

**Kansas Health Solutions**  
**FY 2009 Corporate Compliance Plan**  
*FINA 103*

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## I. Introduction

Kansas Health Solutions, LLC (KHS) is a not-for-profit corporation formed in January 2007 to perform the duties and responsibilities of the Prepaid Ambulatory Health Plan (PAHP) as delegated to it by SRS. KHS oversees a provider network providing all ambulatory Medicaid mental health services covered under the contract between KHS and the State of Kansas. It has statutory, regulatory and contractual obligations for Medicaid program integrity under both federal and state auspices.

KHS is committed to ensuring that KHS Staff, Subcontractors and Network Providers perform administrative services and deliver behavioral health care in a manner reflecting compliance with statutes, regulations and contractual obligations. Further, KHS is committed to fulfilling its duties with honesty, integrity, and high ethical standards for the delivery of a comprehensive, statewide Prepaid Ambulatory Health Plan. KHS supports the government in its goal to decrease financial loss from false claims and has, as its own goal, the reduction of potential exposure to criminal penalties, civil damages, and administrative actions.

## II. Plan Overview

The reporting of potential fraud and abuse is intended to avoid the misappropriation of Federal, State and Local funds. In the context of this plan, **fraud** is considered an act of purposeful deception or misrepresentation committed by a person or behavioral health provider to gain an unauthorized benefit. **Abuse** committed by a behavioral health provider means activities that are inconsistent with standard fiscal, business, or medical practices that result in unnecessary cost to a government health care program or other health care plan, or that fail to meet professionally recognized standards for health care. **Abuse** can also include beneficiary practices that may result in unnecessary cost to the Medicaid program. The KHS Compliance Program also has a role in assuring quality as a cornerstone of value for government Medicaid payments for healthcare services.

### Examples of Fraud and Abuse include:

#### By a provider:

- Submitting claims for services provided to ineligible members
- Coding a service at a higher level than what was rendered (i.e. upcoding)
- Inappropriate or inadequate documentation of services rendered
- Submitting claim for service that was not provided
- Submitting claims for service without supporting documentation
- Misrepresenting the diagnosis of a Member in order to justify payment
- Misrepresenting or falsifying treatment plans, progress notes, dates of service or service rendered to justify payment
- Providing services which are inappropriate or not medically necessary
- Denying or failure or to provide needed services, or perform outreach and follow-up treatment
- False or fraudulent filing of claims, including alteration of claims to obtain a higher payment amount
- Duplicate billing in an attempt to gain duplicate payment
- Billing for non-covered services as covered services
- Inadequate resolution of overpayments or payments for claims known to be false or fraudulent
- Non validated computer system, if claims are submitted electronically
- Failure to maintain confidentiality of medical records
- Falsification of health care provider credentials
- Falsification of financial solvency
- Soliciting, offering, or receiving a kickback, bribe or other rebate
- Knowing misuse of Provider identification numbers that results in improper billing
- Billing for services rendered by a who is not a credentialed provider of KHS

#### Contracts and Subcontracts for Medicaid Managed Care:

- Falsified or inadequate provider network

- Failing to provide Members with an adequate health care network
- Enhancing profits by denying medically necessary services

**Medicaid Members:**

- High utilization of services not medically necessary
- Providing false information, including misrepresentation of a medical condition, for potential gain
- Utilizing another individual's Medical card in order to obtain services
- Failure to report third party billing

KHS Staff, Subcontractors and Network Providers must be cognizant of potential fraud and abuse within the public behavioral health system. When detected, KHS Staff, Subcontractors and Network Providers are obligated to report such occurrences to the appropriate entity. Fraud and abuse can result in the misuse of Federal and State funds, can jeopardize the care and treatment of persons receiving behavioral health services, and can result in monetary fines, criminal prosecution, termination of providers, and prohibition from participation in Medicaid and other health care programs. Procedures to report potential cases of fraud and/or abuse are stated in KHS Corporate Compliance policy and procedure.

The KHS Compliance Plan shall be shared with the Board of Managers annually. It shall also be reviewed and revised annually, at a minimum.

**III. Purpose and Scope of Corporate Compliance Plan**

The purpose of this plan is to develop a mechanism to prevent and detect fraud, waste, or abuse in the behavioral health system under the scope of the Kansas Health Solutions PAHP contract with the State of Kansas, through effective communication, training, review, and investigation.

The Compliance Plan provides the framework for KHS to comply with applicable fraud and abuse related statutes, regulations and contractual/program requirements. The key intentions of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with the billing requirements of Medicaid, and all other applicable federal health care programs
- Maintain adequate internal controls (paying special attention to the agency's identified high-risk areas)
- Reduce the possibility of misconduct and violations through education and early detection
- Reduce exposure to civil and criminal sanctions
- Encourage the highest level of ethical and legal behavior from all KHS employees, subcontractors, and network providers
- Educate KHS Staff, Subcontractors and Network Providers of their responsibilities and obligations to comply with applicable local, state and federal laws and regulations
- Require reporting of suspected and/or confirmed fraud or abuse to KHS and other appropriate entities
- Promote a clear commitment to compliance by taking actions to uphold such laws, regulations, and standards

While the essential distinguishing characteristic of a compliance plan as recognized by the OIG is its focus on assuring compliance with statutory and regulatory requirements, a well-designed and implemented compliance program can also result in the ancillary benefits of improving performance under contractual standards and program expectations.

This document is not submitted as the Compliance Plan of any other entity, including any representing KHS subcontractors or network providers. These entities remain responsible for any individual legal or regulatory compliance obligations or responsibilities they might incur. This Compliance Plan does, however, address the manner in which KHS will assure that the Compliance Plan described herein will be applicable to the responsibilities delegated to KHS subcontractors and its provider network. As described herein, each subcontractor and/or provider will be required to adopt compatible, cost effective Compliance Plans that are adopted in collaboration and close coordination with KHS' Compliance Plan.

#### **IV. Framework**

The KHS Compliance Plan has been specifically designed to incorporate recommendations from multiple sources. Primarily, guidance comes from the federal regulators themselves, i.e., the Office of Inspector General (OIG) of Health and Human Services (HHS) Compliance Guidelines. HHS OIG has issued guidance regarding what the OIG believes ought to be in an effective compliance program. Further guidance is provided by the 2004 U.S. Federal Sentencing Guidelines, in Chapter 8, part B.2 “Effective Compliance and Ethics Programs.” Furthermore, it has been specifically designed to carry forward the State practice recommendations of (a) CMS’ (then HCFA) October 2000 Guideline for Addressing Fraud and Abuse in Medicaid Managed Care; (b) CMS’ (then HCFA) “Guidance and Best Practices to the State’s Surveillance and Utilization Review Functions.”

KHS aspires to integrate those components of these guidance recommendations as appropriate and relevant to its duties as PAHP.

Through experience, the OIG has identified seven fundamental elements to an effective compliance program. They are:

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and a compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well publicized disciplinary guidelines and developing policies addressing dealings with sanctioned individuals;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses, developing corrective action, and reporting to the Government.

Finally, Kansas Health Solutions’ *Response Plan*, an integral part of KHS’s Corporate Compliance Plan, addresses internal procedures and protocols for responding to external investigation or adversarial legal proceedings.

#### ***Supporting Policies and Procedures:***

#### ***KHS P&P 8.1: Mission of the Corporate Compliance Plan***

#### **V. The Seven Core Elements of an Effective Compliance Plan:**

##### **Element One: Implementation of written policies, procedures and standards of conduct**

KHS staff, Subcontractors, and Network Providers are committed to conducting business with honesty and integrity and in compliance with the requirements of applicable laws and sound business practices. The KHS Code of Conduct provides guidance for the KHS Board of Managers, KHS Employees, and Subcontractors and Network Providers of the standards they are expected to follow, to constitute an overarching statement of the organizations’ values and philosophy. KHS Staff, Subcontractors, and Network Providers are expected to read and abide by these standards and to conduct themselves ethically in all aspects of business.

Furthermore, KHS Staff, Subcontractors and Network Providers, as applicable, will establish systems and mechanisms to ensure compliance with state and federal regulatory agency standards and applicable laws and regulations. To that end, KHS has implemented a training and education process and a series of policies and procedures to reference significant applicable regulatory requirements, to describe how the compliance program operates, and to provide guidance to KHS Staff, Subcontractors and Network Providers on how to respond to and report violations. Specifically, the training and education, as well as the policies and procedures are designed to ensure compliance with state and federal regulatory agency standards and applicable laws and regulations relating to fraud, abuse, and false claims, including such areas as:

- The Deficit Reduction Act of 2006
- The Balanced Budget Act of 1997
- Fraud and Abuse and False Claims legislation

- Stark Self-Referral Prohibitions
- Anti-Kickback legislation
- Privacy/Security (the Health Insurance Portability and Accountability Act of 1996 (HIPAA))

In summary, it is key to ensure that KHS Staff, Subcontractors, and Network Providers are aware of their obligations, have been trained on them, and that training has been documented, supplemented by ongoing education.

*Supporting Policies and Procedures*

*KHS P&P 3.3: Employee Handbook*

*KHS P&P 8.4: Regulatory Standards*

*KHS P&P 8.5: Corporate Compliance Education and Training*

*KHS P&P 8.14: Document Retention*

**Element Two: Designation of a Compliance Officer and a Compliance Committee**

The KHS Corporate Compliance Officer will report directly to the Chief Executive Officer and will be available to the Board of Managers, as they shall determine. The Corporate Compliance Officer will be tasked to oversee and monitor the implementation of the Compliance Plan and serve as a member of the Compliance Committee, which will be comprised of representatives of both the service and administrative sides of the organization, and provide coordination, oversight and evaluation of the subcontractors and providers.

The Corporate Compliance Officer will be given the authority to review all documents and other information that is relevant to the compliance activities, including, but not limited to, member records, billing records, employee records and contracts and obligations of KHS and its subcontractors and providers, as applicable.

A general description of the responsibilities of the Corporate Compliance Officer is included. In addition, a Security Officer and a Privacy Officer will be identified. The responsibilities of each of these shall comport with applicable federal and state standards.

A Compliance Committee will be established and maintained (see Policy 8.2) to address PAHP system compliance functions, including internal and external monitoring and regular compliance audits regarding adherence to the policies and procedures established, and a system for corrective actions and remedial efforts in the event of non-compliance.

The Compliance Committee will review reports and recommendations of the KHS Corporate Compliance Officer regarding compliance activities, including data regarding compliance generated through audits, monitoring, and individual reporting. The Compliance Committee, acting through the Compliance Officer, is empowered to investigate, evaluate, report, and make recommendations to the CEO and the Board of Managers of possible responses or initiatives, including disciplinary or other adverse action for misconduct by KHS or subcontractor employees. The Compliance Committee will report to the Board of Managers.

The KHS Compliance Committee will meet at regular intervals scheduled annually, supplemented by special meetings as necessary to conduct business effectively. The membership will include:

- Corporate Compliance Officer / Privacy Officer
- Chief Financial Officer / Security Officer
- Clinical Director
- Director of Quality Improvement
- Director of Provider Network Management

Responsibility for the Compliance Program does not start and end with the Compliance Officer or the Compliance Committee. The participation and commitment of every employee of KHS and its subcontractors and providers is crucial.

In sum, it is key that an effective and efficient structure be in place for the successful maintenance of a robust Compliance Program focused upon prevention, surveillance, problem and strength recognition, timely reporting and

investigation, remediation, and corrective action. This includes clarity of roles, responsibilities and authorities, including those of the CEO and the Board.

*Supporting Policies and Procedures*

*KHS P&P 8.2: Regulatory Compliance Oversight Committee*

*KHS P&P 9.13: Designation of Privacy and Security Officers*

**Element Three: Conduct Effective Training and Education**

KHS has a responsibility to oversee the development, implementation, and periodic distribution of communications and training programs related to Compliance to KHS Staff, Subcontractors and Network Providers. The KHS Compliance Department has responsibility for ensuring effective training and education in differing areas, with differing targets, and often, differing content.

Specifically, KHS Compliance Department will ensure the adequate and effective training of KHS Staff, Board of Managers, Subcontractors, and Network Providers. Training may be in person or available online, in order to accommodate individual schedules, and will be required during orientation periods and on an annual basis. Training is mandatory. Failure to participate will result in disciplinary action.

All members of KHS Staff, Board of Managers, Subcontractors, and Network Providers will receive training on the KHS Corporate Compliance Plan, including training on an overview of fraud and abuse laws, the False Claims Act, a summary of the standards of conduct, explanation of elements of the Corporate Compliance Plan, including the complaint or reporting process, and highlights of KHS' commitment to integrity in its business operations and compliance with applicable laws and regulations.

Additional training may be required for employees involved in specific areas of risk and the Compliance Officer will coordinate and schedule this as needed and will supplement with training and/or specialty materials. Informational updates will be provided through newsletters, emails, and other methods of communication. Records will be maintained on all formal training and educational activities, and participants will be required to sign a statement indicating that they have read and understand the material and agree to abide by its principles.

*Supporting Policies and Procedures*

*KHS P&P 2: Governance*

*KHS P&P 6.5: HIPAA Training/Education*

*KHS P&P 6.7: Internal Training/Orientation*

*KHS P&P 6.8: Ethics Training-KHS Internal Staff*

*KHS P&P 6.9: Online/Internet Training*

*KHS P&P 8.5: Corporate Compliance Education and Training*

**Element Four: Develop Effective Lines of Communication**

Open lines of communication between the Compliance Officer and KHS Staff, Subcontractors and Network Providers, as applicable, are essential to their knowledge and awareness of compliance issues, to the successful implementation of the Compliance Plan, and to minimizing non-compliance. Methods for maintaining open lines of communication may include but not be limited to the following:

- KHS Staff, Subcontractors, and Network Providers will have direct access to the KHS Corporate Compliance Officer in order to make a report and/or seek clarification on specific standards, policies, procedures, or other Compliance-related questions that may arise on a day-to-day basis. Questions and responses will be documented, dated, and may be shared with all KHS Staff, Subcontractors, and Network Providers, as appropriate, to increase awareness/understanding.
- Information will be shared with appropriate KHS Staff, Subcontractor, and Network Provider personnel regarding the results of audits, reviews and site visits, utilization data, performance and quality data, and other information that may facilitate understanding of regulations and the importance of compliance.

- Information will be communicated to KHS Staff, Subcontractors, and Network Providers through a variety of methods such as formal trainings, impromptu information calls, emails, newsletters, the KHS website, or other methods identified that facilitate access to Compliance-related information as a preventative means to reduce the potential for fraud and abuse.

Furthermore, all KHS Staff, Subcontractors, and Network Providers, and members of the Board of Managers of KHS have the responsibility of ensuring the effectiveness of KHS's compliance efforts by actively participating in the reporting of suspected violations relative to the plan's high-risk areas and/or standards of conduct.

All KHS Staff, Subcontractors, and Network Providers, and members of the Board of Managers of KHS who are aware of a suspected compliance violation are required to report it to the Compliance Officer through one of the reporting mechanisms outlined in KHS Policy and Procedure. Retaliation for reporting an alleged Compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

The name and contact information for the KHS Compliance Officer and Department and KHS Compliance informational material on related matters is available on the KHS website.

All KHS Staff, Subcontractors, and Network Providers, and members of the Board of Managers of KHS may choose reporting suspected Compliance violations, utilizing one or more of the following methods:

- In person to a supervisor, the KHS Compliance Officer, or KHS CEO
- By telephone to the Compliance Officer:
  - Toll Free: (866) 547-0222
  - Direct: (785) 575-9394
- By U.S. Mail, addressed to the Compliance Officer:
  - 720 SW Jackson, Suite 310, Topeka, KS 66603
- By email, to the Compliance Officer:
  - anew@kansashealthsolutions.org

**Any KHS Staff, Subcontractor, or Network Provider Personnel failing to report suspected fraud and/or abuse has committed an act of unprofessional conduct and may be subject to disciplinary action or contract enforcement.**

*Supporting Policies and Procedures*

*KHS P&P 8.5: Corporate Compliance Education and Training*

*KHS P&P 8.8: Reporting Compliance Issues*

*KHS P&P 8.9: Compliance Review and Investigations*

**Element Five: Enforce standards through well publicized disciplinary guidelines and developing policies addressing dealings with sanctioned individuals**

KHS Staff and Subcontractor are expected to comply with the KHS code of conduct, policies and procedures, and applicable law. KHS Network Providers are expected to comply with contractual obligations, which include compliance with policy and procedure and legal and regulatory requirements. **Any KHS Staff, Subcontractor, or Network Provider Personnel failing to report suspected fraud and/or abuse has committed an act of unprofessional conduct and may be subject to disciplinary action or contract enforcement.**

Discipline and/or corrective action is handled on a case-by-case basis based on the specific facts presented. Discipline and/or corrective action will be enacted according to KHS policy and procedure for KHS Staff, Subcontractors, and Network Providers, consistent with contractual or legal provisions.

KHS Staff, Subcontractors and Network Providers shall not take disciplinary action against a person for merely reporting what the person reasonably believed to be a compliance violation of this plan. However, an individual will be subject to disciplinary action if it is concluded that the individual knowingly fabricated a report of wrong doing to either injure someone else or to protect himself / herself or others. Also, an individual whose report contains admissions of personal wrongdoing will not be guaranteed protection from discipline or enforcement action.

Furthermore, KHS will perform criminal records checks on all potential KHS employees, and avoid placing untrustworthy or unreliable employees in key positions. KHS will also take measures throughout the credentialing and re-credentialing processes to make a reasonable, good faith determination whether any current or prospective Subcontractors and/or Network Providers have been excluded from participation in federal health-care programs. If so, their services will not be reimbursed. Moreover, if any excluded individuals are exercising ownership or control interest in a major provider relied upon by the organization, that provider itself may be excluded.

KHS has an imperative role in oversight and monitoring of its Subcontractor and Network Providers. While it is true that KHS cannot take disciplinary action against non-KHS employees, it can take contractual action with organizations failing to perform statutory, regulatory or contractual obligations up to and including contract termination.

*Supporting Policies and Procedures*

*KHS P&P 3.3: Employee Handbook*

*KHS P&P 6.8: Provider Contract Compliance*

*KHS P&P 8.6: Background Verification of Employees and Employee Candidates*

*KHS P&P 8.12: Enforcement and Discipline*

*KHS P&P 12.1: Credentialing Committee*

*KHS P&P 12.2: Credentialing and Re Credentialing (for Individual Practitioners)*

## **Element Six: Conduct Internal Monitoring and Auditing**

Appropriate monitoring of KHS's operations and the operations of KHS Subcontractors and Network Providers is a key to KHS's approach to ensuring compliance and adherence to policies, procedures, and clinical protocol. The primary focus of monitoring and auditing activity will be based on criteria identified within a risk assessment. The Kansas Health Solutions provider and member abuse detection strategies will be developed utilizing the six techniques suggested by CMS on page 43 of its October 2000 Guideline for Addressing Fraud and Abuse in Medicaid Managed Care. This includes comparative data analysis, routine reviews on particular problem areas, routine validation of claims data, random reviews, unannounced site visits, and the use of feedback and quality improvement.

Monitoring and Auditing are different but complementary processes. Monitoring includes the oversight of a broad sample of activities and operations, as part of the ongoing compliance process. Monitoring

Auditing includes independent, objective assessments of areas with specific objectives usually seeking to validate and give credence to reported information or compliance with governing regulations.

Monitoring will include ongoing profiling of providers and a review of over- and under-utilization of services. Auditing will include three primary areas of focus: Claims/Billing accuracy, Demonstration of Medical Necessity in Medical Records, and Provider Contract Compliance. However, in many circumstances, it is possible for the scope of an audit to include other areas, as well.

Audits may be conducted by performing desk reviews, on-site visits, or a combination of both. Auditing tools will include interpretive guidelines or other acceptable methods by which to measure compliance with Medicaid requirements. Utilization Reviews will be conducted on a random sample of Member records on a routine basis, focusing on both initial and ongoing treatment.

The Corporate Compliance Officer for KHS shall work in close coordination with the Compliance Committee to conduct monitoring and auditing activities such as site visits, medical records audits and claims audits.

Data obtained from the auditing and monitoring processes are used to identify opportunities for improvement and assess compliance. The Compliance Officer and Compliance Committee will review monitoring and auditing efforts for effectiveness, identification of additional areas of risk, and follow up and response for potential Compliance issues on an ongoing basis. KHS will respond to identified deficiencies through education/training and corrective action plans, will recoup overpayments, and will report suspected abusive or fraudulent activity to SRS

and MFCU and otherwise respond according to policy and procedure. Implementation and effectiveness of the Compliance Plan will be monitored and evaluated by the KHS Compliance Committee at least annually. This evaluation report shall be shared with the Board of Managers annually.

The Compliance Committee may determine that a special focus and/or plan are needed to become compliant in a given area. Under KHS' Compliance Plan, monitoring and updating identification of risk areas indicated by the OIG will occur on a regular basis, so that KHS' Compliance Officer and Compliance Committee will have ready access to HHS OIG Compliance Guidance as appropriate.

*Supporting Policies and Procedures*

*KHS P&P 8.3: Risk Assessment*

*KHS P&P 8.7: Compliance Monitoring and Auditing*

**Element Seven: Respond promptly to detected offenses, develop corrective action, and report to the Government**

The Compliance Officer will coordinate the investigation of all reported fraud and abuse regulatory compliance violations in a timely manner. The Compliance Officer will be available to participate or assist in any of its subcontractors' and providers' compliance investigations at their request. Legal counsel and the RCOC will be available for consultation in accordance with approved protocols.

The purpose of the investigation will be to identify situations in which the laws, rules and standards of the Medicaid program may not have been followed. The Compliance Officer will then facilitate the correction of any practices not in compliance with the Medicaid laws, rules and standards, and implement procedures necessary to ensure future compliance.

Suspected compliance issues will be examined through an initial assessment process. If it is determined that a more formal investigation is needed, the investigation will be designed and implemented as soon as reasonably possible.

The KHS Compliance Committee will assure that any problem identified through an investigative report, audit report, or data finding is analyzed.

- Each finding will differentiate between infrequent mistakes, common system mistakes, and criminal behavior; as well as those activities that constitute violations of relevant contract performance standards
- Where human error occurred, staff will be retrained and tested when problems are discovered
- Effective monitoring plans will be developed which include frequently scheduled reviews to assess organization compliance
- Where violations are substantiated, appropriate corrective action will be initiated, which may include making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing system changes to prevent a similar violation from recurring in the future

Corporate Compliance counsel will be available to advise on several key areas:

- Advise on compliance efforts
- Consult prior to external notification of any kind
- Consult when notified of upcoming federal or state audit

KHS Staff, Subcontractors, and Network Providers, as applicable, strive to promote fairness and equity among employees and to treat everyone with dignity and respect at all times. Any disciplinary action or sanction taken in response to alleged violations of the standards of conduct or the Compliance Plan is subject to appeal through the formal process as outlined in policy and procedure.

KHS will report to SRS and the Medicaid Fraud Control Unit (MFCU) of the Attorney General's office within 24 hours of becoming aware or having reason to suspect possible abusive or fraudulent activity reported by a KHS Staff, Subcontractor or Network Provider and will cooperate fully with investigations conducted by SRS and MFCU.

*Supporting Policies and Procedures*

*KHS P&P 8.8: Reporting Compliance Issues*

*KHS P&P 8.9: Compliance Review & Investigations*

*KHS P&P 8.11: Corrective Action*

## **VI. Response to Government Investigation**

KHS's Response Plan, is an integral part of KHS's comprehensive Corporate Compliance Plan. The Response Plan addresses KHS' intent to fully comply with the law and will cooperate with any reasonable and appropriately authorized government investigation or audit by law enforcement or regulatory authorities.

KHS Staff, Subcontractors and Network Providers may not conceal, destroy, or alter any documents, nor lie or intentionally make misleading statements to authorized government representatives. KHS Staff, Subcontractors and Network Providers may not aid in any attempt to provide inaccurate or misleading information nor unreasonably delay communication of information or records relating to a possible violation of the law in response to a legally authorized inquiry by a government representative acting within the scope of its authority.

*Supporting Policies and Procedures*

*KHS P&P 8.13: Response to Government Investigation*

## **VII. Summary**

In summary, the Kansas Health Solutions Corporate Compliance Plan and associated policies and procedures confirm the establishment of a Corporate Compliance Officer, committee, and a program for effective training and education, auditing and monitoring. Effective and clear lines of communication have been established and internal investigation and disciplinary processes developed. Specific controls have been set in place to prevent and detect fraud and abuse, and procedures for the reporting of fraud and abuse are in place. KHS has established a clear commitment to compliance.

# KANSAS HEALTH SOLUTIONS

## **JOB DESCRIPTION**

**Title:** Corporate Compliance Officer

**Organizational Placement** Administration

**Responsible to** Chief Executive Officer

### **Overview**

**Kansas Health Solutions** is a not-for-profit managed health care organization recently formed in response to the opportunity to manage Medicaid mental health benefits for Kansans.

This position is responsible for developing, implementing, and evaluating the Corporate Compliance plan, policies, and standards; orienting, educating, and training employees and Board Members on the KHS Corporate Compliance Program; serving as point person for Corporate Compliance initiatives; overseeing and monitoring anti-fraud and abuse initiatives; monitoring for accuracy in billing and utilization review; and providing other Corporate Compliance direction/assistance as identified. The KHS Corporate Compliance Officer will report directly to the Chief Executive Officer and will be available to the Board of Managers, as they shall determine.

### **Responsibilities**

- Develop, implement, and evaluate Corporate Compliance plan, policies, and standards.
- Oversight and supervision of the Quality and Compliance Auditors.
- Develop policies and programs which require managers and employees to report suspected fraud and other improprieties without fear of retaliation.
- On an annual basis evaluate the corporate compliance objectives, obtain CEO approval, and provide a written report to management and the Board of Directors.
- Periodically revise the Program in light of changes in:
  - KHS's needs;
  - Governmental regulations;
  - Private payer health plans;
  - Governmental Health plans.
- Orient, educate, and train employees and Board of Managers on the KHS Corporate Compliance Program to include:
  - Ensuring that all new employees are trained in the Corporate Compliance Program;
  - Ensuring that all employees receive annual refresher training on the Corporate Compliance Program;
  - Ensuring that all staff annually read and sign the Code of Conduct.
- Serve as point person for Corporate Compliance initiatives such as:
  - Maintaining active participation in the KHS's Compliance Committee.
- Assisting program directors in the monitoring of compliance in their departments to include:
  - Sharing results and seeking staff input;
  - Identifying specific areas/activities within the departments to target for Corporate Compliance;
  - Collecting data to develop a baseline for the area/activity;

- Developing improvement plans as needed;
- Monitoring implementation of the improvement plans;
- Evaluating the effectiveness of the improvement plans;
- Oversee and monitor anti-fraud and abuse initiatives.
- Assist KHS's financial management in coordinating internal compliance review and monitoring activities, including annual or periodic reviews of departments to include the reviewing of:
  - Patient records;
  - Billing records;
  - Billing arrangements with other parties;
  - Contracts which may contain referral and payment issues;
  - Records concerning the marketing efforts of KHS.
- Independently investigate suspicions of misconduct, abuse, or fraud as identified/reported.
- Design and coordinate internal investigations.
- Coordinate corrective action determinations with appropriate entities.
- Maintain a log of all calls and a file of all reports including the nature of the investigation and its results.
- Report all findings to the Compliance Committee without waiver of peer review privilege.
- Monitor CMHCs for accuracy in billing and utilization review to include:
  - Mapping clinical services.
- Medical records review.

### **Required Qualifications**

- Bachelor's degree in Business or health related field.
- 5 years experience in administration of a Corporate Compliance Program.
- Demonstrated abilities in the following:
  - work effectively with all levels of staff;
  - exceptional communication skills;
  - exceptional organizational skills;
  - expertise in problem solving and team facilitation;
  - conduct investigations;
  - maintain confidentiality;
  - familiarity with mental health services and delivery of those services;
  - data analysis and program evaluation capability;
  - various Microsoft Office applications, particularly Excel.