

# ORGANIZATIONAL PROCEDURE

<b>PROCEDURE TITLE: COMPLIANCE REPORTING RESPONSIBILITIES</b>			
<b>Topic Area:</b> CORPORATE COMPLIANCE		<b>REVIEW DATES</b>	
<b>Related Policies:</b> Compliance			
<b>Applies to:</b> Lakeshore Regional Entity (LRE) Staff and Operations	<b>ISSUED BY:</b> CEO and Chief Compliance Officer		
<b>Review Cycle:</b> Annually			
<b>Developed and Maintained by:</b> LRE CEO and Designee			
	<b>Effective Date:</b> March 24, 2022	<b>Revised Date:</b> March 24, 2022	

## I. PURPOSE

The purpose of this procedure is to document the process of Lakeshore Regional Entity (LRE) regarding the reporting of compliance issues.

## II. PROCEDURES

An open line of communication between the Chief Compliance Officer and LRE personnel, member CMHSPs, contracted and subcontracted health care providers and customers, is critical to the successful implementation of a compliance program and the reduction of any potential for fraud, abuse, and waste. LRE will have in place both a mechanism for the reporting of improper conduct, as well as a mechanism for more routine types of communication among the Chief Compliance Officer and relevant groups and stakeholders.

- A. **Reporting of Suspected Compliance Violations**-All staff should report possible/suspected violations of LRE Corporate Compliance program/policies to the Chief Compliance Officer within **24-hours** of personal awareness via telephone, verbally or in writing. Staff should provide sufficient information in the report to allow the Chief Compliance Officer to conduct a full investigation of the possible violation. Examples of information to include in a report would be the date of the suspected violation, people or staff involved and any relevant facts or concerns. All staff may remain anonymous in reporting any possible violations.
- B. Any reports of suspected compliance violations, questions or possible concerns may be directed to the Chief Compliance Officer via telephone, verbally, or in writing:

**Chief Compliance Officer**  
**5000 Hakes Drive**  
**Suite 250**  
**Muskegon, MI 49441**  
**Email: Compliance@lsre.org**  
**Compliance hotline: 1-800-420-3592**

**Compliance Violation Reporting Form (See Attachment)**

In addition, staff or contractors may report suspected fraud and abuse to the Michigan Attorney General's Office using the online reporting process as detailed at [www.michigan.gov/ag](http://www.michigan.gov/ag) or the Office of Inspector General at **1-800-HHS-TIPS**.

- C. When the Chief Compliance Officer is unavailable, a designated member of the LRE or the Chief Executive Officer may receive the complaint via telephone, verbally or in writing. The designated person is required to report the complaint to the Chief Compliance Officer within 24-hours of receipt of the complaint.
- D. The Compliance Hotline may be called at any time of the day or night to make a report. The Lakeshore Regional Entity Compliance Hotline may be accessed by calling 1-800-420-3592. Please refer to your Corporate Compliance Plan for further details. Anonymous reports can be made to the compliance hotline.
- E. All LRE staff and CMHSP Participants are required to report suspected fraud, waste or abuse. Examples of fraud, waste and abuse activities that should be reported include, but are not limited to
1. Financial
    - Forgery or alteration of documents related to Lakeshore Regional Entity services and/or expenditures (checks, contracts, purchase orders, invoices, etc.);
    - Misrepresentation of information on documents (financial records and medical records);
    - Theft, unauthorized removal, or willful destruction of Lakeshore Regional Entity records or property;
    - Misappropriation of Lakeshore Regional Entity funds or equipment, supplies or other assets purchased with Medicaid funds; and
    - Embezzlement or theft
  2. Beneficiaries/Consumers:
    - Changing, forging or altering medical records;
    - Changing referral forms;
    - Letting someone else use their Medicaid card to obtain Lakeshore Regional Entity covered services;
    - Misrepresentation of eligibility status;
    - Identity theft;
    - Prescription diversion and inappropriate use;
    - Resale of medications on the black market;
    - Prescription stockpiling;

### 3. Provider

- Lying about credentials such as a college degree;
  - Billing for services that were not provided;
  - Billing a balance that is not allowed;
  - Double billing or up coding;
  - Underutilization – not ordering or providing services that are medically necessary;
  - Overutilization – ordering or providing services in excess of what is medically necessary;
  - Falsifying information (not consistent with the consumer’s condition or medical record) submitted through a prior authorization or other service utilization oversight mechanism in order to justify coverage;
  - Forging a signature on a contract or other document;
  - Pre- or post-dating a contract or other document;
  - Intentionally submitting a false claim;
  - Changing, forging or altering medical records;
  - Kickbacks, inducements and/or other illegal remunerations; and
  - Illegal use of drug samples.
- F. The Chief Compliance Officer will complete a log of all reports. The log will contain at a minimum
1. The date the report was received;
  2. The person who made the report if it is not anonymous;
  3. A summary of the regulatory violation or suspected fraud, waste or abuse;
  4. Any coordination with the Office of Inspector General (OIG) or partner CMHSPs;
  5. The outcome of the review;
  6. Any disciplinary action that was taken;
  7. And any corrective actions that were put in place.
- G. The Chief Compliance Officer, upon review of the complaint, will conduct an investigation to determine the validity/facts of the situation. At which time, the following may occur:
1. Immediate contact with legal counsel.
  2. Enactment of the Corporate Compliance Disciplinary Action process which is a process not subject to union bylaws.
- H. In accordance with applicable laws and regulations, LRE policy prohibits any form of retaliation or intimidation against an individual for reporting a compliance concern in good faith or for good-faith participation in any investigation or other proceeding related to such a report, even if Lakeshore Regional Entity concludes that there is no violation. LRE staff members who engage in retaliation or intimidation in violation of this Policy will be subject to disciplinary action, up to and including termination, to the

extent permitted by local laws. Any person who retaliates against another person for reporting actual or potential violations of law or regulation also may be subject to criminal and civil liability under U.S. federal and state laws.

**III. APPLICABILITY AND RESPONSIBILITY**

This procedure applies to LRE staff and operations.

**IV. MONITORING AND REVIEW**

The Chief Executive Officer and designee, will review this procedure on an annual basis.

**V. DEFINITIONS: N/A**

**VI. RELATED POLICIES AND PROCEDURES**

- A. Lakeshore Regional Entity Corporate Compliance Plan
- B. Compliance Reporting Procedure

**VII. REFERENCES/LEGAL AUTHORITY**

- A. 42 CFR, Ch. IV §438.608
- B. Federal Register Volume 64, No. 219
- C. Michigan Whistleblower’s Act (PA 469 of 1980)
- D. Michigan Medicaid Managed Special Supports and Service Contract

**VIII. ATTACHMENTS**

- A. Compliance Violation Reporting Form

**IX. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
March 2022	New Procedure	CEO and Designee