



10.01 OPERATING POLICY & PROCEDURE

Subject: Corporate Compliance		Application: All Departments
First Effective 1/01/14	Revised 11/06/2018	Review 2/13/2023

PURPOSE

To establish the Corporate Compliance Program and related compliance processes for Pivotal and its provider network.

POLICY

It shall be the policy of Pivotal to deliver services in an environment characterized by strict conformance to the highest standards of accountability for administration, programs, services, business, marketing, human resources, and financial management as it pertains to regulatory management. Pivotal is fully committed to the need to prevent and detect fraud, waste and abuse (FWA), including fiscal mismanagement and misappropriation of funds, and to the strict adherence of all federal and state laws, rules and regulations. To accomplish this end, Pivotal shall develop and manage a Compliance Program that addresses all required elements promulgated by the Department of Health and Human Services/Office of Inspector General (DHHS/OIG) office for an effective compliance program.

I. STANDARDS

A. General Framework

1. Pivotal shall establish, implement, and maintain a Compliance Program (exhibit A) for its entire provider network that emphasizes:
 - a. Prevention of wrong doing, whether intentional or unintentional.
 - b. Immediate reporting and investigation of questionable activities and practices without retaliation for reporting.
 - c. Timely correction of any situation, which puts the organization, its leadership or staff, funding sources or consumers at risk.
2. Pivotal shall establish and maintain a Compliance Program for its entire provider network that ensures:

- a. Organizations and persons affiliated with Pivotal adhere to explicit ethical standards throughout all facets of their business and clinical practices.
 - b. Services, operations and business practices are rendered and reported in a manner that fully comply with all federal, state, and other applicable laws.
 - c. The management and oversight of how federal funds are used and reported.
 - d. A common methodology by which a person may confidentially file a complaint (either verbally or in writing) of an alleged wrongful action without reprisal.
 - e. A common methodology, by which complaints of alleged wrongdoing are logged, investigated and reported.
3. Pivotal's Compliance Program shall seek to meet the following goals:
- a. Maintain and enhance the quality of services.
 - b. Demonstrate a sincere effort to comply with all applicable laws.
 - c. Revise and develop new policies and procedures to enhance compliance.
 - d. Establish and conduct ongoing evaluation of the effectiveness of the seven elements of a comprehensive compliance program as per the Office of Inspector General of the Department of Health and Human Services (OIG).
 - e. Establish an effective method to assess and manage risks.
 - f. Enhance communications with governmental entities to ensure compliance.
 - g. Empower all involved parties to prevent, detect, respond to, report, and resolve conduct that does not conform to applicable laws and regulations, and the organization's ethical standards/code of conduct.
 - h. Establish mechanisms for staff members to ensure that questions and concerns about compliance issues are appropriately and promptly addressed.
4. All persons that provide services within, or are formally affiliated with Pivotal (e.g. officers/board members, employees, providers, volunteers, students, contractors, agents, etc.) are expected and must sign an attestation agreeing to:
- a. Conduct themselves in a manner that promotes Pivotal's Mission/Vision and Code of Ethics.
 - b. Abide by Pivotal's Compliance Program and the standards set forth in this policy guideline.
 - c. Immediately report suspected wrongdoing to Pivotal's Compliance Office, or the designated regional Compliance Officer or hotline.

5. Pivotal's Board of Directors shall delegate, by formal resolution or policy, the overall responsibility for CMHSAS-SJC Compliance Program to its Executive Director, The Executive Director shall ensure the hiring of a Compliance Officer (CO) capable of managing the functions of the Compliance Office as contained in this policy guideline.

B. Infrastructure Compliance Processes

1. Each Organizational Provider rendering services within Pivotal's provider network shall ensure its officers, board members, employees, students, volunteers, contractors and other agents affiliated with its organization are trained annually on Pivotal's Compliance Program, this policy guideline on reporting suspected wrongdoing and on all relevant laws, rules and regulations applicable to its organization.
2. Pivotal shall develop a business model for Regulatory Management, Compliance and, Risk Assessment and Management. The purpose of the business model will be to identify those Compliance functions centrally managed by Pivotal vs. those functions that are managed by the PIHP and those delegated to affiliate and/or sub-network providers.
3. Ensuring the security of protected health information shall be through the collection of data via a review process. The Compliance Committee will monitor the outcomes through an agreed upon reporting process.
4. Pivotal shall ensure the most updated copy of this policy guideline is posted on its website (www.pivotalstjoe.org) and that suspected violation reporting forms are readily available on the website and throughout the agency.

C. Training

1. Pivotal's Compliance Officer shall be charged with the responsibility to ensure that network providers receive training on Corporate Compliance and HIPAA. This does not mean that this office must conduct all the training, but shall ensure that each Organization is training its officers, board members, employees, students, volunteers, etc. on compliance, in accordance with the policy guideline.

2. The Compliance Committee shall be charged to develop training materials and/or e-learning modules on Corporate Compliance that will be made available to the provider network. The Compliance Committee should annually review to ensure training materials are functional and up-to-date.
3. The Compliance Committee shall set the method of Compliance training to align with federal, state and regional requirements. At minimum, all employees shall be trained on both HIPAA and Compliance requirements within thirty (30) days of hire, the Committee encourages this training take place within two weeks of hire but require that it be completed no later than Thirty (30) days. Compliance training shall be at least annually thereafter. The Compliance Committee shall ensure Compliance training requirements are stipulated in the PIHP/CMH and CMH/Provider contracts.
4. Each Provider Organization shall ensure training of its representatives and employees, and shall document such training in its training logs or personnel files.
 - a. Organizations may either use the educational/training materials put forth by Pivotal or may substitute this curriculum with alternative approved curriculum approved by the Compliance Committee.
 - b. Each Provider Organization shall ensure the appropriate documentation of employee / representative training, including use of approved curriculum and appropriate documentation of training logs / personnel file documentation.
 - c. Pivotal shall review the training of Provider Organization personnel via its annual OPR audit process.

REFERENCES

- A. Federal Laws
 1. Deficit Reduction Act, United States Code, Vol. 42, Sec. 1396a (a)(68) (Section 6032 of the Deficit Reduction Act of 2005)
 2. False Claims Act, United States Code, Vol. 31, Sec. 3729-3733
 3. Program Fraud and Civil Remedies Act, United States Code, Vol. 31, Sec. 3801-3812 (Program Fraud Civil Remedies Act of 1986)
 4. Anti-Kickback Statute
 5. United States Organizational Sentencing Guidelines (1991)
 6. Stark Laws I (1989) and Stark Laws II (1993)
 7. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 8. Balance Budget Act of 1997 (BBA)
 9. Social Security Act, specifically 1903(m)(95)(i)

10. Affordable Care Act (Public Law 111-148; 111-152 of 2010)
 11. Whistleblowers Protection Act of 1980
 12. HITECH Act of 2009
 13. 42 CFR, Parts 400 and 438 (Balanced Budget Act)
 14. 45 CFR Part 164 (Health Information Portability and Accountability Act)
- B. Michigan Laws
1. Medicaid False Claims Act, Michigan Compiled Laws, Annotated Sections 400.601-613
 2. HIPAA Privacy Rule Preemption Analysis Matrix for the Michigan Medical Records Access Act, Public Act 47 of 2004 (revised 11/04)
 3. Michigan Mental Health Code, PA 258, as amended
 4. Michigan Public Health Code, PA 368, as amended
- C. MDCH
1. MDCH/PIHP Medicaid Managed Specialty Supports and Services Contract – Section 6.9 Regulatory Management
 2. MSA-Medicaid Provider Manual
 3. MDCH: Application for Participation, Section 4.0
- D. Southwest Michigan Behavioral Health Policy
1. 10.2 (Development of Compliance Plan Policies and Procedures)
 2. 10.3 (Code of Conduct Distribution and Training)
 3. 10.4 (Compliance Oversight Committee)
 4. 10.5 (Compliance Education and Training)
 5. 10.6 (Compliance Reporting Responsibilities)
 6. 10.7 (Compliance Auditing and Monitoring)
 7. 10.9 (Compliance Enforcement and Discipline)
 8. 10.11 (Fraud and Abuse)

EXHIBITS

[A - Corporate Compliance Program](#)