



# DETROIT WAYNE MENTAL HEALTH AUTHORITY ("DWMHA")

## STANDARDS OF CONDUCT

Acknowledgement of Receipt of Standards of Conduct Manual:

Sign: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Copy Received by Human Resources: \_\_\_\_\_

Note: If Employee's received this Policy via email, it's presumed that they have received this Policy and have acknowledged receipt.



# STANDARDS OF CONDUCT

- **ISSUE DATE:** October 1, 2013
  - **REVISED ON:** January 1, 2017
  - **ORIGINATOR:** Compliance Officer
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## **I. POLICY:**

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

## **II. PURPOSE:**

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

## **III. APPLICATION:**

These Standards of Conduct apply to all Authority employees, providers, and independent contractors (collectively, "Representatives"). Authority Representatives are privileged to represent the Authority which, in conjunction with its provider network, provides critically important services to individuals who suffer from mental illness, developmental disabilities, or substance use disorders ("Consumers"). The Authority's mission is to ensure that all Consumers receive clinically appropriate, humane and compassionate services, of the same quality that one would expect for their child, parent or spouse. The Authority's Board is covered under a separate Standard of Conduct Policy.

## **IV. STANDARDS:**

#### 4.1 Customer and Quality Service.

- 4.1.1 Treat all Consumers and their family members with care, respect, and dignity.
- 4.1.2 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.
- 4.1.3 Be involved in Authority departmental initiatives for quality and safety, in order to ensure continuous improvement in patient care.
- 4.1.4 Create a proper atmosphere for Consumers and visitors through:
  - a. Attention to both Authority facilities and personal appearance.
  - b. Individual professionalism – being responsible for your actions and taking pride in your work.
  - c. Effective communication – using plain language, making eye contact, using proper phone etiquette, smiling and greeting Consumers and family members.
  - d. In the event a Consumer or family member express concern about the care received by any Representative affiliated with the Authority, Representatives shall address the issue or refer it to the appropriate person within Authority. Consumers are entitled to information about how to raise any concerns about their care directly to the Authority and/or a regulating bode (e.g., MDCH).

#### 4.2 Workplace Environment.

- 4.2.1 Ensure that the work environment is free of discrimination or harassment in compliance with federal and state laws
- 4.2.2 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.
- 4.2.3 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.
- 4.2.4 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).
- 4.2.5 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.
- 4.2.6 Resources, including equipment, supplies, and paid work time, belong to Authority

and should be protected from theft and waste.

#### 4.3 Conflicts of Interest.

- 4.3.1 Representatives are expected to act in Authority's best interest and conduct all activities on behalf of Authority in good faith, being careful to avoid the appearance of any conflict of interest.
- 4.3.2 Representatives may not solicit or accept gratuities or anything of more than minimal value, including a loan, reward, gift, material or property, from a patient or a patient's family, a visitor, contractor, provider, supplier or any other person or entity associated with the Authority. However, it is recognized that situations sometimes arise where refusal of a small token of appreciation from a patient, such as candy or cookies, would be awkward and embarrassing. In these situations, acceptance of such small items is permissible.
- 4.3.3 An Authority Representative shall not meet or confer with a former Authority Representative who is a representative of any business which is currently, or is seeking to be, a vendor or contractor of the Authority, within one year following termination of the former Board member or Authority employee from Authority employment.
- 4.3.4 The use of a Representative's position with the Authority 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.
- 4.3.5 Representatives shall report to the Director of Human Resources any situation that may be considered a conflict of interest that arises during employment with Authority or any of its subsidiaries. Failure to abide by the foregoing provisions may result in discipline up to and including termination.
- 4.3.6 In compliance with the Authority'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 Authority Contract Manager, as defined under the Authority's Conflicts of Interest Policy, such Representative shall execute a Conflicts of Interest Disclosure Form annually.

#### 4.4 Billing.

- 4.4.1 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:
  - a. Billing only for services that were reasonable and necessary, and which reflect the Consumer's diagnosis and the services provided.
  - b. Billing for services at levels that are supported by medical record documentation.
  - c. Waiving of co-pays or deductibles only in accordance with policy and

procedure.

- d. Bundling or unbundling charges appropriately.
- e. Attempting to collect outstanding balances from a Medicare or Medicaid Consumers only when Advance Beneficiary Notices were provided prior to service.
- f. Preventing duplicate billing.
- g. Ensuring the accuracy of diagnostic and procedure codes.

4.4.2 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.

4.4.3 When billing questions and issues arise, Representatives will resolve matters in a professional and courteous manner.

4.4.4 Representatives shall report any observed deviances from the above listed practices to the Compliance Officer.

#### 4.5 Confidentiality.

4.5.1 Consumer/Patient Health Information. The Health Insurance Portability and Accountability Act (HIPAA) and other laws established 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.

- a. Representatives may use or disclose PHI only for the purposes of treatment of Consumers, payment for services rendered to Consumers, care coordination, and business operations, or as required by law.
- b. In using or disclosing PHI an Representative shall use or disclose only what PHI is 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.
- c. Release of PHI for other reasons requires patient authorization or a court order.
- d. 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.

4.5.2 Confidentiality Regarding Authority 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 Authority. The same safeguards used to protect PHI should be used to protect the Authority's business and financial information. All work products, records, and files compiled by a Representative on behalf of the Authority belong to the Authority, and shall remain with the Authority upon termination of its relationship with the Representative.

- 4.6 Kickbacks and Improper Referrals.
- 4.6.1 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.
  - 4.6.2 No physician employed by an Authority 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 the this practice to the Compliance Officer
- 4.7 Lobbying and Political Participation. When acting as a Representative of Authority, 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 Authority.
- 4.8 Regulatory Investigations. Authority 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.
- 4.8.1 When information or documents are requested by Consumers, Representatives shall, promptly and prior to releasing any information, notify the Compliance Officer, in order to obtain assistance in determining the purpose of the request and expediting the response.
  - 4.8.2 If an investigating agent from any regulating agency appears for an unannounced visit, Authority Representatives are expected to obtain the individual's name, credentials, and purpose of visit, then immediately contact their supervisor and the Compliance Officer.
  - 4.8.3 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.
- 4.9 Compliance Reporting. If an 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 Compliance Officer, or call the compliance reporting HOTLINE (313-833-3502). Such report may be made anonymously. All reports will be investigated. All good faith reports reported to the Compliance Officer are strictly confidential and will not result in retaliation.
- 4.10 Sanctions for Violation. Any Representative who violates the Detroit Wayne Mental Health Authority Standards of Conduct, compliance 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 Authority and may result in personal prosecution, fines and/or imprisonment.

- 4.11 Representatives in Leadership Roles. While all Representatives of Authority 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:
- 4.11.1 Maintaining current knowledge of laws that affect his/her areas of responsibility
  - 4.11.2 Implementing effective internal controls to provide reasonable assurance that processes comply with all applicable laws and regulations.
  - 4.11.3 Supporting and ensuring Representative participation in both annual and special topic compliance training relating to the laws and regulations within their roles
  - 4.11.4 Creating an ethical culture that allows Representatives to raise appropriate questions of potential violations of standards without fear of retaliation
  - 4.11.5 Abiding by the conflict of interest provisions detailed in these Standards of Conduct, and in the Authority Bylaws.