

North Sound Behavioral Health
Administrative Services Organization
Board of Directors
Meeting Agenda

November 14th, 2024

**Board of Directors Members Present
in Person:**

Members Present via MS Teams:

**North Sound Behavioral Health
Administrative Services Organization
(North Sound BH-ASO) Staff Present:**

Guests Present:

- 1. Call to Order and Introductions** – Chair
- 2. Tribal Acknowledgement** – Chair
[Tribal Behavioral Health | North Sound BH-ASO \(nsbhaso.org\)](https://nsbhaso.org)
- 3. Revisions to the Agenda** – Chair
- 4. Approval of the October 10th, 2024, Minutes, Motion #24-49** – Chair....
Attachment
- 5. Comments & Announcements from the Chair** - Chair
- 6. Reports from Members** - Chair
- 7. Comments from the Public** – Chair
- 8. Annual Compliance Training** - Attachments
Charles DeElena, Compliance Officer
- 9. Annual Conflict of Interest Attestation-** Attachment
JanRose Ottaway Martin, Executive Director
- 10. Report from the Advisory Board** Attachment
Kara Allen, Advisory Board Chair

11. Report from the Finance Officer Attachments
Margaret Rojas, Assistant Director

12. Report from the Governance Operations Committee - Chair

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Member.

Consent Agenda – Chair.....Attachment

Motion #24-50

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from October 1st, 2024, through October 31st, 2024, in the amount of \$7,305,530.14.
- Payroll for the month of October in the amount of \$200,838.86 and associated employer benefits in the amount of \$97,872.38.

13. Action Items – Margaret Rojas, Assistant Director

For Board Approval

Skagit County Recovery Café

- Skagit County Recovery Café has requested one time funding to offer an additional recovery circle and food for the members.
 - The annual amount is - \$24,000.00

Motion #24-51

North Sound BH-ASO-Skagit Recovery Café-PSC-24 for the purpose of providing funds to support the center's operations.

Compass Health

- Compass Health submitted an updated budget for crisis services in June. After a thorough evaluation and negotiation, we approved an increase to their crisis budget. The annual increase is due to staff wage increases, additional FTEs and costs associated with the increases.
 - The total annual increase is \$1,938,950.00. Compass Health provides 24/7 mobile crisis outreach in Island, San Juan, Skagit and Whatcom counties.

Motion #24-52

North Sound BH-ASO-Compass Health-ICCN-23 Amendment 6 for the purpose of adding an ongoing increase to the crisis service budget. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract

14. Introduction Items

Margaret Rojas, Assistant Director

- Health Care Authority (HCA) contracts to include funding for the period of July 1, 2024, through December 31, 2024.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management and Proviso Funding)
- Downstream contracts for GF-S services within Available Resources (Mental Health & Substance Use Disorder Outpatient, Triage Services)

The downstream contracts follow the HCA contract. The funding for the downstream contracts is included in the same amendment, which is why you will see the same numbered amendment under different categories of funding

Health Care Authority (HCA)

HCA-NS BH-ASO-K-6897-03 is providing the GF-S funding for the period of January 1, 2025, through June 30, 2025.

- GF-S funding is stable from the previous contract period.
 - 6-month allocation is \$

Motion #XX-XX

HCA-NS BH-ASO-K- providing the ASO GF-S funding and legislative proviso funds for the period of January 1, 2025, through June 30, 2025.

GF-S Mandatory Services

The following contracts provide mandatory behavioral health services. Funding for GF-S services is allocated every six (6) months.

- Compass Health
 - Mobile Crisis Adult & Youth Outreach Teams, ITA services, Child Youth and Family Crisis Outreach Team, Evaluation and Treatment Services and other provisos listed below.
 - Program for Assertive Community Treatment (PACT) services and continuing the reserve funds for flexible spending for PACT participants, staff training and short-term housing needs. These funds will be renewed until the reserve is depleted.
 - Crisis Services – 6-month allocation - \$
 - Community Outreach & Recovery Support (CORS) – 6-month allocation \$
 - PACT 6-month allocation - \$
 - PACT Proviso Reserve Funds 6-month allocation - \$
 - Behavioral Health Enhancement Funds 6-month allocation - \$
 - San Juan County HARPS Funds 6-month allocation - \$
 - Evaluation & Treatment Discharge Planner 6-month allocation - \$
- Conquer
 - Assisted Outpatient Treatment (AOT) in Snohomish County
 - 6-month allocation - \$
- Snohomish County
 - Mobile Crisis Outreach, ITA services
 - Proviso Funding-Jail Transition Services, Designated Cannabis Account, Trueblood Funds
 - Crisis Funds 6-month allocation - \$
 - Proviso Funds 6-month allocation \$

- Volunteers of America
 - Toll Free Crisis Hotline
 - Behavioral Health Enhancement Funds
 - Toll Free Crisis Line 6-month allocation - \$
 - Crisis Follow-up Services 6-month allocation - \$
 - Behavioral Health Enhancement Funds 6-month allocation \$
- Telecare
 - Evaluation and Treatment Services (Fee for Service)
 - E&T Discharge Planners
 - Behavioral Health Enhancement Funds
 - E&T Discharge Planner 6-month allocation - \$
 - Behavioral Health Enhancement Funds 6-month allocation \$
- Lifeline Connections
 - PACT services and continuing the reserve funds for flexible spending for PACT participants, staff training and short-term housing needs. These funds will be renewed until the reserve is depleted.
 - PACT 6 -month allocation - \$
 - PACT Proviso Reserve Funds 6-month allocation - \$
- Lake Whatcom Center
 - PACT continuing the reserve funds in the amount of \$73,206.00 for flexible spending for PACT participants, staff training and short-term housing needs. These funds will be renewed until the reserve is depleted.
 - PACT 6-month allocation-\$
 - PACT Proviso Reserve Funds 6 – month allocation \$
- Evergreen Recovery Center
 - Behavioral Health Enhancement Funds
 - 6-month allocation - \$
 - 6-month allocation - \$
- Pioneer Human Services
 - Behavioral Health Enhancement Funds (Proviso Funds)
 - 6-month allocation \$
- Snohomish County Superior Court
 - Juvenile Treatment Services
 - 6-month allocation - \$
- Island County
 - Proviso Funding-Jail Transition Services, Designated Cannabis Account, Trueblood Funds
 - HARPS Housing Assistance
 - Proviso Funds 6-month allocation - \$
 - HARPS 6-month allocation - \$
- San Juan County
 - Proviso Funding-, Designated Cannabis Account
 - 6-month allocation - \$
- Skagit County
 - Proviso Funding – Jail Transition Services, Designated Cannabis Account, Trueblood Funds
 - 6-month allocation - \$
- Whatcom County
 - Proviso Funding – Jail Transition Services, Designated Cannabis Account, Trueblood Funds
 - 6-month allocation - \$

Motion #XX-XX

NS BH-ASO-Compass Health-ICCN-23 Amendment 7 to provide funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

North Sound BH-ASO-Conquer Addiction-ICN-23 Amendment 2 to provide the funding to continue AOT services in Snohomish County. The contract term is August 1, 2023, through July 31, 2025, with an automatic one-year renewal on August 1, 2025, based on continued compliance with the terms of the contract.

NS BH-ASO-Snohomish County-ICCN-23 Amendment 6 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-VOA-ICCN-23 Amendment 5 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Telecare-ICCN-23 Amendment 4 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Lifeline Connections-ICN-23 Amendment 5 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-LWC-ICN-23 Amendment 4 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-ERC-ICN-23 Amendment 5 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-PHS-ICN-23 Amendment 4 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Snohomish County Superior Court-ICN-23 Amendment 5 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Island County-ICN-23 Amendment 6 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-San Juan County-ICN-23 Amendment 4 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Skagit County-Interlocal-23 Amendment 6 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-Whatcom County-ICN-23 Amendment 5 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 30, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

GF-S services within Available Resources

- Compass Health
 - SUD outpatient services in San Juan County (FFS)
 - Whatcom County Triage
 - 6-month allocation - \$
- Pioneer Human Services
 - Island, Skagit & Whatcom Withdrawal Management Services
 - 6-month allocation - \$
 - Behavioral Health Enhancement Funds (Proviso Funds)
 - 6-month allocation \$

Motion #XX-XX

NS BH-ASO-Compass Health-ICCN-23 Amendment 7 to provide funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

NS BH-ASO-PHS-ICN-23 Amendment 4 to provide the funding to continue services under this contract. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract.

15. Discussion Items

- JanRose Ottaway Martin, Executive Director
- COLA
 - Budget Presentation: Attachment
<https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202025%20Budgetal.pdf>

16. Report from the Executive Director Attachment
JanRose Ottaway Martin, Executive Director

17. Adjourn - Chair

Next Meeting: December 12th, 2024

North Sound Behavioral Health
Administrative Services Organization
Board of Directors
Meeting Minutes

October 10th, 2024

**Board of Directors Members Present
in Person:**

- **Barry Buchanan**, County Council, Whatcom County
- **Cammy Hart-Anderson**, Human Services, Designated Alternate for Dave Somers, County Executive; Snohomish County

Members Present via MS Teams:

- **George Kosovich**, Community Services Division Manager, Designated Alternate for Peter Browning, Commissioner, Skagit County
- **Darcy Cheesman**, Legislative Aid, Designated Alternate for Sam Low, County Council; Snohomish County
- **Malora Christensen**, Response System Division Manager, Designated Alternate for Satpal Sidhu, County Executive; Whatcom County
- **Jami Mitchell**, Human Services Manager, Designated Alternate for Cindy Wolf, County Council; San Juan County
- **Lynda Austin**, Human Services, Designated Alternate for Jill Johnson, Commissioner, San Juan County
- **Kara Allen**, Advisory Board Chair

Guests Present:

- Lori Fleming, Snohomish County Rual Behavioral Health Consortium
- State Auditors

**North Sound Behavioral Health
Administrative Services Organization
(North Sound BH-ASO) Staff Present:**

- **JanRose Ottaway Martin**, Executive Director
- **Michael McAuley**, Clinical Director
- **Margaret Rojas**, Assistant Director
- **Darrell Heiner**, Senior Accountant
- **Kim Nakatani**, Accountant
- **Charles DeElena**, Business Improvement Manager/Compliance

- Officer
- **Maria Arreola**, Sr. Administrative Assistant
- **Joanie Wenzl**, Administrative Manager, Clerk of the Board

Call to Order and Introductions – Chair

The chair called the meeting to order and initiated introductions.

Tribal Acknowledgement – Chair

[Tribal Behavioral Health | North Sound BH-ASO \(nsbhaso.org\)](https://nsbhaso.org)

The Chair read the Tribal Acknowledgement.

Revisions to the Agenda – Chair

The Chair noted a revision to the agenda, adding that the State Auditors will give their presentation just after the Minutes motion on the agenda.

Approval of the September 12th, 2024, Minutes, Motion #24-43 – Chair

Cammy Hart-Anderson moved the motion for approval, Barry Buchanan seconded, all in favor, none opposed, no abstentions. Motion #24-43 carried

Comments & Announcements from the Chair – Chair

The Chair of the Board welcomed the State Auditors

Reports from Members – Chair

The members gave updates on their respective county's behavioral health happenings.

Comments from the Public – Chair

There were no comments from the public.

Compensation Survey for NS BH-ASO

- Nancy Kasmar, MS, CCP, SHRM-SCP
Principal, Compensation Connections®

JanRose introduced Nancy Kasmar. Nancy gave a brief background on her agency, the number of consultants in the organization, and the composition of their current customers.

She followed up with the PowerPoint presentation/survey that she had prepared for the board members regarding NS BH-ASO's current staff compensation.

Following the presentation, Barry Buchanan made a motion to approve the implementation of the compensation study recommendations, to include a start date of January 1st 2025.

5 yay, 2 abstained, motion carried by majority vote.

State Auditor Exit Conference

- David Yost, Assistant State Auditor; Susanne Hancock, Assistant Audit Manager

There was a PowerPoint presentation given by David and Susanne.

Also, an exit conference packet was included in the board member packets.

A question-and-answer opportunity followed. There were no questions.

The auditors expressed appreciation to the NS BH-ASO staff.

Report from the Advisory Board

Kara Allen, Advisory Board Chair

Kara gave the report from the Advisory Board which entailed the topics covered during the Legislative Summit that took place on October 1st.

Report from the Finance Officer

Margaret Rojas, Assistant Director

Margaret gave the Report from the Finance Officer. An opportunity for questions was given.

Report from the Governance Operations Committee – Chair

The Chair noted that the Governance and Operations meeting was one board member short of a quorum., but that the ASO’s warrants paid were reviewed and discussed and being brought forward to the full board for review and/or discussion and a vote.

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Board of Directors with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a Member.

Consent Agenda – ChairTab 4

Motion #24-44

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from September 1st, 2024, through September 30th, 2024, in the amount of \$1,599,305.72.
- Payroll for the month of September in the amount of \$199,245.42, and associated employer benefits in the amount of \$97,576.68.

Cammy Hart-Anderson moved the motion for approval. Barry Buchanan seconded, no abstentions, all in favor, Motion #24-44 carried.

Action Items – Margaret Rojas, Assistant Director

For Board Approval

Health Care Authority (HCA)

- Projects for Assistance in Transition from Homelessness (PATH). This is an outreach program targeting individuals with a serious mental illness who are unhoused in Snohomish County. The annual funding for this service is \$219,026.00. North Sound provides a mandatory match annually of \$73,000.00.
- Peer Pathfinder Homeless Outreach Programs. Funding is used to support outreach and engagement services for those who are, or who are risk of homelessness and have or are suspected to have an Opiate Use Disorder and/or stimulant use disorder in Whatcom County. The annual funding for these services is \$131,480.00.

- Additional ARPA Peer Pathfinder funds are included in the amount of \$71,020.00 annually to specifically work with individuals exiting correctional facilities who have a serious mental illness or co-occurring conditions in Whatcom County.

Motion # 24-45

HCA-North Sound BH-ASO-PATH-24 for the purpose of funding PATH services in Snohomish County. The contract term is October 1, 2024, through September 30, 2025.

Cammy Hart-Anderson moved the motion for approval, Malora Christenson seconded. Discussion followed. All in favor, none opposed, motion #24-45 carried.

Motion #24-46

HCA-North Sound BH-ASO-Peer Path Finder-24 for the purpose of providing peer pathfinder services in Whatcom County. The term of the contract is October 1, 2024, through September 30, 2025.

Barry Buchanan moved the motion for approval, Cammy Hart-Anderson seconded, no discussion, all in favor, motion # 24-46 carried.

- The following two contracts are the downstream contracts for PATH and Peer Pathfinder services.

Bridgeways

- Bridgeways is the provider of PATH services in Snohomish County. The annual funding amount is \$219,026.00 of grant funding and \$73,000.00 in matching State funds for case management services for a total of \$292,026.00.

Motion #24-47

North Sound BH-ASO-Bridgeways-PATH-24 for the purpose of providing PATH outreach and case management services in Snohomish County. The term of this agreement is October 1, 2024, through September 30, 2025, based on continued compliance with the terms of the contract.

Cammy Hart-Anderson moved the motion for approval, Barry Buchanan seconded, no discussion, none opposed, all in favor. Motion #24-47 carried.

Lifeline Connections

- Lifeline Connections is the provider of Peer Pathfinder Services in Whatcom County. The total annual funding for this service is \$202,500.00

Motion #24-48

NS BH-ASO-Lifeline Connections-FBG-23 Amendment 4 to provide funding to the Peer Path Finder services under this contract. The contract term is January 1, 2023, through December 31, 2024, with an automatic one-year renewal on January 1, 2025, based on continued compliance with the terms of the contract.

Cammy Hart-Anderson moved the motion for approval, Barry Buchanan seconded, all in favor none opposed, Motion #24-48 carried.

Introduction Items - Margaret Rojas, Assistant Director

Skagit County Recovery Café

- Skagit County Recovery Café has requested one time funding to offer an additional recovery circle and food for the members. The request is \$24,000.00

Motion #XX-XX

North Sound BH-ASO-New Earth Recovery-PSC-23 Amendment 1 for the purpose of adding additional funds to support the center's operations.

Compass Health

- Compass Health submitted an updated budget for crisis services in June. After a thorough evaluation and negotiation, we approved an increase to their crisis budget. The annual increase is due to staff wage increases, additional FTEs and costs associated with the increases. The total annual increase is \$1,938,950.00 for a total annual amount of \$10,810,090.00. Compass Health provides 24/7 mobile crisis outreach in Island, San Juan, Skagit and Whatcom counties.

Motion #XX-XX

North Sound BH-ASO-Compass Health-ICCN-23 Amendment 6 for the purpose of adding an ongoing increase to the crisis service budget. The contract term is January 1, 2023, through December 31, 2025, with an automatic one-year renewal on January 1, 2026, based on continued compliance with the terms of the contract

The Introduction Items above were reviewed and discussed.

Discussion Item

JanRose Ottaway Martin, Executive Director

- North Sound Behavioral Health Legislative Summit

An outcome/overview of the Legislative Summit was given by JanRose Ottaway Martin. Discussion followed, as well as acknowledgement for the participants and the ASO's Advisory Board.

Discussion followed.

Additional thoughts and/or feedback can be sent to JanRose.

Report from the Executive Director

JanRose Ottaway Martin, Executive Director

JanRose gave the Report from the Executive Director, which included the following topics:

- First Annual North Sound Behavioral Health Legislative Summit
- Assessing the Crisis System (and any gaps)
- Hired two new positions
- Youth Navigator Program (aka Kids' Mental Health):
- Meeting with EMT/EMS and Fire Departments in November to discuss Endorsed MRRCT/CBCT models

Adjourn – Chair 2:43 p.m.

Next Meeting: November 14th, 2024



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273

Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

10/17/2024

Re: Required Centers for Medicare & Medicaid Services (CMS) Trainings

Dear North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) Board of Directors,

As stipulated in North Sound BH-ASO contracts with the five (5) managed care organizations (MCOs), all members of the North Sound BH-ASO Board of Directors and their alternates are required to complete the following Medicaid Fraud, Waste and Abuse training:

- Combatting Medicare Parts C and D Fraud, Waste and Abuse Training
- North Sound BH-ASO Policy 2001.00 Program Integrity

North Sound BH-ASO will provide information on how to access the approved web-based training provided by Centers for Medicare & Medicaid Services (CMS). A pdf of the training will also be provided to all board members and their alternates as an alternative format. The deadline for completion is December 1, 2024.

Each individual will need to complete an attestation form attesting to the fact they completed the required training. Completed attestations may be submitted via email to compliance_officer@nsbhaso.org.

We thank you in advance for your attention to this matter. If you have any questions about the request, please contact me at compliance_officer@nsbhaso.org or by calling 360-416-7013.

Sincerely,

Charles DeElena MBA, MHA, CHC, PMP, CPHQ

North Sound BH-ASO Business Improvement Manager/Compliance Officer

Effective Date: 7/1/2019
Review Date: 10/15/2024
Revised Date: 10/14/2024

North Sound Behavioral Health Administrative Services Organization, LLC

Section 2000 - Compliance: Program Integrity

Authorizing Source: HCA Contract

Approved by: Executive Director Date: 10/15/2024

Signature:



POLICY # 2001.00

SUBJECT: Program Integrity

MISSION STATEMENT

The mission of North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is:
"Empowering individuals and families to improve their health and well-being."

The vision of the North Sound BH-ASO is to create:

"A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are competent, compassionate, empowering and supportive of personal health and wellness."

North Sound BH-ASO Values are:

1. Integrity: North Sound BH-ASO will nurture an environment of transparency, trust and accountability;
2. Collaboration: North Sound BH-ASO believes every voice matters;
3. Respect: North Sound BH-ASO accepts and appreciates everyone we encounter;
4. Excellence: North Sound BH-ASO strives to be the best in everything we do;
5. Innovation: North Sound BH-ASO endeavors to try new things, be forward thinking, learn from mistakes and be adaptable;
6. Culture: North Sound BH-ASO endeavors to cultivate cultural humility in attempting to understand the world view of the persons and communities we serve; and
7. Social Equity: North Sound BH-ASO commits to working to reduce institutionalized racism and reduce disparities in health care.

As North Sound BH-ASO pursues this mission, vision and values, North Sound BH-ASO is committed to conducting all activities in compliance with applicable laws and regulations and in accordance with the highest ethical standards.

North Sound BH-ASO will maintain a business culture that builds and promotes professional responsibility and encourages colleagues to conduct all North Sound BH-ASO business with honesty and integrity.

North Sound BH-ASO's commitment to Compliance includes:

1. Communicating to all employees, consultants, independent contractors and subcontractors' clear ethical guidelines;
2. Providing training and education regarding applicable State and Federal laws, regulations and policies; and
3. Providing assistance and conducting monitoring and oversight to help ensure we meet our Compliance Commitment.

North Sound BH-ASO promotes open and free communication regarding our ethical and compliance standards and provides work environment free from retaliation.

PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls and activities employed by North Sound BH-ASO to ensure that we maintain an environment that facilitates ethical decision making and that we act in accordance with federal and state laws and regulations that govern North Sound BH-ASO.

POLICY

General Requirements

North Sound BH-ASO will have and comply with policies and procedures that guide and require North Sound BH-ASO and North Sound BH-ASO's officers, employees, agents, and Behavioral Health Agencies (BHAs) to comply with Program Integrity requirements.

North Sound BH-ASO will include Program Integrity requirements in its subcontracts.

Information on Persons Convicted of Crimes

North Sound BH-ASO will include the following in its written agreements with all Subcontractors and BHAs who are not individual practitioners or a group of practitioners:

1. Requiring the Subcontractor/BHA to investigate and disclose to Health Care Authority (HCA), at contract execution or renewal, and upon request of HCA, the identity of any person who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act since the inception of those programs.

Fraud, Waste and Abuse

North Sound BH-ASO's Fraud, Waste and Abuse program shall have:

1. A process to inform officers, employees, agents and BHAs about the False Claims Act.
2. Administrative procedures to detect and prevent fraud, waste and abuse, and a mandatory compliance plan.
3. Standards of conduct that articulate North Sound BH-ASO's commitment to comply with all applicable federal and state standards.
4. The designation of a compliance officer and a compliance committee that is accountable to senior management.
5. Training for all affected parties.
6. Effective lines of communication between the compliance officer and the North Sound BH-ASO staff and BHAs.
7. Enforcement of standards through well-publicized disciplinary policies.
8. Provision for internal monitoring and auditing of the North Sound BH-ASO and BHAs.
9. Provision for prompt response to detected violations, and for development of corrective action initiatives.
10. Provision of detailed information to staff and Subcontractors regarding fraud and abuse policies and procedures and the False Claims Act and the Washington false claims statutes, Chapter 74.66 RCW and RCW 74.09.210.

Washington State False Claims Statute

Chapter 74.66 RCW and RCW 74.09.210 guide the Washington State False Claims Statute and all of the rules specific to the State of Washington. Similar to the Federal False Claims Act, the Washington False Claims Statutes outlines the circumstances that constitute a false claim, along with the penalties for individuals determined to have engaged in fraudulent activities. These penalties are outlined in RCW 74.66.020 and are noted below:

(1) Subject to subsections (2) and (4) of this section, a person is liable to the government entity for a civil penalty of not less than the greater of ten thousand nine hundred fifty-seven dollars or the minimum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a) and not more than the greater of twenty-one thousand nine hundred sixteen dollars or the maximum inflation adjusted penalty amount imposed as provided by 31 U.S.C. Sec. 3729(a), plus three times the amount of damages which the government entity sustains because of the act of that person, if the person:

- (a) Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
- (b) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- (c) Conspires to commit one or more of the violations in this subsection (1);
- (d) Has possession, custody, or control of property or money used, or to be used, by the government entity and knowingly delivers, or causes to be delivered, less than all of that money or property;
- (e) Is authorized to make or deliver a document certifying receipt of property used, or to be used, by the government entity and, intending to defraud the government entity, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- (f) Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the government entity who lawfully may not sell or pledge property; or
- (g) Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the government entity, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government entity.

(2) The court may assess not less than two times the amount of damages which the government entity sustains because of the act of a person, if the court finds that:

- (a) The person committing the violation of subsection (1) of this section furnished the Washington state attorney general with all information known to him or her about the violation within thirty days after the date on which he or she first obtained the information;
- (b) The person fully cooperated with any investigation by the attorney general of the violation; and
- (c) At the time the person furnished the attorney general with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.

(3) A person violating this section is liable to the attorney general for the costs of a civil action brought to recover any such penalty or damages.

(4) For the purposes of determining whether an insurer has a duty to provide a defense or indemnification for an insured and if coverage may be denied if the terms of the policy exclude coverage for intentional acts, a violation of subsection (1) of this section is an intentional act.

The Washington False Claims Statute also outlines protections awarded to any individual who identifies and reports fraudulent activities, otherwise known as a “whistleblower”. Whistleblower protections are outlined in RCW 74.66.090 and noted below:

(1) Any employee, contractor, or agent is entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent, is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of an action under this chapter or other efforts to stop one or more violations of this chapter.

(2) Relief under subsection (1) of this section must include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees, and any and all relief available under RCW [49.60.030](#)(2). An action under this subsection may be brought in the appropriate superior court of the state of Washington for the relief provided in this subsection.

(3) A civil action under this section may not be brought more than three years after the date when the retaliation occurred.

Referring of Allegations of Potential Fraud and Invoking Provider Payment Suspensions

North Sound BH-ASO shall establish policies and procedures for referring all identified allegations of potential fraud to HCA, as well as for provider payment suspensions. When HCA notifies North Sound BH-ASO that a credible allegation of fraud exists, North Sound BH-ASO will follow the provisions for payment suspension contained in this Section.

1. When North Sound BH-ASO has concluded that an allegation of potential fraud exists, North Sound BH-ASO will make a Fraud referral to HCA within five (5) business days of the determination. The referral must be emailed to HCA at HotTips@hca.wa.gov. North Sound BH-ASO will report using the WA Fraud Referral Form.
2. When HCA determines North Sound BH-ASO’s referral of potential fraud is a credible allegation of fraud, HCA will notify North Sound BH-ASO’S Compliance Officer.
 - a. To suspend provider payments, in full, in part, or if a good cause exception exists to not suspend.
 - i. Unless otherwise notified by HCA to suspend payment, North Sound BH-ASO will not suspend payment of any provider(s) identified in the referral.
 - b. Whether HCA, or appropriate law enforcement agency, accepts or declines the referral.
 - i. If HCA or appropriate law enforcement agency accepts the referral, North Sound BH-ASO must “stand-down” and follow the requirements in the Investigation subsection of this Section.
 1. If HCA or appropriate law enforcement agency decline to investigate the

potential fraud referral, North Sound BH-ASO may proceed with its own investigation and comply with the reporting requirements.

3. Upon receipt of payment suspension notification from HCA, North Sound BH-ASO will send notice of the decision to suspend program payments to the provider within five (5) calendar days of HCA's notification to suspend payment, unless an appropriate law enforcement agency requests a temporary withhold of notice.
4. The notice of payment suspension must include or address all of the following:
 - a. State that payments are being suspended in accordance with this provision;
 - b. Set forth the general allegations identified by HCA. The notice should not disclose any specific information concerning an ongoing investigation;
 - c. State that the suspension is for a temporary period and cite suspension will be lifted when notified by HCA that it is no longer in place;
 - d. Specify, when applicable, to which type or types of claims or business units the payment suspension relates; and
 - e. Where applicable and appropriate, inform the provider of any Appeal rights available to this provider, along with the provider's right to submit written evidence for consideration by North Sound BH-ASO.
5. All suspension of payment actions under this Section will be temporary and will not continue after either of the following:
 - a. North Sound BH-ASO is notified by HCA or appropriate law enforcement agency that there is insufficient evidence of Fraud by the provider; or
 - b. North Sound BH-ASO is notified by HCA or appropriate law enforcement agency that the legal proceedings related to the provider's alleged Fraud are completed.
6. North Sound BH-ASO must document in writing the termination of a payment suspension and issue a notice of the termination to the provider. A copy must be sent to HCA at ProgramIntegrity@hca.wa.gov.
7. HCA may find that good cause exists not to suspend payments, in whole or in part, or not to continue a payment suspension previously imposed, to an individual or entity against which there is an investigation of a Credible Allegation of Fraud if any of the following are applicable:
 - a. A law enforcement agency has specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation.
 - b. Other available remedies are available to North Sound BH-ASO, after HCA approves the remedies as more effective or timely to protect Medicaid funds.
 - c. HCA determines, based upon the submission of written evidence by North Sound BH-ASO, the individual or entity that is the subject of the payment suspension, there is no longer a Credible Allegation of Fraud and that the suspension should be removed. HCA shall review evidence submitted by North Sound BH-ASO or the provider. North Sound BH-ASO may include a recommendation to HCA. HCA shall direct North Sound BH-ASO to continue, reduce, or remove the payment suspension within thirty (30) calendar days of having received the evidence.
 - d. Enrollee access to items or services would be jeopardized by a payment suspension because of either of the following:
 - i. An individual or entity is the sole community physician or the sole source of essential

specialized services in a community.

- ii. The individual or entity serves a large number of Enrollees within a federal Health Resources and Services Administration (HRSA) designated medically underserved area.
 - e. A law enforcement agency declines to certify that a matter continues to be under investigation.
 - f. HCA determines that payment suspension is not in the best interests of the Medicaid program.
8. North Sound BH-ASO will maintain for a minimum of six (6) years from the date of issuance all materials documenting:
 - a. Details of payment suspensions that were imposed in whole or in part; and
 - b. Each instance when a payment suspension was not imposed or was discontinued for good cause.
9. If North Sound BH-ASO fails to suspend payments to an entity or individual for whom there is a pending investigation of a Credible Allegation of Fraud without good cause, and HCA directed North Sound BH-ASO to suspend payments, HCA may impose sanctions in accordance with the HCA contract.
10. If any government entity, either from restitutions, recoveries, penalties or fines imposed following a criminal prosecution or guilty plea, or through a civil settlement or judgment, or any other form of civil action, receives a monetary recovery from any entity or individual, the entirety of such monetary recovery belongs exclusively to the state of Washington and North Sound BH-ASO and any involved subcontractor have no claim to any portion of this recovery.
11. Furthermore, North Sound BH-ASO is fully subrogated, and shall require its Subcontractors to agree to subrogate, to the state of Washington for all criminal, civil and administrative action recoveries undertaken by any government entity, including, but not limited to, all claims North Sound BH-ASO or subcontractor has or may have against any entity or individual that directly or indirectly receives funds including, but not limited to, any Health Care Provider, manufacturer, wholesale or retail supplier, sales representative, laboratory, or other provider in the design, manufacture, marketing, pricing, or quality of drugs, pharmaceuticals, medical supplies, medical devices, Medical Equipment, or other health care related products or services.
12. Any funds recovered and retained by a government entity will be reported to the actuary to consider in the rate-setting process.
13. For the purposes of this Section, “subrogation” means the right of any state of Washington government entity or local law enforcement to stand in the place of a Contractor or individual in the collection against a third party.

Reporting

North Sound BH-ASO shall submit to HCA a report of any recoveries made, or overpayments identified by the North Sound BH-ASO during the course of claims review/analysis. The report must be submitted to HCA at ProgramIntegrity@hca.wa.gov.

North Sound BH-ASO is responsible for investigating Enrollee fraud, waste and abuse. If North Sound BH-ASO suspects Client Fraud:

1. The North Sound BH-ASO will notify and submit all associated information of any alleged or investigated cases in which North Sound BH-ASO believes there is a serious likelihood of fraud by an Individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:

- a. Sending an email to WAEligibilityfraud@hca.wa.gov;
- b. Calling OMEP at 360-725-0934 and leaving a detailed message;
- c. Mailing a written referral to:

Health Care Authority
Attn: OMEP
P.O. Box 45534
Olympia, WA 98504-5534

- d. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.

North Sound BH-ASO will notify and submit all associated information of any alleged or investigated cases in which North Sound BH-ASO believes there is a serious likelihood of provider fraud by an individual or group using the WA Fraud Referral Form within five (5) business days from the date of determining an allegation of potential fraud exists.

The North Sound BH-ASO shall submit to HCA, on occurrence, a list of terminations report including BHAs terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. If the North Sound BH-ASO has nothing to report, the report will so state. The North Sound BH-ASO shall send the report electronically to HCA at ProgramIntegrity@hca.wa.gov with subject "Program Integrity Monthly list of Terminations Report." The report must include all of the following:

1. Individual BHA/entities' name;
2. Individual BHA/entities' NPI number;
3. Source of termination;
4. Nature of the termination; and
5. Legal action against the individual/entities.

Records Requests

Upon request, North Sound BH-ASO and contracted BHAs shall allow HCA or any authorized state or federal agency or authorized representative, access to all records, including computerized data stored by North Sound BH-ASO or its contracted BHA. North Sound BH-ASO and its contracted BHAs shall provide and furnish the records at no cost to the requesting agency.

On-Site Inspections

North Sound BH-ASO and its contracted BHAs must provide any record or data related to its contract, but not limited to:

1. Medical records;
2. Billing records;
3. Financial records;
4. Any record related to services rendered, quality, appropriateness, and timeliness of service; and
5. Any record relevant to an administrative, civil or criminal investigation or prosecution.

Upon request, North Sound BH-ASO or its contracted BHA shall assist in such review, including the provision of complete copies of records.

North Sound BH-ASO must provide access to its premises and the records requested to any state or federal agency or entity, including, but not limited to: HCA, U.S. Department of Health and Human Services (HHS), OIG, Office of the Comptroller of the Treasury, whether the visitation is announced or unannounced.

ATTACHMENTS

None



Combating Medicare Parts C & D Fraud, Waste, & Abuse



Synopsis

In this 30-minute course, learn about fraud, waste, and abuse (FWA) laws and regulations, potential violation consequences and penalties, and how Medicare Part C and Part D employees can recognize and prevent FWA.

- * Introduction
- * Lesson 1: What's Fraud, Waste, & Abuse?
- * Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse
- * Assessment

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the CMS [Office of Minority Health](#):

- * [Health Equity Technical Assistance Program](#)
- * [Disparities Impact Statement](#)

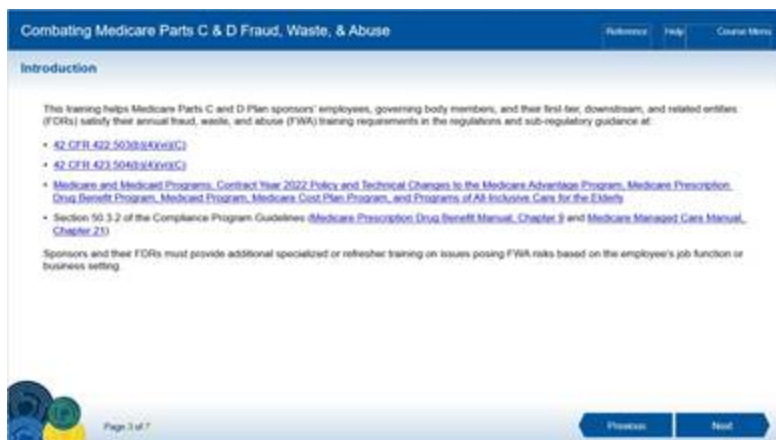


The Combating Medicare Parts C & D Fraud, Waste, and Abuse course is brought to you by the Medicare Learning Network®



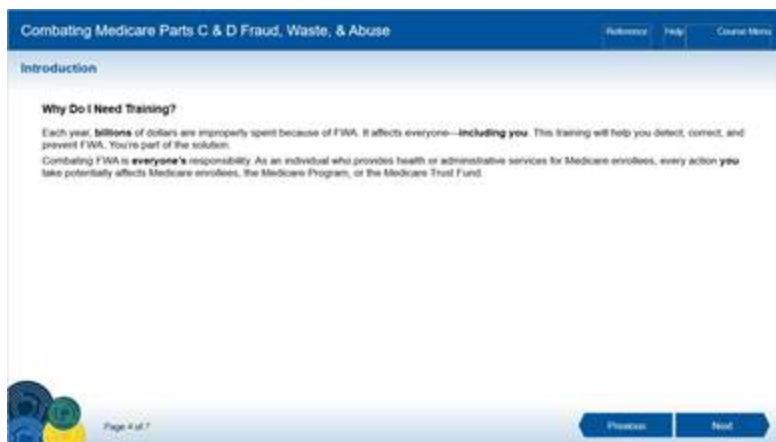
The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need.

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This training helps Medicare Parts C and D plan sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) satisfy their annual fraud, waste, and abuse (FWA) training requirements in the regulations and sub-regulatory guidance at:

- * 42 CFR 422.503(b)(4)(vi)(C)
 - * 42 CFR 423.504(b)(4)(vi)(C)
 - * Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly
 - * Section 50.3.2 of the Compliance Program Guidelines (Medicare Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21)
- Sponsors and their FDRs must provide additional specialized or refresher training on issues posing FWA risks based on the employee's job function or business setting.



Why Do I Need Training?

Each year, billions of dollars are improperly spent because of FWA. It affects everyone—including you. This training will help you detect, correct, and prevent FWA. You're part of the solution.

Combating FWA is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.



Training Requirements: Plan Employees, Governing Body Members, & First-Tier, Downstream, or Related Entity Employees

Certain training requirements apply to people involved in Medicare Parts C and D administration. All Medicare Advantage Organization (MAO) and Medicare Drug Plan (Part D) (collectively referred to in this course as sponsors) employees must get training to prevent, detect, and correct FWA.

FWA training must happen within 90 days of initial hire and at least annually thereafter.

Compliance Training, Education & Outreach for Medicare Parts C & D Programs webpage has more information.

Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare patients. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to patients who enroll in an MA plan.

MA plans must cover all services Medicare covers (with the exception of hospice care). They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to patients enrolled in Part A and or Part B who enroll in a Part D or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan's service area.



Navigating & Completing the Course

This WBT has course content, reference documents, review questions, and an assessment. You must score 70% or higher to successfully complete this course.

This course uses cues, like hyperlinks, buttons, rollovers, and pop-up windows to give more information. For more information on these cues, select Help. The Reference button includes resource documents and a glossary of defined terms. You may print these materials at any time.

After you successfully complete the course, you'll get instructions on how to get your certificate.



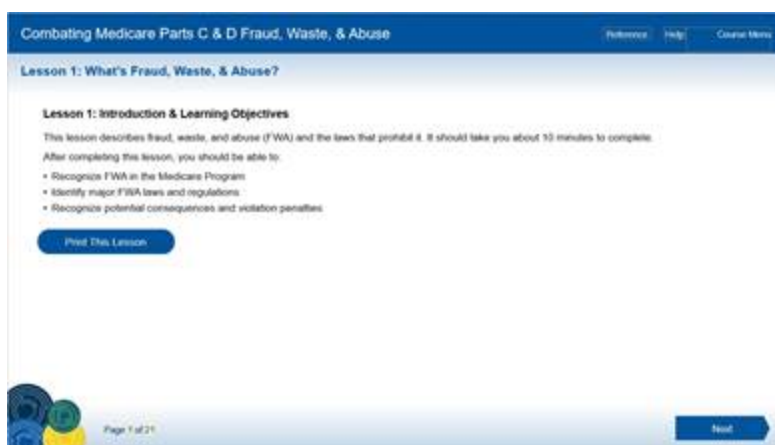
Welcome to the Combating Medicare Parts C & D Fraud, Waste, & Abuse Course

Course Objectives

After completing this course, you should be able to:

- * Recognize FWA in the Medicare Program
- * Identify major FWA laws and regulations
- * Recognize potential consequences and violation penalties
- * Identify methods to prevent FWA
- * Identify how to report FWA
- * Recognize how to correct FWA

Select Continue to return to the Course Menu. Then, select Lesson 1: What's Fraud, Waste, & Abuse?

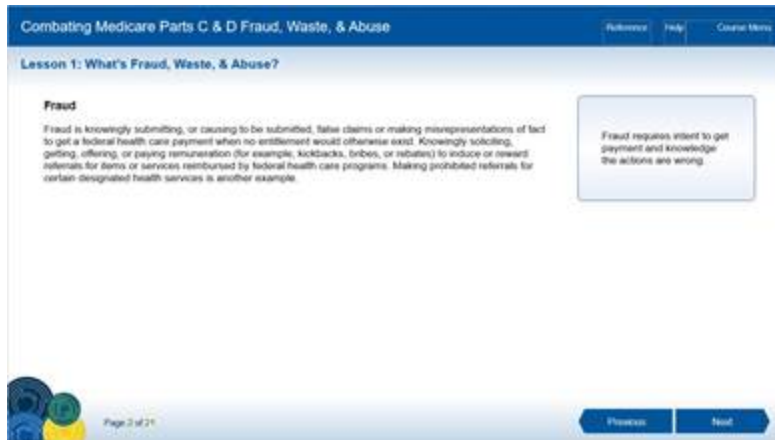


Lesson 1: Introduction & Learning Objectives

This lesson describes fraud, waste, and abuse (FWA) and the laws that prohibit it. It should take you about 10 minutes to complete.

After completing this lesson, you should be able to:

- * Recognize FWA in the Medicare Program
- * Identify major FWA laws and regulations
- * Recognize potential consequences and violation penalties



Fraud

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment when no entitlement would otherwise exist. Knowingly soliciting, getting, offering, or paying remuneration (for example, kickbacks, bribes, or rebates) to induce or reward referrals for items or services reimbursed by federal health care programs. Making prohibited referrals for certain designated health services is another example.

Fraud requires intent to get payment and knowledge the actions are wrong.



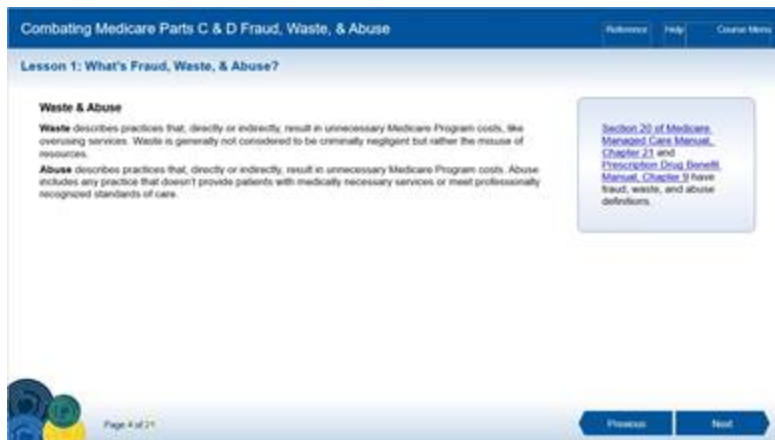
Fraud (continued)

The Criminal Health Care Fraud Statute (18 United States Code (USC) 1347) makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. It's also subject to criminal fines up to \$250,000. The statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or lie connected to delivering or paying for health care benefits, items, or services to either:

- * Defraud any health care benefit program
- * Get (by means of false or fraudulent pretenses, representations, or promises) money or property owned by, or controlled by, any health care benefit program

Example: Several doctors and medical clinics conspire in a coordinated scheme to defraud the Medicare Program by submitting medically unnecessary power wheelchair claims.

Penalties: Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.



Waste & Abuse

Waste describes practices that, directly or indirectly, result in unnecessary Medicare Program costs, like overusing services. Waste is generally not considered to be criminally negligent but rather the misuse of resources.

Abuse describes practices that, directly or indirectly, result in unnecessary Medicare Program costs. Abuse includes any practice that doesn't provide patients with medically necessary services or meet professionally recognized standards of care.

-

Section 20 of Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual, Chapter 9 have fraud, waste, and abuse definitions.



Fraud, Waste, & Abuse Examples

Medicare fraud examples:

- * Knowingly billing for services of higher complexity than services actually provided or documented in patient medical records
- * Knowingly billing for services or supplies not provided, including falsifying records to show item delivery
- * Knowingly ordering medically unnecessary patient items or services
- * Paying for federal health care program patient referrals
- * Billing Medicare for appointments patients don't keep

Medicare waste examples:

- * Conducting excessive office visits or writing excessive prescriptions
- * Prescribing more medications than necessary for treating a specific condition
- * Ordering excessive lab tests

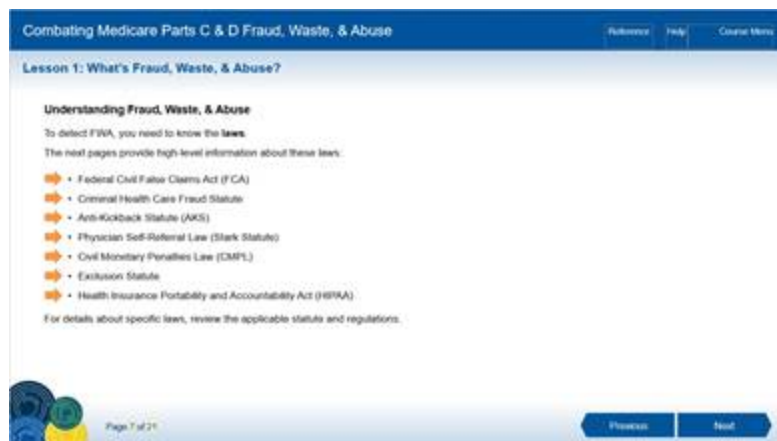
Medicare abuse examples:

- * Billing unnecessary medical services
- * Charging excessively for services or supplies
- * Misusing codes on a claim, like upcoding (assigning an inaccurate medical procedure or treatment billing code to increase payment) or unbundling codes



Fraud, Waste, & Abuse Differences

There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to get payment and knowledge the actions are wrong. Waste and abuse may involve getting an improper payment or creating unnecessary Medicare Program costs but don't require the same intent and knowledge.



Understanding Fraud, Waste, & Abuse

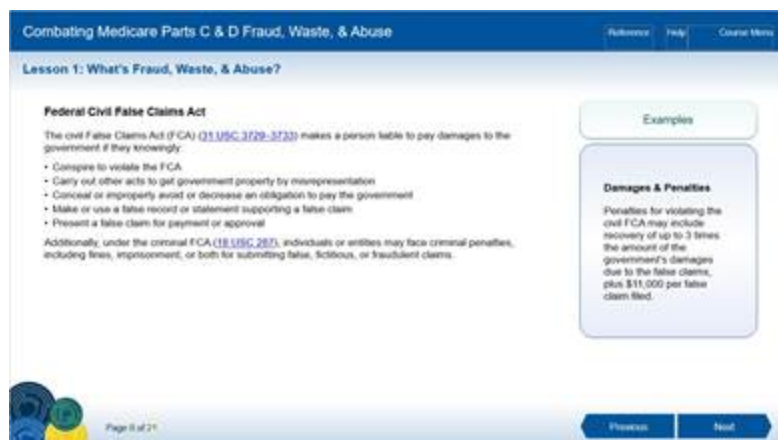
To detect FWA, you need to know the law.

The next pages provide high-level information about these laws:

- * Federal Civil False Claims Act (FCA)
- * Criminal Health Care Fraud Statute
- * Anti-Kickback Statute (AKS)
- * Physician Self-Referral Law (Stark Statute)
- * Civil Monetary Penalties Law (CMPL)
- * Exclusion Statute

* Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, review the applicable statute and regulations.



Federal Civil False Claims Act

The civil False Claims Act (FCA) (31 USC 3729–3733) makes a person liable to pay damages to the government if they knowingly:

- * Conspire to violate the FCA
- * Carry out other acts to get government property by misrepresentation
- * Conceal or improperly avoid or decrease an obligation to pay the government
- * Make or use a false record or statement supporting a false claim
- * Present a false claim for payment or approval

Additionally, under the criminal FCA (18 USC 287), individuals or entities may face criminal penalties, including fines, imprisonment, or both for submitting false, fictitious, or fraudulent claims.

Examples:

A Florida Medicare Part C plan:

- * Hired an outside company to review medical records to find additional diagnosis codes it could submit to increase CMS risk capitation payments
- * Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported
- * Failed to report the unsupported diagnosis codes to Medicare
- * Agreed to pay \$22.6 million to settle FCA allegations

The owner-operator of a California medical clinic:

- * Used marketers to recruit individuals for medically unnecessary office visits
- * Promised free, medically unnecessary equipment or free food to entice individuals
- * Charged Medicare more than \$1.7 million for the scheme
- * Was sentenced to 37 months in prison

Damages & Penalties

Penalties for violating the civil FCA may include recovery of up to 3 times the amount of the government's damages due to the false claims, plus \$11,000 per false claim filed.



Federal Civil False Claims Act (continued)

Whistleblower: A person who exposes information or activity that's deemed illegal, dishonest, or violates professional or clinical standards

Protected: A person who reports false claims or brings legal actions to recover money paid on false claims is protected from retaliation

Rewarded: A person who brings a successful whistleblower lawsuit gets at least 15%, but not more than 30%, of the money the government collects



Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute (18 USC 1346–1349) states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program or obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both.”

Conviction under the statute doesn’t require proof the violator knew the law or had specific intent to violate it.

Examples:

A Pennsylvania pharmacist:

- * Submitted Medicare Part D claims for non-existent prescriptions and drugs not dispensed
- * Pleaded guilty to health care fraud
- * Got a 15-month prison sentence and was ordered to pay more than \$166,000 in restitution to the plan

The owner of multiple New York Durable Medical Equipment (DME) companies:

- * Falsely represented themselves as 1 of a nonprofit health maintenance organization’s (that administered a Medicare Advantage plan) authorized vendors
- * Didn’t provide DME to any patients as claimed
- * Submitted almost \$1 million in false claims to the nonprofit; was paid \$300,000
- * Pleaded guilty to 1 count of conspiracy to commit health care fraud

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Criminal Health Care Fraud Statute (continued)

Persons who knowingly make a false claim may be subject to:

- Criminal fines up to \$250,000
- Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

[18 USC 1347](#) has more information.

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Criminal Health Care Fraud Statute (continued)

Persons who knowingly make a false claim may be subject to:

- * Criminal fines up to \$250,000
- * Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

[18 USC 1347](#) has more information.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Anti-Kickback Statute

The Anti-Kickback Statute (AKS) (42 USC 1320a-7b(b)) makes it a crime to knowingly and willfully offer, pay, solicit, or get any remuneration directly or indirectly to induce or reward patient referrals or business generation involving any item or service payable by a federal health care program. When a provider offers, pays, solicits, or gets unlawful remuneration, they violate the AKS.

The safe harbor regulations (42 CFR 101.1052) describe various payment and business practices that, although they potentially implicate the AKS, aren't treated as AKS offenses if they meet certain regulatory requirements. Individuals and entities remain responsible for complying with all other laws, regulations, and guidance that apply to their businesses.

[Comparison of the Anti-Kickback Statute and Stark Law](#) has more information.

Example

Damages & Penalties

Violations are punishable by:

- A fine up to \$25,000
- Imprisonment up to 5 years, or both

[Section 112906 of the Social Security Act](#) has more information.

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Anti-Kickback Statute

The Anti-Kickback Statute (AKS) (42 USC 1320a-7b(b)) makes it a crime to knowingly and willfully offer, pay, solicit, or get any remuneration directly or indirectly to induce or reward patient referrals or business generation involving any item or service payable by a federal health care program. When a provider offers, pays, solicits, or gets unlawful remuneration, they

violate the AKS.

The safe harbor regulations (42 CFR 1001.952) describe various payment and business practices that, although they potentially implicate the AKS, aren't treated as AKS offenses if they meet certain regulatory requirements. Individuals and entities remain responsible for complying with all other laws, regulations, and guidance that apply to their businesses.

Comparison of the Anti-Kickback Statute and Stark Law handout has more information.

Example:

A physician operating a Rhode Island pain management practice:

- * Conspired to solicit and get kickbacks for prescribing a highly addictive version of the opioid Fentanyl
- * Reported patients had breakthrough cancer pain to secure insurance payments
- * Got \$188,000 in speaker fee kickbacks from the drug manufacturer
- * Admitted the kickback scheme cost Medicare and other payers more than \$750,000

The physician was required to pay more than \$750,000 in restitution.

Damages & Penalties

Violations are punishable by:

- * A fine up to \$25,000
- * Imprisonment up to 5 years, or both

Section 1128B(b) of the Social Security Act has more information.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Physician Self-Referral Law (Stark Law)

The Physician Self-Referral Law (42 USC 1395nn), often called the Stark Law, prohibits a physician from referring a patient to get designated health services from a provider with whom a physician or a physician's immediate family member has a financial relationship, unless an exception applies.

Designated health services:

- Clinical lab services
- Physical therapy, occupational therapy, and outpatient speech-language pathology services
- Radiology and other imaging services
- Radiation therapy services and supplies
- DME and supplies
- Parenteral and enteral nutrients, equipment, and supplies
- Prosthetics, orthotics, and supplies
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

Example

Damages & Penalties

We don't pay Medicare claims rendered by an arrangement that doesn't comply with the Stark Law. A penalty of approximately \$25,000 can be imposed for each service provided. There may also be a fine over \$160,000 for entering into an unlawful arrangement or scheme.

Physician Self-Referral webpage and section 1817 of the Social Security Act have more information.

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Physician Self-Referral Law (Stark Law)

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Designated health services:

- * Clinical lab services
- * Physical therapy, occupational therapy, and outpatient speech-language pathology services
- * Radiology and other imaging services
- * Radiation therapy services and supplies
- * DME and supplies
- * Parenteral and enteral nutrients, equipment, and supplies
- * Prosthetics, orthotics, and supplies
- * Home health services
- * Outpatient prescription drugs
- * Inpatient and outpatient hospital services

Damages & Penalties

We don't pay Medicare claims tainted by an arrangement that doesn't comply with the Stark Statute. A penalty of approximately \$25,000 can be imposed for each service provided. There may also be a fine over \$160,000 for entering into an unlawful arrangement or scheme.

Physician Self-Referral webpage and section 1877 of the Social Security Act have more information.

Example:

A California hospital was ordered to pay more than \$3.2 million to settle Stark Law violations for maintaining 97 financial relationships with physicians and physician groups outside the fair market value standards or that were improperly documented as exceptions.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What's Fraud, Waste, & Abuse?

Civil Monetary Penalties Law

The Civil Monetary Penalties Law (CMPL) (42 USC 1320a-7a) authorizes the Office of Inspector General (OIG) to seek Civil Monetary Penalties (CMPs) and sometimes exclusions for a variety of health care fraud violations. Violations that may justify CMPs include:

- Arranging for an excluded individual's or entity's services or items
- Failing to grant OIG timely records access
- Filing a claim you know or should know is for an item or service that wasn't provided as claimed or is false or fraudulent
- Filing a claim you know or should know is for an item or service for which we won't make payment
- Violating the AKS
- Violating Medicare assignment provisions
- Violating the Medicare physician agreement
- Providing false or misleading information expected to influence a discharge decision
- Failing to provide an adequate medical screening exam for patients who present to a hospital emergency department with an emergency medical condition or in labor
- Making false statements or misrepresentations on applications or contracts to participate in federal health care programs

Section 1128A(a) of the Social Security Act has more information.

Example

Damages & Penalties

Penalties and assessments vary based on the type of violation. Penalties can be approximately **\$10,000–\$160,000 per violation**. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.

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Civil Monetary Penalties Law

The Civil Monetary Penalties Law (CMPL) (42 USC 1320a-7a) authorizes the Office of Inspector General (OIG) to seek Civil Monetary Penalties (CMPs) and sometimes exclusions for a variety of health care fraud violations. Violations that may justify CMPs include:

- * Arranging for an excluded individual's or entity's services or items
- * Failing to grant OIG timely records access
- * Filing a claim you know or should know is for an item or service that wasn't provided as claimed or is false or fraudulent
- * Filing a claim you know or should know is for an item or service for which we won't make payment
- * Violating the AKS
- * Violating Medicare assignment provisions
- * Violating the Medicare physician agreement
- * Providing false or misleading information expected to influence a discharge decision
- * Failing to provide an adequate medical screening exam for patients who present to a hospital emergency department with an emergency medical condition or in labor
- * Making false statements or misrepresentations on applications or contracts to participate in federal health care programs

Section 1128A(a) of the Social Security Act has more information.

Example:

A California pharmacy and its owner agreed to pay over \$1.3 million to settle allegations they submitted unsubstantiated Medicare Part D claims for brand name prescription drugs the pharmacy couldn't have dispensed based on inventory records.

Damages & Penalties

Penalties and assessments vary based on the type of violation. Penalties can be approximately \$10,000–\$50,000 per violation. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount of remuneration offered, paid, solicited, or received.



Exclusion Statute

The Exclusion Statute (42 USC 1320a-7) requires the OIG exclude individuals and entities convicted of these offenses from participating in all federal health care programs:

- * Medicare or Medicaid fraud, as well as other offenses related to delivering Medicare or Medicaid items or services
- * Patient abuse or neglect
- * Felony convictions for other health care-related fraud, theft, or other financial misconduct
- * Felony convictions for unlawful manufacture, distribution, prescribing, or dispensing controlled substances

The OIG also maintains the List of Excluded Individuals and Entities (LEIE) website.

The U.S. General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which enables various federal agencies, including the OIG, to take debarment actions.

When looking for excluded individuals or entities, check both the LEIE and the EPLS since the lists aren't the same. 42 CFR 1001.1901 has more information.

Example:

A pharmaceutical company pleaded guilty to 2 felony counts of criminal fraud for not filing required reports with the FDA about oversized morphine sulfate tablets. The pharmaceutical firm executive was excluded based on the company's guilty plea. When the unconvicted executive was excluded, there was evidence he was involved in misconduct leading to the company's conviction.



Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) created greater access to health care insurance, strengthened health care data privacy protection, and promoted health care industry standardization and efficiency.

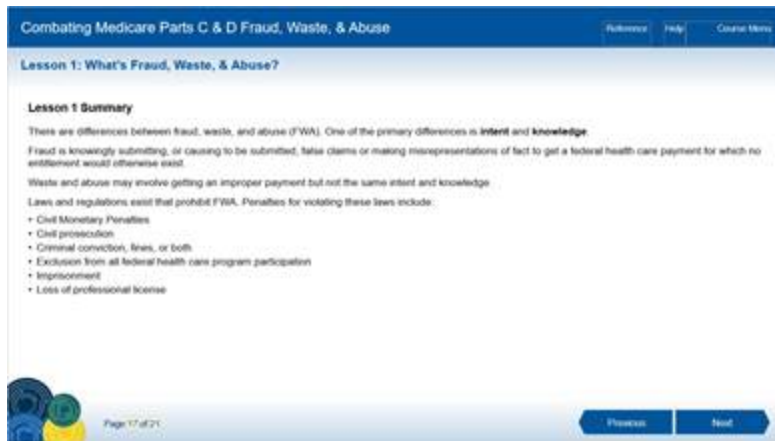
HIPAA safeguards deter unauthorized access to protected health care information. As someone with access to protected health care information, you must comply with HIPAA.

Example:

A former hospital employee pleaded guilty to criminal HIPAA charges after getting protected health information with the intent to use it for personal gain. He was sentenced to 12 months and 1 day in prison.

Damages & Penalties

Violations may result in CMPs. In some cases, criminal penalties may apply.



Lesson 1 Summary

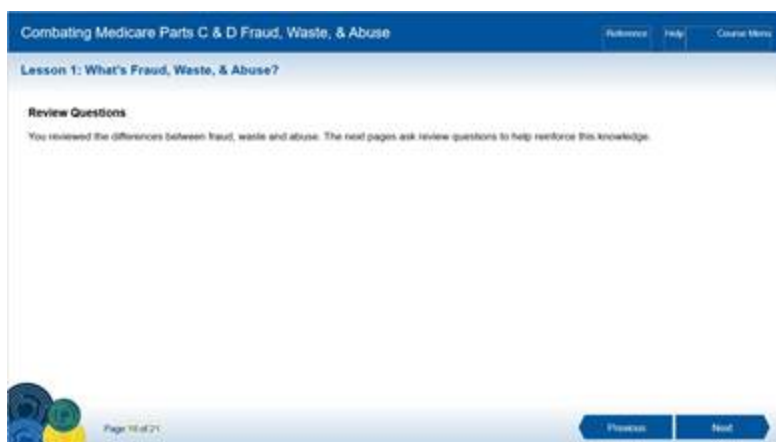
There are differences between fraud, waste, and abuse (FWA). One of the primary differences is intent and knowledge.

Fraud is knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to get a federal health care payment for which no entitlement would otherwise exist.

Waste and abuse may involve getting an improper payment but not the same intent and knowledge.

Laws and regulations exist that prohibit FWA. Penalties for violating these laws include:

- * Civil Monetary Penalties
- * Civil prosecution
- * Criminal conviction, fines, or both
- * Exclusion from all federal health care program participation
- * Imprisonment
- * Loss of professional license



Review Questions

You reviewed the differences between fraud, waste and abuse. The next pages ask review questions to help reinforce this knowledge.

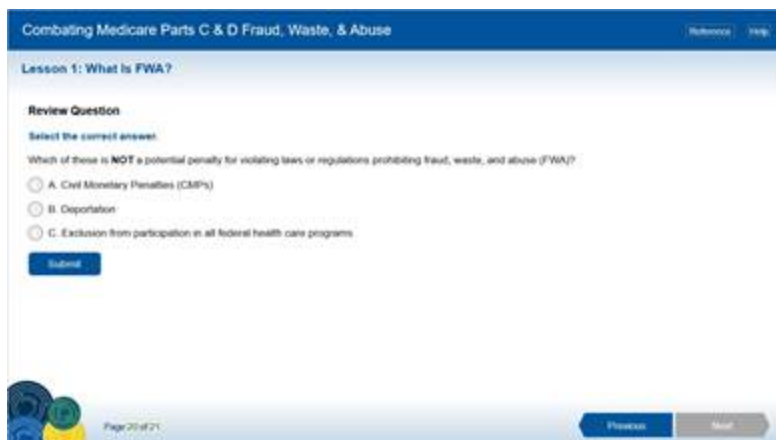


Review Question

Select the correct answer.

Which of these requires intent to get paid and knowing the actions are wrong?

- A. Fraud
- B. Abuse
- C. Waste



Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What Is FWA?

Review Question

Select the correct answer.

Which of these is **NOT** a potential penalty for violating laws or regulations prohibiting fraud, waste, and abuse (FWA)?

- ☐ A. Civil Monetary Penalties (CMPs)
- ☐ B. Deportation
- ☐ C. Exclusion from participation in all federal health care programs

Submit

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Previous Next

Review Question

Select the correct answer.

Which of these is NOT a potential penalty for violating laws or regulations prohibiting fraud, waste, and abuse (FWA)?

- A. Civil Monetary Penalties (CMPs)
- B. Deportation
- C. Exclusion from participation in all federal health care programs



Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 1: What Is FWA?

You've completed Lesson 1: What's Fraud, Waste, & Abuse?

Now that you've learned about FWA and the laws and regulations prohibiting it, let's look closer at your role in the fight against FWA. Select Continue to return to the Course Menu. Then, select Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse.

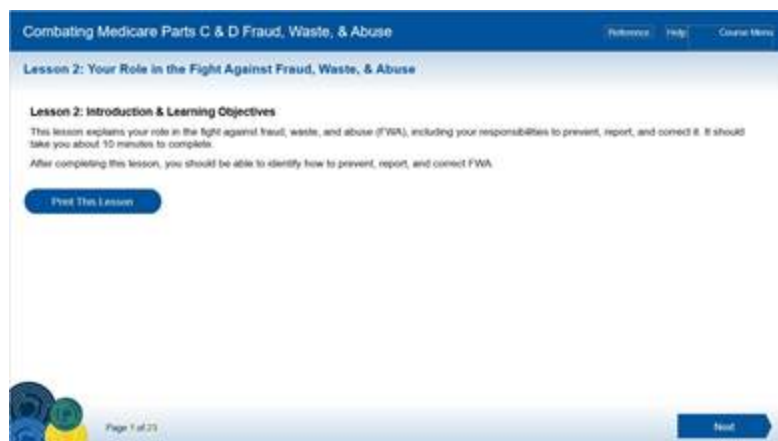
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Previous Continue

You've completed Lesson 1: What's Fraud, Waste, & Abuse?

Now that you've learned about FWA and the laws and regulations prohibiting it, let's look closer at your role in the fight against FWA.

Select Continue to return to the Course Menu. Then, select Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse.



Lesson 2: Introduction & Learning Objectives

This lesson explains your role in the fight against fraud, waste, and abuse (FWA), including your responsibilities to prevent, report, and correct it. It should take you about 10 minutes to complete.

After completing this lesson, you should be able to identify how to prevent, report, and correct FWA.



Where Do I Fit In?

As someone who provides health or administrative services to a Medicare Part C or Part D enrollee, you're likely an employee of a:

- * Sponsor: Medicare Advantage Organization (MAO) or a Prescription Drug Plan (PDP)
- * First-Tier Entity: Pharmacy Benefit Manager (PBM), hospital or health care facility, provider

group, doctor's office, clinical lab, customer service provider, claims processing and adjudication company, a company that handles enrollment, disenrollment, and membership functions, and contracted sales agents

* Downstream Entity: Pharmacies, doctors' offices, firms providing agent or broker services, marketing firms, and call centers

* Related Entity: Entity with common ownership or control of a sponsor, health promotion provider, or SilverSneakers®



Where Do I Fit In? (continued)

A Part C Plan Sponsor is a CMS contractor. Part C Plan Sponsors may enter into contracts with first-tier, downstream, or related entities (FDRs). This stakeholder relationship flow chart shows examples of functions relating to the sponsor's Medicare Part C contracts. Medicare Part C Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities may be independent practices, call centers, health services and hospital groups, fulfillment vendors, field marketing organizations, and credentialing organizations. If the first-tier entity is an independent practice, then a provider could be a downstream entity. If the first-tier entity is a health service and hospital group, then radiology, hospital, or mental health facilities may be the downstream entity. If the first-tier entity is a field marketing organization, then agents may be the downstream entity. Downstream entities may contract with other downstream entities. Hospitals and mental health facilities may contract with providers.

A Part D Plan Sponsor is a CMS contractor. Part D Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions relating to the sponsor's Medicare Part D contracts. Medicare Part D Plan Sponsor first-tier and related entities may contract with downstream entities to fulfill their contractual obligations to the sponsor.

Examples of first-tier entities include call centers, PBMs, and field marketing organizations. If the first-tier entity is a PBM, then the pharmacy, marketing firm, quality assurance firm, and claims processing firm could be downstream entities. If the first-tier entity is a field marketing organization, then agents could be a downstream entity.

The screenshot shows a presentation slide with a blue header. The header text is 'Combating Medicare Parts C & D Fraud, Waste, & Abuse'. To the right of the header are three small buttons: 'Reference', 'Help', and 'Course Menu'. Below the header, the slide title is 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse'. The main content area is titled 'What Are Your Responsibilities?' and contains a paragraph followed by three bullet points. At the bottom left is a graphic of three interlocking gears in blue, green, and yellow. At the bottom center is the text 'Page 8 of 23'. At the bottom right are two buttons: 'Previous' and 'Next'.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Reference Help Course Menu

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

What Are Your Responsibilities?

You play an important role in preventing, detecting, and reporting potential FWA, as well as Medicare noncompliance.

- **First**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **Second**, you have a duty to the Medicare Program to report any compliance concerns and suspected or actual violations you may know.
- **Third**, you have a duty to follow your organization's Code of Conduct that describes you and your organization's commitment to standards of conduct and ethical rules of behavior.

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What Are Your Responsibilities?

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Combating Medicare Parts C & D Fraud, Waste, & Abuse

Reference Help Course Menu

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

How Do You Prevent Fraud, Waste, & Abuse?

- Look for suspicious activity
- Conduct yourself ethically
- Ensure accurate and timely data and billing
- Ensure coordination with other payers
- Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS guidance
- Verify all information you get

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How Do You Prevent Fraud, Waste, & Abuse?

- * Look for suspicious activity
- * Conduct yourself ethically
- * Ensure accurate and timely data and billing
- * Ensure coordination with other payers
- * Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS guidance
- * Verify all information you get



Stay Informed About Policies & Procedures

Know your entity's policies and procedures.

Every sponsor and FDR must have FWA policies and procedures. These procedures should help you detect, prevent, report, and correct FWA.

Standards of Conduct should describe the sponsor's expectations that:

- * All employees conduct themselves ethically
- * Appropriate mechanisms are in place for anyone to report noncompliance and potential FWA
- * Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs that compliance is everyone's responsibility, from the organization's top to bottom.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Report Fraud, Waste, & Abuse

Everyone must report suspected FWA. Your sponsor's Code of Conduct should clearly state this obligation. Sponsors may not retaliate against you for making a good faith reporting effort.

Report any potential FWA concerns to your compliance department or your sponsor's compliance department. They will investigate and make the proper determination. Often, sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain an FWA hotline.

Every sponsor must have a mechanism for reporting potential FWA by employees and FDRs. Sponsors must accept anonymous reports and can't retaliate against you for reporting. Review your organization's materials for how to report FWA.

When in doubt, call your compliance department or FWA hotline.

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When in doubt, call your compliance department or FWA hotline.

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Reporting Fraud, Waste, & Abuse Outside Your Organization

If warranted, sponsors and FDRs must report potentially fraudulent conduct to government authorities, like the Office of Inspector General (OIG), Department of Justice (DOJ), or CMS.

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid costs and disruptions of a government-directed investigation and civil or administrative litigation.

Details to Include When Reporting Fraud, Waste, & Abuse

When reporting suspected FWA, include:

- Contact information for the information source, suspects, and witnesses
- Alleged FWA details
- Alleged Medicare rules violated
- Suspect's history of compliance, education, training, and communication with your organization or other entities

Where to Report FWA

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Reporting Fraud, Waste, & Abuse Outside Your Organization

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Where to Report FWA:

Medicare Providers:

HHS Office of Inspector General:

* Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

* Fax: 1-800-223-8164

* Online: [OIG.HHS.gov/report-fraud](https://oig.hhs.gov/report-fraud)

* Mail:

U.S. Department of Health & Human Services Office of Inspector General

ATTN: OIG Hotline Operations

P.O. Box 23489

Washington, DC 20026

Medicare Parts C and D:

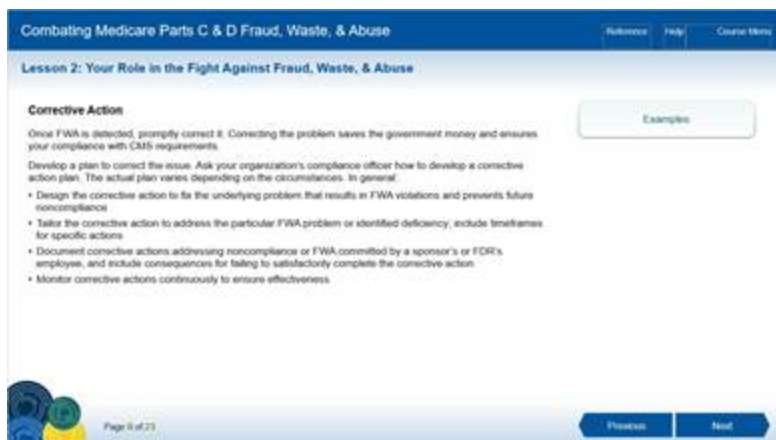
* Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

All Other Federal Health Care Programs:

* CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Medicare Patients:

* Online: [Help Fight Medicare Fraud](https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN3995723-MLNPartsCD/FWA/print/full.htm)



Corrective Action

Once FWA is detected, promptly correct it. Correcting the problem saves the government money and ensures your compliance with CMS requirements.

Develop a plan to correct the issue. Ask your organization's compliance officer how to develop a corrective action plan. The actual plan varies depending on the circumstances. In general:

- * Design the corrective action to fix the underlying problem that results in FWA violations and prevents future noncompliance
- * Tailor the corrective action to address the particular FWA problem or identified deficiency; include timeframes for specific actions
- * Document corrective actions addressing noncompliance or FWA committed by a sponsor's or FDR's employee, and include consequences for failing to satisfactorily complete the corrective action
- * Monitor corrective actions continuously to ensure effectiveness

Corrective actions may include:

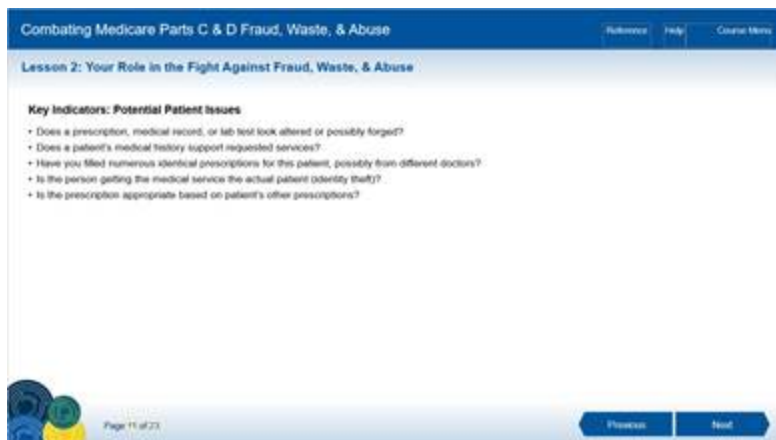
- * Adopting new prepayment edits or document review requirements
- * Conducting mandated training
- * Providing educational materials
- * Revising policies or procedures
- * Sending warning letters
- * Taking disciplinary action, like marketing, enrollment, or payment suspension
- * Terminating an employee or provider



Potential Fraud, Waste, & Abuse Indicators

Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.

The next pages present potential FWA issues. Each page provides questions to ask yourself about different areas, depending on your role as an employee of a sponsor, pharmacy, or other entity involved in delivering Medicare Parts C and D enrollee benefits.



Key Indicators: Potential Patient Issues

- * Does a prescription, medical record, or lab test look altered or possibly forged?
- * Does a patient's medical history support requested services?
- * Have you filled numerous identical prescriptions for this patient, possibly from different doctors?
- * Is the person getting the medical service the actual patient (identity theft)?
- * Is the prescription appropriate based on patient's other prescriptions?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Provider Issues

- Are the provider's prescriptions appropriate for patient's health condition (medically necessary)?
- Does the provider bill sponsor for services not provided?
- Does the provider write prescriptions for diverse drugs or primarily controlled substances?
- Does the provider perform medically unnecessary patient services?
- Does the provider prescribe a higher quantity than medically necessary for the condition?
- Does the provider's prescription include their active and valid NPI?
- Is the provider's patient diagnosis supported in the medical record?

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Key Indicators: Potential Provider Issues

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- * Does the provider's prescription include their active and valid National Provider Identifier (NPI)?
- * Is the provider's patient diagnosis supported in the medical record?

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Key Indicators: Potential Pharmacy Issues

- Are drugs being diverted (drugs meant for nursing homes, hospices, and other entities being sent somewhere else)?
- Are dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when prescription requires dispensing brand drugs?
- Are PDMS filled for unfilled or never-picked-up prescriptions?
- Are proper provisions made if entire prescription can't filled (no additional dispensing fees for split prescriptions)?
- Do you see prescriptions being altered (changing quantities or Dispense As Written)?
- Are [Eligibility & Qualifications Services \(E-1s\)](#) and their information being used for purposes other than determining patient eligibility?

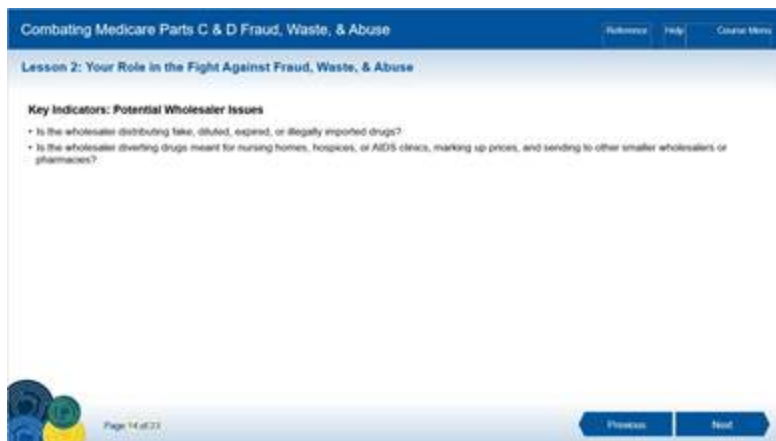
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Key Indicators: Potential Pharmacy Issues

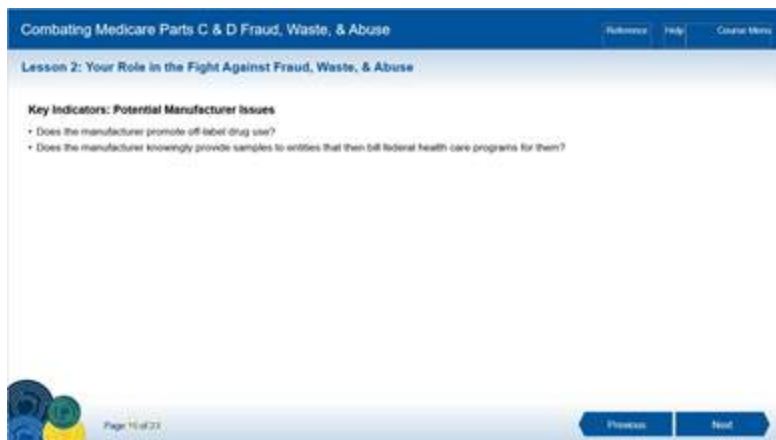
- * Are drugs being diverted (drugs meant for nursing homes, hospices, and other entities being sent somewhere else)?
- * Are dispensed drugs expired, fake, diluted, or illegal?
- * Are generic drugs provided when prescription requires dispensing brand drugs?

- * Are PBMs billed for unfilled or never-picked-up prescriptions?
- * Are proper provisions made if entire prescription isn't filled (no additional dispensing fees for split prescriptions)?
- * Do you see prescriptions being altered (changing quantities or Dispense As Written)?
- * Are Eligibility Facilitation Services (E1s) and their information being used for purposes other than determining patient eligibility?



Key Indicators: Potential Wholesaler Issues

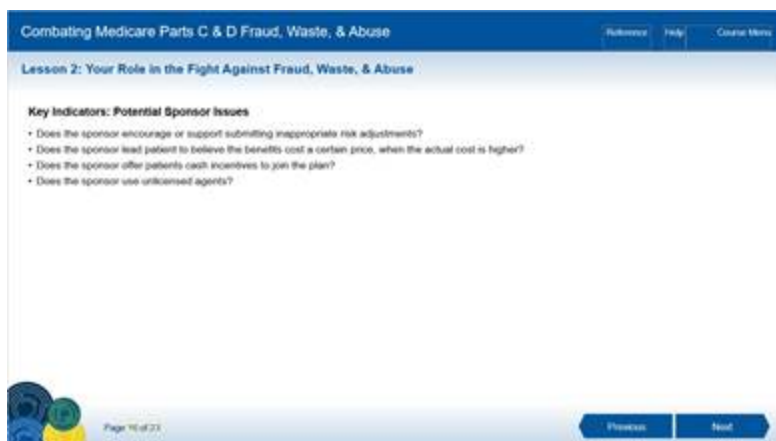
- * Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
- * Is the wholesaler diverting drugs meant for nursing homes, hospices, or AIDS clinics, marking up prices, and sending to other smaller wholesalers or pharmacies?



Key Indicators: Potential Manufacturer Issues

- * Does the manufacturer promote off-label drug use?
- * Does the manufacturer knowingly provide samples to entities that then bill federal health care

programs for them?



Key Indicators: Potential Sponsor Issues

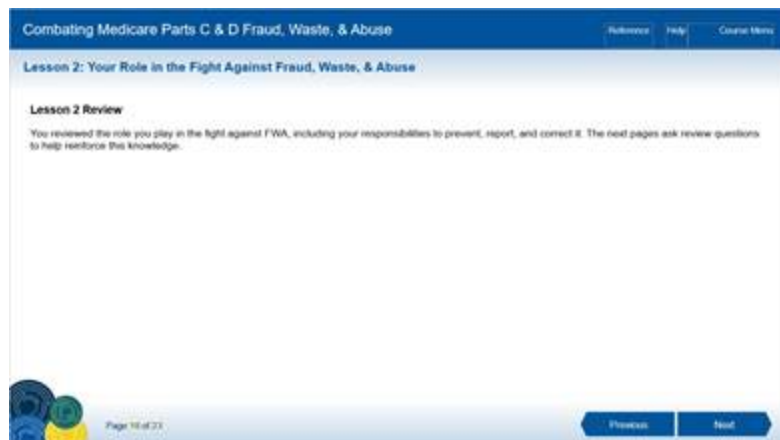
- * Does the sponsor encourage or support submitting inappropriate risk adjustments?
- * Does the sponsor lead patient to believe the benefits cost a certain price, when the actual cost is higher?
- * Does the sponsor offer patients cash incentives to join the plan?
- * Does the sponsor use unlicensed agents?



Lesson 2 Summary

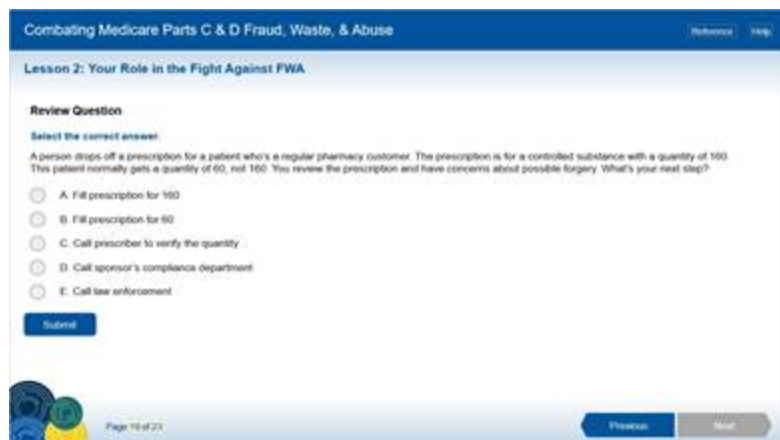
- * As someone providing health or administrative services to a Medicare Part C or D enrollee, you play an important part in preventing fraud, waste, and abuse (FWA). Conduct yourself ethically, stay informed of your organization's policies and procedures, and keep an eye out for potential FWA indicators
- * Report potential FWA. Every sponsor must have a mechanism to report potential FWA.

Sponsors must accept anonymous reports and can't retaliate against you for reporting
* Promptly correct identified FWA with an effective corrective action plan



Lesson 2 Review

You reviewed the role you play in the fight against FWA, including your responsibilities to prevent, report, and correct it. The next pages ask review questions to help reinforce this knowledge.



Review Question

Select the correct answer.

A person drops off a prescription for a patient who's a regular pharmacy customer. The prescription is for a controlled substance with a quantity of 160. This patient normally gets a quantity of 60, not 160. You review the prescription and have concerns about possible forgery.

What's your next step?

- A. Fill prescription for 160
- B. Fill prescription for 60
- C. Call prescriber to verify the quantity
- D. Call sponsor's compliance department
- E. Call law enforcement

The screenshot shows a training module interface. At the top, a blue header bar contains the title 'Combating Medicare Parts C & D Fraud, Waste, & Abuse' and two links: 'Reference' and 'Help'. Below the header, the section 'Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse' is displayed. The main content area is titled 'Review Question' and includes the instruction 'Select the correct answer.' The question text reads: 'You're responsible for submitting a risk diagnosis to CMS for payment purposes. You use a specific process to verify the data is accurate. Your immediate supervisor tells you to ignore the process and adjust or add risk diagnosis codes for certain individuals. What should you do?'. There are four radio button options: A. Do what your immediate supervisor asked and adjust or add risk diagnosis codes; B. Report the incident to your compliance department (via compliance hotline or other mechanism); C. Discuss your concerns with your immediate supervisor; D. Call law enforcement. A blue 'Submit' button is located below the options. At the bottom left, there is a small graphic of three overlapping circles in blue, green, and yellow, with the text 'Page 20 of 23' next to it. At the bottom right, there are two buttons: 'Previous' and 'Next'.

Review Question

Select the correct answer.

You're responsible for submitting a risk diagnosis to CMS for payment purposes. You use a specific process to verify the data is accurate. Your immediate supervisor tells you to ignore the process and adjust or add risk diagnosis codes for certain individuals. What should you do?

- A. Do what your immediate supervisor asked and adjust or add risk diagnosis codes
- B. Report the incident to your compliance department (via compliance hotline or other mechanism)
- C. Discuss your concerns with your immediate supervisor
- D. Call law enforcement

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Review Question

Select the correct answer.

You're responsible for paying provider claims. You notice a certain diagnostic provider (Doe Diagnostics) requested substantial payment for a large patient group. Many claims are for a specific procedure. You review the same procedure type for other diagnostic providers and realize Doe Diagnostics' claims far exceed any other provider you reviewed. What should you do?

☐ A. Call Doe Diagnostics and ask for additional claim information

☐ B. Contact your immediate supervisor for next steps or contact the compliance department (via compliance hotline, Special Investigations Unit [SIU], or other mechanism)

☐ C. Reject the claims

☐ D. Pay the claims

Submit

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Select the correct answer.

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- B. Contact your immediate supervisor for next steps or contact the compliance department (via compliance hotline, Special Investigations Unit [SIU], or other mechanism)
- C. Reject the claims
- D. Pay the claims

Combating Medicare Parts C & D Fraud, Waste, & Abuse

Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Review Question

Select the correct answer.

You're performing regular inventory of the pharmacy's controlled substances. You discover a minor inventory discrepancy. What should you do?

☐ A. Call local law enforcement

☐ B. Perform another review

☐ C. Contact your compliance department (via compliance hotline or other mechanism)

☐ D. Discuss your concerns with your supervisor

☐ E. Follow your pharmacy's procedures

Submit

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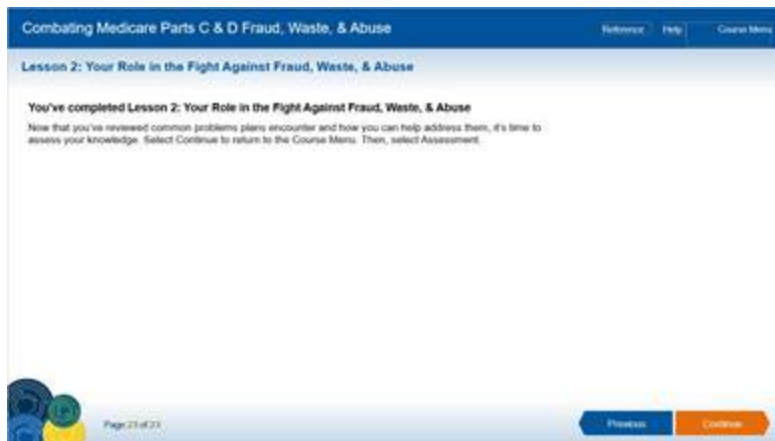
Previous Next

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- A. Call local law enforcement
- B. Perform another review
- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Discuss your concerns with your supervisor
- E. Follow your pharmacy's procedures



You've completed Lesson 2: Your Role in the Fight Against Fraud, Waste, & Abuse

Now that you've reviewed common problems plans encounter and how you can help address them, it's time to assess your knowledge. Select Continue to return to the Course Menu. Then, select Assessment.



North Sound BH-ASO

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Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

COMPLIANCE TRAINING ATTESTATION STATEMENT

Centers for Medicare & Medicaid Services Annual Attestation

I, _____, attest that I have read, acknowledge, and attest to
(printed name)

understanding and abiding by the following North Sound Behavioral Health Administrative Service Organization (BH-ASO) and Centers for Medicare & Medicaid Services policies, procedures, and training:

Centers for Medicare & Medicaid Services (CMS)		
Initials	Training	Date Completed
	Combatting Medicare Parts C and D Fraud, Waste, and Abuse https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining	

Signature

Date

Once completed, please:

1. Sign, date, and Scan this attestation
2. Name scanned attestation: "Last name, first name – Compliance Attestation"
3. Email attestation to Compliance_Officer@nsbhaso.org

Submit Completed Forms to Compliance_Officer@nsbhaso.org

This document is to be completed by all North Sound Behavioral Health Administrative Services Organization Board of Directors Members **and** their Designated Alternates and returned to the Clerk of the Board.

RCW 43.160.040

Conflicts of interest—Code of ethics.

In addition to other applicable provisions of law pertaining to conflicts of interest of public officials, no board member, appointive or otherwise, may participate in any decision on any board contract in which the board member has any interests, direct or indirect, with any firm, partnership, corporation, or association which would be the recipient of any aid under this chapter. In any instance where the participation occurs, the board shall void the transaction, and the involved member shall be subject to whatever further sanctions may be provided by law. The board shall frame and adopt a code of ethics for its members, which shall be designed to protect the state and its citizens from any unethical conduct by the board.

[[1982 1st ex.s. c 40 § 4.](#)]

• Your Name:	
• Your Outside Occupation(s) Non-Elected, if any:	
• Spouse's Name:	
• Spouse's Employment:	
• Business Interest of You and Your Spouse:	

Please email or mail the completed document to:

Joanie Wenzl
Administrative Manager
Clerk of the Board
North Sound Behavioral Health Administrative Services Organization
2021 East College Way, Suite 101
Mount Vernon, WA 98273
Phone: 360.416.7013
Joanie_wenzl@nsbhaso.org



Advisory Board Brief

November 6, 2024

The Advisory Board met on November 5, and the following items were discussed:

— Advisory Board

- Vote occurred for Julie Melville Island County membership to the Board. All were in favor. Island county has no vacancies.
- Garrison Whaley-Sharp, Assisted Outpatient Treatment (AOT) Coordinator provided an update on the program.
- Angela Fraser-Powell, Youth Navigator Program Manager, provided an overview of the program.
- Jeremy Smith, Behavioral Health Advocate from the Office of Behavioral Health Advocacy, provided an overview of services provided in the North Sound region.
- The 2025 Officer nominees were announced. Official vote will occur during the brief business meeting in December.
- It was determined to hold the annual potluck on Tuesday, December 3rd.

— Executive Director

- The Director provided the report.
- The Action Items were passed and recommended to the Board of Directors for approval.

— Finance/Executive Committee

- The September and October Expenditures were passed and recommended to the Board of Directors for approval.
- The draft 2025 Advisory Board proposed budget was reviewed. No changes were mentioned. Motion made to approve the 2025 proposed operating budget and move to the Board of Directors for approval. All were in favor.
- The 2025 ASO proposed operating budget was presented. A vote will take place during the December meeting.

North Sound Behavioral Health Administrative Services Organization November 14th, 2024, Board of Directors Financial Notes

HIGHLIGHTS

1. The Budget to Actuals revenue is looking pretty good. Revenues are ahead of budget due mainly to some new Proviso funding and some six-month proviso payments. The Crisis Services appears to be slightly increasing with most of the variance due to late billings received in January, most of the other negative variances are due mostly to late billings. Our expenses are currently running \$1,278,223 under budget.
2. The Revenue and Expense statement looks good at the end of September, showing an income of \$2,874,930 mainly due to receiving new Proviso dollars and six-month proviso funds. The SABG negative fund balance is back to it's usual amount. Our revenues are covering our expenses. Our general fund balance was \$10,732,538 at 6/30/24 and our maximum allowed is \$6,130,213.
3. The Medicaid fund balance is starting to even out. New MCO contracts have been negotiated and new payment amounts have gone into effect and some retro payments have been received. The MCOs pay at the beginning of the month but our expenses don't hit until the following month. Going forward we are going to follow the six-month reconciliation process to avoid this situation.

NOTES

1. We are presenting the financial statements for October 2024 for the Behavioral Health Administrative Services Organization (ASO).
2. These monthly statements are prepared for the Board's use only. They provide a snapshot of expenses and revenue for a single calendar month compared with a hypothetical "year to date" projection. However, neither revenues nor expenditures occur on an equal 1/12 amount each month.
3. The North Sound BH-ASO adopts "calendar year" budgets, but the allocations from the state are done on a state fiscal year basis [with adjustments every 6 months]. The exceptions are Federal Block Grant Funds which are allocated for the entire fiscal year.
4. Revenues and expenses are managed independently within each of the major fund categories: Medicaid, State General Fund, Mental Health Block Grant, Substance Abuse

Block Grant, and SAMHSA [a direct grant we receive from the federal government for our rural Medication Assistance Treatment program].

5. Within 'State General Funds', allocations are further subdivided between general state funds, and the multiple "Proviso" funds allocated for specific services.

6. We have added two new lines at the bottom of the "Revenue and Expense" tab which shows the beginning and ending fund balance within each fund category for the state fiscal year. I also added some additional lines at the bottom to show the Net Income from Operations before the transfer of funds to the BHO.

7. The Budget to Actuals statement includes notes on areas where there is a variance between the hypothetical year to date budget and actual revenues and expenditures. I also added additional lines at the bottom to show the transfer of funds separate from the normal operations.

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for OCTOBER 2024*
BUDGET TO ACTUALS

REVENUES	2024 Budget	YTD 2024 Budget	YTD 2024 Actual	Variance Favorable (Unfavorable)
Intergovernmental Revenues				
HRSA	\$222,222	185,185	289,166	103,981
MHBG	2,782,396	2,318,663	2,122,542	(196,121)
SABG	3,783,126	3,152,605	3,365,557	212,952
State Funds	34,260,149	28,550,124	32,326,853	3,776,729
Medicaid (MCO)	10,700,043	8,916,702	9,296,937	380,235
Total Intergovernmental Revenues	51,747,936	43,123,280	47,401,055	4,277,776
Misc. Revenue **	0	0	0	-
Interest Revenue	310,444	258,704	408,101	149,397
TOTAL REVENUES	\$52,058,380	\$43,381,983	\$47,809,156	\$4,427,173
EXPENDITURES				
Inpatient Treatment	\$1,400,000	1,166,667	\$1,475,443	(308,776)
ITA Judicial	2,924,898	2,437,415	1,639,739	797,676
Crisis Services	17,467,380	14,556,150	15,194,350	(638,200) A late billing, increasing expense
Crisis Teams - Children & Youth	2,034,097	1,695,081	1,611,105	83,975
Co-Responder	2,060,000	1,716,667	1,445,516	271,151
MH Crisis Stabilization	1,550,000	1,291,667	957,642	334,025
E&T Services	941,148	784,290	912,137	(127,847)
E&T Discharge Planner	229,794	191,495	196,422	(4,927) Some back payments
Jail Services	367,536	306,280	395,517	(89,237)
PACT Services	1,032,564	860,470	1,051,089	(190,619) Extra old payment
Assisted Outpatient Treatment	1,139,838	949,865	404,339	545,526
Trueblood	223,944	186,620	169,721	16,899
BH Enhancement Funds	779,188	649,323	552,434	96,889
HOST	1,239,966	1,033,305	1,033,305	-
SnoCo Crisis Start up 32-Bed	1,100,000	916,667	167,543	749,124
Proviso 13b	1,407,726	1,173,105	104,096	1,069,009
Peer Bridger	303,529	252,941	214,107	38,834
MHBG Expenditures ***	1,168,699	973,916	794,066	179,850
HARPS Housing	817,376	681,147	849,885	(168,739)
DOC Housing	1,501,830	1,251,525	1,262,309	(10,784)
BH Housing Proviso 86	738,833	615,694	976,947	(361,253) Increased funding
Governor Housing Voucher	50,000	41,667	22,377	19,289
Tribal DCA	100,000	83,333	455	82,878
DCA County Contracts	581,292	484,410	535,301	(50,891)
Recovery Navigator	2,541,340	2,117,783	2,742,572	(624,789) Some late payments, extra spending
Opiate Dependency Outreach	816,632	680,527	802,624	(122,097)
PPW Housing Support Services	400,000	333,333	473,072	(139,738)
SABG Expenditures ****	1,129,248	941,040	662,266	278,774
Withdrawal Management	2,083,993	1,736,661	1,970,070	(233,409) Pioneer prior year adjustments
HRSA	200,944	167,453	201,801	(34,348)
Juvenile Drug Court	139,800	116,500	136,376	(19,876)
Other MH Services *****	938,008	781,673	1,058,465	(276,791)
Other SUD Services	943,722	786,435	964,572	(178,137)
Advisory Board	19,996	16,663	6,174	10,490
Subtotal - Services	50,373,321	41,977,768	40,983,834	993,933
Administration	5,081,618	4,234,681	3,950,392	284,289
TOTAL EXPENDITURES	\$55,454,939	\$46,212,449	\$44,934,226	\$1,278,223

Excess of Revenues Over (Under) Expenditure. \$2,874,930

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REVENUES	YTD 2024 Totals	YTD 2024 Medicaid	YTD 2024 State	YTD 2024 MHBG	YTD 2024 SABG	YTD 2024 HRSA
Intergovernmental Revenues						
HRSA	289,166					289,166
MHBG	2,122,542			2,122,542		
SABG	3,365,557				3,365,557	
State Funds	32,326,853		32,326,853			
Medicaid (MCO)	9,296,937	9,296,937				
Total Intergovernmental Revenues	47,401,055	9,296,937	32,326,853	2,122,542	3,365,557	289,166
Misc. Revenue **	0		0			
Interest Revenue	408,101		408,101			
TOTAL REVENUES	\$47,809,156	\$9,296,937	\$32,734,954	\$2,122,542	\$3,365,557	\$289,166

EXPENDITURES						
Inpatient Treatment	\$1,475,443		\$1,475,443			
ITA Judicial	1,639,739		1,639,739			
Crisis Services	15,194,350	7,434,991	7,033,513	453,378	272,467	
Crisis Teams - Children & Youth	1,611,105	535,831	1,075,275			
Co-Responder	1,445,516		540,473	460,027	445,015	
MH Crisis Stabilization	957,642		658,395	299,247		
E&T Services	912,137		912,137			
E&T Discharge Planner	196,422		196,422			
Jail Services	395,517		395,517			
PACT Services	1,051,089		1,051,089			
Assisted Outpatient Treatment	404,339		404,339			
Trueblood	169,721		169,721			
BH Enhancement Funds	552,434		552,434			
HOST	1,033,305		1,033,305			
SnoCo Crisis Start up 32-Bed	167,543		167,543			
Proviso 13b	104,096		104,096			
Peer Bridger	214,107			214,107		
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HARPS Housing	849,885		849,885			
DOC Housing	1,262,309		1,262,309			
BH Housing Proviso 86	976,947		976,947			
Governor Housing Voucher	22,377		22,377			
Tribal DCA	455		455			
DMA County Contracts	535,301		535,301			
Recovery Navigator	2,742,572		2,742,572			
Opiate Dependency Outreach	802,624				802,624	
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Subtotal - Services	40,983,834	7,970,822	27,532,111	2,220,825	3,058,276	201,801
Administration	3,950,392	768,300	3,162,641			19,451
TOTAL EXPENDITURES	\$44,934,226	\$8,739,122	\$30,694,752	\$2,220,825	\$3,058,276	\$221,252

Net Income	\$2,874,930	\$557,816	\$2,040,202	\$(98,283)	\$307,282	\$67,913
Beginning Fund Balance 12/31/23	18,470,938	0	19,390,820	(151,342)	(628,260)	(140,280)
MCO adjustment 3/31/23		279,111	(279,111)			
Ending Fund Balance	21,345,868	836,927	21,151,910	(249,624)	(320,978)	(72,367)
Flexible GFS balance at 3/31/24			10,732,538			

Note: State Fund Balance also includes Proviso Fund Balances which are designated for specific expenditures

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NORTH SOUND BH-ASO

Warrants Paid

October 2024

Type	Date	Num	Name
Bill Pmt -Check	10/04/2024	587517	AA Dispatch-Yellow Cab
Bill Pmt -Check	10/04/2024	587522	American Behavioral Health Systems,
Bill Pmt -Check	10/04/2024	587542	Catholic Community Services
Bill Pmt -Check	10/04/2024	587568	Compass Health
Bill Pmt -Check	10/04/2024	587569	Consejo Counseling
Bill Pmt -Check	10/04/2024	587648	Crothers, Linda-Reim
Bill Pmt -Check	10/04/2024	587576	Davis, Wright, Tremaine LLP
Bill Pmt -Check	10/04/2024	587712	Haggen/Safeway
Bill Pmt -Check	10/04/2024	587639	Lake Whatcom Center
Bill Pmt -Check	10/04/2024	587645	Lifeline Connections
Bill Pmt -Check	10/04/2024	587677	NW ESD 189
Bill Pmt -Check	10/04/2024	587682	Opportunity Council
Bill Pmt -Check	10/04/2024	587694	Pioneer Center
Bill Pmt -Check	10/04/2024	587590	Recovery Cafe Everett
Bill Pmt -Check	10/04/2024	587656	Rojas, Margaret-Reim
Bill Pmt -Check	10/04/2024	587716	Sea Mar
Bill Pmt -Check	10/04/2024	587733	Snohomish Co Human Services
Bill Pmt -Check	10/04/2024	587732	Snohomish Co Prosecutor
Bill Pmt -Check	10/04/2024	587766	South Sound Behavioral Hospital
Bill Pmt -Check	10/04/2024	587743	Telecare Corporation
Bill Pmt -Check	10/04/2024	587782	Triumph Treatment Services
Bill Pmt -Check	10/04/2024	587768	Volunteers of America
Bill Pmt -Check	10/11/2024	587847	Access
Bill Pmt -Check	10/11/2024	587868	Bellingham School Dist #501
Bill Pmt -Check	10/11/2024	587879	Bridgeways
Bill Pmt -Check	10/11/2024	587894	Catholic Community Services
Bill Pmt -Check	10/11/2024	587909	Commercial Alarm and Detection Inc
Bill Pmt -Check	10/11/2024	587911	Compass Health
Bill Pmt -Check	10/11/2024	587915	Consejo Counseling
Bill Pmt -Check	10/11/2024	587979	Dixon, James-Reim
Bill Pmt -Check	10/11/2024	588037	Drake, Megan-reimbursement
Bill Pmt -Check	10/11/2024	587939	Evergreen Recovery
Bill Pmt -Check	10/11/2024	587870	Fairfax Hospital
Bill Pmt -Check	10/11/2024	587946	Firstline Communications (All Phase)
Bill Pmt -Check	10/11/2024	587950	Frontline Cleaning Services LLC
Bill Pmt -Check	10/11/2024	587976	Island County Human Services
Bill Pmt -Check	10/11/2024	588008	Lake Whatcom Center
Bill Pmt -Check	10/11/2024	588019	Lifeline Connections
Bill Pmt -Check	10/11/2024	588137	Maharaj-Lewis, Starleen
Bill Pmt -Check	10/11/2024	588040	McAuley, Michael T
Bill Pmt -Check	10/11/2024	588065	Office Depot

NORTH SOUND BH-ASO

Warrants Paid

October 2024

Bill Pmt -Check	10/11/2024	588080	Pioneer Center
Bill Pmt -Check	10/11/2024	588081	Pitney Bowes Leasing
Bill Pmt -Check	10/11/2024	588087	Providence-Everett
Bill Pmt -Check	10/11/2024	588094	RI International
Bill Pmt -Check	10/11/2024	588125	Skagit County Public Health
Bill Pmt -Check	10/11/2024	588088	Skagit Valley Hospital
Bill Pmt -Check	10/11/2024	588175	Smokey Point Behavioral Hospital
Bill Pmt -Check	10/11/2024	588130	Snohomish Co Human Services
Bill Pmt -Check	10/11/2024	588131	Snohomish Co Juvenile
Bill Pmt -Check	10/11/2024	588134	SRS Property Management
Bill Pmt -Check	10/11/2024	588075	St Joseph Medical Center, Peace Hea
Bill Pmt -Check	10/11/2024	588144	T-Mobil
Bill Pmt -Check	10/11/2024	588155	Thurston Mason-BHO
Bill Pmt -Check	10/11/2024	588152	Tulalip Tribes
Bill Pmt -Check	10/11/2024	587912	Two Rivers Landing (Comprehensive
Bill Pmt -Check	10/11/2024	588172	Valley Cities Counseling
Bill Pmt -Check	10/11/2024	588183	Wave Business
Bill Pmt -Check	10/11/2024	588185	Whatcom County Health Department
Bill Pmt -Check	10/18/2024	588230	Asian Counseling Treatment
Bill Pmt -Check	10/18/2024	588237	Bellingham School Dist #501
Bill Pmt -Check	10/18/2024	588258	City of Mt Vernon
Bill Pmt -Check	10/18/2024	588263t	Comcast
Bill Pmt -Check	10/18/2024	588265	Commercial Alarm and Detection Inc
Bill Pmt -Check	10/18/2024	588266	Community Action of Skagit Co
Bill Pmt -Check	10/18/2024	588268	Compass Health
Bill Pmt -Check	10/18/2024	588478	Culligan NW
Bill Pmt -Check	10/18/2024	588287	Evergreen Recovery
Bill Pmt -Check	10/18/2024	588333	Hudspeth, Lisa-Reimb
Bill Pmt -Check	10/18/2024	588311	Joyce L Sobel Family Resource Cente
Bill Pmt -Check	10/18/2024	588322	Lake Whatcom Center
Bill Pmt -Check	10/18/2024	588336	Lopez Island Family Resource Center
Bill Pmt -Check	10/18/2024	588359	Multicare Health System
Bill Pmt -Check	10/18/2024	588392	Pioneer Center
Bill Pmt -Check	10/18/2024	588393	Pitney Bowes Pur Power
Bill Pmt -Check	10/18/2024	588399	Providence-Everett
Bill Pmt -Check	10/18/2024	588427	Shred-it
Bill Pmt -Check	10/18/2024	588435	Skagit County Public Health
Bill Pmt -Check	10/18/2024	588453	Telecare Corporation
Bill Pmt -Check	10/18/2024	588486	Whatcom Co Superior Court
Bill Pmt -Check	10/24/2024	588544	AA Dispatch-Yellow Cab
Bill Pmt -Check	10/24/2024	588665	Compass Health
Bill Pmt -Check	10/24/2024	588687	Davenport Group Inc

NORTH SOUND BH-ASO

Warrants Paid

October 2024

Bill Pmt -Check	10/24/2024	588740	Evergreen Recovery
Bill Pmt -Check	10/24/2024	588599	Fairfax Hospital
Bill Pmt -Check	10/24/2024	588924	Lifeline Connections
Bill Pmt -Check	10/24/2024	589017	Office Depot
Bill Pmt -Check	10/24/2024	589049	Pioneer Center
Bill Pmt -Check	10/24/2024	589097	San Juan County Health & Comm. Se
Bill Pmt -Check	10/24/2024	589104	Sea Mar
Bill Pmt -Check	10/24/2024	589130	Snohomish Co Human Services
Bill Pmt -Check	10/24/2024	589159	Tulalip Tribes
Bill Pmt -Check	10/24/2024	589197	Volunteers of America
Bill Pmt -Check	10/29/2024	IGT	Skagit County Auditor

NORTH SOUND BH-ASO

Warrants Paid

October 2024

Amount

-186.08
-14,937.70
-16,689.24
-1,233,156.10
-28,307.50
-178.00
-15,823.50
-130.69
-1,004.84
-37,058.23
-8,361.74
-63,926.01
-149,922.38
-19,514.07
-888.94
-370.73
-233,443.56
-114,086.56
-137.13
-35,596.10
-1,440.00
-497,268.98
-447.03
-20,533.78
-50,161.24
-17,108.35
-384.61
-27,603.76
-3,886.67
-6.00
-795.88
-137,253.66
-3,223.04
-1,412.54
-445.00
-107,934.59
-6,789.51
-150,704.89
-851.20
-244.80
-27.61

NORTH SOUND BH-ASO

Warrants Paid

October 2024

-27,621.12
-572.59
-13,416.60
-5,062.25
-33,251.03
-18,829.88
-36,714.97
-462,825.36
-11,621.50
-11,618.98
-4,390.72
-1,106.97
-3,268.00
-2,410.26
-9,003.92
-10,309.00
-601.20
-244,922.06
-492.20
-25,218.77
-66,653.97
-228.40
-106.08
-83,870.33
-1,758,963.00
-43.78
-207,123.39
-155.30
-7,439.16
-30,999.13
-1,496.70
-548.65
-38,142.12
-63.66
-11,908.79
-240.29
-25,924.29
-32,452.49
-9,656.00
-258.50
-84,691.34
-248,270.72

NORTH SOUND BH-ASO
Warrants Paid
October 2024

-4,706.00	
-20,711.71	
-44,593.41	
-163.49	
-245,698.02	
-13,576.55	
-289.24	
-194,083.89	
-92.99	
-243,379.13	
-3,500.00	
-7,305,530.14	
-7,305,530.14	
-7,305,530.14	



2025 North Sound BH-ASO Proposed Operating Budget Overview

Presented by:

JanRose Ottaway Martin, Executive Director

Margaret Rojas, Assistant Director

Agenda

- Budget Highlights
- Key Events
- 2024 Strategic Goals (to be updated on adoption of the 2025-2027 Strategic Plan)
- Revenues and Expenditures 2024 vs. 2025 Budget
- Revenue Forecast
- 2025 Organizational Chart

Budget Highlights

- 2025 will be our 6th year of operation as a BH-ASO
- Administering the Crisis Services system continues to be our core responsibility
- The legislature continues to add new programs and funding to expand the scope of ASO services
- COVID/ARPA relief related federal block grant funds will no longer be available after September 2025. North Sound ASO prioritized allocation of these funds based on input from the Advisory Board, counties and other community stakeholders to be utilized on short-term programming or one-time funding so this adjustment in funds

Budget Highlights (continued)

- We continue to actively participate with the Health Care Authority in the implementation of 988 and regional hubs.
 - § This work has expanded from last year to include creating dispatch protocols for the 988 line and working with the state on the planning phases for the Endorsed Mobile Rapid Response Crisis Teams (MRRCT)/Community Based Crisis Teams (CBCT), and proviso-guided learning collaboratives. This work will continue and likely move from planning to implementation in 2025.
 - § Decision Packages from HCA may result in ASOs adding 2-3 additional FTEs for management of the Endorsed MRRCT/CBCT programs, a

Key Events

- Successful renegotiation of contracts with all five Managed Care Organizations (MCOs) in our region.
- Promotion of two staff members during the second half of 2024.
- Implementation of new stakeholder, community listening sessions, and county-wide meetings to discuss gaps and commence community-driven problem solving in all five counties based on individual county-identified issues.
- Completion of first ever Board of Directors Retreat.

Key Events

- Continued implementation of the Assisted Outpatient Treatment (AOT) program in Snohomish County. The program is scheduled to officially take its first clients in January/February of 2025.
- Successfully piloted flexibility of proviso funding established in the last legislative session and moved approximately \$1.5 million into behavioral health services in the community.
- Successfully passed the annual Team Monitor review by HCA.
- Successfully passed the Health Care Authority and State

2024 Strategic Goals (to be updated on the official adoption of the 2025-2027 Strategic Plan)

1. Remain fully compliant with the HCA-BH ASO Contract.
2. Support continuous process improvement of the Crisis Services System.
3. Implement the updated Quality Management Plan.
4. Continue to actively support planning to achieve the goals of physical/behavioral health care integration.
5. Implement a strategic plan to address social equity and systemic racism.
6. Advocate for funding to meet the behavioral health needs of all at-risk persons.

Revenues & Expenditures

2024 vs. 2025 Budget

	REVENUES	EXPENDITURES
2024 Budget	\$52,058,380	\$52,058,380
2024 Projected	\$58,063,807	\$58,063,807
2025 Budget	\$60,713,532	\$60,713,532

Revenue Forecast

REVENUE SOURCE	2024 ADOPTED	2025 PROPOSED
Mental Health Block Grant	2,782,396	3,373,938
Substance Abuse Block Grant	3,783,126	4,065,474
MCO Medicaid PMPM	10,700,043	11,197,987
State General Fund	20,252,961	22,077,096
State Provisos	14,007,188	16,260,026
Investment Interest	310,444	400,000
TOTAL REVENUE	51,836,158	57,374,521

Expenditure Detail

CATEGORY	2024	2025	Difference	Percent	Notes
Salaries & Benefits	3,874,710	4,766,256	891,546	23.01%	See note below*
Other Administrative	1,206,908	1,302,950	96,042	7.96%	See note below**
Total Operations	5,081,618	6,069,206	987,589	19.43%	
Behavioral Health Services **	46,956,766	54,644,325	7,687,559	16.37%	See note below***
TOTAL	57,119,998	66,782,737	9,662,736	16.67%	

* Includes addition of 3 FTE, salary compensation update, 4% COLA

** Includes increases in small tools, insurance, repairs & maintenance, and administrative reserve

*** Includes Hospital Inpatient, increased revenues (MCO, GF-S, Proviso) & Advisory Board

COLA

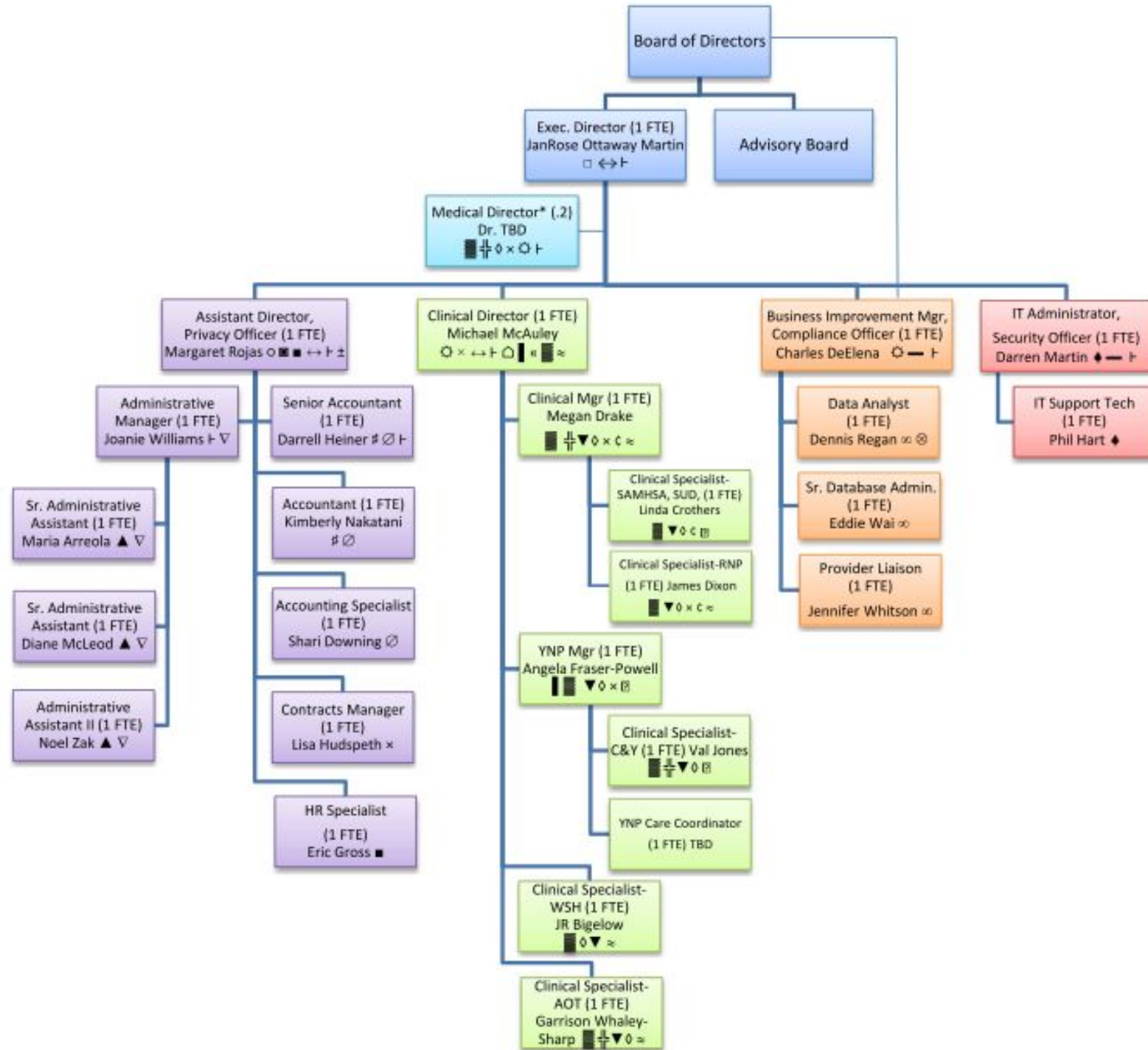
- Current COLAs by County:

County	Percentage
Snohomish	3.65%
Island	3%
Skagit	3.5%
Whatcom	3%
San Juan	3%
Average COLA	3.23%

2025 Organizational Chart

Legend

♂	Addictions Specialist
▽	Administrative Services
↔	ASO Executive Team
◇	Care Management/Care Coordination
■	Children's Specialist
#	Claims Administration
△	Clinical Director
⌋	Crisis response system, including oversight of delegation to VOA
α	Crisis Triage Administrator
▲	Customer services/information and referral: General information and referral and overall customer service
▼	Customer services/information and referral: Specific information and referral and customer service on BH clinical services
⊗	Data Analyst
∞	Encounter Data Processing
⊗	Financial Reporting
□	Government/Community/Tribal Liaison
×	Grievances and Appeals
◆	Information Technology
┌	Leadership Team
≈	Member Services
○	Network Development Administrator
±	Privacy Officer
—	Program Integrity, Fraud and Abuse
■	Provider Relations Administrator
⊙	Quality Management
■	Staff and Provider Training
■	Utilization/Care Management Administrator





*Empowering individuals
and families to improve
their health and well-
being.*

Serving Island, San Juan, Skagit, Snohomish and Whatcom Counties

Weekly Crisis Metrics Report:

See attached.

Jail Modernization Task Force

The first meeting of the Jail Modernization Task Force occurred on 10/29. This meeting included a lot of generalized discussions about the system. The goal is to have a few achievable, fundable recommendations by mid-next year with a recommendation for more time to dig deeper in to any topics we are not able to cover in the allotted one year timeline.

Assessing Crisis System and any gaps

We are in the process of identifying gaps and issues in the Crisis System (DCRs and MRRCT).

- Snohomish: Meeting with Human Services team and the Snohomish County Sheriff to identify if there's a way to develop a program that expands Mobile Community Crisis Response Team(s) through a partnership with the Sheriff's office.
- Skagit: Engaging in conversations via the North Star Task Force on Behavioral Health Crisis and Co-Response.
- Whatcom: In addition to conversations we are having the with the county staff, we are also engaging in a listening tour with system stakeholders (providers, law enforcement, hospital staff, etc.) across the county November 18-22.
- Island: We have started meetings with Island County to discuss issues/gaps in the system.
- San Juan: We are working with law enforcement and county representatives to identify if a co-responder program could assist in meeting the crisis needs in San Juan County.

BHASO Hiring updates:

North Sound ASO is currently hiring for three positions:

- Youth Navigator Coordinator (new position): This is the second position we are hiring for the Youth Navigator Program
- Medical Director
- Accountant

November 15th: HCA virtual presentation of RDA measures

North Sound BH-ASO has asked HCA to do a presentation of the RDA measures to all interested parties in our region. We are inviting County Coordinators, BOD's members, Advisory Board members, and providers to this one hour virtual presentation. The RDA measures include

reports on how our region are doing in comparison to the rest of the state on measurements like Substance Use Disorder Treatment rate, Psychiatric Inpatient 30-Day Readmission, Follow-up after Emergency Department Visit for Mental Illness and several others. It can be informative to understand how we are performing now, and where we may want to focus efforts in the next year. Please forward to any staff or partners you think would be interested.

North Sound BH-ASO 2025 Budget:

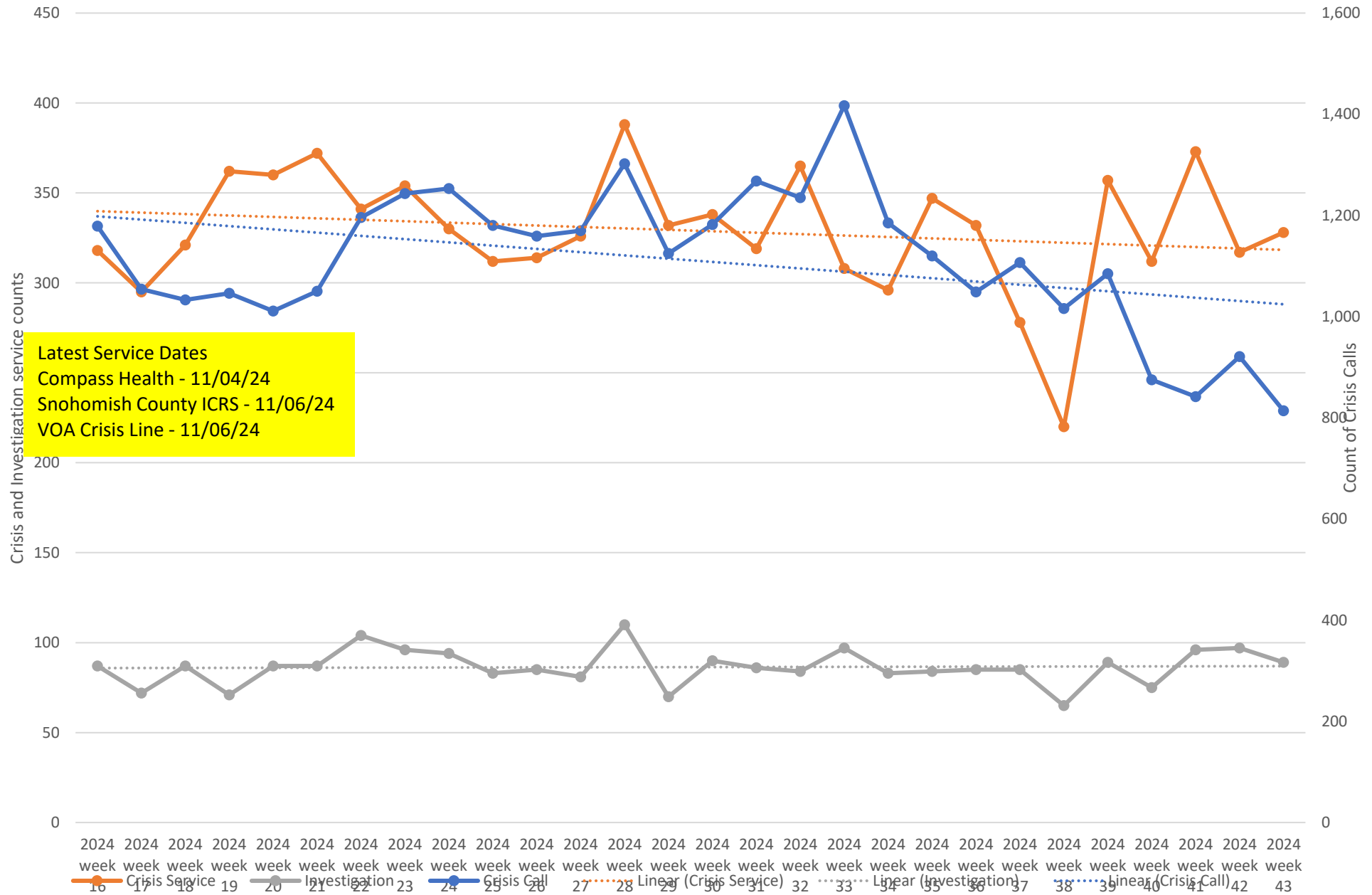
The North Sound BH-ASO 2025 Budget has been posted online and will be presented to the Board of Directors at the November meeting.



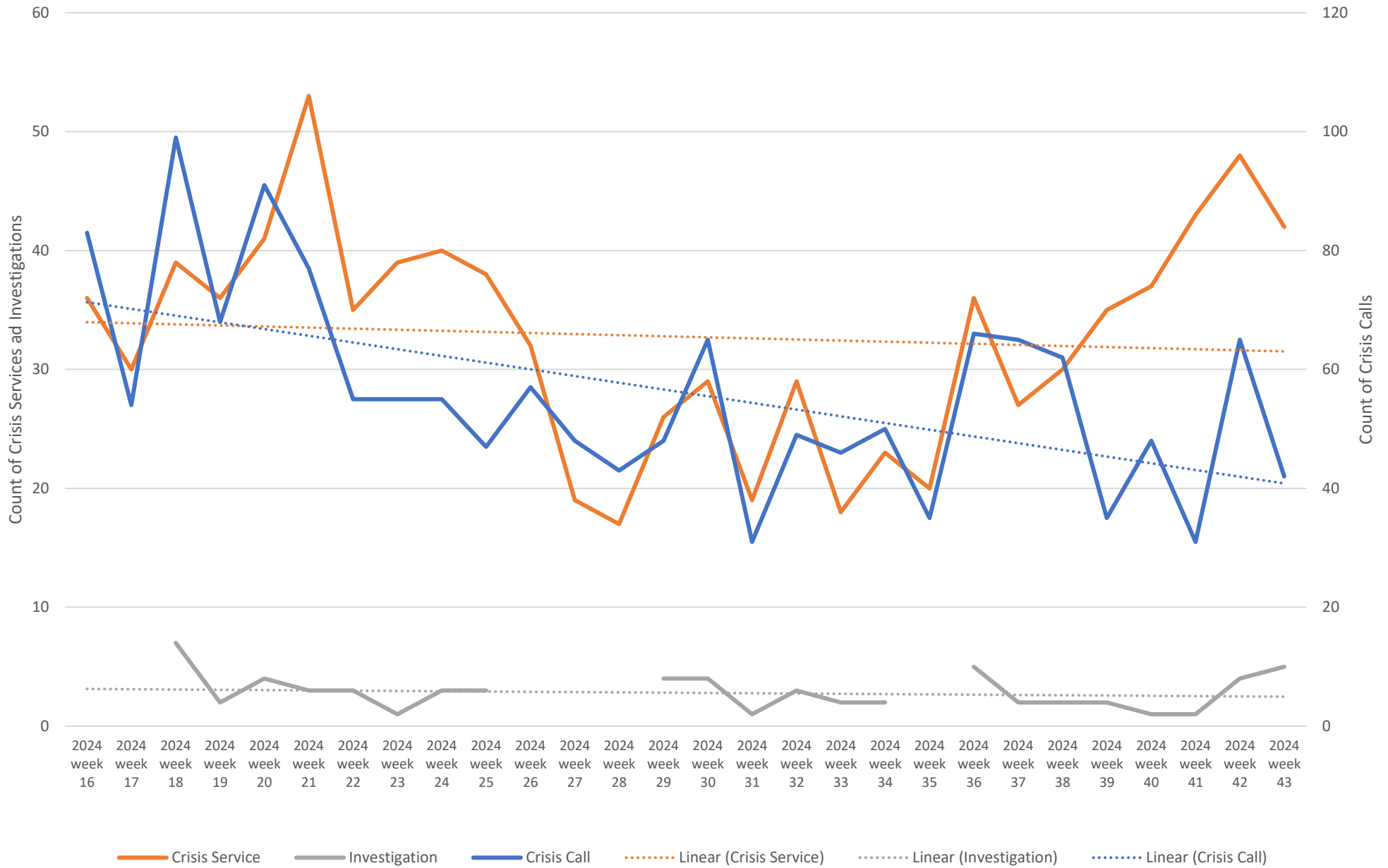
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 04/14/24 to 10/26/24
Page 3	Crisis Data: Ages 0-17 - dates 04/14/24 to 10/26/24
Page 4	All DCR Dispatches - dates 04/14/24 to 10/26/24
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 04/14/24 to 10/26/24
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 04/14/24 to 10/26/24
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	North Sound BH ASO Walkaway Chart 04/14/24 to 10/26/24

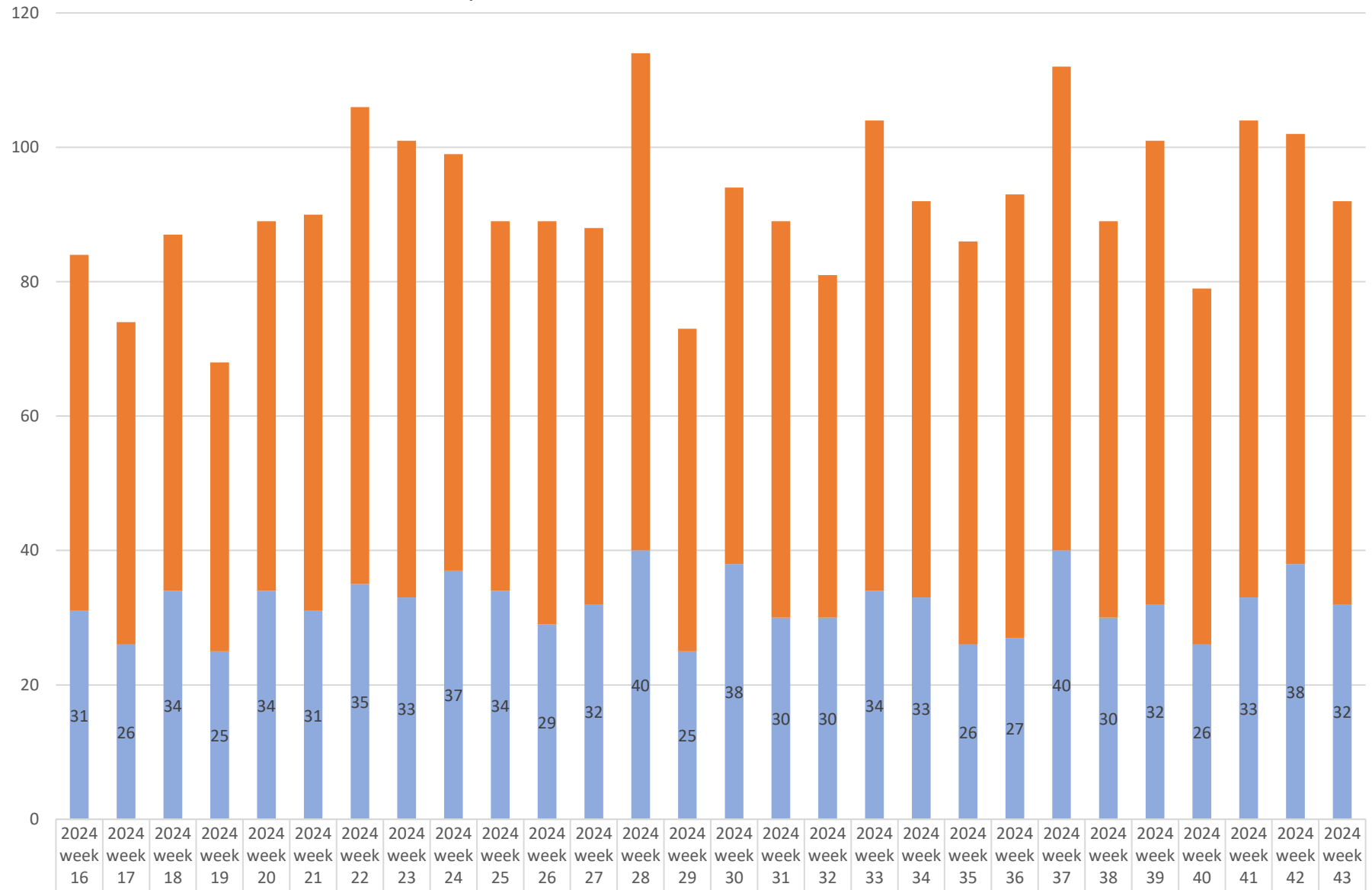
Crisis Data - dates 04/14/24 to 10/26/24



Crisis Data: Ages 0-17 - dates 04/14/24 to 10/26/24

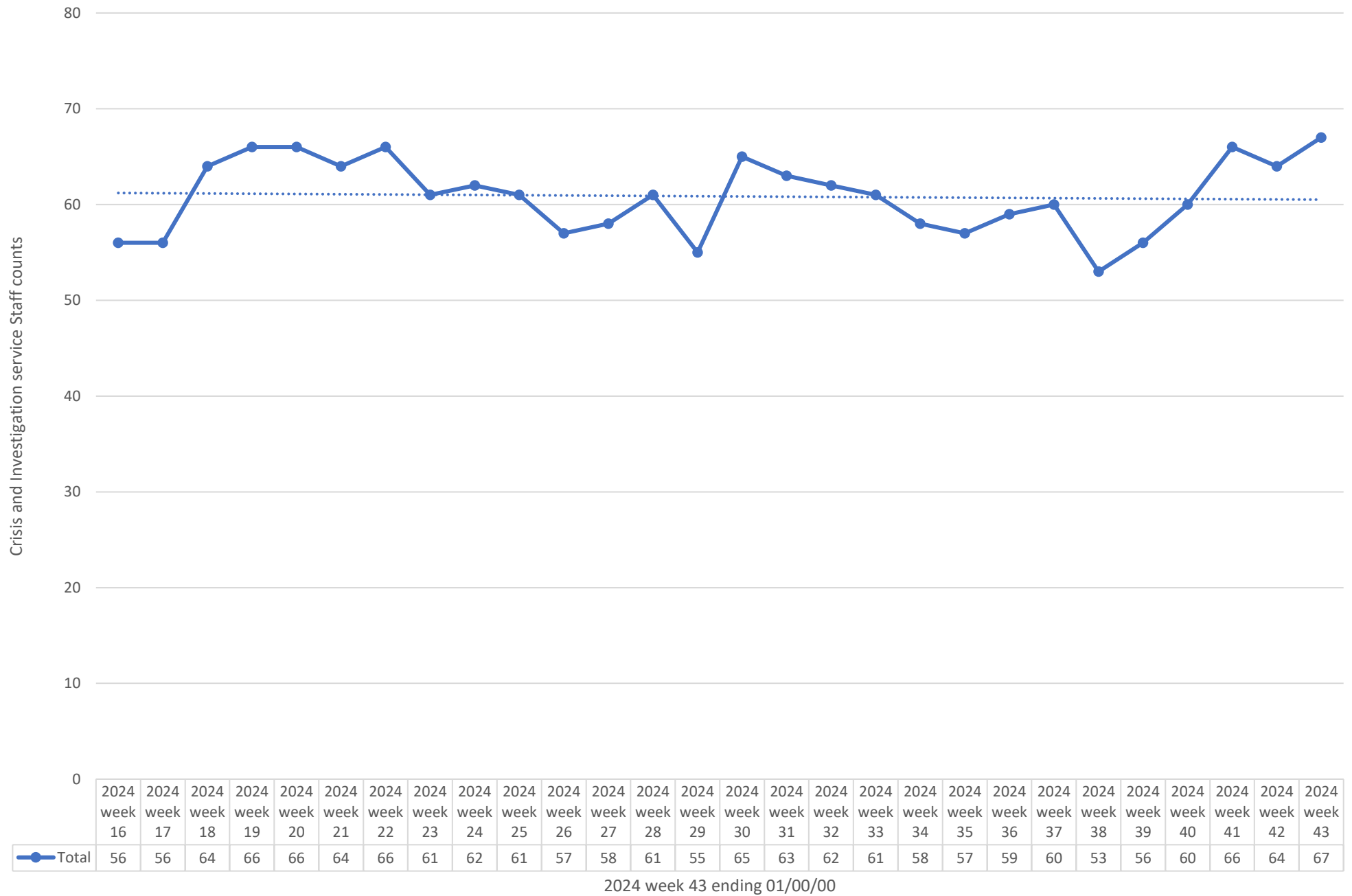


All DCR Dispatches - dates 04/14/24 to 10/26/24



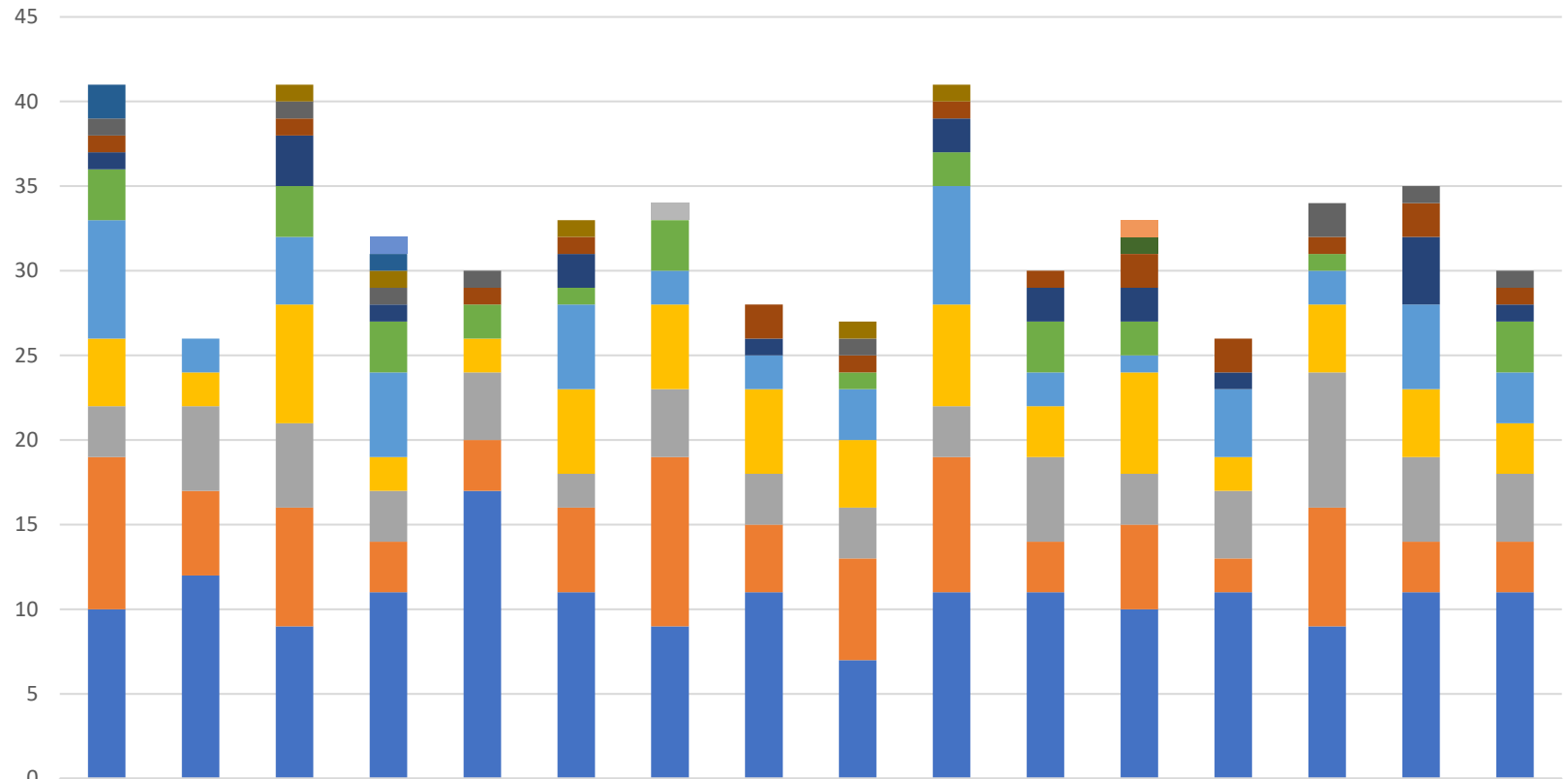
dispatch resulting in other outcome	53	48	53	43	55	59	71	68	62	55	60	56	74	48	56	59	51	70	59	60	66	72	59	69	53	71	64	60
dispatch resulting in detention	31	26	34	25	34	31	35	33	37	34	29	32	40	25	38	30	30	34	33	26	27	40	30	32	26	33	38	32

Weekly Staff Count - Staff providing Crisis or Investigaion services 04/14/24 to 10/26/24



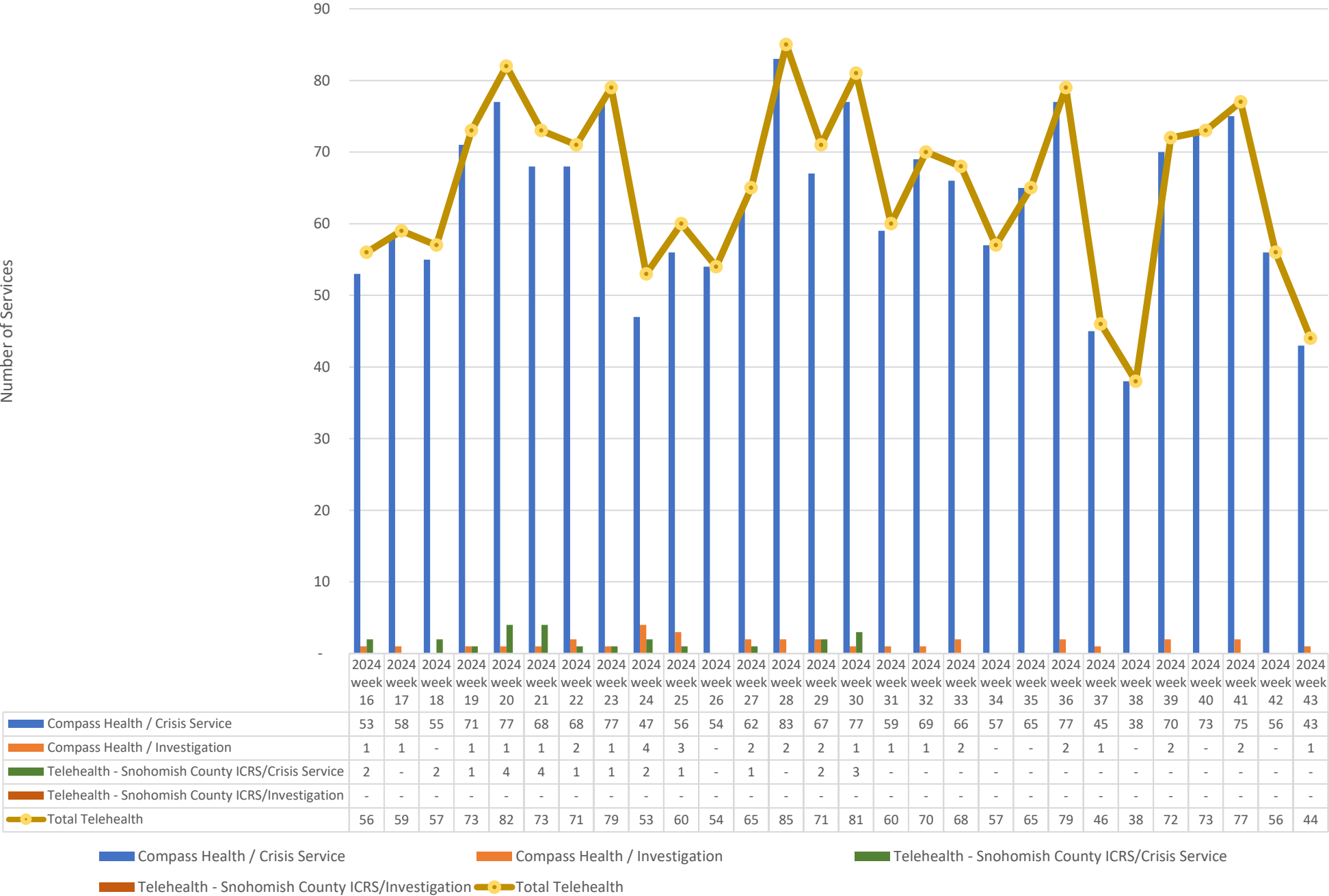
Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

Count of hospital placement locations in the dispatch record

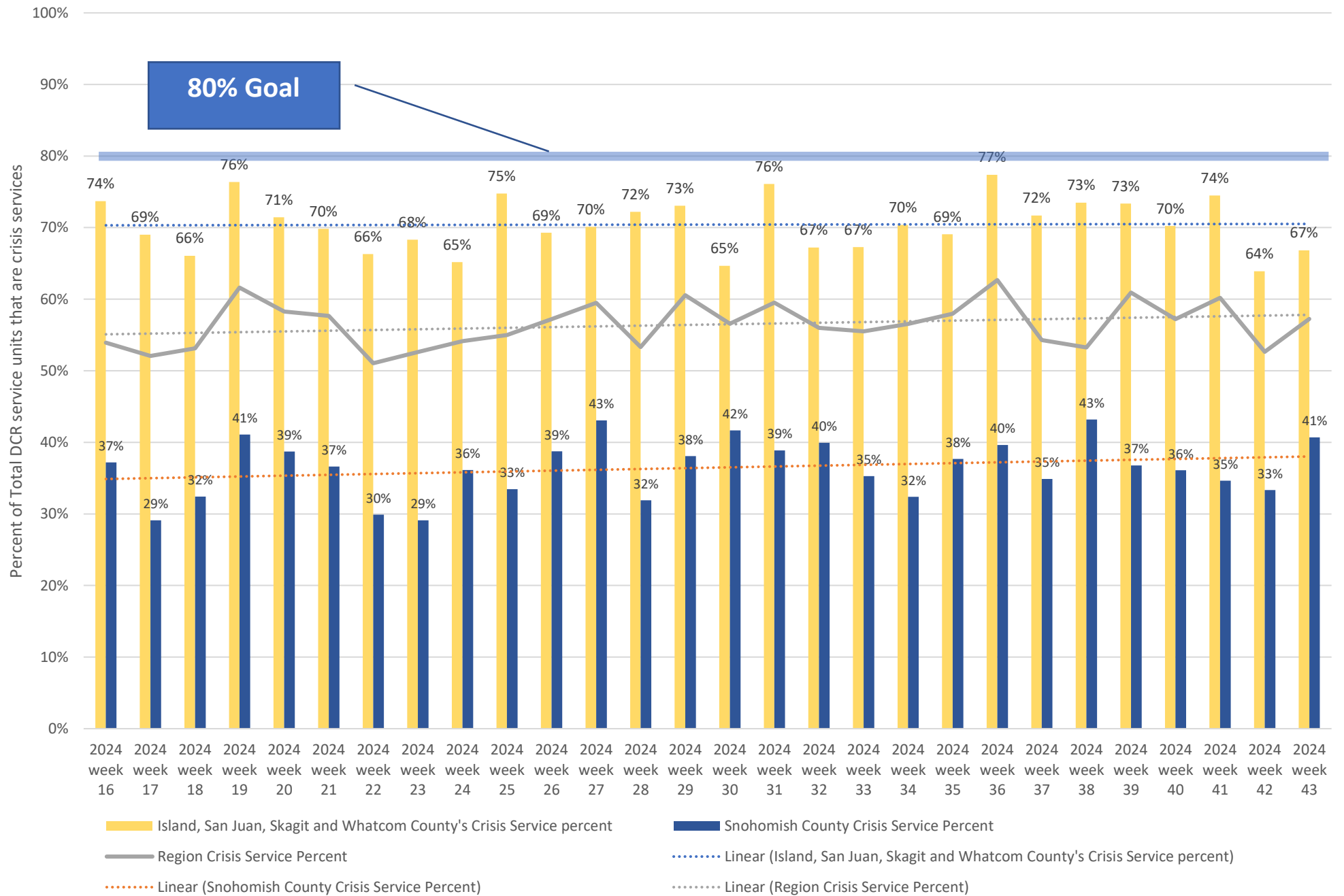


THURSTON/MASON EandT FACILITY							1									
Valley Cities Counseling And Consultation												1				
Western State				1												
Multicare Behavioral Health Inpatient Services - Auburn												1				
Swedish Mill Creek	2			1												
VALLEY GENERAL HOSPITAL			1	1		1			1	1						
ABHS Chehalis	1		1	1	1				1					2	1	1
BHC Fairfax Hospital INC	1		1		1	1		2	1	1	1	2	2	1	2	1
Telecare North Sound Evaluation and Treatment	1		3	1		2		1		2	2	2	1		4	1
Mukilteo	3		3	3	2	1	3		1	2	3	2		1		3
SMOKEY POINT BEHAVIORAL HOSPITAL	7	2	4	5		5	2	2	3	7	2	1	4	2	5	3
Peacehealth Bellingham	4	2	7	2	2	5	5	5	4	6	3	6	2	4	4	3
Skagit Valley Hospital	3	5	5	3	4	2	4	3	3	3	5	3	4	8	5	4
SWEDISH EDMONDS	9	5	7	3	3	5	10	4	6	8	3	5	2	7	3	3
Providence Everett	10	12	9	11	17	11	9	11	7	11	11	10	11	9	11	11

Telehealth only, crisis and investigation services from 04/14/24 to 10/26/24



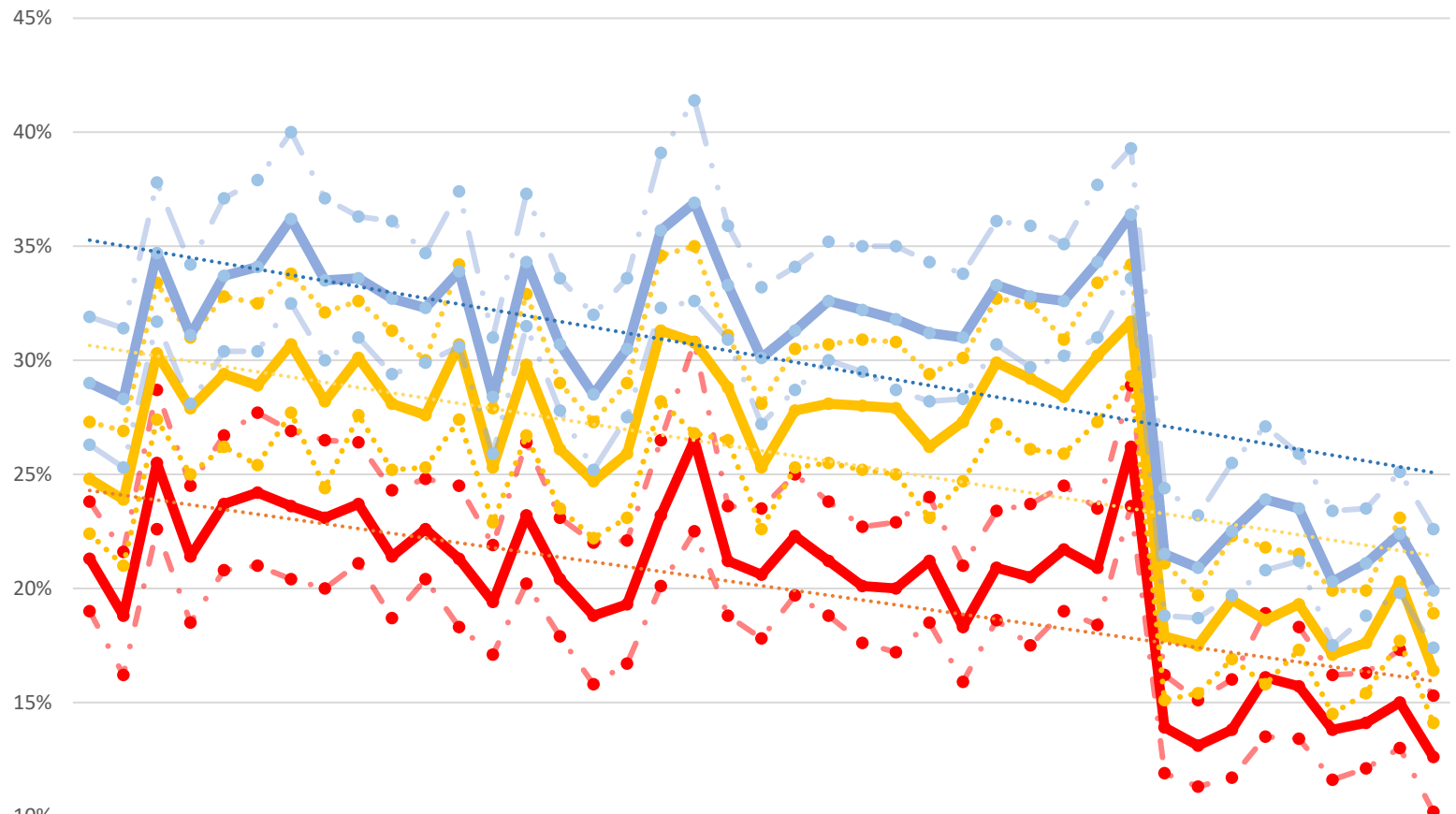
Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units












Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

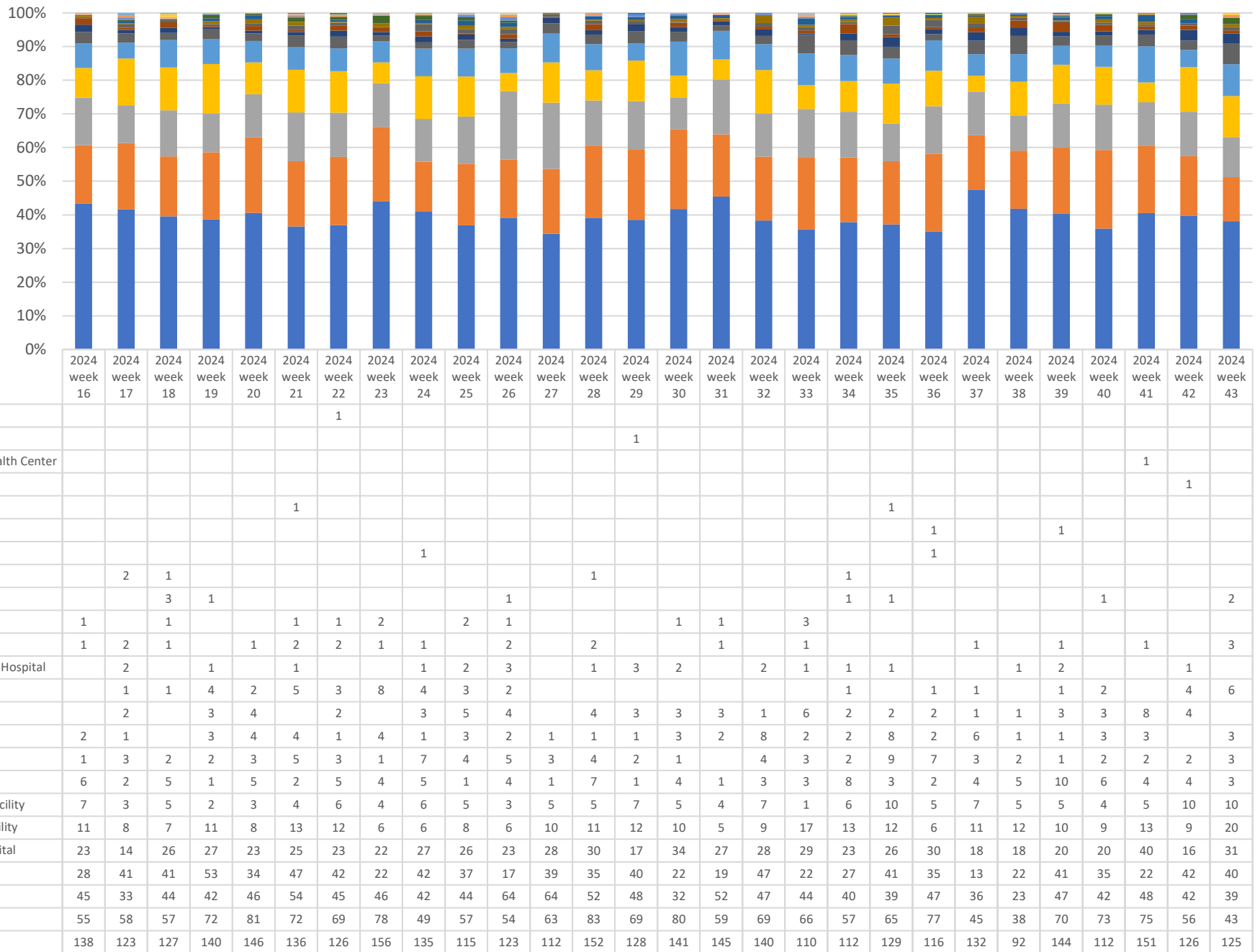
The U.S. Census Bureau, in collaboration with five federal agencies, launched the Household Pulse Survey to produce data on the social and economic impacts of Covid-19 on American households. The Household Pulse Survey was designed to gauge the impact of the pandemic on employment status, consumer spending, food security, housing, education disruptions, and dimensions of physical and mental wellness.

<https://data.cdc.gov/NCHS/Indicator-s-of-Anxiety-or-Depression-Based-on-Repor/8pt5-q6wq>

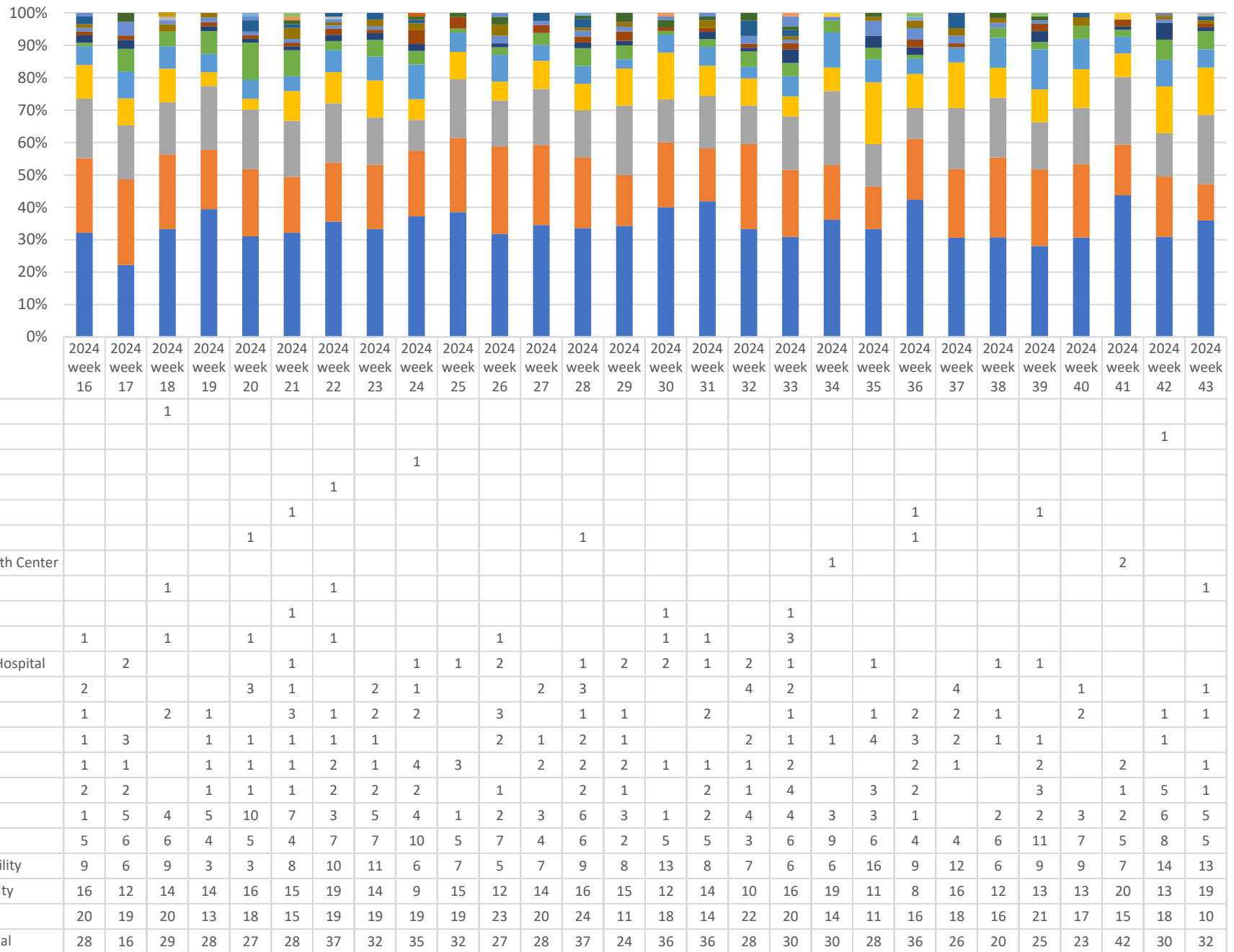


 % with Symp. of Depr. Dsrdr low conf.	19%	16%	23%	19%	21%	21%	20%	20%	21%	19%	20%	18%	17%	20%	18%	16%	17%	20%	23%	19%	18%	20%	19%	18%	17%	19%	16%	19%	18%	19%	18%	24%	12%	11%	12%	14%	13%	12%	12%	13%	10%
 % with Symp. of Depr. Dsrdr value	21%	19%	26%	21%	24%	24%	24%	23%	24%	21%	23%	21%	19%	23%	20%	19%	19%	23%	27%	21%	21%	22%	21%	20%	20%	21%	18%	21%	21%	22%	21%	26%	14%	13%	14%	16%	16%	14%	14%	15%	13%
 % with Symp. of Depr. Dsrdr high conf.	24%	22%	29%	25%	27%	28%	27%	27%	26%	24%	25%	25%	22%	26%	23%	22%	22%	27%	31%	24%	24%	25%	24%	23%	23%	24%	21%	23%	24%	25%	24%	29%	16%	15%	16%	19%	18%	16%	16%	17%	15%
 % with Symp. of Anxiety Dsrdr low conf.	22%	21%	27%	25%	26%	25%	28%	24%	28%	25%	25%	27%	23%	27%	24%	22%	23%	28%	27%	27%	23%	25%	26%	25%	25%	23%	25%	27%	26%	26%	27%	29%	15%	15%	17%	16%	17%	15%	15%	18%	14%
 % with Symp. of Anxiety Dsrdr value	25%	24%	30%	28%	29%	29%	31%	28%	30%	28%	28%	31%	25%	30%	26%	25%	26%	31%	31%	29%	25%	28%	28%	28%	28%	26%	27%	30%	29%	28%	30%	32%	18%	18%	20%	19%	19%	17%	18%	20%	16%
 % with Symp. of Anxiety Dsrdr high conf.	27%	27%	33%	31%	33%	33%	34%	32%	33%	31%	30%	34%	28%	33%	29%	27%	29%	35%	35%	31%	28%	31%	31%	31%	31%	29%	30%	33%	33%	31%	33%	34%	21%	20%	22%	22%	22%	20%	20%	23%	19%
 % with Symp. of Anxiety or Depr. Dsrdr low conf.	26%	25%	32%	28%	30%	30%	33%	30%	31%	29%	30%	31%	26%	32%	28%	25%	28%	32%	33%	31%	27%	29%	30%	30%	29%	28%	28%	31%	30%	30%	31%	34%	19%	19%	20%	21%	21%	18%	19%	20%	17%
 % with Symp. of Anxiety or Depr. Dsrdr value	29%	28%	35%	31%	34%	34%	36%	34%	34%	33%	32%	34%	28%	34%	31%	29%	31%	36%	37%	33%	30%	31%	33%	32%	32%	31%	31%	33%	33%	33%	34%	22%	21%	23%	24%	24%	20%	21%	22%	20%	
 % with Symp. of Anxiety or Depr. Dsrdr high conf.	32%	31%	38%	34%	37%	38%	40%	37%	36%	36%	35%	37%	31%	37%	34%	32%	34%	39%	41%	36%	33%	34%	35%	35%	35%	34%	34%	36%	36%	35%	38%	39%	24%	23%	26%	27%	26%	23%	24%	25%	23%

Place of Service -Crisis Services, percent of total by week



Place of Service -Investigations, percent of total by week



North Sound BH ASO Walkaway Chart 04/14/24 to 10/26/24

Walkaway Episodes

