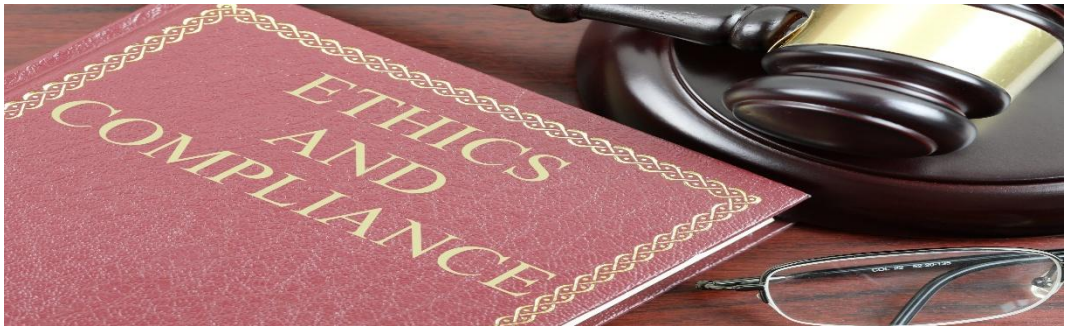
Men and Women for Human Excellence, Inc. (MWFHE)

Compliance Plan



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Men and Women for Human Excellence, Inc,

2024-2025 Compliance Plan

What is a compliance plan?

A compliance plan is a collection of internal policies and procedures designed to ensure that your organization adheres to the law. A well-crafted compliance plan can improve your organization's efficiency and the quality of care it provides and reduce costs.

Introduction: MWFHE Compliance Plan

Men and Women for Human Excellence Inc, (MWFHE) is committed to providing high quality behavioral health treatment care services in compliance with all applicable federal, state and local laws and regulations including those pertaining to Community Behavioral Health (CBH), Pa Department of Drugs and Alcohol Programs, Pa Office of Mental Health, Medicare, Medicaid, Department of Behavioral Health and Developmental Disabilities (DBHDD) and Commission on Accreditation of Rehabilitation Facilities (CARF). Our commitment extends from internal business operations to oversight, and monitoring responsibilities related to contracted employees, private providers and agencies that enable MWFHE to fully implement all aspects of insurance CBH, Medicare/Medicaid benefits. In support of our goal of full compliance, MWFHE has adopted this Compliance Plan and implemented a Compliance Program. It is based on the guidance and standards established by the Community Behavioral Health (CBH), Pa Department of Drugs and Alcohol Programs, Pa Office of Mental Health, Ga-Department of Behavioral Health and Developmental Disabilities (DBHDD), Commission on Accreditation of Rehabilitation Facilities (CARF) regulations/standards, and the Medicare/Medicaid Managed Care Manual.

This document addresses the fundamental elements of a compliance plan and program, and establishes the principles, standards, and policies regarding compliance with applicable federal laws and regulations.

The MWFHE Compliance Plan and Program fulfills the following best practices:

• Assures compliance with and conformity to all applicable federal and state laws governing MWFHE

• Assures compliance with contractual obligations

• Detects violations of ethical standards

• Combats fraud and abuse

• Ensures effective education and training of all employees/staff; and

• Involves the MWFHE Compliance & Delegation Oversight Committee & Compliance Officer in the Compliance Plan and Program

Unless otherwise stated, the term “All Employees” applies to all MWFHE employees, temporary employees, interns, trainees and contractors working in county owned or operated sites. This document is also intended to communicate compliance standards and expectations to all external individual or organizational contractors and to all other entities providing services on our behalf.

The following topics will be presented in this Compliance Plan & Program:

1. Compliance Program Elements

2. Standards and Code of Conduct

3. Oversight

4. Training

5. Effective Lines of Communication

6. Documentation

7. Disciplinary Standards

8. Monitoring and Auditing

9. Prompt Response to Compliance Issues

10. Definitions

11. Compliance Policies and Procedures

The Compliance Program is designed to ensure operational accountability with all applicable contractual requirements, ethical standards and laws, and applies to all employees, participating providers and contractors. Our program was initially approved by the Director of Programs Operation, CEO, the Governing Body, the Compliance and Delegation Oversight Committee and the MWFHE Compliance Officer.

1.COMPLIANCE PROGRAM ELEMENTS

Key Elements of Compliance Program The following are critical to the MWFHE Compliance Program. A more detailed explanation of each area follows the brief description below. After each description is the name and number of the related policy.

Standards of Conduct: Our Standard and Code of Conduct is intended to help MWFHE as a whole and all individual employees, contractors, trainees and volunteers (our workforce) in carrying out daily activities with a high standard of ethical behavior and integrity. (**Attachment A: Pg.19-01:** MWFHE Standards and Code of Conduct Policy & Procedures)

I. ***Policies and Procedures***: MWFHE quality management staff review new and modified standards on a regular basis and develop new policies to meet updated contractual and legal obligations. **(Attachment B: Pg.20-02: MWFHE Management, Development and Approval Process)**

II. ***Oversight:*** The Compliance Program reflects an official commitment of the MWFHE Governing Body, the Compliance and Delegation Oversight Committee, which adopted this program. The MWFHE Compliance Officer, together with the Compliance and Committee, oversees the program's implementation, under the direction of the Director of Program Operation. The Compliance Officer and the Compliance and Committee have the oversight and reporting roles and responsibilities set forth in this Compliance Program. **(Attachment C: Pg.21-03: Compliance and Delegation Oversight)**

III. ***Effective Training and Education:*** The Compliance Program incorporates training and education related to standards and risk areas, as well as continuing specialized education focused on the specific operations of departments and programs. MWFHE communicates standards and procedures by requiring employees to participate in training upon hire and in other annual training courses. (New Employees, Screening and Orientation, Education Leave/Training Guidelines, Compliance with Documentation Standards for Drugs and Alcohol, Stimulant, Medicated Assisted Treatment (MAT), Mental Health System of Care Clients/Programs), Network Improvement and Accountability Collaborative (NIAC), and Commission on Accreditation of Rehabilitation Facilities (CARF).

IV. ***Effective Lines of Communication:*** MWFHE promotes communication through a variety of meetings, committees, surveys and processes for employees, providers, and clients.

V. ***Well Publicized Disciplinary Standards:*** The Compliance Program encourages a consistent approach related to reporting compliance issues and adherence to compliance policies. It requires that standards, policies and procedures are consistently enforced through appropriate disciplinary mechanisms including, education, correction of improper behavior, discipline of individuals (suspension, sanctions, and termination), and disclosure/repayment if the conduct resulted in improper reimbursement. (**Attachment D: Pg.22-04:** Non-Retaliation and Non-Intimidation for Reporting Compliance Concerns)

VI. **System for Routine Monitoring,** Auditing, and Identification of Compliance Risks MWFHE continues to implement monitoring and auditing reviews related to its own operations and those of entities over which MWFHE has oversight responsibilities. MWFHE identifies risk areas through an operational risk assessment as well as by examining information collected from monitoring and auditing activities. (**Attachment F: Pg.23-05:** Delegation Oversight & Audit Program, Compliance with Documentation Standards for Mental Health System of Care Clients/Programs **Pg.24-06**, Compliance Policy for Funded Services Provided by Contracted Organizational Providers **Pg.25-07**)

VII. **Procedures and Systems for Prompt Response to Compliance Issues**: Once an offense has been detected, MWFHE is committed to taking all appropriate steps to respond to the offense and to prevent future similar offenses. MWFHE makes referrals to external agencies or law enforcement as appropriate for further investigation and follow-up. (**Attachment G: Pg.26-08** Compliance and Delegation Oversight Committee, Compliance Officer – **Duties 26-08).**

MWFHE will promptly report any potential fraud, waste or abuse that is identified directly to the Philadelphia Community Behavioral Health *CBH), State Medicaid/Medicare Fraud Control Unit and Atlanta Ga, Department of Behavioral Health and Developmental Disabilities.

1. This shall be done via the Philadelphia Community Behavioral Health fraud, waste, & abuse Hotline (l-800-229-3050), and/or via email cbh.compliancehotline@phila.gov
2. This shall be done via the Medicare Fraud & Hotline (l-800-633-4227), via email at https://oig.hhs.gov/fraud/report-fraud/. Phone: 1-800-HHS-TIPS (1-800-447-8477), Fax: (800) 223-8164, TTY: 1-800-377-4950, and/or via mailing

address U.S. Department of Health and Human Services Office of Inspector General, ATTN: OIG HOTLINE OPERATIONS, P.O. Box 23489, Washington, DC 20026

3. This shall be done via Atlanta Ga, Department of Behavioral Health and Developmental Disabilities. Fraud, waste, & abuse Hotline (l-404-6572136, and/or via email https://dhs.georgia.gov/dhs-oig-fraud-and-abuse-reporting-form,

2. STANDARDS OF CONDUCT AND CODE OF CONDUCT

The objective of the Standard of Conduct and Code of Conduct is to articulate broad principles that guide all employees to conduct their activities in a professional, ethical, and legal manner. The Code of Conduct can be found in the MWFHE policies and procedures manual on our website. It is reviewed by the Compliance and Oversight Committee annually. All Employees must review and attest that they have read and understood the Code at the time of hire or appointment and annually thereafter. The Code provides guidelines for business decision-making and behavior whereas Compliance Policies and Procedures are specific, and address identified areas of risk and operations.

Review and Implementation of Standards MWFHE regularly reviews business operations against new standards imposed by applicable contractual, legal, and regulatory requirements to ensure that all employees understand and comply with changing standards. MWFHE develops Policies and Procedures to respond to changing standards and potential risk areas identified by MWFHE, the CBH, CARF, and OMH. DDAP identifies risk areas through an operational risk assessment as well as by examining information collected from monitoring and auditing activities.

These activities include internal reviews, contract monitoring, and external reviews of MWFHE operations by regulatory agencies. The Code of Conduct is reviewed annually by MWFHE's Compliance, CEO/Board of Director and Oversight Committee as are MWFHE compliance policies and procedures. Staff are informed of significant revisions as they apply, to their rights, responsibilities or job duties.

Compliance with Policies and Procedures

Policies and Procedures are written to help provide structure and guidance to the operations of MWFHE. Employees receive training in compliance and are responsible for following all policies and procedures relevant to their positions. The MWFHE Compliance and Oversight Committee reviews and approves changes and additions to Compliance Policies and Procedures **(a list of which can be found in Appendix F)** and others as determined by senior management. Operational/department policies and procedures are

approved by MWFHE Managers and Directors. These are available to all employees through the MWFHE manuals.

3. OVERSIGHT RESPONSIBILITIES

Governing Body

The MWFHE Governing Body is the Board of Directors. Compliance Officer the MWFHE Compliance Officer chairs the Compliance and Oversight Committee and is responsible for developing and implementing the Compliance Plan. The Compliance Officer may only delegate tasks set forth in this Compliance Program to other MWFHE Employees upon authorization from the Director of Programs Operation. (Attachment H: Pg.27-09 Compliance Officer - Duties) Proper execution of compliance responsibilities and the promotion of and adherence to the Compliance Program shall be factors in the annual performance evaluation of the Compliance Officer.

The Compliance Officer:

Holds a full-time senior management level position at MWFHE and reports directly to the MWFHE Director of Programs Operation.

• Receives training in compliance issues and/or procedures at least annually.

• Has the necessary authority to oversee compliance.

• Oversees compliance standards and procedures.

• Submits reports to the Director of Programs Operation, the Compliance and Oversight Committee, and the CEO/President, including the MWFHE Executive Team regarding compliance issues.

• Reports compliance issues involving the Director of Program Operation directly to the CEO/President and MWFHE Executive Team.

Compliance and Oversight Committee

The Compliance and Oversight Committee is responsible for overseeing the Compliance Program, subject to the direction of the Director of Programs Operation and the ultimate authority of the Board of Directors. The Compliance and Oversight Committee promotes understanding and adherence to the Compliance Program, advises the Compliance Officer and is responsible for oversight of the program subject to the direction of the MWFHE Director of Programs Operation and the Governing Body. **(Attachment I: Pg.27-10 Policy)**

Managers/Supervisors

Managers and Supervisors must be available to discuss the following with each MWFHE Employee under their direct supervision and every Contractor with whom they are the primary liaison:

• The content and procedures in this Compliance Program.

• The legal requirements applicable to employees and contractors job functions or contractual, obligations, as applicable.

• That adherence to this Compliance Program is a condition of employment or contractual relationship.

• That appropriate disciplinary action will be taken for violations of the principles and requirements in the Compliance Program.

4. TRAINING

MWFHE provides general and specialized compliance training and education, as applicable, to the MWFHE Board of Directors and to employees to assist them in understanding the Compliance Program, including the Code of Conduct and Policies and Procedures relevant to their job functions. As a part of this process, all MWFHE Employees are apprised of applicable state and federal laws, regulations, standards of ethical conduct and the consequences which shall follow from any violation of those rules or the Compliance Program. Information on all policies and compliance program elements are available on the MWFHE website.

Documentation

Documentation requirements related to the training and education program are addressed in the following manner:

• Core annual training materials are available through the training manual in the HR department. Confirmation of completion of assigned courses is documented in all employees files and reviewed by the Director of Programs Operation and the Compliance Officer to ensure staff completes assigned trainings.

• Supplemental annual trainings may be conducted in-person, with sign-in sheets retained as evidence of training participation. Compliance and Fraud, Waste, and Abuse Trainings MWFHE employees and any new members of the **Executive Team are expected to complete compliance training within 90 days** of hire or appointment to the MWFHE Governing Body and annually as a condition of employment. New MWFHE Employees

receive a copy of the Code of Conduct during employee orientation and must attest that they have read and understood it. New members of the MWFHE Executive Team receive a copy of the Compliance Program and Code of Conduct during their orientation and annually thereafter.

Compliance trainings for MWFHE Employees include information regarding:

• Health Insurance Portability and Accountability Act (HIPAA)

• Fraud, waste, abuse and neglect including the False Claims Act and the Fraud Enforcement and Recovery Act

• Compliance Program

• Code of Conduct

• Information on confidentiality, anonymity, and non-retaliation for compliance-related questions or reports of potential non-compliance.

• Review of the disciplinary guidelines for non-compliant or fraudulent behavior.

• Review of potential conflicts of interest and MWFHE's disclosure/attestation system.

MWFHE Employees may receive additional compliance training as is reasonable and necessary based on changes in job descriptions/duties, promotions, and/or the scope of their job functions.

Members of the Compliance and Oversight Committee and other senior managers are trained on how to respond appropriately to compliance inquiries and reports of potential noncompliance. This training also includes confidentiality, non-retaliation against employees, and knowing when to refer the incident to the MWFHE Compliance Officer.

5. EFFECTIVE LINES OF COMMUNICATION

All Employees are encouraged to discuss compliance issues directly with their managers/supervisors or the Compliance Officer. All Employees are advised that they are required to report compliance concerns of suspected or actual misconduct or violations of law.

The Quality Management/ Compliance offices posts information such as policies and procedures (which includes the Code of Conduct as well as the Compliance Program) on the MWFHE website, available to all MWFHE Employees. Additional information will be posted as needed to update staff on changes in laws or regulations. The Compliance Officer also informs CEO/President and MWFHE Executive Team of any relevant federal and

state fraud alerts and policy letters, pending/new legislation reports, updates, and advisory bulletins as necessary.

Establishment and Publication of Reporting Hotlines

All Employees have an affirmative duty under the Compliance Program to report all violations, suspected violations, and questionable conduct or practices by a verbal or written report to their MWFHE supervisor or the MWFHE Compliance Officer. In the event any person wishes to remain anonymous, he/she may use the confidential reporting system described below to report compliance concerns.

Compliance Improvement Hotline

MWFHE has established a confidential Compliance Improvement Hotline (Compliance Hotline) for all employees, contractors, providers and other interested persons to report any violations or suspected violations of law and/or the Compliance Program and/or questionable or unethical conduct or practices including the following:

• Incidents of fraud and abuse

• Criminal activity (fraud, kickback, embezzlement, theft, etc.)

• Conflict of interest issues

• Code of Conduct violations

The Compliance Hotline is accessible 24 hours a day, 365 days a year. A caller to the Compliance Hotline will be greeted by a pre-recorded message that provides information regarding Compliance Hotline procedures and the caller's right to anonymity. Messages left on the Compliance Hotline will be referred to the Compliance Officer and investigated. Follow-up calls may be scheduled; however, information regarding the investigation and status of any action taken relating to the report may not be available to the caller.

The compliance hotline information is as follows: COMPLIANCE HOTLINE 1-(215) 586-9321.

MWFHE publicizes the Compliance Hotline via: e-mail notices and/or posting in prominent common areas, as well as on the MWFHE website. (Attachment J: Pg.28-11)

Confidentiality and Non-Retaliation

MWFHE takes all reports of violations, suspected violations, questionable conduct or practices seriously. Communication via the Compliance Hotline, and written or verbal reports to managers or supervisors or anyone designated to receive such reports shall be

treated as privileged and confidential to the extent permitted by applicable law and circumstances. The caller/author need not provide their name.

The MWFHE "Open Door" policy encourages employees to discuss issues directly with their managers, supervisors, the Compliance Officer, senior managers, members of the Compliance and Oversight Committee or the Director of Programs Operation. These channels of discussion provide for confidentiality to the extent allowed by law.

MWFHE maintains and supports a policy on Reporting Compliance Concerns and Non-Retaliation and Non-Intimidation which prohibits any retaliatory action against employees or contractors for making any verbal/written report in good faith. Discipline shall not be increased because an employee reported his or her own violation or misconduct. Prompt and complete disclosure may be considered a mitigating factor in determining an employee's discipline. The Compliance Officer will review employee disciplinary and/or other corrective action for violations, as appropriate, with the Compliance & Oversight Committee. (Attachment K: Pg.29-12 Confidentiality and Non-Retaliation Policy and Procedures)

6. DOCUMENTATION OF COMPLIANCE

The Compliance Officer and Quality Management have established and maintain a filing system for all compliance related documents. These tools are used to:

• Manage all Policies and Procedures.

• Organize and manage contracts.

• Organize and manage agendas, minutes, and meeting materials for Compliance and Delegation Oversight Committee meetings.

• Document compliance with the Department of Health Care Services Medicare/Medicaid-CBH contract.

• Organize audit materials for regulators and provide web access to materials to regulators.
• Document incidents of potential fraud.

• Document internal audits and those of delegated entities.

• Complete staff attestations.

• Maintain Compliance training records.

Document Retention

All of the documents to be maintained in the filing system described above are retained for **seven (7) years** from end of the fiscal year in which the MWFHE Medicare/Medicaid, DBHDD or CBH contracts expire or are terminated (other than privileged documents which shall be retained until the issue raised in the documentation has been resolved, or longer if necessary).

7. DISCIPLINARY STANDARDS

MWFHE Employees may be subject to discipline up to and including termination for failing to participate in MWFHE Compliance efforts. All new and renewed contracts will include a provision that clarifies that a contract can be terminated because of a violation. The following are examples of conduct subject to enforcement and discipline:

• Failure to perform any required obligation relating to the Compliance Program or applicable law, including conduct that results in violation of any Federal or State law relating to participation in Federal and/or State health care programs.

• Failure to report violations or suspected violations of the Compliance Program or applicable law to an appropriate person or through the Compliance Hotline.

• Conduct that leads to the filing of a false or improper claim or that is otherwise responsible for the filing of a claim in violation of federal or state law.

Enforcement and Discipline

MWFHE maintains a "zero tolerance" policy towards any illegal conduct that impacts the operation, mission or image of MWFHE. Any employee or contractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) may have their employment or contract terminated. MWFHE shall accord no weight to a claim that any improper conduct was undertaken "for the benefit of MWFHE". Illegal conduct is not for MWFHE's benefit and is expressly prohibited.

The standards established in the Compliance Program must be fair and consistently enforced through disciplinary proceedings. These shall include the following:

• Written warnings and Corrective Action Plans

• Prompt initiation of education to correct the identified problem.

• Disciplinary action, if any, as may be appropriate given the facts and circumstances of the investigation including oral or written reprimand, demotions, reductions in pay, and termination.

In determining the appropriate discipline or corrective action for any violation of the Compliance Program or applicable law, MWFHE does not take into consideration an economic benefit of any particular person or entity to the organization.

All Employees should be aware that violations of applicable laws and regulations could potentially subject them or MWFHE to civil, criminal or administrative sanctions and penalties. Further, violations could lead to MWFHE's suspension or exclusion from participation in Federal and/or State health care programs. Documentation of all actions taken will be done by the Compliance Officer according to the guidelines set forth in the Compliance Program.

8. MONITORING AND AUDITING

The Compliance Officer and/or Compliance & Oversight Committee audit operations to ensure compliance with applicable laws and the Compliance Program. Any inconsistencies, suspected violations or questionable conduct will be reported, investigated and if necessary and appropriate, corrected. The Quality team develops an auditing work plan that is approved by the Compliance and Oversight Committee that addresses risks, including, but not be limited to, areas of risk identified in the OIG's Annual Manual for Medicare/Medicaid Managed Care, CBH Manage Care, DBHDD and CARF. Focused audits are conducted based on audit reports from all regulators. In addition, Quality Management develops auditing Policies and Procedures that are reviewed by the Compliance and Oversight Committee.

Monitoring

Monitoring is an on-going process to ensure processes are working as intended. It consists of checking and measuring that can be performed daily, weekly, monthly or on an ad hoc basis. Monitoring should be completed by department staff. Monitoring includes surveillance conducted during the normal course of operations to ensure corrective actions are being implemented and maintained; or, when no specific problem has been identified to confirm ongoing compliance.

Auditing

Auditing is completed by independent compliance staff and is a more formal and objective approach to evaluate and improve the effectiveness of MWFHE processes and to ensure oversight of delegated activities. An audit is a formal review of compliance using a particular set of standards as base measures performed by someone with no vested interest in the outcomes.

Internal Auditing is conducted by MWFHE staff and/or others to provide independent, objective, and comprehensive reviews designed to evaluate and assess the adequacy and effectiveness of various areas of the services.

The Compliance Officer submits regular reports of all auditing and corrective action activities to the Compliance and Oversight Committee. When appropriate, MWFHE informs the appropriate agency (e.g., Medi/Medic, CBH, OMH, DDAP, DBHDD-GA or its designee including the appropriate law enforcement) of aberrant findings**. (Attachment L: Pg.30-13 Oversight and Audit Program Policy 16-04)**

9. PROMPT RESPONSE TO COMPLIANCE ISSUES

MWFHE is committed to responding to compliance issues thoroughly and promptly and has developed policies to address the reporting of and responding to compliance issues. If an Employee becomes aware of a violation, suspected violation or questionable or unethical conduct in violation of the Compliance Program or applicable law, the Employee must notify MWFHE staff immediately. Any reports of suspected violations may also be made to the Compliance Hotline. The Compliance Officer will refer to compliance issues involving the Director directly to the Board of Directors. County Board of Supervisors. Reports of suspected or actual compliance violations, unethical conduct, fraud, abuse, or questionable conduct, whether made by the MWFHE Executive Team, employees, contractors, or third parties external to MWFHE (including regulatory and/or investigating government agencies), whether in writing or verbal, formal or informal are investigated. These are subject to review and investigation by the MWFHE Compliance Officer and/or the Compliance & Oversight Committee, in consultation with legal counsel.

MWFHE will promptly report any potential fraud, waste or abuse that is identified to the directly to the State Medicaid Fraud Control Unit. This shall be done via the Philadelphia Community Behavioral Health fraud, waste, & abuse Hotline (l-800-229-3050), and/or via email cbh.compliancehotline@phila.gov **:** This shall be done via the Medicare Fraud & Hotline (l-800-633-4227), via email at https://oig.hhs.gov/fraud/report-fraud/. Phone: 1-800-HHS-TIPS (1-800-447-8477), Fax: (800) 223-8164, TTY: 1-800-377-4950, and/or via mailing address U.S. Department of Health and Human Services Office of Inspector General, ATTN: OIG HOTLINE OPERATIONS, P.O. Box 23489, Washington, DC 20026**:** This shall be done via Atlanta Ga, Department of Behavioral Health and Developmental Disabilities. Fraud, waste, & abuse Hotline (l-404-6572136, and/or via email https://dhs.georgia.gov/dhs-oig-fraud-and-abuse-reporting-form,

Fraud, waste and abuse issues are presented to the Compliance and Delegation Oversight Committee. An ad hoc work group may be assigned to address the specific issues or concern.

Self-Reporting

MWFHE will make appropriate referrals to the Centers for Medicare and Medicaid Services (CMS) or the Community Behavioral Health (CBH); the Department of Behavioral Development Disabilities (DBHDD) Atlanta Ga Behavioral Health Care Services (DBHDD); other agencies, as appropriate; or law enforcement for further investigation and follow-up of cases involving FWA. Participation Status Review and Background Checks MWFHE will not hire, contract with, or retain on its behalf, any person or entity that is currently suspended, excluded or otherwise ineligible to participate in Federal and/or State health care programs; and/or has ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion. MWFHE maintains policies on participation status for all employees and providers. (**Attachment M: Pg.31-14** Agency Provider Certification/Licenses 31-14,15, 16, Credentialing Committee 31-16, Credentialing for County Licensed Professionals 31-17)

10. DEFINITIONS

"Abuse" means practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to Federal and/or State health care programs, or in reimbursement for services that are not medically necessary or that fail to meet established and recognized standards for health care. "All employees" means MWFHE employees, senior managers, managers, supervisors, interns, temporary employees, contractors, who provide health or administrative services for MWFHE members. "Audit" means a formal review of compliance with a particular set of internal (e.g., policies and procedures) or external (e.g., laws and regulations) standards used as base measures. "Centers for Medicare & Medicaid Services (CMS)" means the Centers for Medicare & Medicaid Services, the operating component of the Philadelphia Community Behavioral Health, and the Atlanta Ga, Department of Behavioral Health Developmental Disabilities (DBHDD) charged with administration of the Federal Medicare and Medicaid programs.

"Standard of Conduct and Code of Conduct" means the statement setting forth the principles and standards governing MWFHE activities to which all employees and contractors are expected to adhere,

"Compliance & Oversight Committee" means the committee designated by the Director to implement and oversee and participate in carrying out the provisions of the program.

"Compliance Program" means the program developed and adopted by MWFHE to promote, monitor and ensure that operations and practices comply with applicable laws, regulations and ethical standards.

"Contractor" means any contractor, subcontractor, agent, or other person who provides or authorizes the provision of health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by MWFHE.

"Contractor Agreement" means any agreement with a Contractor. "Philadelphia Community Behavioral Health", Atlanta Ga "Department of Behavioral Developmental Disabilities Health Care Services (DBHDD)" means the State agency that oversees the Medicare/Medicaid program.

"Philadelphia Community Behavioral Health (CBH)" means the Pennsylvania Department of Managed Health Care that oversees Pennsylvania's claims payment managed care system.

"Atlanta Ga, Department of Behavioral Health Developmental Disability (DBHDD)" means the Atlanta, GA Department of Managed Health Care that oversees Atlanta's contracts and that is funded directly managed care system.

Federal and/or State Health Care Programs means "any plan or program providing health care benefits, directly through insurance or otherwise, that is funded directly, in whole or in part, by the United States Government (other than the Federal Employees Health Benefits Program), including Medicare, or any State health care program" as defined in 42 U.S.C. § 1320a-7b (f) including the Atlanta Ga Medicaid/Medicare program.

"Fraud" means an intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in some unauthorized benefit to itself, him/herself or some other person and includes any act that constitutes fraud under applicable Federal or State laws including, without limitation, knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit.

"Governing" or "Oversight Body" means the Men and Women for Human Services Board of Directors.

"Manager / Supervisor" means an Employee in a position representing MWFHE who has one or more employees reporting directly to them. With respect to Contractors, the term "supervisor" shall mean the MWFHE Employee that is the designated liaison for that Contractor.

"Mandatory Exclusion" means an exclusion or debarment from Federal and/or State health care programs for any of the mandatory bases for exclusion identified in 42 U.S.C. § 1396a-

7(a) and the implementing regulations including a conviction of a criminal offense related to the delivery of an item or service under Federal and/or State health care programs; and/or a felony conviction related to the neglect or abuse of patients in connection with the delivery of a health care item or service; and is related to health care fraud and/or related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance.

“Medicare/Medicaid” means both Part C (Parts A and B) and Part D of Medicare.

“Office of the Inspector General (OIG)” means the Office of the Inspector General for the Department of Health and Human Services.

“Policies and Procedures” means the written policies and procedures regarding the operation of MWFHE’s Compliance Program and its compliance with applicable law, including those relating to Medicare/Medicaid and Pennsylvania/Atlanta Ga ’s Medicaid program, Medi-Cal.

“Waste” means an overutilization or misuse of resources that result in unnecessary costs to the healthcare system, either directly or indirectly.

MWFHE Compliance Policies and Procedures & Attachments located at MWFHE facilities

■Next review: 9.2025 FY 2025-2026

Approved: _____ *Date: September 5, 2024*

Keith Johnson, MSW, CEO

ATTACHMENTS

ATTACHMENT A	Standards Manual Policy & Procedures,
ATTACHMENT B	Code of Conduct Policy & Procedures,
ATTACHMENT C	Non-Retaliation and Non-Intimidation for Reporting Compliance Concerns)
ATTACHMENT D	Leadership Code of Ethics Policy & Procedures,
ATTACHMENT E	Compliance Policy for Funded Services Provided by Contracted Organizational Providers
ATTACHMENT F	Confidentiality and Non-Retaliation Policy
ATTACHMENT G	Oversight and Audit Program Policy
ATTACHMENT H	Provider Certification/Licenses
ATTACHMENT I	Client Access to Protected Health Information
ATTACHMENT J	Confidentiality/Privacy of Protected Health Information Policy
ATTACHMENT K	Acknowledgment of Receipt of MWFHE HIPAA Policies, Amend 1-10-24
ATTACHMENT L	Social media Policy & Procedures,
ATTACHMENT M	E-Mail Use - Policy & Procedures,
ATTACHMENT N	Contracts,