

**Community Mental Health Affiliation
of Mid-Michigan**

PROCEDURE: 1.5	Page 1 of 2	SUBJECT: Deficit Reduction Act Requirements
Related Policy: 1.0		SUBJECT: Administration of PIHP
Issuing Director: Director of Affiliation Operations		Original Effective Date: 1-1-07

REVISED DATE

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Review Date(s)

3-28-07					
04-03-08					
04-13-09					

I. PURPOSE:

To assure that all CMHAMM Board Members, employees and subcontractors fulfill the requirements of the Deficit Reduction Act.

II. STANDARDS:

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| A. 42 USC 139a(a);
Section 1902(a)(68) of Title XIX | Deficit Reduction Act of 2005 |
| B. Act 469 of 1980 | Michigan Whistleblowers Act |
| C. MCLA 400.601 tense. | Michigan Medicaid False Claim Act |

III. PROCEDURES:

- A. CMHAMM's internal process shall monitor for actions by providers of Medicaid services to prevent fraud, abuse, and waste, and to identify actions likely to result in unintended expenditures.
- B. CMHAMM Board members, employees and contractual providers will receive detailed training on federal and state False Claims Acts and Whistleblower Provisions. Each CMHSP/CA will provide such training for their Board members and employees. Requirements for such training will be included in contracts with subcontractors.
- C. Any CMHSP/CA with an employee handbook will include material about relevant federal and state regulations on False Claims and whistleblower provisions.
- D. CMHAMM Board members, employees and contractual providers are required to report any suspected occurrences of fraud, abuse and waste. Each CMHSP/CA will have a designated compliance officer who will investigate the allegations and will assure that appropriate reporting occurs.
- E. The CMHSP/CA Compliance Officer will inform the PIHP Compliance Administrator if incidents occur which require reporting to state or federal agencies or place the CMHSP/CA in jeopardy. The Affiliation Compliance Administrator will inform the Director of Affiliation Operations and Board of Directors of such incidents.
- F. The PIHP Compliance Administrator shall provide an annual summary of Affiliation Compliance activities concerning Medicaid funded services to the Board of Directors, PIHP leadership and CMHAMM Steering Committee.

IV. APPLICATION:

CMHAMM PIHP and all CMHAMM CMHSPs/GAs and their contractors.

V. MONITOR AND REVIEW:

The CMHAMM PIHP Compliance Administrator monitors these functions with input from the CMHAMM Compliance Committee. The Director for Affiliation Operations reviews this procedure annually.

VI. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy	1.0	Administration of PIHP
CMHAMM Procedure	1.4	Compliance
CMHAMM Procedure	4.7	Medicaid Claims Verification
CMHAMM Policy	7.0	Finance
CMHAMM Annual Compliance Plan		