This document is housed electronically and may be easily accessed via the following links:

  Click on Plan & Program Descriptions, then select the Regulatory Compliance Program Description/Plan

- Partners Provider Knowledge Base Website: [http://providers.partnersbhm.org/regulatory-compliance/](http://providers.partnersbhm.org/regulatory-compliance/)
  Scroll to the bottom of the page and select Partners Regulatory Compliance Program Description

This document is also available via hard copy and may be obtained by submitting a request via email to the QM Department at [QM@partnersbhm.org](mailto:QM@partnersbhm.org)

Regulatory References include, but are not limited to:

- **URAC**: Core 4
- **NC DMH/I-DD/SA Contract**:
- **DMA Contract**: Section 14
- **MCO P, P &Ps**: 5.13 Encryption of PHI, 5.07 Electronic Mail, 5.15 Identification and Authentication Using IDs and Passwords, 8.09 Internal Quality Improvement of Credentialing Process within Network Operations, 8.11U On-Going Monitoring of Sanctions, 8.12U Participating Provider Disputes, 8.15 Primary Source Verification and Enrollment Requirements for LIPs, 8.20 Review, Approval & Follow-Up of Plans of Correction, 3.04 Claims Quality Monitoring and Review, 3.07 Coordination of Benefits and Use of Public Funds, 3.08 Eligibility Reconciliation, 3.26 Provider Payback Interest and Penalties, 3.27 Prohibition of Payments to Institutions Outside of the United States, 4.01 Assurance of Confidentiality, 4.18 Conflict of Interest Disclosure & Attestation Statement, 5.02 Assurance of Utilization Review Data Integrity, Credentialing Program Description, Delegation Program Description, Utilization Management Plan

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**Regulatory Compliance Program Description/Plan**

### Partners Behavioral Health Management

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I. INTRODUCTION & PURPOSE
A compliance program is a self-monitoring system of checks and balances to ensure that an organization consistently complies with applicable laws and regulatory oversight requirements relating to its business activities. The compliance program and plan described in this document is intended to establish a framework for legal, regulatory, and contractual compliance and ethical behavior by Partners Behavioral Health Management’s employees, contractors, volunteers, and temporary staffing (collectively referred to as responsible parties). It is not intended to set forth all of the substantive practices that are designed to achieve compliance, but should be used as a roadmap for overall corporate compliance expectations and requirements.

The purpose of this document is to guide Partners BHM in its management and operation of compliance-related activities. Partners BHM intends to demonstrate that it is both committed to, and actually exercises, due diligence in seeking to prevent and detect systemic problems and violations of law by developing and sustaining a rigorous compliance program.

The Regulatory Compliance Program has been developed to demonstrate Partners Behavioral Health Management’s (Partners BHM) strong commitment to legal and ethical behavior and to effectively communicate the expected Code of Conduct/Ethics to all Partners BHM responsible parties.

Through an effective Regulatory Compliance Program, Partners BHM seeks to:
1. Educate and train its employees and responsible parties to demonstrate legal and ethical behavior while conducting business at or on behalf of Partners BHM;
2. Empower all responsible parties to prevent, detect, respond, and resolve violations of legal and ethical behavior conducted at or on behalf of Partners BHM;
3. Establish systems which allow responsible parties to raise concerns about compliance issues without fear of retribution;
4. Provide oversight for the resolution of identified problems or potential risk areas;
5. Ensure compliance with NC DHHS contractual requirements as well as applicable local, state, and Federal, rules, regulations, and laws; and
6. Ensure internal controls are established and effective.

II. PROGRAM SCOPE
All Partners BHM employees, contractors, volunteers, temporary staffing, as well as non-staff members that serve on Partners BHM Boards and/or Committees are required to follow the Regulatory Compliance Program, Partners BHM policies and procedures, and all applicable laws and regulations.

III. REGULATORY COMPLIANCE PROGRAM OVERVIEW
The Regulatory Compliance Program is designed to monitor adherence to applicable laws, regulations and program requirements as well as to identify, prevent, reduce, and correct violations of legal or ethical conduct. Other goals achieved through the development of an effective Compliance Program include improved operational quality, quality of care for consumers, and healthcare costs. The essential elements included within the Partners BHM Regulatory Compliance Program/Plan include:

- Designation of a Chief Compliance Officer, accountable to senior management with direct accessibility to the Board of Directors, to manage the overall compliance program
- Designation of a Program Integrity (PI) Director charged with oversight of the prevention, detection and resolution activities related to provider/consumer healthcare fraud, waste and financial abuse
• Designation of a HIPAA Privacy Officer as well as a dedicated HIPAA Security Officer to oversee HIPAA and other related protected health information confidentiality requirements
• Establishment of a cross-departmental Compliance Committee, chaired by the Compliance Officer to assist in assuring an effective compliance program
• Implementation of and adherence to written policies, procedures, and the Code of Conduct/Ethics that comply with applicable Federal, State, contractual, and regulatory oversight requirements.
• Tracking and assuring compliance with applicable laws and regulations in the jurisdictions where Partners BHM conducts business
• Monitoring of changes in applicable laws and regulations and adapting practices as necessary
• Development and implementation of training and education related to regulatory compliance matters
• Enforcement of policies, procedures, and standards through publicized disciplinary actions
• Development of effective lines of communication throughout the compliance process
• Development and implementation of effective internal controls
• Establishment of procedures that allow for prompt, thorough investigation of possible misconduct or non-compliance and prompt facilitation of corrective action of detected problems

IV. CHIEF COMPLIANCE OFFICER
In an effort to effect successful implementation and management of the Regulatory Compliance Program, a Chief Compliance Officer is identified and readily accessible to all responsible parties. The Chief Compliance Officer is a member of the Executive Leadership Team (ELT) and reports directly to the Chief Executive Officer (CEO) with direct access to the Board of Directors.

The Chief Compliance Officer is responsible for:
1. The development and implementation of the Regulatory Compliance Program
2. Assurance of tracking and monitoring of applicable laws and regulations, and ensuring organizational compliance in collaboration with the Chief Legal Officer. Tracking of applicable laws and regulations is delegated to the Chief Legal Officer in joint cooperation with the Chief Compliance Officer
3. Overseeing the education & training of Partners BHM staff and Board regarding compliance matters
4. Maintaining the procedures to ensure access for persons to make confidential reports of compliance concerns
5. Assuring all allegations of concerns related to illegal/improper or unethical activities are promptly responded to
6. Providing information to Partners BHM’s Quality Improvement Committee (QIC), Partners BHM’s CEO and/or leadership, and Partners BHM’s Board of Directors related to Regulatory Compliance matters. This information may be provided to the Board in open session or closed session as allowed by law
7. Coordinating the identification, prevention, and prompt development of corrective action, as appropriate
8. Serving as Chair of the Regulatory Compliance Committee and assuring committee responsibilities are effectively carried out
V. TRAINING/EDUCATION

New employees receive Regulatory Compliance training during orientation and annually thereafter. Documentation of training completion is maintained within the Human Resources Department. Partners BHM’s employees, Board/Committee members receive written materials for review outlining the organization’s Code of Conduct/Ethics, Confidentiality requirements, and Conflicts of Interest Disclosure and Attestation Statement upon hire and/or appointment and annually thereafter. An opportunity is given to receive any needed clarification prior to signing attestation statements acknowledging understanding of these expectations. Completion of these statements is a condition of employment, contract or Board/Committee appointment. Partners BHM’s Board members receive Regulatory Compliance training on an annual basis.

Partners BHM will not tolerate violations of the Code of Conduct/Ethics or the organization’s policies and procedures which are in violation of Federal, state or local laws and regulations. Partners BHM will take appropriate disciplinary action should such violations occur. Disciplinary action can include but not be limited to: written warnings, dismissal from employment, termination of contract, removal from Board/Committee, and/or reporting of unethical behavior to licensing/certifying and/or accrediting authorities. Penalties can also be imposed for violations of Federal and state healthcare program requirements. Such penalties can include monetary fines and penalties, civil and/or criminal legal actions and Federal program exclusions.

Each Partners BHM Regulatory Compliance training and education program includes information related to non-intimidation/non-retaliation for good faith reporting of concerns of wrong doing in accordance with the whistleblower provision of the False Claims Act.

VI. TRACKING OF APPLICABLE LAWS & REGULATIONS

The Partners BHM Legal Department maintains a log of applicable laws and regulations regarding the organization’s program services. This log contains links to applicable websites to monitor changes or updates to these applicable laws and regulations. Partners BHM is also registered to receive e-mail notifications of updates or changes in applicable laws and regulations. This process leads to changes as needed within agency policies and procedures to ensure ongoing compliance with any changes in law. Changes in law potentially impacting Partners BHM operations are reviewed and/or addressed within the Partners BHM Executive Leadership Team (ELT), Regulatory Compliance Committee and/or other identified committees/departments as deemed appropriate. A listing of rules and regulations applicable to Partners BHM is maintained and made available to all staff via the intranet as well as being posted on the Partners BHM website.

VII. INTERNAL CONTROLS

It is the responsibility of each department to maintain effective internal control procedures necessary for reducing errors in payment and minimizing waste, fraud, and abuse, to ensure that funds are being used for allowable program purposes and for eligible consumers. Each Department Director is responsible for assuring effective internal controls within their respective areas of responsibility. A few examples include, but are not limited to: the Provider Network Management Department assures effective Primary Source Verification of Partners BHM contracted providers, the Finance Department assures appropriate management and reporting of funds, the Human Resources Department assures all staff have criminal background checks, and so on. Internal Control policies, procedures, plans, and practices should be self-audited and monitored within each department to assure effectiveness of such controls. However, the Compliance Officer, or designee, may periodically review internal control procedures to assure effectiveness.
Partners BHM has established a Regulatory Compliance Committee (RCC) with cross-departmental representatives, chaired by the Chief Compliance Officer. This Committee reports to the Quality Improvement Committee (QIC). A primary responsibility of the RCC is to monitor the adherence to and effectiveness of internal control procedures and make recommendations for improvements as identified. The RCC assures that the Compliance Program is quality and integrity driven and that trends and staff development opportunities can be identified. This committee reviews the Regulatory Compliance Program Description/Plan annually, making revision recommendations as appropriate.

It is not the purpose of the RCC to investigate cases, nor should any individual with a concern of potential wrongdoing feel the need to investigate concerns for substantiation. Individuals with concerns should report their concerns immediately through processes outlined under section IX below and should not delay reporting nor take action on their own to investigate their concerns as this may compromise the integrity of the investigation.

Any indication of potential fraud, waste, or abuse identified through the review of internal controls by Partners BHM will be referred directly to the Chief Compliance Officer. The Chief Compliance Officer will collaborate with the Human Resources Director, Legal Counsel, the CEO, Board, and/or other individuals as deemed appropriate to the case.

Partners BHM has various resources/methods of internal controls such as; system edits, alerts, reporting, audits, monitoring, alert-lines (phone and web applications), and so on. As each department is the expert in their respective area of responsibility, it is the department’s responsibility for determining what internal controls are necessary to establish reasonable and appropriate safeguards that comply with applicable regulatory and accrediting bodies to prevent, detect, and mitigate wrongdoing. The Compliance Officer, or designee, shall provide assistance, upon request, in the development of departmental internal controls.

VIII. MONITORING - AUDITING

Examples of compliance monitoring/auditing reviews conducted by Partners BHM include, but are not limited to:

<table>
<thead>
<tr>
<th>Department/Position</th>
<th>Compliance Review Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Integrity</td>
<td>Healthcare fraud, waste, and/or financial abuse of providers and/or consumers</td>
</tr>
<tr>
<td>HIPAA Privacy Officer</td>
<td>HIPAA Privacy, PHI confidentiality – paper, oral</td>
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<tr>
<td>HIPAA Security Officer</td>
<td>HIPAA Security, e PHI</td>
</tr>
<tr>
<td>Finance/Claims</td>
<td>Petty Cash/Credit Card compliance/provider claims quality reviews</td>
</tr>
<tr>
<td>Provider Network</td>
<td>Routine reviews of contracted providers (i.e. general compliance, qualifications, quality of care)</td>
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<tr>
<td>Consumer Relations</td>
<td>Consumer Health and Safety</td>
</tr>
<tr>
<td>Quality Management</td>
<td>Partners internal URAC accreditation, NCTOPPS provider compliance, grievances/complaints</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Conflicts of interest and concerns of potential wrongdoings involving Partners BHM staff, staff qualifications and compliance with annual attestations</td>
</tr>
<tr>
<td>Chief Compliance Officer</td>
<td>Internal controls, conflicts of interest, regulatory compliance and others as deemed appropriate.</td>
</tr>
<tr>
<td>Specialty Review Unit</td>
<td>Medical necessity, over-underutilization post-payment reviews</td>
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IX. REPORTING OF COMPLIANCE CONCERNS & PROGRAM ACTIVITIES
Compliance concerns can be reported by anyone with concerns of potential wrongdoing. Partners BHM offers various methods for reporting concerns of wrongdoing. These include; direct reporting, online submission as well as toll-free telephonic reporting. Partners BHM uses the services of a third party vendor for toll-free telephonic reporting to receive reports. The Partners BHM reporting system is referred to as the Regulatory Compliance Alertline. All responsible parties are provided with the Alertline information and given instruction on how to make a compliance report. Additionally, this information is posted on the Partners BHM website for the general public. Confidentiality of these reports is maintained as requested by the reporter, as allowed by law. Reports can be made anonymous. Compliance concerns as well as the activities of the Regulatory Compliance Program will be reported to the Quality Improvement Committee (QIC), Partners BHM CEO and Leadership, as well as the Board of Directors by the Compliance Officer on a regular basis.

If you suspect or question practices by Partners BHM or within the Partners BHM network that might be illegal or unethical or may involve violations of consumer confidentiality rights, please report these concerns immediately. Reporting is easy, just call the Partners BHM Regulatory Compliance AlertLine at 1-866-806-8777 or report online at: https://partnersbhm.alertline.com.

X. RESPONDING TO COMPLIANCE CONCERNS & CORRECTIVE ACTION
The Chief Compliance Officer, or designee, reviews all compliance concerns timely upon receipt. Through this review the Chief Compliance Officer, or designee, determines the level of potential risk and responds promptly according to the level of risk. The Chief Compliance Officer, or designee, will facilitate an investigation of the concern and involve Partners BHM staff and external supports as deemed necessary. The results of substantiated investigations will promptly be summarized and presented to the Partners BHM Chief Executive Officer and Legal Counsel as deemed appropriate.

The Chief Compliance Officer, or designee, will refer all provider-related cases requiring a corrective action plan to the Provider Network Department, in accordance with Partners BHM Policy and Procedure 8.20 Review, Approval & Follow-Up on Plans of Corrections. The Compliance Officer, or designee, shall collaborate with the Provider Network Management Department as appropriate and through plan of correction completion, as applicable.

All cases related to potential provider/consumer healthcare fraud, waste and/or financial abuse will be investigated by the Program Integrity (PI) Department. All cases resulting in potential healthcare fraud will be reported to the NC Division of Medical Assistance (DMA), Program Integrity Unit in compliance with the current NC DMA contractual requirements. Furthermore, Partners BHM shall fully cooperate with any investigation conducted by federal or state authorities, including NC DMA and the NC Medicaid Investigative Division, to the extent required by law and currently executed contract.

XI. INTERNAL INVESTIGATIONS
Investigations into allegations/concerns reported against Partners BHM employees shall be investigated/facilitated directly by the Chief Compliance Officer and/or Chief Human Resources Officer.

In the event a concern is made directly against the Chief Compliance Officer or Chief Human Resources Officer, these concerns are to be routed directly to the Chief Executive Officer (CEO), or designee, for investigation. In the event a concern is reported against the CEO, the Chief Compliance Officer shall notify the Board of Directors’ Chairperson and shall conduct an internal investigation and share findings as delegated by the Board of Directors. The Alertline is developed such that access to allegations is
limited depending on the persons named in the allegation and to protect the integrity of the investigation.

XII. CODE OF CONDUCT
Partners BHM adopts the following standards by which our staff (employees, volunteers, temporary staff and contractors) and board/committee members will conduct themselves in order to protect and promote organizational integrity.

A. COMPLY WITH POLICIES & REGULATIONS
As a condition of employment or business association, all staff and board/committee members are expected to comply with all Partners BHM policies, procedures, accreditation and applicable regulatory requirements. Training and education are made available through Partners BHM; however, it is also the staff and board/committee member’s responsibility to remain abreast of current policies and procedures as well as applicable regulatory requirements. Violations cannot be excused due to unfamiliarity with the policy or law.

B. ENGAGE IN ETHICAL BEHAVIOR
Every Partners BHM staff and board/committee member is expected to adhere to high ethical standards in performing their duties. Compliance with Partners BHM Code of Conduct/Ethics in addition to other ethical standards that may be adopted by licensing or certifying boards/authorities is required.

C. COMMITMENT TO PRIVACY & CONFIDENTIALITY
Staff and board/committee members will adhere to all applicable confidentiality rules and regulations; including but not limited to HIPAA Privacy and Security and NC confidentiality laws. Staff and board/committee members respect consumer’s right to privacy and request only the information needed to perform functions within their scope of responsibility. Staff and board/committee members shall be committed to safeguarding the privacy and confidentiality of Individually Identifiable Health Information (IIHI) unless given specific written and informed consent or when a risk of harm to self or others exists or in situations where regulations allow such disclosure.

D. ENGAGE IN ETHICAL BILLING PRACTICES
It is against the law to knowingly submit false claims for payment. This includes the submission of false, fraudulent, or misleading claims to any government entity or third party payor, including claims for services not rendered, or claims which do not comply with applicable program or contractual requirements. Services are to be billed accurately.

E. MAINTAIN PROFESSIONAL RELATIONSHIPS WITH BUSINESS ASSOCIATES & COLLEAGUES
Staff and board/committee members treat business associates and colleagues with dignity and respect. Disagreements are managed without personal attacks and mediation is sought when needed to resolve issues. Staff and board/committee members avoid conflict of interest issues by not accepting substantial gifts or any other remuneration from business associates. Financial incentives dependent on the outcome of a case are prohibited and must never be accepted. If a conflict of interest exists or may be perceived by a reasonable person to exist, staff/board/committee members report it immediately and recuse themselves from performing the service as necessary.
F. ENGAGE IN ETHICAL & LEGAL BUSINESS PRACTICES  
Partners BHM is committed to ethical and legal business practices in our relationships with contracted organizations and individuals. We select our vendors, suppliers and contractors on the basis of location, quality, price and service. Our relationships are detailed in written agreements that comply with all applicable statutes and regulations. Direct, indirect or disguised payments in exchange for the referral of services are strictly prohibited.

G. REPUTABLE MARKETING/ADVERTISING PRACTICES  
Materials used to describe and promote our operations are accurate, truthful, fully informative and not deceptive or misleading. Partners BHM staff/board/committee members neither claim nor imply professional qualifications which exceed those earned and are responsible for correcting any known misrepresentations of these qualifications by others.

H. PROFESSIONAL COMPETENCE  
Partners BHM staff and contract providers will only deliver those services for which they are qualified by education, techniques, or experience. In order to ensure competent services, Partners BHM staff recognizes the need and seeks appropriate supervision and continuing education as well as receives or maintains licensure/certifications specific to their credentials. Staff and contract providers shall report any adverse action taken, licensure restrictions, or other sanctions related to credentials to Partners BHM immediately.

I. PROPER USE OF ORGANIZATION RESOURCES  
Partners BHM resources are provided for the fulfillment of organization needs and services. Use of organization resources for personal needs is strictly prohibited.

J. DUTY TO REPORT  
Employees, contract providers, and board/committee members are required to report any activity they believe is unethical or in violation of any regulatory requirement. Furthermore, employees, contract providers, and board/committee members are required to seek guidance on any activity for which they are uncertain. One does not need to be certain that the violation has occurred in order to report it. Reporting enables the Partners BHM Compliance Department to investigate potential problems quickly and to take prompt action to resolve them. Individuals may file such reports without fear of retaliation and their confidentiality will be protected to the fullest extent possible. Partners BHM does not retaliate against those who report violations of the False Claims Act (FCA) [31 U.S.C. 3729 – 3733] in good faith and encourage individuals to report concerns of wrongdoing for investigation to the Partners BHM AlertLine.

K. DISCIPLINARY ACTION  
By acceptance of employment, contractual obligation or appointment to a board/committee with Partners BHM, individuals agree to abide by and are held accountable for compliance with Partners BHM policies and applicable state and Federal laws. An employee, contractor or board/committee member is subject to disciplinary action for failure to comply with these policies and applicable regulatory requirements. This includes failure to report or attempting to conceal a suspected violation of any regulatory requirement or policy.
L. CODES OF CONDUCT/ETHICS FROM LICENSURE/CERTIFICATION BOARDS AND/OR ASSOCIATIONS

Employees, contract providers, and board/committee members are expected to comply with the Codes of Conduct/Ethics adopted by any Board/Authority which licenses or certifies an individual or any Association to which an individual or organization may belong. A copy of the Code of Conduct/Ethics is located on the board and/or association’s website.