

NORTHCARE NETWORK

POLICY TITLE: Regulatory Standards	CATEGORY: Compliance	
EFFECTIVE DATE: 3/21/13	BOARD APPROVAL DATE: 3/21/13	
REVIEWED DATE: 8/26/24	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Compliance & Privacy Officer	CEO APPROVAL DATE: 9/3/24 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel

POLICY

The key principle of NorthCare Network’s Compliance Plan is to instill an effective Compliance Program that fulfills the spirit and technical requirements of HHS OIG Policy Recommendations and Sentencing Guidelines. Concisely NorthCare Network will comply with all applicable Federal and State Laws, Guidelines, Rules, and Regulations.

PURPOSE

The purpose of this policy is to identify applicable laws and regulations directly affecting NorthCare Network operations. These include, but are not limited to, the following as applicable:

- 42 CFR Parts 400 et al. Final Rules implementing the SSA as amended by the BBA regarding Medicaid Managed Care.
- Balanced Budget Act of 1997 (BBA), particularly as these pertain to the Medicaid program.
- Byrd Anti-Lobbying Amendment
- Code of Federal Regulations
- Debarment and Suspension (2 CFR 180.220)
- Equal Employment and Labor Standards Laws, including the Civil Rights Act of 1964, The Civil Rights Act of 1991, The Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Aged Discrimination in Employment Act, the Fair Labor Standards Act, The Equal Pay Act of 1963, and the Family and Medical Leave Act
- Federal Antitrust Laws as applicable to Health Care, including the Sherman Act, the Clayton Act, and the Federal Trade Commission Act
- Federal False Claims Act and other Federal and State laws described in section 1902(s)(68) of the Act.
- Federal Sentencing Guidelines
- Health Care Fraud and Abuse legal prohibitions, as referenced in the above statutes, and including:
 - Deficit Reduction Act of 2005
 - Federal Anti-Kickback statute at 42 USC 1320a-7b(b), prohibiting knowing and willful solicitation, receipt, offer, or payment of remuneration in return for referring an individual under a federal health program; and
 - Federal False Claims Act

- Stark Law at 42 USC Section 1395nn and as implemented by 42 CFR 411 and 424 relating to self-referrals by physicians.
- Letters to State Medicaid Directors
- Medical Services Administration (MSA) Policy Bulletins
- Medicare Advantage and Dual Eligible Program Rules and Regulations
- Michigan Administrative Rules
- Michigan Civil Rights Statutes
- Michigan Medicaid False Claim Act (MHLA 400.601 et/seq.) addressing such issues as:
 - Billing for Services Not Rendered
 - Billing Without Reporting Other Resources
 - Billing for Unnecessary Services resulting in inappropriate or otherwise excessive payment.
 - Billing a Date of Service Other Than the Actual Date the Service was Rendered.
 - Upcoding
 - Receiving Kickbacks
 - Fraudulent Cost reports
- Michigan Medicaid Provider Manual
- Michigan Mental Health Code P.A. 258 of 1974
- Michigan Social Welfare Act (MCLA 400.111d)
- Michigan State Licensing requirements (LARA)
- Michigan Public Health Code (MCLA 333.16226)
- Michigan Whistleblowers Act, Act 469 of 1980
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Section 1903(m) of the Social Security Act and 42 CFR part 434 which governs risk-based managed care plans (MDHHS/PIHP contract)
- Section 1909 of Title 19 of the Social Security Act (SSA), as amended.
- Social Security Act of 1964 (Medicare & Medicaid)
- State and Federal Patient Record and Confidentiality Laws including, Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and 42 CFR, Part 2 relating to substance abuse records.
- State of Michigan PIHP contract provisions
- State Operations Manual
- Third Party Liability (TPL) Requirements
- Such other Statutes and Regulations directly applicable to NorthCare Network, including but not limited to any spelled out in the current MDHHS/PIHP Contract

DEFINITIONS

N/A

REFERENCES

- The Balanced Budget Act of 1997 (BBA)
- MDHHS/PIHP Contract
- NorthCare Network Compliance Plan and Policies

HISTORY

REVISION DATE: 9/12/13, 1/23/17, 11/15/17, 9/25/18, 7/18/19, 4/27/20, 2/11/21, 12/21/21, 10/18/22, 10/25/23, 8/26/24

REVIEW: 3/13/13, 9/12/13, 8/27/14, 5/22/15, 3/21/16, 1/23/17, 11/15/17, 9/25/18, 7/18/19, 4/27/20, 2/11/21, 12/21/21, 10/18/22, 10/25/23, 8/26/24

CEO APPROVAL DATE: 3/13/13, 9/12/13, 8/27/14, 6/2/15, 4/4/16, 2/7/17, 12/11/17, 10/2/18, 8/6/19, 5/5/20, 3/2/21, 1/4/22, 11/1/22, 11/7/23, 9/3/24

BOARD APPROVAL DATE: 3/21/13

PROCEDURES

NorthCare Network's Compliance & Privacy Officer and members of the Compliance Oversight and Risk Management Committee (CORMC) shall keep abreast of current applicable State and Federal regulatory and accreditation requirements. The Compliance Officer shall maintain summaries or copies of such standards that are determined appropriate by CORMC.

To stay current on regulatory standards and identify new/changes to state and federal laws and regulations and accreditation standards, the Compliance & Privacy Officer, and members of the CORMC and NorthCare Network's Leadership Committee utilize the following resources including, but not limited to:

- HCPCS Code Chart, as updated.
- <http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html>
- MDHHS Provider Qualifications Chart, as updated.
- Medicaid Provider Manual, as updated.
- Medicare Manual – Medicare Advantage
- MSA Bulletins
- PIHP CEO attendance/participation at state-wide Director's meetings
- PIHP staff attendance/participation at state-wide MARO and Improving Outcomes conferences.
- PIHP staff attendance/participation in MDHHS EDIT meetings.

NorthCare Network communicates new or revised rules and regulations to staff and network providers.