



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

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

Rev. Date: 02/20/18
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Title: Compliance – Compliance Concern Reporting Policy

Prepared By: Corporate Compliance Officer

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Purpose:

To define the process for reporting any suspected violations of applicable 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 Officer 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 fraud and abuse, and any violations of this program, and/or applicable Federal, state, and local laws as well as any third party payor rules to the Corporate Compliance Officer.
2. HBH prohibits retaliation against any employee who reports 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 Officer.
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 Officer's internal mailbox; or
 - b. speaking with the HBH Compliance Officer in person
 - c. speaking by phone with the Compliance Officer at (989) 269 – 9293
 - d. leaving a voice mail message for the HBH Compliance Officer at (989) 269 - 9293
5. Employees may submit a compliance concern anonymously if they prefer.
6. Each compliance concern is investigated by the appropriate 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 Compliance Officer (CO) with compliance concerns @ (844) 793 - 1288. The CCO takes messages and

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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 Officer 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.

C. Reporting to MSHN:

1. The HBH Compliance Officer is responsible for submitting compliance activity reports to MSHN semi-annually. This is will done in the format prescribed by MSHN. At a minimum, the report will include:
 - The number of complaints of fraud and abuse that warranted investigation
 - For each instance that warrants a full investigation, HBH will supply the following information:
 - Provider name and number
 - The source of the complaint
 - The type of provider
 - The nature of the complaint
 - The approximate range of dollars involved
 - The legal and administrative disposition of the case (including any actions taken by law enforcement officials, when applicable)

Definitions/Acronyms:

CEO – Chief Executive Officer
CO – Compliance Officer
CMHSP – Community Mental Health Services Program
HBH – Huron Behavioral Health
MSHN – Mid-State Health Network
PA – Public Act

Forms:

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

Records:

The Corporate Compliance Officer is responsible for maintaining the records for compliance issues.

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”
MSHN Policy “Compliance- Compliance Investigations Summary Reporting”

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Change Letter	Date of Change(s)	Changes
A	03/02/09	Reviewed for COA 8 th 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 th 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".
G	02/20/18	In "Policy" section added section "C", in "Acronyms" section added "CEO" & "PA" and changed "CCO" to "CO", changed "Compliance Manager" to "Compliance Officer" throughout document (13 places) made several minor wording/grammatical changes/corrections throughout document without changing sentence content,