

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition

Section 10.13 Provider Corporate Compliance Programs

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10.13.1 Introduction

It is the policy of NARBHA that Responsible Agencies (RAs) develop and implement an agency specific and agency-wide Corporate Compliance **Program**. This program shall encompass the OIG's Seven Elements of an Effective Compliance Program. The seven elements are:

- Policies & Procedures
- Compliance Officer & Committee
- Training & Education
- Communication
- Disciplinary Guidelines
- Monitoring & Auditing
- Prompt Response & Corrective Actions

Additionally, all RAs shall develop and implement an annual Corporate Compliance **Plan** addressing how fraud and abuse will be prevented and detected.

10.13.2 Scope

Corporate Compliance Program & Plan

- All NARBHA Responsible Agencies (RAs);
- It is *recommended* that **other providers (who are not RAs)** also implement a Corporate Compliance Program and develop a Corporate Compliance Plan. Resources, including evaluation templates and training materials, are available upon request.

Corporate Compliance Training

- All NARBHA RAs (within 90 days of all new hires and annually thereafter);
- All **other providers** are *required* to provide corporate compliance training within 90 days of employees' hire date, in accordance with [Provider Manual Section 9.1 Training Requirements](#).

10.13.3 Objectives

The objective of this policy is to inform RAs and other providers regarding NARBHA's requirements and recommendations for the development of a Corporate Compliance Program

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and Corporate Compliance Plan for the detection and prevention of fraud and abuse, as well as the training requirements applicable to both RAs and other providers.

10.13.4 Definitions

Definitions sourced from ADHS, Office of Program Integrity, Operations and Procedures Manual, starting on Page 17.

- Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes some fraud under applicable Federal or State law ([42 CFR 455.2](#)).
- Abuse means provider practices that are inconsistent with sound fiscal, business or medical practices and result 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. It also includes recipient practices that result in unnecessary cost to the Medicaid program ([42 CFR 455.2](#)).
- Knowingly or knowingly and willfully means that a person, with respect to information
 - Has actual knowledge of the information;
 - Acts in a deliberate ignorance of the truth or falsity of the information; or
 - Acts in a reckless disregard of the truth or falsity of the information; and
 - Proof of specific intent is not required ([42 CFR 402.3](#)).
- Suspected fraud or abuse is defined as evidence or information that would lead a reasonable person to believe that fraud or abuse is occurring or has occurred. This would normally involve evidence of a material loss or unnecessary expense, a pattern of occurrence and something to show intent to defraud or unsound business practices. An alternate phrase for “suspected fraud or abuse” could be “reasonable belief of fraud or abuse” ([A.R.S. §36-2918.01](#)).

10.13.5 Procedures

10.13.5.-A Provider Corporate Compliance Plan & Evaluation

All NARBHA RAs are required to implement an agency-specific Corporate Compliance Plan, updating and evaluating the Plan annually. All Plans must include the following elements:

- Purpose/Introduction/Overview
- Definitions
- **OIG Seven Elements of an Effective Compliance Program:**
 - Implementation of written policies, procedures and standards of conduct
 - Designation of a Compliance Officer and Compliance Committee
 - Conducting effective training and education
 - Developing effective lines of communication
 - Enforcing standards through well-publicized disciplinary guidelines

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- Conducting internal monitoring and auditing
- Responding promptly to detected offenses and developing corrective actions
- Program Goals (for the coming year)
- Plan Addresses/References:
 - False Claims, Correct Coding/Claiming
 - Overpayments (60 day repayments)
 - Excluded Providers
 - Internal Controls
 - Fraud & Abuse Aversion
 - Fraud & Abuse Detection
 - Fraud & Abuse Investigation
 - Fraud & Abuse Prevention
 - Fraud & Abuse Reporting
 - Reasonable timeframes
- Information from the Evaluation of the prior year Plan should be incorporated into the current year Plan to show continuous improvement of the Corporate Compliance Program
- Signatures (Corporate Compliance Officer, CEO, Board)

Annual Evaluation, Timeline & Approval Process

Annually, RAs shall evaluate and report the effectiveness of the previous year's Corporate Compliance Plan reviewing for up to date information, and determining progress on the goals that were outlined for the previous year. The Plan shall be updated accordingly for the upcoming year. The Plan must be signed by the RA's Corporate Compliance Officer (or individual responsible for compliance), Chief Executive Officer and President of the Board of Directors.

The final and signed Corporate Compliance Plan and PM Form [10.13.1 RA Corporate Compliance Plan Evaluation Form](#) are due to NARBHA's Corporate Compliance Officer via e-mail by December 31st each year. The PM Form [10.13.1 RA Corporate Compliance Plan Evaluation Form](#) shall be utilized by the RAs to conduct the annual evaluation of the Plan. The Form must be submitted along with the updated Plan for the upcoming year.

NARBHA's Corporate Compliance Officer reviews each PM Form [10.13.1 RA Corporate Compliance Plan Evaluation Form](#) of last year's Plan along with the Corporate Compliance Plan for the upcoming year, and expresses approval status (approval/disapproval/conditional) on the Form. The Form will be utilized to document approval status and any action items necessary to get the Plan approved. Review and approval status will be documented on the Form and sent back to the RAs.

RAs are responsible for implementing the Plan as written, unless NARBHA's Corporate Compliance Officer agrees to its modification in writing before changes are made.

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10.13.5.-B Corporate Compliance Program Evaluation

Annually, RAs shall evaluate and report the effectiveness of the previous year's Corporate Compliance Program reviewing for up to date information, and determining progress on the goals that were outlined for the previous year. The Program shall be updated accordingly for the upcoming year.

The HCCA document [PM Attachment 10.13.1 Evaluating and Improving a Compliance Program](#) should be utilized by providers to assess the current state of their compliance programs. That document is attached to this policy for reference.

The [PM Form 10.13.2 RA Corporate Compliance Program Evaluation Form](#) is due to NARBHA's Corporate Compliance Officer via e-mail by December 31st each year. The PM Form [PM Form 10.13.2 RA Corporate Compliance Program Evaluation Form](#) shall be utilized by the RAs to conduct the annual evaluation of the Program. The Form must be submitted along with the updated Plan and Plan Evaluation Form for the upcoming year.

NARBHA's Corporate Compliance Officer reviews each [PM Form 10.13.2 RA Corporate Compliance Program Evaluation Form](#) of last year's Program and expresses approval status (approval/disapproval/conditional) on the Form. The Form will be utilized to document approval status and any action items necessary for the RA to take to get the Program approved. Review and approval status will be documented on the Form and sent back to the RAs via e-mail.

RAs are responsible for implementing necessary changes to their Corporate Compliance Program as identified on the [PM Form 10.13.2 RA Corporate Compliance Program Evaluation Form](#).

10.13.5.-C Responsible Agency Corporate Compliance Officer Meetings

Individuals assigned the responsibility of the RA Corporate Compliance Officer meetings are required to participate in the NARBHA/RA Corporate Compliance Officer Meetings that occur bi-monthly. If the RA Compliance Officer (or individual responsible for compliance) is not available to attend the meeting, notification must be provided to the NARBHA Corporate Compliance Officer ahead of time, and an alternative representative should participate in their stead.

RA Corporate Compliance Officers are required to attend the on-site annual meeting at NARBHA in person. No Telemedicine or phone technology may be utilized for this annual meeting. For additional meetings held throughout the year at various RA locations on a rotating schedule, RA Corporate Compliance Officers are encouraged to attend in person; however, Telemedicine or phone technologies will be made available.

RA Corporate Compliance Officers are encouraged to engage in the meetings and contribute to agenda items, meeting discussion and resource sharing.

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10.13.5.-D Provider Corporate Compliance Training

Responsible Agencies

Within 90 days of hire, all employees must receive training on fraud and abuse requirements and protocols.

Annually, the RAs must train all employees and subcontractors in fraud and abuse detection, prevention and reporting requirements, in accordance with [Provider Manual Section 9.1 Training Requirements](#) and [Section 7.1 Fraud and Program Abuse Reporting](#).

NARBHA will provide the RAs with a mandatory Essential Learning training each year. For RAs without access to the E-Learning module, a PowerPoint version of the training will be made available. Annually, the material will be reviewed and updated (if necessary).

All employees and subcontractors of RAs must receive the annual Corporate Compliance Training no later than December 31st each year.

RAs will be required to complete and sign a [PM Form 10.13.2 RA Corporate Compliance Training Certification Form](#), verifying that all employees and subcontractors at their agencies have received the training and must submit it to NARBHA's Corporate Compliance Officer no later than December 31st each year.

One-on-one training provided by the NARBHA Corporate Compliance Officer to any new RA Corporate Compliance Officer is mandatory within three months of assignment.

Other Providers

Within 90 days of hire all employees and subcontractors must receive training on fraud and abuse requirements and protocols, in accordance with [Provider Manual Section 9.1 Training Requirements](#) and [Section 7.1 Fraud and Program Abuse Reporting](#).

Providers must train all employees and subcontractors in fraud and abuse detection, prevention and reporting requirements, on an annual basis.

Training resources and materials are available to providers upon request.

10.13.5.-E Excluded Providers

The 2007 Federal Sentencing Guidelines require organizations to use reasonable efforts not to employ, in positions of substantial authority, any individual the organization knew or should have known through the exercise of due diligence, has engaged in illegal activities or other conduct inconsistent with an effective compliance and ethics program. Ongoing reasonable efforts include but are not limited to:

- Prior to employment, required disclosures, background checks, comparison with federal excluded persons lists and primary source verification of credentials and references;

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- During employment, ongoing monitoring;

To ensure that it does not have a prohibited relationship with an individual who is excluded from participating in federal programs in violation of [42 CFR § 438.610](#) and [42 CFR 1001.1901](#), which prohibits health care organizations from knowingly having a relationship with any person or entity that is debarred, suspended or otherwise excluded from participating, organizations are expected to maintain and comply with policies and procedures related to the excluded provider process. These include using government sanctions lists, including the OIG's List of Excluded Individuals/Entities (LEIE), and the System for Awards Management (SAM), including the Excluded Parties Listing System (EPLS) to determine if any of the organization's directors, officers, employees, or contractors who provide items and services that are significant and material to the organization under its contract with NARBHA appear on any of the exclusion lists. These reviews are conducted prior to the start of an individual or entity's relationship with the organization, and then regularly on a **monthly basis thereafter**. If any of the individuals appear on any of the exclusion lists the organization will terminate the prohibited relationship.

The organization will notify NARBHA immediately of any confirmed instances of an excluded provider that is or appears to be in a prohibited relationship with the organization or its subcontractors.

Responsible Agencies

RAs are required to submit quarterly reports to the NARBHA Corporate Compliance Officer via e-mail, indicating the results of such monthly reviews, including the names (first, middle and last), date of birth, last four digits of the Social Security number, date of hire, current job position at the time of verification, department/specialty, supervisor's name (first, middle and last) and AHCCCS ID, when applicable, and have been run through these databases, the dates of the searches, and the results of the searches. The reports will be due 15 days following the end of each quarter, for the previous reporting period. Due dates are:

<u>Period</u>	<u>Due Date</u>
January-March	April 15 th
April-June	July 15 th
July-September	October 15 th
October-December	January 15 th

Other Providers

Other providers are required to conduct the monthly checks and must maintain those records on-site. Those records must be made available to NARBHA's Corporate Compliance Officer upon request, for desk reviews or on-site audits.