>Corporate Compliance Plan</i>)	This is monitored formally during contract monitoring reviews and as contract entities report compliance concerns to the SCCCMHA Corporate Compliance Office.
9. Conduct annual evaluation of the Compliance Plan; report to St. Clair County CMHA Board. (<i>Corporate Compliance Plan</i>)	The FY21 Corporate Compliance Annual Report and the FY22 Corporate Compliance Plan are to be presented to the CMH Board on 11/2/2021.

Note: Claims verification and under/over utilization reported under St. Clair County CMHA Utilization Management, although part of St. Clair County CMHA Corporate Compliance Plan and quarterly Program Integrity Reports.