

PATHWAYS CMH

POLICY TITLE: Regulatory Standards	CATEGORY: Compliance	
EFFECTIVE DATE: 06/06/13	BOARD APPROVAL DATE: 06/05/13	
REVIEWED DATE: 04/13/16	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Compliance Manager	CEO APPROVAL: Mary Swift, CEO	

APPLIES TO:

Pathways Personnel
Contract Providers

POLICY:

The key principle of Pathways' Compliance Plan is to instill an effective Compliance Program that fulfills the spirit and technical requirements of HHS OIG Policy Recommendations and Sentencing Guidelines. The regulatory standards that Pathways intends as the core of its Compliance Plan are stated in the MDCH/CMHSP contract. Pathways will comply with all applicable Federal and State Laws, Guidelines, Rules, and Regulations.

PURPOSE:

The purpose of this policy is to identify the basic legal laws and regulations directly affecting Pathways operations. These include, but are not limited to, the following as applicable:

- Social Security Act of 1964 (Medicare & Medicaid)
- Section 1909 of Title 19 of the Social Security Act (SSA), as amended;
- The Balanced Budget Act of 1997 (BBA), particularly as these pertain to the Medicaid program;
- 42 CFR Parts 400 et al. Final Rules implementing the SSA as amended by the BBA regarding Medicaid Managed Care;
- The Federal False Claims Act
- The Federal Sentencing Guidelines
- Code of Federal Regulations
- Letters to State Medicaid Directors
- Health Care Fraud and Abuse legal prohibitions, as referenced in the above statutes, and including:
 - ✓ The Federal Anti-Kickback statute at 42 USC 1320a-7b(b), prohibiting knowing and willful solicitation, receipt, offer, or payment of remuneration in return for referring an individual under a federal health program; and
 - ✓ The Stark Law at 42 USC Section 1395nn and as implemented by 42 CFR 411 and 424 relating to self-referrals by physicians;
 - ✓ The Federal False Claims Act;
 - ✓ The Deficit Reduction Act of 2005;
- Equal Employment and Labor Standards Laws, including the Civil Rights Act of 1964, The Civil Rights Act of 1991, The Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Aged Discrimination in Employment

Act, the Fair Labor Standards Act, The Equal pay Act of 1963, and the Family and Medical Leave Act;

- Federal Antitrust Laws as applicable to Health Care, including the Sherman Act, the Clayton Act, and the Federal Trade Commission Act;
- State and Federal Patient Record and Confidentiality Laws including, Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and 42 CFR, Part II relating to substance abuse records;
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- The Michigan Medicaid False Claim Act (MHLA 400.601 et/seq., addressing such issues as:
 - ✓ Billing for Services Not Rendered;
 - ✓ Billing Without Reporting Other Resources;
 - ✓ Billing for Unnecessary Services resulting in inappropriate or otherwise excessive payment;
 - ✓ Billing a Date of Service Other Than the Actual Date the Service was Rendered;
 - ✓ Upcoding;
 - ✓ Receiving Kickbacks;
 - ✓ Fraudulent Cost reports;
- The Michigan Social Welfare Act (MCLA 400.111d); and The Michigan Public Health Code (MCLA 333.16226).
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Civil Rights Statutes
- Michigan Mental Health Code and Administrative Rules
- Medical Services Administration (MSA) Policy Bulletins
- State Operations Manual
- State of Michigan PIHP contract provisions
- Michigan State Licensing requirements
- Such other Statutes and Regulations directly applicable to NorthCare, including but not limited to any spelled out in MDCH's current PIHP Specialty Supports and Services Contract with Pathways d.b.a NorthCare PIHP.

DEFINITIONS:

N/A

REFERENCES:

- BBA 438.608
- CMHSP Specialty Supports and Services Contract Sections: I.15 and II.5
- Pathways Compliance Plan and Policies
- NorthCare Compliance Plan and Policies

HISTORY

REVISION DATE: 07/31/14; 04/08/15

CEO APPROVAL DATE: 05/13/13; 07/31/14; 04/08/15

BOARD APPROVAL DATE: 06/05/13

PROCEDURES:

Pathways Compliance Manager and members of the Compliance / Risk Management Monitoring Team (CRMT) shall keep abreast of current applicable State and Federal regulatory requirements. The Compliance Manager shall maintain summaries or copies of such standards deemed appropriate by the CRMT.

To stay up-to-date on regulatory standards and identify new/changes to state and federal laws and regulations and accreditation standards, the Compliance Manager and members of the CRMT utilize the following resources including, but not limited to:

- Weekly updates provided by HCCA (Health Care Compliance Association)
- MSA Bulletins
- Medicaid Provider Manual, as updated
- HCPCS Code Chart, as updated
- MDCH Provider Qualifications Chart, as updated
- <http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html>
- CMHSP staff attendance/participation at state-wide Directors meetings
- CMHSP staff attendance/participation in MDCH EDIT meetings
- CMHSP staff attendance/participation at state-wide MARO and Improving Outcomes conferences.