Riverwood Center

Berrien Mental Health Authority (BMHA) Annual Compliance Plan - 2025

Based on Year 2024 Annual Assessment Completed by BMHA's Compliance/HIPAA Legal Counsel

	Area	Audit Mechanism or Action	Purpose
1.	Contracted External Provider Review	• Compliance Auditor will complete post-bill audits of all contracted external provider sites providing services to BMHA consumers during FY 2025 as identified by the Provider Network Dept. This will be accomplished through desk audits & on-site audits as necessary. • Compliance Specialist to complete post-bill audits of all Self-Directed Service (SDS) Community Living Supports (CLS)/Respite services provided to BMHA consumers during FY 2025 as identified by BMHA's SDS Dept. This will be accomplished through desk audits. • Compliance Dept. will complete unannounced contracted external provider site visits/desk audits if deemed necessary.	• To ensure contracted external providers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.
2.	Internal Documentation Review of all Clinical Teams	• Compliance Auditor will complete one hundred (100) post-bill audits of internal services per month by	• To ensure internal staff are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.

		clinical team. These will include five (5) new hire clinician chart reviews.	
3.	County of Financial Responsibility (COFR) Review	• Compliance Auditor to complete five (5) post-bill audits of County of Financial Responsibility (COFR) records per quarter.	• To ensure contracted COFR provider documentation is present to support claims submitted for payment.
4.	Overlapping Claims Review	• Director of Provider Network, Claims Specialist & Director of Regulatory Compliance/Privacy Officer will meet to review the overlapping claims report at least once per month.	• To ensure internal staff & contracted external providers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.
5.	HIPAA Privacy & Security	• Security Officer in conjunction with Director of Regulatory Compliance/Privacy Officer will send periodic privacy/security reminders/tips to all staff via e-mail. • Director of Regulatory Compliance/Privacy Officer will update HIPAA Privacy/Security email reminders/tips to include educational information on phishing & other forms of social engineering. • Security Officer to continue evaluating general software security	• To comply with the HIPAA Privacy & Security Standards, 42 CFR Part 2, 45 CFR & Michigan Mental Health Code.

		for vulnerabilities with assistance from IT vendor, Aunalytics on an on-going basis. • Security Officer will provide a quarterly security report to the Compliance Committee for review. • Security Officer will continue using phishing simulation platform, KnowBe4 via IT vendor, Aunalytics & will continue monitoring identified staff flagged as vulnerable. Security Officer in conjunction with Director of Regulatory Compliance/Privacy Officer & HR Director will apply corrective action (e.g., re-education, focused monitoring, formal disciplinary action) as needed. • Security Officer to complete Security Risk Assessments (SRAs) at least annually or if a significant change has occurred (e.g., change in technology vendor). • Security Officer in conjunction with Director of Regulatory	

		Compliance/Privacy Officer will work with BMHA's Legal Counsel to update HIPAA security policies & procedures once the OCR's proposed rule to improve cybersecurity has been finalized.	
6.	Training & Education	• Director of Regulatory Compliance/Privacy Officer to continue current Compliance/HIPAA/Ethics training & education efforts to include new hire orientation (within 30 days of hire), annual e-Learning, remedial/refresher training as needed & weekly HIPAA/Compliance/Ethics e-mail reminders. Targeted team training will occur as needed if training needs are identified. • Director of Regulatory Compliance/Privacy Officer to periodically update training materials based on feedback from BMHA's Compliance Legal Counsel, SWMBH, MDHHS, Regional	• To comply with Federal Sentencing Guidelines – Seven Elements of Compliance

		Compliance Coordinating Committee & regulatory changes.	
7.	Policy & Procedure Updates	• Director of Regulatory Compliance/Privacy Officer in conjunction with legal counsel & applicable joint reviewers will review & update agency policies & procedures as needed. ○ Update Policy & Procedure 01-31-16 Section 1557 of the Affordable Care Act Grievances ○ Update Policy & Procedure 01-90-05 Confidentiality of Substance Use Disorder Information	• To ensure compliance with State & Federal laws.
8.	Outpatient Psychiatric Prescriber Evaluation & Management (E&M) Coding Review	• Contracted Coder Consultant to complete an annual post-bill E&M coding desk audit for all prescribers. • Contracted Coder Consultant will provide the Director of Regulatory Compliance/Privacy Officer with an audit summary report which will be shared with CFO, CEO &	• To ensure prescribers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.

		Reimbursement Office Manager for dissemination.	