



Current Status: *Active*

PolicyStat ID: 4187970



Origination:	01/2018
Effective:	01/2018
Last Approved:	01/2018
Last Revised:	01/2018
Next Review:	01/2019
Owner:	<i>Eric Doeh: Chief Network Officer</i>
Policy Area:	<i>Compliance</i>
References:	

Standards of Conduct

POLICY

These Standards of Conduct, together with the DWMHA's Human Resources Policy Manual, and other applicable policies, communicate the Detroit Wayne Mental Health DWMHA's ("DWMHA") standards of conduct. DWMHA Representatives are expected to act honestly, lawfully and in the best interests of the DWMHA and its Consumers, and to treat Consumers, fellow employees and others in the fashion in which you would like to be treated.

PURPOSE

The DWMHA is a governmental entity and is funded by federal funds; primarily through the Medicaid program. DWMHA Representatives are expected to protect and preserve these scarce resources, and ensure they are used efficiently and only for lawful and proper purposes.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

STANDARDS

1. **Customer and Quality Service.**
 - a. Treat all Consumers and their family members with care, respect, and dignity.
 - b. Ensure that no Consumers are denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status or source of payment.
 - c. Be involved in DWMHA departmental initiatives for quality and safety, in order to ensure continuous improvement in Consumer care.

- d. Create a proper atmosphere for Consumers and visitors through:
 1. Attention to both DWMHA facilities and personal appearance.
 2. Individual professionalism – being responsible for your actions and taking pride in your work.
 3. Effective communication – using plain language, making eye contact, using proper phone etiquette, smiling and greeting Consumers and family members.
 4. In the event a Consumer or family member expresses concern about the care received from any Representative affiliated with the DWMHA, Representatives shall address the issue or refer it to the appropriate person within the DWMHA. Consumers are entitled to information about how to raise any concerns about their care directly to the DWMHA and/or a regulating body (e.g., MDCH).

2. Workplace Environment.

- a. Ensure that the work environment is free of discrimination or harassment in compliance with federal and state laws.
- b. Treat all individuals fairly, without regard to race, age, color, sex, religion, national origin, height, weight, marital status, or disability. This applies to all employment decisions, including, but not limited to hiring, promotion, transfer, discipline, layoff, termination, compensation, and terms and conditions of employment.
- c. Any Representative who believes he/she has been a subject of discrimination or harassment, or any Representative who witnesses such conduct, should immediately report it to management or Human Resources.
- d. Representatives who observe a colleague that appears to be impaired in the performance of his or her job must immediately report the incident to their supervisor, the Compliance Officer or the Compliance HOTLINE (313-833-3502).
- e. Representatives must report and record all information honestly, completely, and accurately including, but not limited to, reports of financial transactions and information provided to third party payers, cost reports, IRS forms, and financial statements.
- f. Resources, including equipment, supplies, and paid work time, belong to DWMHA and should be protected from theft and waste.

3. Conflicts of Interest.

- a. Representatives are expected to act in DWMHA's best interest and conduct all activities on behalf of DWMHA in good faith, being careful to avoid the appearance of any conflict of interest.
- b. Representatives may not solicit or accept gratuities or anything of more than minimal value, including a loan, reward, gift, material or property, from a Consumer or a Consumer's family, a visitor, contractor, provider, supplier or any other person or entity associated with the DWMHA. However, it is recognized that situations sometimes arise where refusal of a small token of appreciation from a Consumer, such as candy or cookies, would be awkward and embarrassing. In these situations, acceptance of such small items is permissible.
- c. Subject to the approval of the Chief Compliance Officer, an DWMHA Representative shall not meet or confer with a former DWMHA Representative who is a representative of any business which is currently, or is seeking to be, a vendor or contractor of the DWMHA, within one year following termination of the former Board member or DWMHA Representative from DWMHA employment.

- d. The use of a Representative's position with the DWMHA to further the Representative's personal gain, or that of family members, associates, or a business with which the Representative or a member of their family is associated, is unacceptable behavior.
- e. Representatives shall report to the Chief Compliance Officer any situation that may be considered a conflict of interest that arises during employment with DWMHA or any of its subsidiaries. Failure to abide by the foregoing provisions may result in discipline up to and including termination.
- f. In compliance with the DWMHA's Conflict of Interest Policy, Representatives shall complete and execute a Conflicts of Interest Disclosure Form initially upon hire and as needed as new conflicts arise. In the event a Representative is an DWMHA Contract Manager, as defined under the DWMHA's Conflicts of Interest Policy, such Representative shall execute a Conflicts of Interest Disclosure Form annually.

4. Billing

- a. Representatives shall monitor the Authority's contracted Network Providers to ensure compliance with applicable laws, policies and procedures regarding accurate coding, billing, and collection activities to governmental payers, commercial insurances, and Consumers, including:
 - 1. Billing for services at levels that are supported by medical record documentation. Billing only for services that were reasonable and necessary, and which reflect the Consumer's diagnosis and the services provided.
 - 2. Waiving of co-pays or deductibles only in accordance with policy and procedure.
 - 3. Bundling or unbundling charges appropriately.
 - 4. Attempting to collect outstanding balances from a Medicare or Medicaid Consumers only when Advance Beneficiary Notices were provided prior to service.
 - 5. Preventing duplicate billing.
 - 6. Ensuring the accuracy of diagnostic and procedure codes.
- b. No Representative shall knowingly present, or approve the presentation by another of, a false or fraudulent claim for payment or approval, or make or use a false record or statement to get a false or fraudulent claim paid or approved.
- c. When billing questions and issues arise, Representatives will resolve matters in a professional and courteous manner.
- d. Representatives shall report any observed deviances from the above listed practices to the Chief Compliance Officer.

5. Confidentiality.

- a. *Consumer Health Information.* The Health Insurance Portability and Accountability Act (HIPAA) and other laws establish legal requirements for the handling, processing, and storage of a patient's protected health information (PHI). PHI refers to any information, whether oral or recorded in any form, that is created or received by a health care provider and relates to a past, present or future medical condition or payment for services of an individual.
 - 1. Information which identifies an individual as having, or as having requested treatment for, a substance use disorder, may only be disclosed pursuant to a properly executed patient authorization or court order.
 - 2. Release of PHI for other reasons requires patient authorization or a court order.

3. In using or disclosing PHI a Representative shall use or disclose only that PHI needed to be known in order to complete the job at hand, and shall not use or disclose more PHI than is necessary to complete the job.
 4. Representatives may use or disclose PHI only for the purposes of treatment of Consumers, payment for services rendered to Consumers, care coordination, business operations, or as required by law.
 - b. *Confidentiality Regarding DWMHA Business.* Representatives may be exposed to many types of confidential business information including information related to strategies, financial information, trade secrets, and other commercially sensitive information of the DWMHA. The same safeguards used to protect PHI should be used to protect the DWMHA's business and financial information. All work products, records, and files compiled by a Representative on behalf of the DWMHA belong to the DWMHA, and shall remain with the DWMHA upon termination of its relationship with the Representative.
- 6. Kickbacks and Improper Referrals.**
- a. No Representative shall be permitted to offer, pay, solicit, or receive remuneration (e.g., kickbacks, bribes, and rebates) in order to induce or reward the referral of business reimbursable under any federal health care program.
 - b. No physician employed by an DWMHA Network Provider shall be permitted to make referrals for Designated Health Services payable by Medicare or Medicaid to an entity with which such physician (or an immediate family member) has a financial relationship, unless a specific exception applies. Representatives shall report any observed deviances from this practice to the Chief Compliance Officer.
- 7. Lobbying and Political Participation.** When acting as a Representative of the DWMHA, Representatives shall avoid any participation or intervention in any political campaign on behalf of (or in opposition to) any candidate for public office. Examples of participation include publishing or distributing statements, or contributing money, property, or the services of any Representative at the expense of the DWMHA.
- 8. Regulatory Investigations.** The DWMHA participates in voluntary monitoring mechanisms to ensure the effectiveness of its Compliance Program and may be subject to mandatory surveys from regulatory agencies including, but not limited to, the Department of Justice and/or the State Attorney General.
- a. When information or documents are requested by Consumers, Representatives shall, promptly and prior to releasing any information, notify the Chief Compliance Officer, in order to obtain assistance in determining the purpose of the request and expediting the response.
 - b. If an investigating agent from any regulating agency appears for an unannounced visit, DWMHA Representatives are expected to obtain the individual's name, credentials, and purpose of visit, then immediately contact their supervisor and the Chief Compliance Officer.
 - c. All Representatives are expected to work with regulatory agencies and internal/external auditors in a direct, open, and honest manner and without actions taken that could mislead. Documents must never be concealed, damaged or altered.
- 9. Compliance Reporting.** If a Representative becomes aware of any situation that could lead to, could result, or has resulted, in an actual or potential violation of these Standards of Conduct, the Representative shall consult his or her immediate supervisor or the Chief Compliance Officer, or call the compliance reporting HOTLINE (313-833-3502). Such report may be made anonymously. All reports will

be investigated..

10. **Sanctions for Violation.** Any Representative who violates the Detroit Wayne Mental Health DWMHA Standards of Conduct, applicable laws, regulations, policies or procedures including a failure to report a known compliance violation, shall be subject to disciplinary action, up to and including termination of employment or independent contract. When Representative actions violate criminal and/or civil laws, such actions will be reported by the DWMHA and may result in personal prosecution, fines and/or imprisonment.
11. **Representatives in Leadership Roles.** While all Representatives of the DWMHA are responsible for adhering to these Standards of Conduct, those who have positions of leadership within the organization are charged with additional requirements, including, but not limited to:
 - a. Maintaining current knowledge of laws that affect his/her areas of responsibility.
 - b. Implementing effective internal controls to provide reasonable assurance that processes comply with all applicable laws and regulations.
 - c. Supporting and ensuring Representative participation in both annual and special topic compliance training relating to the laws and regulations within their roles
 - d. Creating an ethical culture that allows Representatives to raise appropriate questions of potential violations of standards without fear of retaliation.
 - e. Abiding by the conflict of interest provisions detailed in these Standards of Conduct, and in the DWMHA Bylaws.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY RELATED POLICIES

1. Compliance Plan
2. Standard of Conduct Policy
3. Conflict of Interest Policy
4. Fraud Waste and Abuse Policy

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

Approver

Date

Dana Lasenby: Acting Chief Executive Officer

01/2018