



## **SALISH BH-ASO POLICIES AND PROCEDURES**

**Policy Name:** COMPLIANCE & PROGRAM INTEGRITY PLAN

**Policy Number:** CP301

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### **PURPOSE**

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls, and activities employed by the Salish Behavioral Health Administrative Services Organization (SBH-ASO) to ensure that we maintain an environment that facilitates ethical decision making and that we act in accordance with regulations and federal and state laws that govern the SBH-ASO.

### **POLICY**

#### **General Requirements**

The SBH-ASO has policies and procedures that guide and require the SBH-ASO and its officers, employees, agents, and Behavioral Health Agencies (BHAs) to comply with following Compliance and Program Integrity requirements. The SBH-ASO includes Compliance and Program Integrity requirements in its subcontracts.

The SBH-ASO follows OIG's (Office of Inspector General) Seven Fundamental Elements of an Effective Compliance Program to ensure program effectiveness. These elements are:

1. Implementing written policies, procedures, and standards of conduct.
2. Establishing compliance oversight.
3. Developing effective lines of communication and screening.
4. Conducting effective training and education.
5. Conducting internal monitoring and auditing.
6. Enforcing standards through well-publicized disciplinary guidelines.
7. Responding promptly to detected offenses and undertaking corrective action.

### **PROCEDURE**

#### **I. Compliance Officer and Committee:**

- A. The SBH-ASO will employ an experienced member of staff as the Compliance Officer (CO) who may also be known as the Program Integrity Officer (PIO). The CO is responsible for developing and overseeing policy and coordinating monitoring activities.
  - 1. The CO has direct access to the Executive Board.
- B. The CO routinely provides information to the Quality and Compliance Committee (QACC), as well as to the Behavioral Health Advisory Board (BHAB) and Executive Board, as needed.
  - 1. The QACC is comprised of representatives from the SBH-ASO lead staff, which includes representatives from IS, Quality/Compliance, Medical/Clinical, and Finance (as needed).
  - 2. The CO maintains independence by always having:
    - i. Direct supervision from the SBH-ASO Administrator.
    - ii. The right to directly meet with the Executive Board independently if the circumstances warrant (e.g., in case of QACC or Administrator inaction).
  - 3. In consultation with the QACC, the CO may revise the Compliance and Program Integrity Plan (“the Plan”), as appropriate, and as approved by the Executive Board.
    - a. The Plan will be made available through its posting on the SBH-ASO website.
- C. The CO duties include the following:
  - 1. To oversee and monitor SBH-ASO compliance activities. This includes maintaining ongoing communication and participation in the SBH-ASO Leadership Team for the promotion of an environment and culture that prevents and detects Fraud, Waste, and Abuse (FWA).
  - 2. To assist the SBH-ASO Administrator, the QACC, and the Executive Board in establishing and maintaining a methodology for preventing and detecting FWA, including (but not limited to):
    - i. Creating, updating, and utilizing a risk assessment methodology;
      - a. This methodology will be reviewed with the QACC at least annually in reference to its applicability and need for revision.
    - ii. Incorporating compliance monitoring into the audits completed on provider agencies.
    - iii. Assuring that focus is given to the highest volume/highest risk providers.
    - iv. Addressing audit findings (internal or external) pertinent to the SBH-ASO.
    - v. Assisting with the regular provision of FWA training to SBH-ASO Staff and the Executive Board.
    - vi. Ensuring training is provided to the SBH-ASO Provider Network.

3. To report at least quarterly to the QACC, and annually to the Executive Board, on the implementation of the Plan.
4. To annually review the Plan and recommend revisions to the QACC and the Executive Board as necessary.
5. To coordinate internal auditing and monitoring activities within the SBH-ASO.
  - i. In addition to the SBH-ASO administrative contract compliance process, and in certain circumstances, the CO may be authorized to implement an immediate on-site compliance review when critical and time-sensitive issues associated with potential FWA have been reported. The CO will provide immediate feedback to the appropriate parties regarding the findings and need for interventions.
6. To receive and investigate reports of possible violations of this SBH-ASO policy.
  - i. To promptly respond to detected violations.
7. To participate in the development of policies and programs that encourage employees and providers to report suspected violations of this policy without fear of retaliation.
8. To identify areas where corrective actions are needed and, in consultation with the QACC, develop strategies to improve compliance and prevent future incidents of noncompliance.
  - i. This may include, as necessary, the implementation of SBH-ASO employee disciplinary action that is uniformly applied and delivered fairly (documented appropriately in the employee's compliance file and personnel file, when appropriate).
9. As a part of the ongoing monitoring and auditing of the policy, the CO, in cooperation with the QACC, establishes mechanisms to notify employees and providers of changes in laws, regulations, or policies, as necessary, to assure continued compliance.
  - i. This may include updating SBH-ASO and provider educational materials and ensuring that persons associated with the SBH-ASO complete required annual training on FWA prevention and reporting.

## **II. Implementing written policies, procedures, and standards of conduct.**

- A. The Executive Board, Administrator, and CO will develop and maintain policies and procedures that address the SBH-ASO's Compliance activities.
- B. The CO will review the Plan annually (at a minimum) and update it to ensure that it continues to address all applicable federal and state compliance mandates.
- C. The CO will ensure that the Executive Board confirms any needed changes and that the updated policy is distributed to all SBH-ASO staff and persons associated with the SBH-ASO (including board members, volunteers, and subcontractors).

- D. SBH-ASO staff, board members, volunteers, and subcontractors will comply at all times with all pertinent governing regulations. (See SBH-ASO Code of Conduct.)

#### Information on Persons Convicted of Crimes

The SBH-ASO includes the following in its written agreements with all subcontractors who are not individual practitioners or a group of practitioners:

1. Requiring the subcontractor to investigate and disclose to the HCA and SBH-ASO, immediately upon becoming aware of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

#### Fraud, Waste and Abuse

The SBH-ASO's Fraud, Waste and Abuse program includes:

1. A process to inform officers, employees, agents, and subcontractors about the False Claims Act.
2. Administrative procedures to detect and prevent Fraud, Waste, and Abuse (FWA), and a mandatory compliance plan.
3. Standards of conduct that articulate SBH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a Compliance Officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the Compliance Officer and the SBH-ASO staff and subcontractors.
7. Enforcement of standards through well-publicized disciplinary policies.
8. Provision for internal monitoring and auditing of the SBH-ASO and subcontractors.
9. Provision for prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and subcontractors regarding fraud and abuse policies and procedures, the False Claims Act, and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

The SBH-ASO has policies and procedures for referring all identified allegations of potential fraud to HCA, as well as for provider payment suspensions (See SBH-ASO P&P Fraud, Waste, and Abuse Compliance Reporting Standards).

#### **Federal Exclusion and Legal Status**

The SBH-ASO does not willingly contract with nor retain any contractor or subcontractor who has been listed by a state or federal agency as debarred, excluded, or otherwise ineligible for federal or state program participation or whose license had been revoked or suspended. If either of these situations apply or if they become applicable, they must be reported to the SBH-ASO CO as soon as possible.

The SBH-ASO subcontractors must disclose whether a person (individual or organization) has, or has a relative with, ownership or controlling interest in the organization of 5% or more. Subcontractor disclosure of ownership must be completed upon initial credentialing, recredentialing, and upon change.

Excluded provider verification is conducted at time of hire or appointment and every month thereafter. This applies to SBH-ASO staff as well as those who are employed by contractors and subcontractors. This verification is conducted through the following: the OIG's List of Excluded Individuals and Entities (LEIE) query, the System for Award Management (SAM) site, and the Health Care Authority (HCA) and Department of Social and Health Services' (DSHS) provider termination and exclusion lists site.

SBH-ASO subcontractors must provide to the SBH-ASO a monthly written attestation verifying the clear status of all staff using the above sources, including maintaining source document verification of checks. The SBH-ASO conducts monthly checks on all SBH-ASO staff and board members, network contractors and subcontractors and all individuals listed on the Disclosure of Ownership.

#### Reporting

All Program Integrity reporting to HCA shall be in accordance with the Notices provisions of the General Terms and Conditions of the HCA BH-ASO contract unless otherwise specified.

The SBH-ASO shall submit to HCA a report of any recoveries made or overpayments identified by the SBH-ASO during the course of claims review/analysis. The report will be submitted to HCA at [ProgramIntegrity@hca.wa.gov](mailto:ProgramIntegrity@hca.wa.gov).

#### Records Requests

Upon request, the SBH-ASO and subcontractors shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by the SBH-ASO or its contracted BHA. The SBH-ASO and its subcontractors shall provide and furnish the records at no cost to the requesting agency.

#### On-Site Inspections

The SBH-ASO or its subcontractor must provide reasonable access to its premises and the records requested to any duly authorized state or federal agency or entity, including, but not limited to: HCA, Department of Health and Human Services (HHS), OIG, and the Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.

The SBH-ASO or its subcontractors must provide any record or data related to its contract, but not limited to:

1. Medical records;
2. Billing records;
3. Financial records;
4. Any record related to services rendered, quality, appropriateness, and timeliness

of service; and

5. Any record relevant to an administrative, civil, or criminal investigation or prosecution.

Upon request, the SBH-ASO or its subcontractor shall assist in such review, including the provision of complete copies of records at no cost to the requesting agency

The SBH-ASO or its subcontractor must repay any overpayments that are identified through a fraud investigation conducted by the MFCD or other law enforcement entity based on the timeframes provided by federal or state law.