

# Policy & Procedure



<p><b>POLICY/PROCEDURE TITLE:</b> Reporting Responsibilities for Compliance Violations and Wrongdoing</p> <p><b>POLICY/PROCEDURE #:</b> 911</p> <p><b>Section:</b> Corporate Compliance &amp; HIPAA</p> <p><b>Developed and maintained by:</b> Compliance Officer</p> <p><b>Scope:</b> <input checked="" type="checkbox"/> OnPoint Staff    <input checked="" type="checkbox"/> MH/IDD    <input checked="" type="checkbox"/> Housing    <input checked="" type="checkbox"/> SUD, Integrated Health,    <input checked="" type="checkbox"/> OnPoint Contract Providers  <input type="checkbox"/> Other _____</p>	<p><b>Approved By:</b> <u></u> (Chief Executive Officer)</p> <p><b>Approved By:</b> _____ (Medical Director; <i>as applicable</i>)</p>	
	<b>DATES</b>	
	<b>First Effective</b>	03/31/2025
	<b>Revised</b>	NEW
<b>Supersedes</b>	N/A	

**PURPOSE**

To establish a system that offers flexibility in reporting suspected fraud, waste, or abuse and other potential violations of local, State, and federal laws, policy, or contract language easily, confidentially, and anonymously. The goal is to present opportunities for the identification, review or investigation, correction, and prevention of potentially inappropriate activities and to articulate the expectations of OnPoint regarding the reporting of suspected or known fraud, waste, or abuse, violations, and wrongdoing.

**DEFINITIONS**

As outlined in OnPoint’s Compliance Policy [901.5 Compliance Related Definitions and Terms](#)  
 Access via OnPoint Intranet at: [Policies & Procedures - Compliance](#)  
 Access via OnPoint Website at: [Providers – OnPoint](#)

**POLICY**

OnPoint Personnel are expected to report any activity believed to be in violation of the applicable rules, regulation or law, contract, conduct or ethical standards, or OnPoint policy to OnPoint’s Compliance Officer (CO). Contract Providers are expected to report any activity that is believed to be in violation of the applicable rules, regulations, or law, contract, ethical standards, or OnPoint policy as it relates to Fraud, Waste or Abuse (FWA) to OnPoint’s CO. OnPoint Personnel and Contract Providers need **not** be certain that a violation has occurred to report. Reporting enables the Compliance Officer to ensure potential problems are investigated quickly and to take prompt action to resolve the issue.

Under no circumstances is retaliation for submitting a compliance issue or inquiry acceptable. This includes but is not limited to questions and concerns an employee may discuss with an immediate supervisor, the OnPoint CO, a member of the OnPoint Compliance Committee, the OnPoint Chief Executive Officer, or the LRE CO. Any individual reporting suspected FWA, in good faith, is protected under the Whistleblowers’ Protection Act 469 of 1980.

<https://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-469-of-1980.pdf>

All reported violations or reports of wrongdoing will be evaluated promptly, thoroughly, and fairly by persons having sufficient level of expertise and knowledge about the issue presented by the reporter. Investigations will normally commence within five (5) business days of the report and be completed as quickly as possible.

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OnPoint Personnel and Contract Providers will have unimpeded access to the CO for the purposes of reporting or consulting regarding suspected or known FWA or other violations of local, State, and federal laws, contract, or OnPoint Policy.

The CO may consult with and/or refer to the appropriate office/department, i.e., Office of Recipient Rights or Human Resources, etc.

## PROCEDURES

### A. Reporting Authority

The OnPoint CO is accountable to the authority of the CEO and Board of Directors. The OnPoint CO may contact the LRE Compliance Office to discuss any compliance issue/concern at any time whether the concern is required to be reported or not. These expectations are in no way intended to nor should be interpreted as a requirement or request to violate the letter or spirit of Federal or Michigan reporting and whistleblower statutes or related regulations.

OnPoint's CEO or designee will report violations to external parties (i.e., OIG, DHS) as required per MDHHS/LRE contract requirements. In addition, the CEO or designee will report, in writing to the LRE CEO, any inquiry from investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutor, judicial, or law enforcement agency or protection and/or advocacy organizations regarding the rights, safety, or care of a Medicaid recipient.

### B. OnPoint Personnel Responsibilities:

All OnPoint Personnel are responsible to immediately report knowledge of suspected, actual, or potential violation of fraud, waste, and abuse laws, regulations, OnPoint policies, procedures, code of conduct and ethics, or LRE policies/procedures. Examples of issues to be reported immediately include, but are not limited to:

- ✓ Fraud, waste, abuse of public resources
- ✓ HIPAA privacy or security incidents
- ✓ Violations of OnPoint employee Code of Conduct and Ethics
- ✓ OnPoint, LRE, or MDHHS contract violation
- ✓ Any wrongdoing – illegal work-related activities
- ✓ Other compliance related issues

### C. Reports may be made directly to the OnPoint Compliance Officer by:

- 1) Calling – 269-512-4737 or 269-673-6617 Ext. 2718 (Voice messages are confidential)
- 2) Email at: [cofficer@onpointallegan.org](mailto:cofficer@onpointallegan.org) Do NOT include PHI unless appropriately encrypted.
- 3) Mailing written report where you may remain anonymous to;  
OnPoint Compliance Officer  
540 Jenner Drive, Allegan, MI 49010
- 4) Or by contacting your immediate supervisor.

### D. Reports regarding violation of Medicaid laws and regulations may also be made to the LRE Compliance Officer at [compliance@lsre.org](mailto:compliance@lsre.org) or 231-286-2042. Do NOT include PHI unless appropriately encrypted.

### E. The *OnPoint Compliance Report Form* (903.1) is made available to all staff and provider sites on the

web site (Access via OnPoint Website at: [Providers – OnPoint](#)) and the OnPoint Intranet for staff members. Although the form is the preferred method for reporting, other written forms are also accepted.

- 1) The person completing the form may submit it to the OnPoint Compliance Officer or the LRE Compliance Officer via email or post-office mail. Please note email submission is not anonymous and should NOT contain PHI unless appropriately encrypted.
- 2) Persons submitting the compliance complaint are encouraged to disclose their identity but may remain anonymous should they so desire. If responding anonymously, the complainant should establish a four (4) digit identification code to identify himself/herself on the form.
- 3) If contact information is available, the investigator will contact the Complainant if any additional information is needed.
- 4) If Compliance Officer is the subject of possible unethical or improper conduct, the complainant is to file the report with the OnPoint CEO.

### F. Contract Provider Responsibilities

- 1) Contract Providers are expected to have a compliance program or minimum compliance standards in place.
- 2) Contract Providers will report suspected and known violations consistent with the definitions of FWA as stated in OnPoint 901.5 Compliance Related Definitions and Terms (link is above under Definitions) and when one or more of the following criteria is met. Reports are to be made within three (3) business days of learning of the event. Criteria includes:
  - i. If, during an inquiry by the Contract Provider CO or designee, it is determined that, by reasonable person standard, FWA exists.
  - ii. Prior to any self-disclosure to any federal or State authority. This is in no way intended to, nor should it be interpreted, as a requirement or request to violate the letter or spirit of federal or State reporting and whistleblower statutes or related regulations.
  - iii. When, because of FWA, the Network Provider makes a material revision to prior reporting to OnPoint.
  - iv. When a Contract Provider knows or should have known that an action or failure to act could result in the improper application or improper retention of Medicaid funds.
  - v. When there is a suspected or actual privacy breach of Protected Health Information (PHI).
  - vi. When there is a suspected or actual security breach or threat to the provider's information system where PHI is stored.
  - vii. When there is suspected or actual violation of OnPoint Policy as it relates to FWA, contract requirements, or applicable State or federal law.
- 2) Contract Providers may request technical assistance or consultation from OnPoint's Compliance, Privacy and/or Security Officer at any time. Such contacts will not automatically be considered a "report of noncompliance" by OnPoint.
- 3) Non-Retaliation - Persons affiliated with OnPoint's provider network shall be protected under the Whistleblowers Protection Act.
  - i. Provider Organizations shall not take corrective action against any employee for merely reporting what the employee reasonably believes to be a violation of this Compliance Program.

- ii. However, the Organization may take disciplinary action against an employee who knowingly fabricates, distorts, exaggerates, or minimizes a report of wrongdoing to either injure someone else or to protect him/herself or others; and/or
- iii. An employee whose report contains admissions of personal wrongdoing will not be guaranteed protection from corrective action, including disciplinary action pursuant to the organization's disciplinary procedures.
- iv. The Organization is encouraged to give positive weight to self-confession in determining corrective action, but the extent depends on whether the employee's conduct was previously known to the organization, whether discovery of the wrongdoing was imminent, and whether the confession was complete and truthful.

### G. Voluntary Disclosure

OnPoint will voluntarily disclose or report violations of civil, criminal, or administrative law to appropriate third-party law enforcement or regulatory agencies. Self-Disclosure will be made only after consultation with legal counsel, and LRE as required. Self-Disclosure must follow Office of Inspector General's Provider Self-Disclosure Protocol (42 USC 1320a-7b(f)) and the requirements of the Federal False Claims Act, (31 USC 3729-3733).

### REFERENCES

Medicaid False Claims Act – Act 72 of 1977

State of Michigan Enacted Medicaid False Claims Act 272 of 1977

Whistleblowers' Protection Act – Act 469 of 1980

MDHHS/PIHP Contract

LRE/CMHSP Contract

LRE Compliance Plan and Policies

OnPoint Corporate Compliance Plan and Policies

903.1 OnPoint Compliance Complaint Form