

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

**Corporate  
Compliance Plan  
FY22 Annual Report**



St. Clair County Community Mental Health Authority  
Corporate Compliance Plan – Annual Report  
October 1, 2021 – September 30, 2022

**OVERVIEW**

The agency is required to provide a report of its Corporate Compliance Plan on an annual basis. The Annual Report is being presented to the St. Clair County Community Mental Health Authority (SCCCMHA) Board of Directors to keep them informed on the status of the Plan and compliance-related activities. Below are updates on compliance activities including Assessment and Evaluation, Prevention, Recommendations as well as a status update on the prior year's Compliance Goals.

**ASSESSMENT AND EVALUATION**

Utilization Management

Select staff from SCCCMA, Lapeer Community Mental Health, and Sanilac Community Mental Health 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. Updating of the UM process has been a long-term process initiated by Region 10 PIHP. The final product has been sent to PCE for implementation in the electronic health record and is being tested. Once fully implemented (now scheduled for FY23) the new process will include a change in responsibility and how service authorizations are processed.

FY22 clinical case record reviews were conducted on 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. The new internal UM tool and process has been under development and is scheduled for full implementation in FY23. All direct and primary caseholder contract agency programs are included in the clinical case reviews. Approximately 2.5% of Medicaid cases are reviewed annually.

Claims verification practices by SCCCMA have continued in FY22. 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 FY22 (through the third quarter) 1,604 claims were reviewed.

The FY22 QAPIP Performance Improvement Project (PIP) continued throughout the year. The current PIPs are in the areas of tobacco cessation, follow-up after visit after hospitalization of mental health diagnosis, and racial disparities. 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 three (3) Medicaid grievances received in FY22. Non-Medicaid grievances and non-Medicaid appeals are also the responsibility of St. Clair CMH. In FY22 there were zero (0) non-Medicaid local appeals and zero (0) non-Medicaid grievances. All Medicaid grievances were resolved within the contractually prescribed timeframe.

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

In FY22, there were thirty (30) complaints filed. Of the thirty (30), six (6) were both HIPAA privacy/security and policy complaints, while eight (8) were HIPAA privacy/security complaints; five (5) were complaints relating to a policy violation; and nine (9) were related to suspicion of Medicaid fraud/waste/abuse; and two (2) were Ethics related. Of the thirty (30) complaints, six (6) were substantiated, two (2) were unsubstantiated, and twenty-two (22) remain open, either being actively investigated or awaiting some action allowing finalization. For the finalized complaints, all investigative follow up was completed with recommended corrective action issued if applicable. [For comparison purposes FY21 had nine (9) complaints and FY20 had twenty-three (23) complaints.]

### Contract Monitoring

For FY22, both a desk audit and on-site visit occurred with providers that included a review of the Corporate Compliance area. 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 related email to all SCCCMHA staff and contract agencies in November 2021 regarding how to properly secure Protected Health Information (PHI). In June 2022, one (1) email sent to all SCCCMHA staff describing Medicaid Fraud, Waste, and Abuse.

2. An agency update on Corporate Compliance was provided at the all staff inservice on May 11, 2022. The content included a reminder of what corporate compliance includes, what it means to staff in day-to-day practice, and names of the agency contacts for Corporate Compliance questions or concerns (Privacy Officer, Security Officer, and staff support to the Office).
3. Continued to provide Corporate Compliance training to new hires and via an annual refresher for all staff utilizing MyLearningPointe online training.
4. SCCCMHA purchased a subscription to the software KnowBe4. KnowBe4 gives us the ability to test all employees in relation to phishing attempts and allows us to provide training to staff. This software helps us to educate our staff in why secure and confidential email is important and that it continues to be used by hackers to infiltrate computer systems.
5. Multi-Factor Authentication (MFA) in the agency's Electronic Health Record OASIS had continued implementation in FY2022 by the Data Management Team. As of October 18, 2022, 95% of all OASIS users, including all contracted agencies, are utilizing MFA for OASIS. The remaining 5% are scheduled to be completed by the end of calendar year 2022.
6. Remodel of the SCCCMH main office reception area was completed. This approach included individually divided work areas designed to address privacy concerns for all recipients of services.
7. Research and selection of a **network wide** Multi-Factor Authentication solution began in FY2022. This solution will encompass using secure MFA for logging into the SCCCMHA network, email, cloud based, and locally hosted applications. Implementation is planned for the first two quarters of FY2023 and will exponentially increase the security of our systems.
8. SCCCMHA Corporate Compliance Committee convened periodically for review of corporate compliance complaints submitted/processed for FY22.

### **RECOMMENDATIONS**

1. Continue SCCCMHA Utilization Management process enhancements to assist in ongoing monitoring of corporate compliance.
2. Continue 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 assessing and 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. Continue participation in the Regional Corporate Compliance meetings and hold regular SCCCMHA Corporate Compliance Committee meetings.
9. Review (and update as needed) SCCCMHA Corporate Compliance Goals for FY2023.

**ATTACHMENT**

1. SCCCMHA Corporate Compliance Plan FY22 Annual Goals Report

Respectfully submitted,

Tracey Pingitore  
SCCCMHA Corporate Compliance Officer

**St. Clair County CMH Authority**  
**QUALITY IMPROVEMENT PLAN: FY 2022**  
**-- 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.
4. St. Clair County CMHA Corporate Compliance Committee to meet quarterly or more frequently as deemed necessary. ( <i>Corporate Compliance Plan</i> )	The SCCMHA 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 on corporate compliance topics are periodically sent as reminders and to educate.
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 SCCMHA Corporate Compliance Office.
9. Conduct annual evaluation of the Compliance Plan; report to St. Clair County CMHA Board. ( <i>Corporate Compliance Plan</i> )	The FY22 Corporate Compliance Annual Report and the FY23 Corporate Compliance Plan are to be presented to the CMH Board for information on 11/1/2022.

*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.*