



# HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: ORI.1.08  
Issue Date: 09/13/02

Rev. Date: 06/20/17  
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## Title: Compliance – Compliance Concern Reporting Policy

Prepared By: Corporate Compliance Manager

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### Purpose:

To define the process for reporting any suspected violations of federal, state, and/or local law and any questionable misconduct or practices including any third-party payer rules and requirements.

### Scope:

This policy applies to all employees, contractual providers, and subcontractors of Huron Behavioral Health (HBH).

### Information:

1. All reports of compliance-related concerns are taken seriously. The Corporate Compliance Manager will investigate all reports made. However, some reported concerns may be merely seeking advice or clarification and they will be handled accordingly.

*Note* - Human Resource issues are to be directed to the Human Resource Manager

*Note* – Recipient Rights issues are to be directed to the Recipient Rights Officer

2. All compliance concerns reported are treated with confidentiality and in accordance with the protections provided in the Whistleblowers Protection Act (PA 469 of 1980).

### Policy:

#### A. Reporting a Compliance Concern:

1. HBH has a robust and effective compliance program and enforces its compliance policies. HBH expects its employees, independent contractors, and subcontractors to report any suspected violations of this program, and/or applicable Federal, state, and local laws as well as any third party payor rules to the Corporate Compliance Manager.
2. HBH prohibits employment-related retaliation against any employee who shall report any suspected violations of federal, state, and/or local law, and any questionable misconduct or practices (such as fraud or abuse activities, theft from the agency, violations of consumer's rights, etc). No retribution for such reporting will occur to the employee, regardless of the outcome of the investigation.
3. Baseless allegations may be discarded after preliminary investigation by the Corporate Compliance Manager.
4. HBH has provided a confidential channel for employees to report any compliance concerns. Concerns may be expressed via any of the following mechanisms:
  - a. drafting a written note and placing it in a sealed envelope marked "CONFIDENTIAL" and placing such envelope in the Compliance Manager's internal mailbox; or
  - b. speaking with the HBH Compliance Manager in person
  - c. speaking by phone with the Compliance Manager at (989) 269 – 9293
  - d. leaving a voice mail message for the HBH Compliance Manager at (989) 269 - 9293
5. Employees may submit a compliance concern anonymously if they prefer.
6. Each compliance concern is investigated by the appropriate executive management staff. If any question of staff involvement is presented, independent staff or external staff may be utilized to conduct the investigation. Supervisors and senior management are required to provide information when necessary, and to assure that the employee reporting the compliance concern is protected from retaliation from peers and others within the organization.
7. In addition to the HBH Compliance Concern process, contract providers, employees, and consumers may also utilize the dedicated compliance hotline at Mid-State Health Network (MSHN) to contact the regional Chief

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Compliance Officer (CCO) with compliance concerns. The contact number is (844) 793 - 1288. The CCO takes messages and receives calls daily and completes a report for each call received. This process is also confidential and will be treated in accordance with the protections defined in the Whistleblowers Protection Act (PA 469 of 1980). The regional CCO may conduct an investigation and generate a report and if any regulatory violations or fraud are determined, the MSHN Chief Executive Officer (CEO) will be notified and additional actions and follow-up will be determined for the responsible Community Mental Health Services Program (CMHSP).

**B. Follow-Up & Record Keeping:**

1. HBH maintains a database for tracking non-compliance concerns. Each concern is entered into the database and a report is sent to the appropriate staff for investigation and follow-up.
2. Any concern exceeding the deadline for response will involve the executive Director and/or Clinical Director as appropriate for additional corrective action focus.
3. Upon completion of the compliance investigation and follow-up activities, the Corporate Compliance Manager will provide a "[Compliance Concern Follow-Up Letter](#)" (90-656) to the person who initially filed the compliance concern to let them know that the issue has been investigated and/or resolved.

**Definitions/Acronyms:**

CCO – Chief Compliance Officer  
 CMHSP – Community Mental Health Services Program  
 HBH – Huron Behavioral Health  
 MSHN – Mid-State Health Network

**Forms:**

[90-060 Compliance Concern Report Form](#)  
[90-656 Compliance Concern Follow-Up Letter](#)

**Records:**

The Corporate Compliance Manager is responsible for maintaining the records for compliance issues and for generating reports including quarterly summaries to the Quality Council.

**Reference(s) and/or Legal Authority**

Michigan Whistleblowers Protection Act (PA 469 of 1980) @ <http://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-469-of-1980.pdf>  
 MSHN Policy "Compliance – Compliance Line" adopted 07/02/14

**Change History:**

Change Letter	Date of Change(s)	Changes
A	03/02/09	Reviewed for COA 8 <sup>th</sup> edition standards, added "any suspected" to the "Purpose" section, changed "Personnel Manager" to "HR Manager"
B	05/12/09	Revised phone numbers for contact 2 places
C	08/21/13	Reviewed and revised to comply with 8 <sup>th</sup> edition COA Standards & HIPAA/HITECH Act – changed contact phone number in 4.c and 4.d to main office number
D	07/08/14	Reviewed and revised to comply with MSHN policy "Compliance – Compliance Line" adopted 07/02/14: added #2 in "Information" section, added #7 in "Procedure" section, added to "Acronym" section "MSHN", "CCO", "CMHSP", added reference to MSHN Policy and Michigan Whistleblower's Protection Act, added hyperlinks.
E	05/25/16	Reviewed for accuracy – no content changes needed.
F	06/20/17	Changed "Compliance Liaison" to "Compliance Manager" (6 places), in section "B" added "Follow-Up &" to title, added B.3, in "Forms" section added "90-656".