

**Community Mental Health Center
2010 Annual Compliance Plan**

This is a model Compliance Plan. Please note that rules, regulations and standards change. It is strongly recommended that you verify the components of this plan to ensure compliance.

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1. Introduction

MCMHC seeks to conduct itself in accordance with the highest level of business and community ethics and in compliance with applicable governing laws. MCMHC recognizes the problems that both deliberate and accidental misconduct in the health care industry can pose to society. MCMHC is committed to ensuring that it operates under the highest ethical and moral standards and that its activities comply with applicable laws.

MCMHC's Compliance Plan (the "Plan") has been developed in accordance with applicable law, with guidance from state and federal authorities when available, including the Federal Sentencing Guidelines. The Plan focuses on the prevention of fraud, abuse and waste in federal, state and private health care plans. The scope of the Plan may be expanded in the future to cover other areas of compliance to which the Agency is subject. With this Plan, MCMHC will seek to promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to each employee and agent of MCMHC for his/her conduct.

This Plan is intended to prevent accidental and intentional non-compliance with applicable laws, to detect such non-compliance if it occurs, to discipline those involved in non-compliant behavior, to remedy the effects of non-compliance and to prevent future noncompliance. The Compliance Plan is a "living document" and will be updated periodically to keep MCMHC employees and agents informed of the most current information available pertaining to compliance requirements in the health care industry.

The Board of Directors will receive this annual compliance report from the Compliance Officer describing the activities of the previous year and recommending any changes necessary to improve the compliance program. The Board of Directors will review the Plan and compliance efforts and will act on any suggested revisions necessary to improve the compliance program.

2. Compliance Activities

A. Policy Development

MCMHC will continue to develop new policies in response to changes in regulations and practice, and program expansion. If additional programs are added in 2010, policies will be developed as needed. Particular attention will be paid to policies around Electronic Medical Record access and use.

B. Monitoring

As outlined in MCMHC's Compliance Plan Program Manual (P&P XXXXX), the Compliance Department monitors a wide variety of activities. These include:

1. Fraud and Abuse Laws

- Civil and Criminal False Claims (42 U.S.C. §1320a-7b(a) and Mass. Gen. L. chap. 175H, §2 (private insurance) and Mass. Gen. L. chap. 118E, § 40 (Medicaid))

Staff will not make or cause to be made any false statement or representation of material fact in any claim or application for benefits under any federal health care program or health care benefit program.

- Anti-Kickback Laws

Staff will not knowingly and willfully solicit, offer to pay, pay, or receive, any remuneration, either directly or indirectly, overtly or covertly, in cash or in kind, in return for referring an individual for services under any state, federal or private health care program or for purchasing goods or other services.

- Civil Monetary Penalties Act (42 U.S.C. §1320a-7a)

Staff will not knowingly present a claim to any federal health care program or health care benefit program for an item or service the person knows or should have known, was not provided, was fraudulent, and/or was not medically necessary.

- Ethics in Patient Referrals Act of 1989 (42 U.S.C. §1395nn) ("Stark II")
- Health Care Fraud (18 U.S.C. §1347)
- Red Flag Rules

2. False Statement and False Claims Laws

- Criminal False Statements Related to Health Care Matters (18 U.S.C. §1035)
- Civil False Claims Act (31 U.S.C. §3729(a) and Mass. Gen. L. Chapter 118E, §40)
- Criminal False Claims Act (18 U.S.C. §§286, 287)

3. Other Federal and State Laws

- Americans With Disabilities Act
- HITECH Act
- Security Breaches (M.G.L. c. 93H), 201 CMR 17.00: Standards for the Protection of Personal Information of Residents of the Commonwealth
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191
- Dispositions and Destruction of Records (M.G.L. c. 93I)

4. The Work Environment.

5. Ethical Conduct.

6. Conflicts of Interest.

7. Confidential Information.

- Client Information
- Confidential Business Information
- Release of Information to the News Media
- Social Media

8. Billing, Claims and Records.

- Documentation
- Billing and Claims Records
- Payments/Receipts
- Retaining Records
- Credit Balances
- Incident to Medicare Claims

9. Use of Funds/Assets.

- Medical records review
- Educational materials
- Research activities, data and results
- Business strategies and plans
- Financial data
- Intellectual property rights
- Corporate name and other information about its activities.

10. Dealing With Suppliers/Referring Providers

- Kickbacks and Rebates
- Reciprocity
- Gifts or Gratuities
- Entertainment by Businesses
- Payments to Agents, Representatives and Consultants
- Payments to Government Employees
- Other Improper Payments

11. Political Contributions

12. Research Activities

13. E-mail, Voice mail and the Internet

14. Safety, Health and the Environment

15. Federal Grants:

- Upon receipt of federal grants, MCMHC recipients formalize the compliance requirements associated with their respective grant. MCMHC must fully understand the compliance requirements and ensure procedures are in place to ensure compliance
- Grant compliance requirements will be monitored.

16. Electronic Data Security: Email, Electronic medical records, e-prescribing, access control, password control,

Of special interest in 2010 will be:

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There are several plans in place to address the opportunities for improvement that were identified in the chart reviews conducted in 20XX. These include:

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C. Incident and Complaint Investigation:

The Compliance Department will continue to log and investigate incidents and client complaints.

D. OIG 2009 Work Plan:

MCMHC is conducting a risk analysis of the new and continuing areas of concentration for the OIG. These included:

- Evaluation of "Incident to" Services
- Accuracy and Completeness of the NPI
- Outpatient Alcoholism and Substance Abuse Services
- Psychiatric Services Provided in an Inpatient Setting
- Violations of Assignment Rules by Medicare Providers
- Freestanding Inpatient Alcoholism Providers
- Medical Services for Undocumented Aliens

All risk areas will be rated and for those that require action to eliminate existing or potential risk a plan will be devised.

E. Training:

MCMHC will conduct Compliance training for all new employees. In addition, we will conduct an annual compliance training. Other training will be conducted as issues and needs arise.

F. HIPAA

1. Privacy and Security – MCMHC continues to monitor our compliance with HIPAA privacy and security. The annual compliance training and orientation training include sections on HIPAA. MIS as well as the Compliance department will continue to monitor incidents for HIPAA related issues.
2. Transactions – MCMHC currently bills XX% and posts XX% of its claims electronically.
3. National Provider Identification Numbers (NPI) – MCMHC will continue to implement provider NPI's this year.

G. Credentialing

- MCMHC will complete a comprehensive review of every billable staff person's credentialing file.
- A complete review of the OIG Medicare/Medicaid exclusion list will be conducted on all staff as part of this project.

H. Meetings, Committees, Reports

The Compliance staff will continue to participate in the following meetings and committees:

- Compliance Committee
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I. Annual Conflict of Interest Disclosure

MCMHC will be asking senior management, Board Members, and others in key decision making positions to sign the annual Conflict of Interest Disclosure forms in Month of 20XX.

J. Communication - Reporting violations or suspected non-compliance clarification.

All MCMHC Staff will follow P&P XXXX for communicating potential violations or suspected non-compliance clarification.

K. Enforcement and Discipline

L. Compliance Officer Appointment and Job responsibilities:

The Compliance Office is XXXXX and she/he was appointed by the Board of Directors in their XX/XX/XXXX meeting. Her/His job responsibilities include:

M. Compliance Committee:

The Compliance Committee will meet once per month. The Compliance Officer will chair the meetings. The following staff will comprise the Compliance Committee:

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N. Code of Conduct

The Compliance Committee will be responsible for establishing and maintaining the MCMHC's Staff Code of Conduct. The Code will be reviewed on an annual basis.