

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

Corporate  
Compliance Plan  
FY20 Annual Report



St. Clair County Community Mental Health Authority  
Compliance Plan – Annual Report  
October 1, 2019 – September 30, 2020

**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**

The Utilization Management process has been undergoing a restructuring over the last two (2) years. As of the end of FY20, a revamped monitoring tool is in place and regular reviews and reporting are occurring.

Key SCCCMHA staff continued 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. Once fully implemented (scheduled for FY21) this will include a change in responsibility and process for service authorizations.

FY20 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.

Claims verification practices by SCCCMHA have continued in FY20. 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.

The FY20 QAPIP Performance Improvement Project (PIP) continued throughout the year. The current PIPs are in the areas of specialized diabetes screening and tobacco cessation. 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 handling of all Medicaid grievances to St. Clair CMH. There was one (1) Medicaid grievance received in FY20. Non-Medicaid grievances and non-Medicaid appeals are also the responsibility of St. Clair CMH. There were zero (0) non-Medicaid local appeals in FY20 and one (1) non-Medicaid grievance. Both the Medicaid and non-Medicaid grievances were resolved within the contractually prescribed timeframes.

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

There were twenty-three (23) complaints filed in FY20. Of the twenty-three (23), fourteen (14) were HIPAA privacy/security as well as policy complaints while five (5) were HIPAA privacy/security complaints; one (1) was a policy violation; and three (3) were related to Medicaid fraud/waste/abuse issues. Of the twenty-three (23) complaints, fourteen (14) were substantiated, four (4) were unsubstantiated, one (1) was deemed non-suspicion (Medicaid fraud/waste/abuse complaint), and four (4) are pending. For the finalized complaints, all investigative follow up was completed with recommended corrective action issued if applicable. [For comparison purposes FY19 had nine (9) complaints and FY18 had sixteen (16) complaints.]

### Contract Monitoring

For FY20, both a desk audit and on-site visit occurred with providers that included a review of the Corporate Compliance area. (NOTE: Nine (9) non-primary case holder contract agencies had desk audits only for FY20.) 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. A training on Confidentiality & Security Measures was provided by the Recipient Rights Director and the Corporate Compliance Security Officer at the SCCCMHA all-agency in-service December 2019. This training provided information on laws requiring confidentiality in Michigan and disclosure requirement/obligations; related SCCCMHA policies on confidentiality; review of secure/locked printing of document at SCCCMHA; definition of "phishing" and the process to identify and respond to potential phishing scams.
2. Sent two (2) HIPAA/PHI emails to all SCCCMHA staff in December 2019 reminding staff to log off of equipment in conference/meeting rooms; and, to lock computer every time away from desk even if momentarily. In March 2020 and

May 2020, two (2) HIPAA-related emails sent to all staff regarding sending emails from agency iPads/cell phones using encryption. HIPAA privacy/security reminder included in May 2020 COVID email from agency Executive Director regarding protection of email addresses which are considered to be PHI as well as reiterating use of encryption. June 2020, email sent to all staff regarding use/responsibility for agency-issued electronic devices – this reminder was also included in the July issue of the agency In-the-Know newsletter.

3. Partly in response to the uptick of compliance complaints in the area of lack of email encryption, the SCCCMHA IT department deployed a new encryption software to the email system.
4. In response to the uptick of compliance complaints in the area of documents with protected health information (PHI) being sent to (and printed at) the wrong printer and/or left unattended at a printer, the SCCCMHA IT department deployed a new remote printing tool, PaperCut, to a group of beta testers in FY20. PaperCut will be issued for company-wide use in early FY21 and will have great positive impact on the agency's HIPAA compliance.
5. SCCCMHA Privacy and Security Committee reviewed 2020 HIPAA-HITECH Risk Assessment Survey and some questions were modified prior to sending to all staff to complete in February 2020. Rate of survey responses much higher than in previous years. Survey results reviewed and FY2020 HIPAA Risk Management Plan finalized. Risk analysis tasks continue as in previous years.
6. SCCCMHA Corporate Compliance Committee convened periodically for review of corporate compliance complaints submitted/processed for FY20.

### **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. Based on the increased substantiated HIPAA violations which occurred in FY20, continue efforts to educate/remind staff regarding proper protocols for protecting PHI.

6. 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.
7. Increase frequency of SCCCMHA Corporate Compliance Committee meetings.
8. Review (and update as needed) SCCCMHA Corporate Compliance Goals for FY2021.

**ATTACHMENT**

1. SCCCMHA Corporate Compliance Plan FY20 Annual Goals Report

Respectfully submitted,

Tracey Pingitore  
SCCCMHA Corporate Compliance Officer

\\Fileshare1\Corporate Compliance\Reports\FY 2020\COMP PLAN - ANNUAL REPORT FY20 Final.doc

St. Clair County CMH Authority  
 QUALITY IMPROVEMENT PLAN: FY 2020

-- Corporate Compliance Annual Goals --

PRIORITY GOALS/KEY TASKS	ACCOMPLISHMENTS
1. Report monthly on corporate compliance complaints; identify trends (St. Clair CMH). <i>(Corporate Compliance Plan)</i>	Timely reports were submitted to Region 10 PIHP as required (monthly through December 2019 and quarterly effective January 2020).
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 quarterly as required. The Annual Fraud & Abuse Complaint was submitted timely on 3/2/2020.
3. Report monthly on grievance and appeals activities. <i>(Corporate Compliance Plan)</i>	Timely reports were submitted to Region 10 PIHP monthly as required.
4. SCCCMHA 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. Consultation occurs throughout the year with both the Corporate Compliance Officer and the Security Officer.
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 Provider Trust, 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>	Training on corporate compliance is provided at hire and annually thereafter. In addition, training is provided at staff inservices and via email reminders to direct and contract staff. Six (6) email reminders issued to staff in FY20.
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 an annual evaluation of the Compliance Plan and report to the St. Clair CMH Board. <i>(Corporate Compliance Plan)</i>	The FY20 Corporate Compliance Annual Report and the FY21 Corporate Compliance Plan are to be presented to the CMH Board on 11/3/2020.

*Note: Claims verification and under/over utilization reported under Utilization Management, although part of Compliance Plan and quarterly Program Integrity Reports.*