

SWMBH Operating Procedure 10.8.1

Subject: Compliance Reviews and Investigations for Reporting Procedure		Accountability: Compliance	Effective Date: 10/4/2018	Pages: 2
Overarching Policy: SWMBH 10.8 Compliance Reviews and Investigations for Reporting			Last Reviewed Date:	Past Reviewed Dates:
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input checked="" type="checkbox"/> Other: <u>MI Health Link Providers</u>		Last Revised Date: Past Revised Dates:
Approved: <u>Mila C. Todd</u> Date: <u>10-11-18</u>			Required Reviewer: Chief Compliance & Privacy Officer	

I. Purpose

To articulate the procedures that Southwest Michigan Behavioral Health (SWMBH), participant Community Health Service Providers (CMHSPs), and contracted providers will follow in reporting and investigating actual and potential compliance issues.

II. Procedural Steps

A. **Reporting.** Participant CMHSPs and contracted providers will report actual and suspected compliance issues consistent with SWMBH Operating Policy 10.8, by completing the "SWMBH Compliance Violation Form" and submitting it, along with any supporting documentation, to the SWMBH Chief Compliance Officer (CCO) through one of the following methods:

1. Electronically to mila.todd@swmbh.org;
 2. Facsimile attn. Mila Todd, 269-488-8270;
 3. In person at 5250 Lovers Lane, Ste. 200, Portage MI 49002
- Reports must be made to the SWMBH CCO within three (3) business days.

B. **Investigation.** The SWMBH CCO will coordinate with the participant CMHSP Compliance Officer, or the contracted provider, if appropriate, to perform a preliminary investigation of the reported allegations. The preliminary investigation may include interviews, documentation review, and other action as may be deemed necessary by the SWMBH CCO.

C. **Reporting.**

1. **Fraud.** Upon a determination by the SWMBH CCO that there is a credible suspicion of fraud, the SWMBH CCO or his/her designee will promptly refer the matter to the Michigan Office of Inspector General (MI OIG) consistent with Section 33.0(D)(1) of the Michigan Department of Health and Human Services (MDHHS)-SWMBH master contract.
2. **Abuse/Waste.** Credible suspicions of abuse and waste will be reported by the SWMBH CCO or his/her designee to the MI OIG via the the Quarterly Report, consistent with Section 33.0(D)(2) of the MDHHS-SWMBH master contract.

D. **Records.** The SWMBH Program Integrity and Compliance department will retain records of its investigative activities, and will provide periodic reports to SWMBH senior management, the SWMBH Compliance Oversight Committee, and the SWMBH Board as necessary.

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- E. **Non-compliance.** Reporting and cooperating in the investigation of compliance issues is mandatory. Failure to do so may result in contract action, up to and including termination, and referral to the appropriate regulatory bodies.

III. References

- A. SWMBH Operating Policy 10.8 Compliance Reviews and Investigations for Reporting

IV. Attachments

- A. SWMBH P10.8.1A Compliance Violation Form



Compliance Violation Reporting Form

The purpose of this form is to report any possible or suspected compliance violations.

Instructions for Compliance Report: If you believe that an employee (or program) of Southwest Michigan Behavioral Health (SWMBH) or any of its network Provider Organizations is in non-compliance with SWMBH policy, contract or some other law or regulation please complete this form to submit a complaint to Mila C. Todd, the Chief Compliance Officer at the address below. No retaliation or disciplinary action will be taken toward an individual who, in good faith, reports an issue or concern. You may remain anonymous in reporting; therefore, it is important that you provide sufficient information to allow for a full investigation of your compliance concern. For example, information that will be helpful to include in the report is the date of the suspected violation, people or staff involved and any relevant facts or concerns. All credible reports of suspected compliance violations will be fully investigated. Please keep in mind, if you remain anonymous, it will not be possible for us to gather more information if needed or provide you with the outcome of the report.

You may also report potential compliance violations by calling Mila C. Todd, the Chief Compliance Officer, emailing or writing to the address below.

Southwest Michigan Behavioral Health
Attn: Mila C. Todd, Chief Compliance Officer
5250 Lovers Lane
Suite 200
Portage, MI 49002
mila.todd@swmbh.org

Direct Dial at 269-488-6794
Compliance Hot line at 1-800-783-0914
Fax 269-488-8270

Complainant's Name: (if non-anonymous)
If Anonymous, please provide a four (4) digit ID
for follow-up contact:

Name of Person/Agency alleged in Non-Compliance:

Complainants' Address/Phone:

Type of Complaint (Check all that apply, if known)

- | | |
|--|---|
| <input type="checkbox"/> False Claims Act | <input type="checkbox"/> HIPAA Security |
| <input type="checkbox"/> Anti-Kickback Statute | <input type="checkbox"/> HIPAA Privacy |
| <input type="checkbox"/> Self-Referral Prohibition | <input type="checkbox"/> HITECH |
| <input type="checkbox"/> Whistleblower Act | <input type="checkbox"/> CFR Rule |
| <input type="checkbox"/> CMH/Provider Contract | <input type="checkbox"/> Medicaid Provider Manual |
| <input type="checkbox"/> PIHP/CMH Contract | |
| <input type="checkbox"/> CMH/CA Local Policy | |
| <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Other: (describe): | |

Date of Occurrence:

Description of the Person(s), actions and events that occurred giving rise to the complaint:



Compliance Violation Reporting Form

If applicable, describe your involvement in the incident:	
Complainant's Signature: <i>(if non-anonymous)</i>	Date
Forward Complaint To: SWMBH Compliance Office Mila C. Todd, Chief Compliance Officer 5250 Lovers Lane Suite 200 Portage, MI 49002 Direct Dial: 269-488-6794 Compliance Hotline: 1-800-783-0914 e-mail: mila.todd@swmbh.org	Or You May Forward Complaint To: Supervisor <ul style="list-style-type: none"> Supervisor will forward to the Chief Compliance Officer within 24 hours of receipt
For Administrative Use Only	
Date Complaint Received:	Complaint Number:
Category:	Investigation Assigned to: