

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

**Corporate
Compliance Plan
FY23 Annual Report**



St. Clair County Community Mental Health Authority
Corporate Compliance Plan – Annual Report
October 1, 2022 – September 30, 2023

OVERVIEW

The agency is required to provide a report of its Corporate Compliance Plan on an annual basis. This 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 these 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

Updating of the UM process has been a long-term process initiated by Region 10 PIHP. Staff from SCCCMHA, Lapeer Community Mental Health, and Sanilac Community Mental Health continue to meet with Region 10 PIHP 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 product has been sent to PCE for implementation in the electronic health record and is being tested. Once fully implemented (now scheduled for second quarter FY24) the new process will include a change in responsibility and how service authorizations are processed.

Clinical case record reviews were conducted on Medicaid records during FY23. Randomly selected records were reviewed each quarter to ensure practitioners were 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. 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 SCCCMHA continued throughout FY23. St. Clair CMH ensured compliance with medical necessity criteria and documentation criteria which resulted in some claim reconsiderations for 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 FY23 (as of October 30, 2023) 1,901 claims had been reviewed.

Staff continue to participate in joint care meetings with Medicaid Health Plans and Region 10 PIHP. The overall goal is to improve joint care activities resulting in improved outcomes for persons served. Cases are selected randomly to review reduction in non-emergent emergency department use, linkage with primary health care services (and Veteran's services as applicable), as well as follow up after hospitalization for mental illness.

The FY23 QAPIP Performance Improvement Project (PIP) continued throughout the year. The current PIPs are in the areas of follow-up after visit after hospitalization of mental health diagnosis and racial/ethnic 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 continued.

Grievances and Appeals

Region 10 PIHP has delegated processing of Medicaid grievances to St. Clair CMH. During FY23 there were zero (0) Medicaid grievances received. Non-Medicaid grievances and non-Medicaid appeals are also the responsibility of St. Clair CMH. In FY23 there were zero (0) non-Medicaid local appeals and zero (0) non-Medicaid grievances. During FY23 there was one (1) customer service inquiry processed.

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

In FY23, there were sixteen (16) complaints filed. Of the sixteen (16), eleven (11) were both HIPAA privacy/security and policy complaints, while three (3) were HIPAA privacy/security complaints; one (1) was related to suspicion of Medicaid fraud/waste/abuse; and one (1) was Ethics related. Of the sixteen (16) complaints, two (2) were substantiated, two (2) were unsubstantiated, and twelve (12) 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 FY 22 had thirty (30) complaints, FY21 had nine (9) complaints and FY20 had twenty-three (23) complaints.]

Contract Monitoring

For FY23, Contract Management staff conducted both a desk audit and on-site contract monitoring visits with contractual providers. Subject matter experts for each area reviewed their respective areas and provided input to Contract Management staff. Included with this review was 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 compliance plan as well. While on-site, the reviewer ensured the most recent copy of the Corporate Compliance flyer was conspicuously posted. Agencies are required to report via quarterly Performance Indicators on corporate compliance training of their staff as well as any compliance complaints received and investigated. A percentage of personnel files were audited

during the on-site review to confirm documentation of completed compliance training was on file.

PREVENTION ACTIVITIES

1. One (1) scam alert email was sent to all SCCCMHA staff in June, 2023 cautioning about a current scam whereby staff are receiving phone calls indicating they must pay a fine due to not showing up in court as subpoenaed. Another all CMH staff email sent in July, 2023 with a copy of an actual phishing email received, pointing out the “red flags” that staff should identify and reminding staff of the KnowBe4 “phishing alert” button they should utilize to report these types of emails to the IT department.
2. An agency update on Corporate Compliance was provided at the all staff inservice on December 9, 2022. The content included HIPAA and confidentiality reminders and more detail on Medicaid fraud, waste and abuse and how it pertains to staff’s day-to-day work. An agency update was also provided at the all staff inservice on May 5, 2023. Provided an update on who to contact in the compliance office to ask questions or file a complaint. Also included some HIPAA reminders such as locking your workstation, not leaving documents with PHI unattended, encrypting emails and double-checking the email is addressed to the intended recipient.
3. Continued to provide Corporate Compliance training to new hires and via an annual refresher for all staff utilizing MyLearningPointe online training.
4. SCCCMHA continued with its subscription to the software KnowBe4. KnowBe4 not only provides an avenue for staff to alert the CMH IT Department to potential phishing emails, but also allows the CMH IT Department to quiz staff on properly identifying phishing attempt emails. This is in an effort to educate staff and proactively identify scam emails before they could infiltrate the CMH email system causing damage.
5. Multi-Factor Authentication (MFA) in the agency’s Electronic Health Record OASIS was fully implemented by the end of calendar year 2022. During 2023, the agency has implemented a second MFA tool called Duo. Duo is a tool to protect the entire CMH computer system, requiring users to log in as usual but also to confirm their identity a second time using another method. MFA proactively protects the SCCCMH network, email, cloud based, and locally hosted applications from hackers.

RECOMMENDATIONS

1. Continue SCCCMHA Utilization Management process enhancements and activities 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 and include in the HIPAA Risk Management Plan.
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.
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 service and accurate documentation as it relates to Medicaid fraud/waste/abuse.
8. Continue participation in the Regional Corporate Compliance meetings and convene regular SCCCMHA Corporate Compliance Committee meetings.
9. Review (and update as needed) SCCCMHA Corporate Compliance Goals for FY2024.

ATTACHMENT

1. SCCCMHA Corporate Compliance Plan FY23 Annual Goals Report

Respectfully submitted,

Tracey Pingitore
SCCCMHA Corporate Compliance Officer

St. Clair County CMH Authority
QUALITY IMPROVEMENT PLAN: FY 2023
-- 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 quarterly 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 Compliance Privacy Officer and Compliance Security Officer consulted ongoing throughout the year. Regular quarterly meetings will resume in FY24.
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, including HIPAA. <i>(CFR requirement 438.608)</i>	Staff training on corporate compliance is provided at hire and annually thereafter. Emails to educate on compliance topics are sent periodically throughout the year.
8. Monitor technology use and needs as they relate to PHI and HIPAA. <i>(Corporate Compliance Plan)</i>	The SCCCMHA IT Department implemented another layer of multi-factor authentication during FY23 to further protect the network.
9. Monitor subnetwork providers' corporate compliance activities. <i>(Corporate Compliance Plan)</i>	This is monitored formally during contract monitoring and as contract agencies report on their compliance activities via quarterly performance indicators.
10. Conduct annual evaluation of the Compliance Plan; report to St. Clair County CMHA Board. <i>(Corporate Compliance Plan)</i>	The FY23 Corporate Compliance Annual Report and the FY24 Corporate Compliance Plan are to be presented to the CMH Board on 11/14/2023.

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.