**Integrated Health Home (IHH)/Behavioral Health Home (BHH) Corporate Compliance Plan**

**Evaluation Form (Form 3.38.1)**

|  |
| --- |
| **Plan Calendar Year (for upcoming year)** |

**Year:**

|  |
| --- |
| **Integrated Health Home (IHH)/Behavioral Health Home (BHH) Information** |

**IHH/BHH Name:**

**Corporate Compliance Officer Name:**

|  |
| --- |
| **Compliance Plan Information** |

**Corporate Compliance Plan Submitted (for upcoming year)?**

[ ]  Yes:      /     /

[ ]  No

Comments:

**Corporate Compliance Program Evaluation (for prior year) Submitted?**

[ ]  Yes:      /     /

[ ]  No

Comments:

**Corporate Compliance Training Certification Form Submitted (for current year)?**

[ ]  Yes:      /     /

[ ]  No

Comments:

|  |  |  |
| --- | --- | --- |
| **Compliance Plan** | **Program Evaluation** | **Training Certification** |
| [ ]  Yes | [ ]  Yes | [ ]  Yes |
| [ ]  No | [ ]  No | [ ]  No |
| [ ]  Conditional:       | [ ]  Conditional:       | [ ]  Conditional:       |

|  |
| --- |
| **Required Elements** |

**Required Elements of Plan (per Steward Health Choice Arizona Provider Manual Section 3.38):**

[ ]  Purpose/Introduction/Overview

[ ]  Definitions

[ ]  OIG 7 Elements of an Effective Compliance Program:

 [ ]  Implementation of written policies, procedures and standards of conduct;

[ ]  Designation of a Compliance Officer and Compliance Committee;

[ ]  Conducting effective training and education;

[ ]  Developing effective lines of communication;

[ ]  Enforcing standards through well-publicized disciplinary guidelines;

[ ]  Conducting internal monitoring and auditing;

[ ]  Responding promptly to detected offenses and developing corrective actions.

[ ]  Program Goals

[ ]  Plan Addresses/References:

 [ ]  False Claims Act

[ ]  Correct Coding/Claiming

[ ]  Overpayments (60 day repayments)

[ ]  Excluded Providers (monthly checks)

[ ]  Internal Controls

[ ]  Provide “Ongoing education to employees”

[ ]  Fraud & Abuse Aversion

[ ]  Fraud & Abuse Detection

[ ]  Fraud & Abuse Investigation

[ ]  Fraud & Abuse Prevention

[ ]  Fraud & Abuse Reporting

[ ]  Reasonable timeframes

[ ]  Signatures (Corporate Compliance Officer, CEO, Board)

**Comments:**

|  |
| --- |
| **Action Items** |

|  |  |  |
| --- | --- | --- |
| **Suggested or Required?** | **Action Items** | **Follow-up Completed** |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |
| [ ]  Suggested [ ]  Required |       |       |

|  |
| --- |
| **Attestation Signatures** |

|  |  |  |
| --- | --- | --- |
| *Agency Compliance Representative:* |  | Date: |
| Name:       |  |      /     /      |
|  |  |  |
| Title:       |  |  |
| Signature:  |  |  |