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

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