



Integrated Health Home (IHH)/Behavioral Health Home (BHH) Corporate Compliance Plan Evaluation Form (Form 3.38.1)

Annually Integrated Health Homes (IHHs)/Behavioral Health Homes (BHHs) evaluate and report the effectiveness of their previous year’s compliance plans in writing to the Steward Health Choice Arizona Corporate Compliance Officer. Integrated Health Homes (IHHs)/Behavioral Health Homes (BHHs) write an annual Corporate Compliance Plan utilizing the above-mentioned evaluation of the previous year’s plan. The plan details how the IHH/BHH will detect and report fraud and abuse and is due to Steward Health Choice Arizona’s Corporate Compliance Officer in final form by December 31st each year.

Ample time for a review and corrections should be built into the submission of the evaluation and plan. Steward Health Choice Arizona’s Corporate Compliance Officer, reviews each evaluation of last year’s plan and the current plan and expresses approval/disapproval/conditional approval within 10 working days of receipt. The plan of any IHH/BHH includes information on fraud and abuse aversion, detection, investigation, prevention and reporting activities, including time frames, which the IHH/BHH and HCIC believe provide reasonable assurance and guidance directed to minimize instances of member, contractor, and staff fraud and abuse at the IHH/BHH. IHHs/BHHs must reference and comply with Provider Manual Policy, Chapter 3 (Section 38) for expectations regarding their Corporate Compliance Plan and Program.

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:

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Compliance Plan	Program Evaluation	Training Certification
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Conditional:	<input type="checkbox"/> Conditional:	<input type="checkbox"/> 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
<input type="checkbox"/> Suggested <input type="checkbox"/> Required		
<input type="checkbox"/> Suggested <input type="checkbox"/> Required		
<input type="checkbox"/> Suggested <input type="checkbox"/> Required		
<input type="checkbox"/> Suggested <input type="checkbox"/> Required		
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<input type="checkbox"/> Suggested	<input type="checkbox"/> Required		
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<input type="checkbox"/> Suggested	<input type="checkbox"/> Required		
<input type="checkbox"/> Suggested	<input type="checkbox"/> Required		

Attestation Signatures

Agency Compliance Representative:

Date:

Name: _____

_____/_____/_____

Title:

Signature:

Review by Steward Health Choice Arizona (Compliance Officer)

Steward Health Choice Representative:

Date:

Name: _____

_____/_____/_____

Title:

Signature: