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:** 01-01-07

REVISED DATE

Review Date(s)

03-28-07	04-22-10				
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:

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/CAs 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		