

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

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|--|--|---|--|
| Chapter: 13 | Corporate Compliance | | |
| Section: 2 | Administrative & Operational Practices | | |
| Topic: 1 | Internal Reporting (Hot-Line) | | |
| Page: 1 of 4 | Supersedes Date: Pol: 4-15-10, 3-19-09, 5-20-04 Proc: 8-1-17, 5-25-15, 12-14-09, 3-19-09, 7-20-04, 5-20-04 | Approval Date: Pol: 5-25-15 Proc: 9-21-2021 | <hr style="border: 0.5px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0.5px solid black;"/> <i>Chief Executive Officer Signature</i> |
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Policy

Bay-Arenac Behavioral Health Authority (BABHA) will ensure a method for confidential reporting and appropriate response to suspected fraud, waste and abuse of Federal and State health care funds and other corporate compliance concerns.

Purpose

This policy and procedure is established to provide effective mechanisms, including options for anonymity, to staff, Board of Directors and contracted service providers for reporting of suspected fraud, waste and abuse of Federal and State health care funds, privacy/security violations, and other compliance concerns, and to outline process steps for appropriate response.

Education Applies to:

- BAY ARENAC
- BEHAVIORAL HEALTH
- All BABHA Staff
 - Selected BABHA Staff, as follows:
 - All Contracted Providers: Policy Only Policy and Procedure
 - Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
 - Other: Board of Directors

Definitions

Discovery Date: The first date on which a BABHA staff, contract service provider or business associate of BABHA becomes aware, or with the exercise of reasonable diligence would have become aware, that a potential instance of fraud, abuse, privacy violation, security violation or potential breach has occurred.

Procedure

In order to effectively enforce this compliance program and incorporated policies, BABHA expects its staff and contracted service providers to report perceived violations of its Corporate Compliance program, applicable Federal, State, and third-party payer rules, and HIPAA Privacy and Security standards, to the Corporate Compliance Officer CCO or designee, pursuant to the procedure set forth below.

1. Staff will report to the BABHA CCO or designee any possible or suspected compliance-related concerns regarding suspected fraud, waste, and abuse of Federal and State health care funds (e.g., billing for services not performed, misrepresentation of qualifications, falsification of reports, unauthorized back-dating of signatures, up-coding, double billing of

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services, not utilizing time appropriately or in an unethical manner, etc.), and suspected violations of HIPAA privacy and security standards, including potential breaches, within two business days of date the issue was discovered, by:

- a. Drafting a written note (can be anonymously written) and placing it in a sealed envelope marked “CONFIDENTIAL” and placing such envelope in the CCO, or designee’s, internal mailbox;
 - b. Directly speaking to the CCO, or designee, in person or by phone to the Compliance Department (ext. 2760) and making such report verbally; or
 - c. Reporting the concern through the “hot-line” number (800-243-7483).
2. Contracted service providers will report the same issues as BABHA employees to the BABHA CCO or designee, but will do so within five business days, (for consistency with industry standards for Business Associate Agreements).
 3. Staff will also report the compliance issue to their direct supervisor, unless the supervisor is believed to be potentially complicit in the compliance issue. In such situations, staff will report the issue to the next highest manager in the chain of command who is not believed to be potentially complicit in the compliance, privacy or security issue. The supervisor, or other individual in the chain of command who received the report from staff, will ensure the director of the department is informed.
 4. If the compliance issue involves:
 - a. BABHA personnel or licensed independent practitioners, the supervisor or department director, and the CCO will ensure the Human Resources Director is informed promptly.
 - b. A potential failure to provide services suited to condition, a violation of confidentiality, or other recipient rights violation, the supervisor or department director, and the CCO will ensure the Recipient Rights Manager is informed promptly.
 - c. A potential contract violation, the CCO will ensure the Chief Financial Officer and the relevant Director of Integrated Healthcare are informed promptly.
 5. The CCO is responsible for ensuring the Chief Executive Officer (CEO) is informed of the concern/issue.
 6. Staff and contracted service providers may also report suspected fraud and abuse directly to the Office of Inspector General, the MI Department of Health and Human Services and the

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PIHP (Mid-State Health Network) Compliance Office. Posters will be placed in common areas of BABHA office locations, provided to staff during annual and new employee corporate compliance training and provided to contracted service providers.

7. Staff and contracted service providers may also report potential privacy and security violations, including breaches, directly to the Office of Civil Rights, Dep't of Health and Human Services through their HIPAA complaint process.
8. On an annual basis BABHA employees and contract personnel will be asked to sign the BABH Annual Fraud/Abuse and Criminal Conviction Attestation (see attachment) by the BABHA Human Resources Dep't. If the HR Dep't receives an attestation form which indicates knowledge of potential fraud or abuse, the form will be forwarded to the CCO for review and follow-up as appropriate.
9. BABHA or any of its employees, based on having made the report, will not subject any employee or agent who makes a report of alleged wrongdoing in good faith to reprisal, harassment, retribution, discipline or discrimination [See BABHA Policy and Procedure, C13-S02-T02 - Non-Retaliation, Non-Retribution].
10. All reports will be handled in a manner that protects the confidentiality of the reporter to the extent allowed by law.

Attachments

- Corporate Compliance Hot-Line Poster (employee and provider versions)
- Annual Fraud/Abuse and Criminal Conviction Attestation

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

- 42 CFR 455.17 Reporting Requirements; Medicaid Agency Fraud Detection and Investigation Program
- MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver program FY17

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| SUBMISSION FORM | | | | |
|--------------------------------------|--|-----------------------------|---|---|
| AUTHOR/ REVIEWER | APPROVING BODY/ COMMITTEE/ SUPERVISOR | APPROVAL/ REVIEW DATE | ACTION (Deletion, New, No Changes, Replacement or Revision) | REASON FOR ACTION If replacement, list policy to be replaced |
| Marianne Bartlett | CC Operations | 1/21/09 | Revision | To ensure CCO is notified along with supervisor of issues/concerns |
| M. Bartlett | M. Bartlett | 8/20/2009 | No Changes | Reviewed only |
| M. Bartlett | CC Operations | 12/14/09 | Revision | Updated for revised and current practices |
| M. Bartlett/J. Pinter | CC Payor/ CCOPS | 1/26/10 and 2/9/10 | Revision | Updated to current practices |
| M. Wolber | J. Pinter | 11/25/13 | Revision | Reviewed with minor corrections. |
| J. Pinter | J. Pinter | 5/25/15 | Revision | Revisions to change reporting processes and clarify investigative procedures |
| J. Pinter, Corp Comp Committee | Strategic Leadership Team | 08/01/17 | Revision | Transfer content to new Complaint Investigation procedure |
| J. Pinter | Corporate Compliance Committee | 09/21/21 | Revision | Increase # of days for contractors to report to be consistent with industry standard timelines in BAA; add new annual employee fraud/abuse attestation; made it clear HIPAA included. |
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