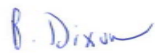




United Behavioral Health

<b>Compliance: General Compliance Policy</b>		<b>Policy Identifier/Number:</b> AD-01A	
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government - Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

**Policy Statement and Purpose**

Optum Pierce Behavioral Health Organization (BHO) has in place a compliance plan which details elements for program integrity and fraud/waste/abuse prevention, detection, investigation, reporting and resolution.

The purpose of this policy is to describe Optum Pierce BHO's compliance requirements for program integrity and fraud, waste and abuse prevention, detection, and enforcement efforts.

**Policy Audience and Applicability**

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP) and Behavioral Health State Contract (BHSC).

**Policy Definitions**

Abuse refers to provider or entity actions that are inconsistent with sound fiscal, business, or medical practices and results in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Compliance – adherence to federal, state, and local laws and regulations, licensing requirements, accreditation standards and UHG and Optum policies and procedures.

Compliance Officer – refers to the person appointed by the Optum Pierce BHO Executive Director to fulfill this role in compliance with Federal Program Integrity requirements and contractual requirements with the Washington State Department of Social and Health Services.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA ) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

Fraud refers to an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person and includes any act that constitutes fraud under applicable federal or State law.

Waste refers to unintentional overutilization, underutilization, or misuse of resources.

## **Policy Provisions**

1. Optum Pierce BHO and Contracted community behavioral health agencies shall maintain written standards of conduct to define expectations.
2. Optum Pierce BHO's Compliance Plan incorporates the seven basic elements required of a compliance program under the U.S. Sentencing Guidelines. The seven elements include:
  - 2.1. Oversight of the Integrity and Compliance Program
  - 2.2. Development and implementation of ethical standards and business conduct policies
  - 2.3. Creating awareness of the standards and policies by education of employees
  - 2.4. Assessing compliance by monitoring and auditing
  - 2.5. Responding to allegations or information regarding violations
  - 2.6. Enforcement of policies and discipline for confirmed misconduct
  - 2.7. Reporting mechanisms for employees, managers and others to alert management and/or the Integrity and Compliance Program staff to violations of law, regulations, policies and procedures or contractual obligations.
3. Fraud, waste, abuse and program integrity requirements in the PIHP, BHSC and other Washington State contracts are addressed by Optum Pierce BHO with the following:
  - 3.1. Mandatory trainings for all Optum Pierce BHO staff including education on the False Claims Act, Whistleblower Protections, identification and reporting of fraud/waste/abuse, code of conduct, conflicts of interest, ethics and integrity.
    - 3.1.1. Optum's required web-based training program emphasizes: awareness, detection, and procedural issues (i.e., case identification and referral); early detection and prevention of payment for ineligible expenses; provider, claimant and eligibility fraud; impact of fraud and abuse; health fraud trends, schemes and those committing fraud and abuse; questionable cases to be sent to Compliance Officers for investigation; staff rights as whistle blowers; roles of compliance officers; and case studies.
    - 3.1.2. Training exams are completed with scores of 80% or higher in order for staff to obtain credit for the training.
  - 3.2. All contracted community behavioral health agencies provide training to their staff on the False Claims Act, and on employee rights for Whistleblower Protections per Optum Pierce BHO's *Provider Training* policy (AD-13).
  - 3.3. Optum Pierce BHO provides training support to all contracted community behavioral health agencies through an online learning website. Optum encourages contracted community behavioral health agencies to have staff complete at a minimum the one-hour training entitled "Deficit Reduction Act Compliance" or provide an equivalent course as required in Section 1.2.
4. Optum Pierce BHO has contracting practices which avoid fraud, waste and abuse, such as:

- 4.1. Optum Pierce BHO does not contract with community behavioral health agencies who directly or indirectly offer rewards for the referral of consumers to the provider.
- 4.2. Optum Pierce BHO does not provide additional compensation or incentives to providers for reducing the volume of Medicaid services provided or of services funded by other federal or state health care programs.
- 4.3. Optum Pierce BHO does not provide or contract with entities that provide physician incentive plans as described in *42 CFR 422.208*.
- 4.4. Optum Pierce BHO does not approve or cause claims to be submitted to the Medicaid program or other federal or state health care program for
  - 4.4.1. Services provided as a result of payments made in violation of #1 above.
  - 4.4.2. Services that are not reasonable or necessary.
  - 4.4.3. Services that cannot be supported by the documentation in the medical record.
- 4.5. Optum Pierce BHO does not falsify or misrepresent facts concerning the delivery of services or payments of claims in connection with the Medicaid program or other federal or state health care benefit programs.
- 4.6. Optum Pierce BHO employees, or any other person associated with the BHO, cooperate with the Compliance Officer in communicating information or records related to possible violations of the compliance and integrity programs.
- 4.7. Optum Pierce BHO does not allow participation by or payment to community behavioral health agencies; their employees, subcontractors or individuals listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation, as required by federal or state laws, or who are found to have a conviction or sanction related to health care.
- 4.8. Optum Pierce BHO requires contracted community behavioral health agencies to screen employees and individuals and entities with ownership or control interest for exclusion prior to contracting and on a monthly basis thereafter.
- 4.9. Contracted community behavioral health agencies in the Optum Pierce BHO are responsible for:
  - 4.9.1. Their staff's completion of training on the False Claims Act and Whistle Blower Protections.
  - 4.9.2. Complying with requests during an investigation of fraud, waste or abuse. Providers are also responsible for developing their own internal compliance and program integrity plan.
  - 4.9.3. Screening employees and subcontractors on a monthly basis to determine if they have been:
    - 4.9.3.1. Convicted of a criminal offense related to health care
    - 4.9.3.2. Listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation. Such exclusion will be checked via [O](#) and/or other widely approved methods.
    - 4.9.3.3. Such individuals shall not be directly involved in Optum Pierce BHO-funded services.
  - 4.9.4. Reporting incidents of fraud, waste or abuse or related activities to the Optum Pierce BHO Compliance Officer.
  - 4.9.5. Certifying that the data submitted to Optum Pierce BHO are in substantial compliance with contract terms.

### **Related Policies, Procedures & Materials**

- Optum Pierce Behavioral Health Organization policy:
  - *AD-01B Compliance: Governance and Oversight*
  - *AD-01C Compliance: Communication and Reporting*
  - *AD-01D Compliance: Training and Education*
  - *AD-01E Compliance: Routine Auditing and Monitoring*
  - *AD-01F Compliance: Enforcement of Disciplinary Guidelines*
  - *AD-01G Compliance: System for Prompt Response to Compliance Issues*

### **Attachments**

N/A

### **Approval History**

- Policy created and effective: February 2018