

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH and RECOVERY SERVICES

DATE: February 16, 2004

BHRS POLICY: 04-05

SUBJECT: Compliance Improvement Hotline 1-650-573-2695

AUTHORITY: 42 CFR, 456.180; CCR, Title 9, Chapter 11, Sections 1830.205, 1830.210, and 1840.314; County Contract with DMH, Attachment C; Mental Health Services Quality Management Plan; Mental Health Documentation Manual; MH Policy 91-05, Compliance with Documentation Standards; MH Policy 03-20, Organized Health Care Arrangement (OHCA)

AMENDED: August 29, 2016

ATTACHMENTS: A: Compliance Improvement Hotline Poster
B: Compliance Improvement Mousepad

PURPOSE:

To ensure BHRS has a 24 hour Compliance Reporting Hotline and website to provide employees, contractors and other individuals a way to confidentially report any violations or suspected violations of law, the Compliance Program, and questionable or unethical practices including the following without limitation:

- Incidents of fraud and abuse
- Criminal activities (kickbacks, embezzlement, theft, etc.)
- Conflict of interest issues
- Code of Conduct violations

This policy outlines the process from the time a call is made to the Compliance Hotline, to when it is resolved.

POLICY:

Anyone with knowledge of a potential violation of law, regulation, or BHRS's Code of Conduct has an affirmative duty to report that information to management and/or the Compliance Officer.

Employees are required to report any suspected or known instances of fraud, waste, or abuse. Anonymous submissions of concerns can be made directly to the compliance hotline @ 1-650-573-2695. The hotline is available 24 hours a day, 365 days a year and is listed on BHRS's external and internal websites in member and provider communications.

The BHRS Compliance Hotline is not to be used for reports involving immediate danger to life, property, or the environment. Such concerns should be brought to the attention of one's immediate supervisor or appropriate staff member so that the concern can be immediately addressed. BHRS takes all reports of violations, suspected violations, questionable conduct or practices seriously. All compliance concerns will be investigated in a timely manner, by persons having a sufficient level of knowledge to make an informed judgment concerning the issue presented by the complainant. Discipline shall not be increased because an employee reported his or her own violation or misconduct. Prompt and complete disclosure may be considered a mitigating factor in determining an employee's discipline

BHRS maintains a Non-Retaliation and Non-Intimidation Reporting policy which prohibits any retaliatory action against a Commission Member, BHRS Employee, or Contractor for making a verbal or written report in good faith. BHRS's "Open Door" policy encourages all employees to discuss issues directly with their managers, supervisors, Compliance Officer, other senior managers, members of the Compliance and Delegation Oversight Committee, or the BHRS Director. These channels of discussion provide for confidentiality to the extent allowed by law.

PROCEDURE

1. Any individual who wishes to report a concern to the Compliance Hotline should access the line by dialing 1-650-573-2695. Upon calling, the caller will hear a pre-recorded message to ensure that all callers receive a complete common message concerning the use of the service before speaking with an operator. The message includes assurances that the caller's location will not be traced and that there will be no retaliation for calling the hotline
2. At the end of the recorded message you will hear a beep and the caller will have the opportunity to express his or her concern in as much detail as possible.
3. If the caller leaves his or her name and phone number he or she may be given a personal confidential call by the Compliance Officer or designee to provide an update if appropriate or obtain additional information not provided to the hotline.
4. The Compliance Officer (or designee) shall make a preliminary good faith inquiry into the allegations set forth in every disclosure. The initial inquiry is meant to ensure that all necessary information has been obtained, and will help determine whether further review should be conducted.
5. In addition to investigation by the Compliance Officer (or designee) and involvement of relevant managers, the following guidelines will apply:
 - a. Any matter that appears to involve criminal liability or substantial civil liability will be forwarded to County Risk Management and County Counsel.
 - b. Matters involving quality of care will be forwarded to the Quality Management Manager.

- c. Matters involving breaches of confidentiality will be forwarded to the county Privacy Officer.
 - d. Matters involving employee relations will be forwarded to the Mental Health Personnel Committee, Employee and Public Services as appropriate
6. Reports that solely raise human resources concerns will be referred to Human Resources (HR) for appropriate action. The Compliance Officer or designee will record in the compliance hotline log that the matter was referred to the County HR Director.
 7. Calls in which the Compliance Officer is implicated will be routed to the County HR Director only. If both the Chief Compliance Officer and County HR Director are implicated in a call, the report will be routed to the Director of Behavioral Health and Recovery Services.
 8. Other resources will be included in investigations as appropriate.
 9. Upon resolution of a case, all pertinent information is assembled in a compliance case file. The records of the investigation will be maintained for a minimum of ten years.
 10. The Compliance Officer will report to the Compliance and Delegation Oversight Committee the results of investigations carried out as a result of calls to the compliance hotline at least quarterly.
 11. A confidential disclosure log will be maintained, documenting the date of the call and the content of the initial information received. The log will state whether the complaint was closed by the Compliance Officer or justified a formal investigation process. For complaints investigated, the log will reflect the conclusions of the internal review(s), and any corrective action taken in response to the internal reviews.

Approved: _____
(Signature on File)

Scott Gruendl, MPA, Compliance Officer

Approved: _____
(Signature on File)

Stephen Kaplan, LCSW, BHRS Director

Next Review Due: July 2017

Reviewed by: _____
Scott Gruendl, MPA Compliance Officer (Date)