

# **AREA AGENCY ON AGING 1-B**

## **MI CHOICE COMPLIANCE PROGRAM**

## TABLE OF CONTENTS

<b>I.</b>	<b>Overview of the Area Agency on Aging 1-B MI Choice Compliance Program</b> .....	<b>2</b>
A.	Reason for Compliance.....	2
B.	Application of AAA 1-B’s MI Choice Compliance Program.....	2
C.	AAA 1-B’s Elements of an Effective MI Choice Compliance Program.....	3
D.	Key Risk Areas.....	3
<b>II.</b>	<b>Summary of Key Laws Related to AAA 1-B MI Choice Compliance</b> .....	<b>3</b>
A.	Michigan Medicaid False Claims Act.....	3
B.	Anti-Kickback.....	4
C.	Deficit Reduction Act (2005).....	4
D.	Title XIX of the Social Security Act (Medicaid) (United States Code as §§1396–1396v, subchapter XIX, chapter 7, Title 42), Balanced Budget Amendment (BBA) of 1997 and the Patient Protection and Affordable Care Act (ACA) of 2010.....	4
E.	Medicaid Managed Care Rules, 42 Code of Federal Register (CFR) 438, Implementing Regulations of Title XIX of the Social Security Act.....	5
<b>III.</b>	<b>Elements of the Area Agency on Aging 1-B MI Choice Compliance Program</b> .....	<b>5</b>
A.	Element One: Written Standards of Conduct (Policy and Procedure).....	5
B.	Element Two: Oversight by the Compliance Officer and Committee.....	6
C.	Element Three: Effective Education and Training.....	8
D.	Element Four: Evaluation Through Monitoring and Auditing.....	9
E.	Element Five: Reporting Process and Communication.....	11
F.	Element Six: Enforcement Through Disciplinary Mechanisms.....	12
G.	Element Seven: Response and Prevention (Investigation and Remediation).....	13
	APPENDIX 1: CORPORATE COMPLIANCE OFFICER DESIGNATION.....	15
	APPENDIX 2: ACKNOWLEDGMENT.....	16

**I. Overview of the Area Agency on Aging 1-B (AAA 1-B) MI CHOICE Compliance Program (AAA 1-B Compliance Program applies to the MI Choice program only)**

It is the policy of the AAA 1-B and the Board of Directors (“Board”) to have an effective MI Choice Compliance Program operating in conformity with all aspects of the MI Choice contract. The policy addresses the investigational requirements regarding fraud, waste, and abuse.

**A. Reason for Compliance**

1. AAA 1-B is committed to providing individuals served within the MI Choice program with high-quality and caring health support and services and providing those services with the highest ethical, business, and legal standards. The MI Choice compliance efforts are designed to propagate a culture within the MI Choice program that promotes the prevention, detection, and resolution of actions that do not conform with the MI Choice requirements.
2. The MI Choice contract mandates the formation of a Compliance Committee to ensure that the AAA 1B and the Board executes its fiduciary duty to be informed of any fraud, waste, or abuse and to prevent MI Choice contractual violations by its employees and other agents.
3. The MI Choice contract requires that the Compliance Committee develop and maintain a MI Choice compliance program for the following reasons:
  - a. Demonstrate AAA 1-B’s commitment to prevent or investigate fraud, waste, and abuse within the MI Choice program by creating a culture of compliance and an educational foundation to identify and avoid wrongdoing.
  - b. Maintain and enhance a programmatic culture of compliance.
  - c. Exercise adequate internal controls that promote adherence to applicable MI Choice requirements.
  - d. Detect misconduct or wrongdoing early to reduce the likelihood of AAA 1-B’s liability for civil damages and penalties, criminal sanctions, and administrative remedies.

**B. Application of AAA 1-B’s MI Choice Compliance Program**

The AAA 1-B MI Choice program fulfills applicable requirements. It is the intent of AAA 1-B that the scope of these compliance policies and procedures should promote integrity, support objectivity and foster trust. All workforce members providing services within the MI Choice program are required to fulfill their duties in accordance with AAA 1-B’s Compliance Program.

The AAA 1-B Compliance Program requirements apply to all Providers and Contractors receiving payment and/or funding through AAA 1-B. All providers and contractors, including their officers, employees, and agents, are subject to the requirements of this Program as applicable to them and as stated within the MI Choice contract.

### **C. AAA 1-B's Elements of an Effective MI Choice Compliance Program**

The MI Choice compliance program is intended to be an ongoing and continually improving organizational process to prevent and detect violations of the law; as well as promote a programmatic culture that encourages a commitment to compliance.

AAA 1-B is committed to operationalizing the seven elements of an effective compliance program:

1. Written Standards of Conduct (Policies and Procedures)
2. Oversight by the Compliance Officer and Committee
3. Effective Education and Training
4. Evaluation Through Monitoring and Auditing
5. Reporting Processes
6. Enforcement Through Disciplinary Mechanisms
7. Response and Prevention (Investigation and Remediation)

### **D. Key Risk Areas**

The key risk areas of the AAA 1-B Compliance Program include, but are not limited to:

1. Billing Fraud
2. Fraudulent Encounter Submissions
3. MI Choice Participation as related to Fraud, Waste, and Abuse.
4. Requirements of MI Choice Authorities, including OIG
5. Illegal activity by Program Providers and Contractors

## **II. SUMMARY OF KEY LAWS RELATED TO AAA 1-B MI CHOICE COMPLIANCE**

A key component of the AAA 1-B MI Choice compliance program is ensuring that workforce members, providers, and stakeholders (“responsible parties”) know the legal and policy requirements that govern AAA 1-B activities.

### **A. Michigan Medicaid False Claims Act (“MMFCA”) for the MI Choice Program**

The MMFCA prohibits anyone from knowingly submitting false claims and making false records or statements to the state for payment or reimbursement purposes. The Michigan Attorney General can enforce the MMFCA.

Enforcement: Violations of the MMFCA can result in civil penalties of \$5,000-\$10,000 per false claim, triple the damages suffered by the state, and any applicable attorney’s fees and costs.

Whistleblower Protection: The MMFCA also includes specific provisions to protect whistleblowers from retaliation by their employers. Any employee who engages in lawful acts, including initiating, assisting in, participating in, or cooperating in an investigation or furtherance of an MMFCA action, is protected from discharge, demotion, suspension, threats, harassment, or any other discrimination in the terms and conditions of employment if the employer's actions are taken in response to the employee's lawful acts under the MMFCA.

## **B. Anti-Kickback**

The federal Anti-Kickback Statute (AKS) is a law that addresses fraud and abuse statutes. The AKS is a criminal statute that prohibits transactions intended to induce or reward referrals for items or services reimbursed by federally supported state health care programs. It designed to protect health care program beneficiaries from the influence of money on referral decisions and thereby guard against overutilization, increased costs, and poor-quality services.

## **C. Deficit Reduction Act (2005) DRA – MI Choice**

The DRA bolstered Medicaid fraud and abuse enforcement by creating a Medicaid Integrity Program. The DRA gave CMS significant new funding and responsibility to detect and prevent fraud, waste, and abuse. CMS utilizes specific contractors to look for fraud, waste, and abuse in the various state Medicaid programs.

The DRA enhanced states' incentives to increase regulatory or enforcement actions against providers. The DRA thus added §1909 to the Social Security Act (42 U.S.C. §1396h) to encourage states to adopt false claims acts similar to the federal False Claims Act (FCA).

The DRA requires entities receiving \$5 million or more in Medicaid reimbursements annually to certify, subject to criminal prosecution, that the entity provides detailed information to their employees and contractors about relevant state and federal False Claims Acts whistleblower protections.

## **D. Title XIX of the Social Security Act (Medicaid) (United States Code as §§1396–1396v, subchapter XIX, chapter 7, Title 42), Balanced Budget Amendment (BBA) of 1997 and the Patient Protection and Affordable Care Act (ACA) of 2010**

The BBA and ACA amended Medicaid. The BBA expanded the scope of exclusion to include exclusion from all federal healthcare programs. The ACA amendments enacted better screening and compliance, new penalties for non-compliance, and better data sharing. The ACA improved healthcare fraud and abuse enforcement by increasing the types of prohibited conduct.

**E. Medicaid Managed Care Rules, 42 Code of Federal Register (CFR) 438, Implementing Regulations of Title XIX of the Social Security Act**

Title XIX of the Social Security Act is administered by the Centers for Medicare and Medicaid Services. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services. The implementing regulations for Medicaid managed care services are set forth in 42 CFR 438. As a Pre-Paid Ambulatory Health Plan, AAA 1-B is governed by these regulations.

**III. Elements of the Area Agency on Aging 1-B (AAA 1-B) MI CHOICE Compliance Program**

**A. Element One: Written Standards of Conduct (Policy and Procedure)**

It is AAA1-B's policy and commitment to practice business in a professionally ethical manner and to comply with applicable laws. AAA1-B has adopted the standards of Conduct set forth throughout its MI Choice Compliance Program and set forth in Appendix 2. It is AAA1-B's Policy that its MI Choice Workforce Members shall comply with the Code of Conduct and Ethics Statement as a condition of employment/contract. MI Choice Workforce member shall agree to practice business in a professionally ethical manner and to comply with all applicable laws as a condition of employment/ contract. AAA1-B requires all employees and others acting on behalf of AAA1-B, to act with honesty, integrity and impartiality when dealing with customers, providers, participants, regulators, community members, stakeholders, fellow employees, management, and Board members. AAA 1-B has an employee handbook that includes a detailed Code of Conduct and Ethics Statement that serves as a standard of conduct for employees. All workforce members are required to accept and agree to the Code of Conduct and Ethics Statement as a condition of employment/contract. Per the Compliance Program all MI Choice employees certify receipt of the employee handbook.

AAA 1-B employees have written position descriptions that describe their responsibilities. These are reviewed and/or revised as needed, but at least annually.

AAA 1-B contracts, contract attachments, and service agreements detail MI Choice requirements of all service providers for the provision of covered services and the responsibility to follow all laws and a code of conduct/ethics.

AAA 1-B MI Choice workforce members are required to sign the MI Choice Compliance Program Acknowledgement and the Code of Conduct and Ethics Statement. Copies of these forms are provided to the MI Choice workforce member and retained in the AAA 1-B administrative files by the Human Resource Department. These two forms certify the following key points:

- Acknowledgement of receipt, review, and understanding of AAA 1-B's MI Choice Compliance Program and Code of Conduct and Ethics Statement.

- Acknowledgement that compliance with these documents is a condition of MI Choice employment/contract, subject to Human Resource Department confirmation.

## **B. Element Two: Oversight by the Compliance Officer and Committee**

The position of Compliance Officer is authorized by the AAA 1-B Board of Directors and required to regularly report to the Chief Executive Officer and the Board about the organization's compliance activities. The Compliance Officer shall be responsible for the development and implementation of the compliance program and the achievement of its goals. The Compliance Officer has been selected according to his/her record of achievement, high level of integrity and educational accomplishments. The Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, or any other individual operating in these provider roles, may not operate in the capacity of the Compliance Officer. The Compliance Officer is familiar with applicable federal and state law and reimbursement issues and is qualified to provide the educational training that the Board and workforce members must complete both initially upon hire and annually thereafter.

The position of Compliance Officer will entail various duties. At a minimum, the Compliance Officer must:

- Collaborate with senior leadership to effectively incorporate the compliance program within AAA 1-B's system operations and programs.
- Communicate the importance of the compliance program to senior leadership, management, and the Board of Directors.
- Access and retain outside legal counsel at their discretion.
- Identify and assess areas of compliance risk for the organization.
- Write and define the compliance program policies and procedures the Board will follow in complying with the law.
- Develop and implement educational material addressing compliance and the code of ethics.
- Remain current with new laws and regulations and attend the necessary seminars and lectures and perform the necessary research to obtain a working familiarity with new laws and issues affecting health care.
- Maintain a retaliation-free internal process for the reporting of violations by workforce members.
- Protect the confidentiality of workforce members or other parties who make inquiries or report violations to the extent allowed by law.
- Ensure that annual audits and reviews of the functioning of the compliance program during the previous year are performed and identify any alterations or actions that need to be implemented in the compliance

program.

- Ensure a system of appropriate discipline for workforce members who violate federal or state law, compliance program mandates, or the Code of Conduct and Ethics Statement.

In addition to the position of the Compliance Officer, AAA 1-B has formed a Regulatory Compliance Committee which is comprised of Board Members and Senior Management charged with overseeing the Compliance Program.

AAA1-B's Board of Directors has responsibility for oversight of the Compliance Program to ensure that AAA1-B upholds its commitment to compliant, lawful, and ethical conduct.

This oversight requires the Board of Directors to be knowledgeable about, and either approve or delegate approval of the content and operation of the Compliance Program, Code of Conduct and Ethics Statement, and compliance policies and procedures.

The responsibilities of the Compliance Officer include, but are not limited to, the following responsibilities:

- To designate appropriate supervisory employees, corporate officers, and, as deemed necessary, members of the Board of Directors to assist in administering the Program.
- To ensure that all employees working within the MI Choice program receive and acknowledge in writing that they have received, reviewed, and understand the Compliance Program and Code of Conduct and Ethics Statement, and will, as a condition of employment, comply with its requirements.
- To develop and facilitate suitable, periodic training programs for the purpose of understanding the requirements of the Compliance Program and Code of Conduct and Ethics Statement, documentation requirements, billing, and claims requirements, and obtain (and maintain) necessary technical training and certifications.
- To investigate reports of suspected Program/Code violations and make independent determinations as to whether a violation occurred.
- To ensure that all reports of suspected violations and investigations remain confidential, to the greatest extent possible.
- To establish and maintain appropriate systems and internal controls to implement the Code of Conduct and Ethics Statement and the compliance program.
- To conduct both periodical and regular audits to assess compliance with the Code/Program and, as necessary, identify additional education and training that may be necessary to enhance employee's knowledge and understanding of program.
- To recommend retention of such consultants, auditors, or other qualified individuals as may be required to ensure that each employee receives adequate training and to conduct audits and investigations; and



- To make recommendations to the CEO and Board of Directors of changes that will improve compliance with the Code and/or compliance program.
- Development, implementation and approval of compliance policies and procedures.

The Compliance Officer reserves the right to amend and update components of the Compliance Program, at any time, based on regulatory guidance, enhancements to the program to improve effectiveness or for any other reason. Compliance policy updates are subject to Board approval. The current AAA1-B Compliance Officer is identified on Appendix 1.

As part of its oversight, the Regulatory Compliance Committee will receive regular compliance updates from the Compliance Officer, as well as assist and advise the Compliance Officer in developing policies and procedures and with other activities related to the implementation and performance of the compliance program. The Regulatory Compliance Committee does not have the authority to block or interfere with any actions taken or proposed to be taken by the compliance officer.

### **C. Element Three: Effective Education and Training**

The Compliance Officer shall develop and maintain compliance education and training materials on topics related to fraud, waste, abuse; federal and state standards and requirements under the MI Choice Grant Agreement; federal grant compliance requirements, and private payer healthcare requirements. Such training shall be administered to all AAA1-B's Workforce Members and the Board of Directors. All required training by Workforce Members must be completed within 30 days of initial hire or the effective date of contracting and at least annually. Required training of the Board of Directors must be completed within 30 days of the Board Member's first board meeting and at least annually.

The Compliance Officer shall not perform his/her own training and education. The Compliance Officer will participate in regular training and education activities in order to ensure knowledge and understanding of the most current, up-to-date standards under applicable law. The Compliance Officer will attend meetings and other educational events offered by the OIG, in which he/she will train and discuss fraud, waste, and abuse standards.

On a yearly basis, AAA 1-B's Special Investigative Unit (SIU) will conduct program integrity training to improve information sharing between agency departments. This training will include information specific to Michigan Medicaid and AAA 1-B's approach to address current fraud, waste, and abuse within the program.

At times, it may be necessary for the Compliance Officer or Special Investigative Unit (SIU) to provide education and training sessions to nonemployees (ie. volunteers) and subcontractors (ie. contractors, providers). These sessions are determined based on identified trends and investigative results. These sessions may be completed with an individual, a single entity, or all agency subcontractors.

AAA1-B must maintain evidence of training completion for no less than 10 years. Evidence of completion may be in the form of attestations, training logs, spreadsheets or other means determined by AAA1-B to best represent fulfillment

of these obligations.

#### **D. Element Four: Evaluation Through Monitoring and Auditing**

The Board recognizes that auditing and monitoring of its programs, Providers, Contractors, records, and activities through a system staffed with dedicated personnel is necessary to detect violations of the law, compliance program, or Code of Conduct and Ethics Standard. The Compliance Officer is delegated the duty to monitor compliance activities and operations within AAA 1-B. The Compliance Officer will identify, interpret, and determine standards of compliance through internal audit and monitoring functions and external audits.

AAA 1-B utilizes surveillance and utilization control programs and procedures to safeguard the Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments. These programs and procedures include data mining and reviews of prior authorization service requests. The Compliance Officer will conduct audits using investigatory techniques that may include the following, as such may be appropriate, under the circumstances:

1. A review of key areas of greatest compliance risk for long-term supports and services Providers, Contractors, and managed care organizations:
  - a. Billing and claims payment
  - b. Medical record documentation and security
  - c. Admissions and referral mechanisms
  - d. Provider credentialing and contracting
2. Audits designed and performed by internal and/or external auditors utilizing specific compliance guidelines.
3. Ad-hoc (unscheduled) audits; including reports of alleged noncompliance from the public, referrals from the OIG, findings that suggest potential concerns requiring further audit, etc.
4. Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to Providers and Contractors.
5. Participant interviews to confirm services rendered.
6. Interviews with leadership regarding compliance decisions, operations, and management.
7. A review of alleged noncompliance reports and investigative outcomes; including information gained from written reports from AAA 1-B compliance staff utilizing audit and assessment tools developed to track areas of

compliance.

8. Provider self-audit protocols, as appropriate.
9. A review of the compliance documents and written compliance material.
10. Administer an Exit Interview Questionnaire to exiting employees that includes questions regarding whether exiting employee observed any violations of the compliance program, including code of conduct, as well as any violations of applicable statutes, regulations, and Medicaid program requirements during employee's tenure. The Compliance Department reviews any positive responses to questions regarding compliance violations.

The AAA 1-B Compliance Department follows up on recommendations and corrective action plans that it issues to internal AAA 1-B departments and external providers to ensure that they have been implemented.

Each AAA 1-B Department performs an internal audit to ensure it is operating in compliance with contractual requirements. The results of each Department's internal audit must be provided in a written report to the compliance officer, the Compliance Committee, and appropriate senior management. The report must contain findings, recommendations, and proposed actions. The contents of the report must be discussed with the Compliance Officer and senior management.

At least annually, the AAA 1-B Compliance Department ensures that regular, periodic evaluations of its compliance program occur to determine the program's overall effectiveness.

At least annually, the Compliance Officer is responsible for generating an Annual Report of Compliance Activities for the AAA 1-B Corporate Compliance Program. The report will be drafted by the Compliance Officer and will minimally contain the following information for the previous 12-month period:

- a list of actions taken as due to compliance or regulatory matters.
- a list of all substantial compliance issues and their resolution.
- information regarding improper payments identified, overpayments recovered, and costs avoided.
- a list of internal and external audits completed.
- Provider, Contractor, and service-specific program integrity activities such as, but not limited to, the following activities:

- Data analytics and algorithms Clinical

- reviews
  - Audits
  - Investigations
  - Authorization denials
  - Payment edits and audits
  - Provider credentialing/Michigan Medicaid enrollment outcomes and terminations
  - TPL outcomes; and
  - Findings of coordination of care activities.
- a list of Regulatory Compliance Committee meeting dates; and
- a summary of the year's compliance activities, including enhancements or changes to the compliance program.

The Annual Report of Compliance Activities will also include a summary and analysis of the prior year's compliance activities, which the Compliance Officer will be required to present to the Board of Directors. The summary shall include an examination of the strengths and weaknesses of the Compliance Program and suggestions to prevent future violations. The audit process should also be discussed to determine if it should be changed in scope or frequency to better detect violations.

#### **E. Element Five: Reporting Process and Communication**

AAA1-B communicates with its Workforce Members in various ways to provide continual awareness of the importance of compliance. Communications may include postings on the AAA1-B website, postings in the AAA1-B offices, compliance training, and other notifications, which shall be communicated or distributed on at least an annual basis.

The Compliance Officer establishes, implements, and maintains processes to inform Workforce Members of procedure changes, regulatory changes, and contractual changes.

It is AAA1-B's policy and requirement that suspected or detected non-compliance or potential fraud, waste, and/or abuse is to be reported. AAA1-B has developed internal reporting processes to ensure that Workforce Members can easily report violations or suspected violations. There are a number of ways to report suspected or detected non-compliance or potential FWA.

#### **Reporting to AAA1-B:**

- Anonymous Reporting Option: From the AAA 1-B website, choose "Report a concern or Issue to AAA 1-B" at the bottom of the page.
- Anonymous Reporting Option: Telephone/Hotline: 1-833-AAA1BFWA (1-833-221-2392)

- Email: [compliancereporting@ageways.org](mailto:compliancereporting@ageways.org)
- By mail to: Area Agency on Aging 1-B, Attention: Compliance Officer, 29100 Northwestern Hwy, Ste. 400, Southfield, MI 48034

**Reporting to MDHHS/OIG:**

- Telephone: 1-855-MI FRAUD (1-855-643-7283)
- Submit an online complaint at <https://www.michigan.gov/fraud>.
- By mail: Office of Inspector General, PO Box 30062, Lansing, MI 48909

It is AAA1-B's policy to require and maintain an open door for reporting allegations of fraud, waste, abuse, misconduct, and concerns to the Compliance Officer.

It is AAA 1-B's policy and requirement that there shall be no retaliation, retribution, or intimidation against anyone who reports, in good faith, suspected or detected non-compliance, regardless of the seriousness of the violation or the level of employee, contractor/vendor, or agent responsible for the violation. The reporting party's anonymity will be preserved to the extent possible. If disclosure of the reporting party's identity occurs, the Compliance Officer will enforce AAA 1-B policy that prohibits retaliation for reporting a suspected violation.

**F. Element Six: Enforcement Through Disciplinary Mechanisms**

It is AAA1-B's policy that its Workforce Members, Providers and Contractors will be disciplined if they violate the Compliance Program requirements, Code of Conduct and Ethics Statement, or if it is shown that they were knowledgeable of or should have been knowledgeable of such violations and failed to report them as required by the Compliance Program.

For Workforce Members, such disciplinary action may, include, but is not limited to, a warning, reprimand, development of a corrective action plan, suspension, demotion, probation, required reimbursement of losses or damages, reduction in compensation, termination, or referral to the authorities for criminal or civil action. When an employee is found to have committed a violation, a full report of the violation will be provided to the Human Resources department for evaluation and completion of corrective action, as deemed necessary. Employees who commit violations will be required to attend focused training on the applicable compliance areas.

For Providers and Contractors, such disciplinary action may, include, but is not limited to, a warning, development of a corrective action plan, or other appropriate measures, including but not limited to, contract termination and/or referral to law enforcement/ governmental authorities, as appropriate.

AAA1-B's actions in response to a violation will depend on the severity of the compliance issue. Suppose a Provider or Contractor identifies areas of non-compliance (e.g., refusal of an employee to complete the required training, etc.). In that case, it is the responsibility of the Provider or Contractor to take prompt

action to fix the issue and prevent it from happening again, including the enforcement of appropriate disciplinary actions.

**G. Element Seven: MI Choice; Response and Prevention (Investigation and Remediation)**

It is AAA1-B's policy to expeditiously investigate any suspected and reported violations of the compliance program upon receipt of a complaint. The AAA 1-B Compliance Department is the dedicated special investigation unit responsible for conducting investigations of potential fraud, waste, and abuse. AAA 1-B will have a minimum of 1 full-time equivalent (FTE) dedicated to Michigan Medicaid for every 100,000 Michigan Medicaid Enrollees or fraction thereof. Investigators who split their time between multiple lines of business must dedicate a minimum of 25% of their time to Michigan Medicaid in order to count towards the FTE requirement.

An investigation will be initiated by a representative of AAA1-B and will continue until the investigation is completed—coordination of investigations that involve violations of the MI Choice contract.

When a credible violation report is received, the compliance officer will notify the CEO; relevant information will be shared with the board's compliance committee. All document disposal practices will be stopped immediately whenever reasonably possible. For internal investigations, if reasonable suspicion exists that employees may destroy or remove documents, they will be suspended or removed from sensitive areas whenever possible. For external investigations, the Compliance Officer will adhere to contractual requirements deemed necessary by the MI Choice contract.

AAA 1-B will cooperate fully in any further investigation or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Such cooperation will include providing, upon request, information, access to records and access to interview AAA 1-B employees and consultants. Access will be provided for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

AAA 1-B shall ensure that its Providers, Contractors, and any vendor or any person or entity receiving monies directly or indirectly by or through Michigan Medicaid, that MDHHS representatives and authorized federal and State personnel, including, but not limited to MDHHS OIG, the Michigan Department of Attorney General, the US Department of Health and Human Services, US Office of Inspector General (DHHS OIG) and the Department of Justice (DOJ), and any other duly authorized State or federal agency must have immediate and complete access to all records about services provided to Michigan Medicaid Enrollees, without first obtaining authorization from the Enrollee to disclose such information.

AAA 1-B shall suspend payments to Providers and Contractors when MDHHS OIG determines that there is a credible allegation of fraud.

After evidence of the violation is protected, the Special Investigator will ensure that

interviews are conducted with the appropriate parties necessary to learn the extent of the potential violation and the identities of responsible parties. Extensive document review may also be performed if necessary. After the investigation, responsible Workforce Members, Providers, and Contractors, if any, will be disciplined by AAA1-B policies and procedures.

AAA1-B will report a civil or criminal federal or state law violation to the appropriate government agency as soon as possible. Anytime AAA 1-B identifies a credible allegation of fraud, it will immediately refer the matter to the MDHHS OIG and the Attorney General's Health Care Division (AG-HCFD). Unless prior written approval is obtained from MDHHS OIG, AAA 1-B will not take any of the following actions as they specifically relate to Michigan Medicaid claims: contact subjects of investigation about any matters related to the investigation, enter or attempt to negotiate any settlement or agreement regarding a fraud- related incident, AAA1-B will provide a report of its investigation and cooperate with the government's investigation. If the violation has resulted in an overpayment, AAA1-B will promptly return the overpayment in compliance with the required procedures. AAA 1-B will follow MDHHS OIG procedures for reporting fraud, waste, and abuse. AAA 1-B will follow MDHHS OIG procedures for processing MDHHS OIG audit referrals.

## APPENDIX 1

### AAA1-B MI CHOICE COMPLIANCE OFFICER CONTACT INFORMATION

COMPLIANCE OFFICER:

Sarah Jacobs  
AAA1-B Administrative Offices  
29100 Northwestern Hwy.  
Ste. 400  
Southfield, MI 48034  
[sjacobs@ageways.org](mailto:sjacobs@ageways.org)  
Ph: 248-914-1504



## APPENDIX 2

### MI CHOICE COMPLIANCE PROGRAM ACKNOWLEDGEMENT

I have received, reviewed, and understand the AAA 1-B MI Choice Compliance Program. I understand that it is a condition of my employment to comply with the MI Choice Compliance Program.

I also realize that I must report any potential violations I discover, witness, or learn of within the MI Choice contractual requirements. I understand I will not be punished or disciplined for reporting, in good faith, any violation, whether by a AAA 1- B staff member, or a vendor or entity providing contractual services.

I realize that committing a violation or failing to report a potential violation may result in disciplinary action.

I certify that I have not been excluded from participation in any federal or state health care program. I further certify that I have not been excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non-financial assistance and benefits. I have not been criminally convicted of any crime regarding the federal or state health care programs or private health care plans or any offense involving financial misconduct (such as fraud, waste, or abuse).

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date