



YOLO COUNTY
ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT
POLICY AND PROCEDURES MANUAL

SUBJECT: Reporting Suspected Fraudulent Activity

POLICY

The Yolo County Alcohol, Drug & Mental Health Department (ADMH) has developed a system for employees to report suspected compliance violations directly to the Compliance Officer, allowing for easy, direct access to a source to receive staff concerns. This process creates an open-door policy for reporting possible misconduct to the Compliance Officer and evidences the commitment of ADMH to successfully implement and monitor the Compliance Plan.

Each ADMH employee is expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his/her duties, and/or how to obtain the requisite information pertinent to performing his/her duties, in a manner consistent with legal, regulatory, and departmental requirements. Employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standard operating protocols and policies and procedures of ADMH, may be subjected to progressive disciplinary action up to and including termination.

PROCEDURE

A. OPEN COMMUNICATION

ADMH is committed to the success of the compliance process. An important component of the Compliance Program is to provide staff with open lines of communication for reporting suspected fraudulent activity, as well as to provide access to compliance information when needed.

To ensure this standard, ADMH has determined that the Compliance Officer may be contacted directly by staff to report activity that may violate the ethical and legal standards and practices of the Compliance Program. Staff may also utilize the 24 Hour Compliance Hotline (1-800-391-7440) to leave confidential and/or anonymous messages regarding potential compliance concerns. This line is checked daily during the business week by the Compliance Officer. Staff is also encouraged to seek guidance from the Compliance Officer if they are unsure about whether they are following the compliance policies and procedures correctly, if they need additional training, or if they have specific concerns or questions about the Compliance Program.

B. REPORTING SUSPECTED VIOLATIONS OF THE COMPLIANCE PROGRAM AND THE CODE OF ETHICS

Per federal regulations and ADMH requirements, staff must report behavior that a reasonable person would, in good faith, believe to be erroneous or fraudulent. These activities

may include, but are not limited to, the following:

1. Violations of standards surrounding coding and billing; medical necessity criteria; service documentation; signature requirements; and improper inducements, kickbacks, and self-referrals. Please refer to PP 404 Standards for Risk Areas and Potential Violations policy and procedure for specific information on these standards.
2. Violations of ethical standards as outlined in the ADMH Code of Ethics.

C. METHODS FOR REPORTING SUSPECTED FRAUD OR MISCONDUCT

ADMH has developed simple methods for staff to report violations of the Compliance Program directly to the Compliance Officer. Reports may be made anonymously and, whenever possible, strict confidentiality will be maintained.

1. Staff may contact the Compliance Officer directly or via email.
2. Staff may utilize the 24 Hour Compliance Hotline at 1-800-391-7440.

D. NON-RETALIATION

As evidence of ADMH's commitment to this reporting process, staff will not be subject to retaliation for reporting suspected misconduct or fraud.

E. CONFIDENTIALITY

The Compliance Officer will maintain the anonymity of persons reporting possible erroneous or fraudulent behavior. However, there may be certain occasions when a person's identity may become known or may need to be revealed to aid the investigation or corrective action process.

F. DOCUMENTATION OF REPORTS OF SUSPECTED FRAUD OR MISCONDUCT

Documentation of violation investigations and results will be maintained by the Compliance Officer in the Compliance Log. Information from the Compliance Log will be summarized and system level issues will be reviewed with the QIC on a quarterly basis. Suggestions, feedback, and changes to the system from the QIC are also documented in the QIC minutes.

The Compliance Log contains the following materials:

1. The date or general time period in which suspected fraudulent action occurred;
2. Name of the reporting party and/or source of the allegation (via direct or anonymous contact with the Compliance Officer, routine audit, monitoring activities, etc.);
3. Name of the provider(s) involved;
4. Name of the client(s) or chart number(s) involved;
5. Specific information regarding the investigation, including supporting reference materials, etc.;
6. Name of the person responsible for providing feedback to the staff person, if appropriate; and

7. The corrective action taken, as applicable.

G. INVESTIGATION AND CORRECTIVE ACTION

When compliance issues are reported by staff or detected via auditing/monitoring activities, the Compliance Officer will initiate an investigation. If non-compliance is evidenced, the Compliance Officer will follow a course of corrective action outlined in the ADMH Compliance Plan and the PP 406 Compliance Investigation and Corrective Action policy and procedure. Please refer to these documents for more information.

REFERENCES

PP 404 Standards for Risk Areas and Potential Violations
PP 406 Compliance Investigation and Corrective Action
Yolo Compliance Plan
ADMH Code of Ethics

APPROVED BY:

ADMH Director

Date