



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

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

Rev. Date: 10/31/18
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Title: Compliance – Compliance Reporting and Investigation 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 concerns are to be directed to the Human Resource Manager

Note – Recipient Rights concerns 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 HBH's corporate compliance program, and/or applicable federal, state, and local laws as well as any third party payor rules to the HBH Corporate Compliance Officer (hereafter referred to as "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 Compliance Officer.
4. HBH has implemented a confidential channel for employees to report any compliance concerns. Concerns may be expressed using any of the following methods:
 - 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. If preferred, employees may submit a compliance concern anonymously
6. Employees, contract providers, and consumers may also utilize the dedicated compliance hotline at Mid-State Health Network (MSHN) to contact the regional MSHN Corporate Compliance Officer (CCO) with any compliance concerns at (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. If any regulatory violations or fraud are determined, the MSHN Chief

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Executive Officer (CEO) will be notified and additional actions and follow-up will be determined for the responsible Community Mental Health Services Program (CMHSP).

7. HBH employees may also contact the MSHN CCO for informational purposes such as clarification on specific standards, legislation, policies, or any other compliance-related questions by calling the same dedicated toll-free number (1-844-793-1288).

B. Compliance Concerns Investigation and Corrective Actions:

1. When a compliance concern is reported, the HBH Compliance Officer (or designee) is obligated to conduct a full investigation.
2. All compliance concerns are investigated. All suspected fraud and/or abuse within the Medicaid program are also reported to the MSHN CCO. Suspected violations and/or misconduct not involving Medicaid Fraud and/or Abuse are also reported to the MSHN CCO.
3. If any conflict of interest arises during a compliance investigation, the HBH Compliance Officer is responsible for working with the HBH CEO as necessary to secure appropriate resources to conduct the investigation and implement the necessary corrective actions. This may include utilizing the MSHN CCO, another CMHSP Compliance Officer within the MSHN region, or an external resource, if needed.
4. When the investigation has substantiated a reported violation, actions will be initiated including, as appropriate:
 - prompt restitution for any overpayment amounts
 - notification to the appropriate governmental agency where required using the Office of the Inspector General (OIG) Fraud Reporting Form located at <https://oig.ssa.gov/report>
 - corrective action plan including follow-up monitoring
 - implementation of system changes to prevent a similar violation from recurring in the future (see also "Corrective Action Procedure" QI.2.10). (Note: Corrective Action Plans must be submitted to the MSHN CCO within 30 days of development.)
5. Immediately upon notification, the HBH CEO (or designee) is required to inform the MSHN's CEO (in writing) of any material notice to, inquiry from, or investigation by any federal, state, or local human services, fiscal, regulatory, investigatory, prosecutor, judicial, or law enforcement agency, or protection and/or advocacy organization regarding rights, safety, or care of any recipient of Medicaid services. The HBH CEO shall also (in writing) notify the MSHN's CEO immediately of subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
6. The HBH Compliance Officer shall also report to the MSHN Corporate Compliance Officer when compliance violations involve external parties, Medicaid recipient services, practices or system-wide issues. Singular, one-time, non-patterned documentation or billing errors do not need to be reported to the MSHN's CCO. The MSHN CCO is responsible for reporting any suspected fraud and/or abuse to the Michigan Department of Health and Human Services (MDHHS) Office of the Inspector General.
7. 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 requested, and to assure that the employee who is reporting the compliance concern is protected from retaliation from peers and others within the organization.
8. HBH maintains a database with all compliance concerns and follow-up actions permanently retained.

C. 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.

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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 Requirements:

1. The HBH Compliance Officer develops and presents quarterly summary reports to the Quality Council (see also "HBH Quality Council Procedure" QI.2.21).
2. Additionally, the HBH Compliance Officer is responsible for submitting compliance activity quarterly reports to MSHN. This is will done in the format prescribed by MSHN. At a minimum, the report will include:
 - Tips/grievances received
 - Data mining and analysis of paid clamis, including audits performed based on the results
 - Audit conducted
 - Overpayments collected
 - Identification and investigation of fraud, waste, and abuse (see "Definitions" section below)
 - Corrective Plans implemented
 - Provider dis-enrollments/debarments
 - Contract terminations

Definitions/Acronyms:

Acronyms:

CCO – Corporate Compliance Officer

CEO – Chief Executive Officer

CFR – Code of Federal Regulations

CMHSP – Community Mental Health Services Program

CO – Compliance Officer

HBH – Huron Behavioral Health

MDHHS – Michigan Department of Health and Human Services

MSHN – Mid-State Health Network

OIG – Office of the Inspector General

PA – Public Act

Definitions:

Abuse – this refers to provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet the professionally recognized standards for health care.

Fraud – this refers to the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person.

Waste – this refers to overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions, but rather by the misuse of resources.

Forms:

[90-060 Compliance Concern Report Form](#)

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

OIG Fraud Reporting Form (<https://oig.ssa.gov/report>)

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

Reference(s) and/or Legal AuthorityMichigan 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 Reporting and Investigations"

MSHN Policy "Compliance – Compliance and Program Integrity"

42 CFR 455.17 – "Reporting Requirements"

42 CFR 438.608 "Program Integrity Requirement"

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program contract

Michigan Mental Health Code

[QI.2.10 Corrective Action Procedure](#)[QI.2.21 HBH Quality Council Procedure](#)**Change History:**

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.
H	10/31/18	Changed title from "Compliance Concern Reporting Policy" to "Compliance Reporting and Investigation Policy", In "Policy" section added A.8, added section B, added C.1, modified all bullets in C.2 to match MSHN policy requirements, in "Acronyms" section added CCO, CFR, MDHHS, & OIG, added "Definitions" section, in "References" section added MSHN policy, 42 CFR, contract, mental health code, QI.2.10, & QI.2.21, made several minor wording and grammatical changes/corrections throughout document without changing sentence content.