




United Behavioral Health

<b>Compliance: Governance and Oversight</b>		<b>Policy Identifier/Number:</b> AD-01B	
<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

It is the policy of Optum Pierce Behavioral Health Organization (BHO) to establish and maintain a compliance governance structure accountable to execute and oversee the Optum Pierce BHO Compliance Program.

The purpose of this policy is to ensure that the Optum Pierce BHO Compliance Program has proper recognition, oversight and representation to support and further program activities and foster a compliance culture throughout the organization and the agency network.

#### 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

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.

#### Policy Provisions

1. Optum Pierce BHO shall designate an individual as the Compliance Officer.
2. The Compliance Officer for Optum Pierce BHO is an individual hired specifically for this role as designated by the Executive Director.

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.

3. The Compliance Officer for Optum Pierce BHO reports directly to the Executive Director.
4. The Compliance Officer oversees all compliance and program integrity related activities. Including but not limited to, the Compliance Officer:
  - 4.1. Provides local oversight for all compliance and program integrity related activities.
  - 4.2. Participates in compliance and program integrity related training provided by the Washington State DSHS or Medicaid Fraud Control Unit or by the Centers for Medicare and Medicaid Services (CMS).
  - 4.3. Is responsible for ensuring training and serving as a resource to all BHO staff and contractors on compliance and program integrity issues including the False Claims Act and Whistleblower Protections.
  - 4.4. Convenes the Compliance Committee as necessary, and at least quarterly, to review reported incidents and program/procedural issues.
  - 4.5. Assists all staff in identifying opportunities to identify, investigate, rectify and reduce incidents of fraud, waste and abuse.
  - 4.6. Receives and investigates reports of possible fraud, abuse or integrity violations.
  - 4.7. Ensures there is no retaliation against staff, consumers, providers or other stakeholders for reporting fraud, abuse or integrity incidents.
  - 4.8. Develops corrective action plans to address fraud, waste and abuse and reduce future incidents.
  - 4.9. Reports corrective action plans and fraud, waste and abuse resolutions to the Optum Pierce BHO Governing Board to keep them apprised of compliance related activities.
  - 4.10. Ensures Optum Pierce BHO staff are not listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation, as required by federal or state laws, or found to have a conviction or sanction related to health care as listed in the *Social Security Act, Title 11 Section 1128*. Such exclusion will be checked at <http://www.oig.hhs.gov/fraud/exclusions.asp> or on Sanction Check provided by contract through United Health Group at <https://app.sanctioncheck.com/scripts/logon.asp>. Sanction Check, through Compliance Concepts, Inc. is available for exclusion checks 24 hours a day, seven days a week, from any location throughout the world via the Internet and includes data from the Office of Inspector General's List of Excluded Individuals and Entities, General Service Administration's List of Excluded Parties, and the Office of Foreign Assets Controls Terrorists List.
  - 4.11. Ensures that processes are in place to screen contractors and subcontractors' employees, individuals and entities with an ownership or control interest of 5% or more for exclusions prior to entering into a contractual or other relationship where the individual or entity would benefit directly from funds received under the relationship, and screened monthly for newly-added and existing employees, individuals and entities who would benefit directly from funds.
  - 4.12. Ensures that processes are in place for Optum and contracted providers to screen new hires and monitor on-going staff for excluded providers. Optum and contracted providers screen and monitor their own staff, board members, and subcontractors to ensure they are not excluded entities.
5. The Optum Pierce BHO Compliance Officer is available at any time an employee or agency provider or staff has a question about compliance or needs to submit a report of a possible compliance breach or potential fraud/waste/abuse.

- 5.1. To encourage and facilitate reporting by contractors and service recipients, Optum has provided a quick link online at <https://www.optumpiercebho.com/content/ops-opubsect/pierce-county-bho/en/about-us/fraud-and-abuse.html> containing multiple formats in which to submit concerns including; email, phone, fax and mail.
- 5.2. To encourage and facilitate reporting by employees, Optum maintains a 24-hour toll-free telephone hotline called the "Compliance HelpLine" through which incidents of suspected non-compliance or other misconduct can be reported. This hotline feeds into a voicemail box so that callers can call anonymously or can leave a call back number to discuss the reported issue further. The Compliance HelpLine number will be provided to each employee via Web portal displays and posters at all Optum locations.
- 5.3. The Compliance Officer facilitates communication between Washington State, Optum Pierce BHO employees, and contracted providers.
6. The Optum Pierce BHO Compliance Committee has been established as the governing compliance committee, the duties and responsibility of which shall be defined in an internal committee charter.
7. The Optum Pierce BHO Compliance Committee is comprised of members that are key in the organization with varying backgrounds to promote complete and adequate review of applicable compliance activities and include;
  - 7.1. Compliance Officer, Chair
  - 7.2. Executive Director
  - 7.3. Associate Director, Finance
  - 7.4. Associate Director, Clinical Services
  - 7.5. Manager, Quality Assurance
  - 7.6. Manager, Information Technology Reporting
  - 7.7. Director, Provider Relations
  - 7.8. Manager, Recovery & Resiliency
8. The Optum Pierce BHO Compliance Committee is accountable to the Executive Director and is convened on a quarterly basis or when needed to determine the appropriate course of action on program integrity and fraud, waste or abuse-related issues.
9. The Optum Pierce BHO Compliance Committee via the designated Compliance Officer will report out, as necessary, to the Optum Corporate Behavioral Compliance Team.
10. The Compliance Officer facilitates a separate Agency Compliance Committee that convenes bi-monthly.
11. The Agency Compliance Committee is comprised of invitees from each contracted community behavioral health agency.
12. The Agency Compliance Committee shall be a forum for providing relevant compliance materials and education in addition to an open forum to appropriately share best practices amongst the contracted community behavioral health agencies.

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

- Optum Pierce Behavioral Health Organization policy:
  - *AD-01A Compliance: General Compliance Policy*
  - *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*

<b>Attachments</b>
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N/A

<b>Approval History</b>
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- Policy created and effective: February 2018