IT IS YOUR RESPONSIBILITY TO REPORT VIOLATIONS AND/OR SUSPECTED VIOLATIONS!

Report violations or suspected violations by phone, e-mail, office mail, or via the suggestion box to the Compliance Liaison, a supervisor, a Program Director, the CEO, the Recipient Rights Officer/Privacy Officer, or the Security Officer. Violations or suspected violations may also be reported to the NorthCare Compliance Officer, Stacy Coleman by calling 1-906-226-0043 (voice messages are confidential), emailing scoleman@northcarenetwork.org, mailing to NorthCare Network, Attn: Compliance Officer, 1230 Wilson Street, Marquette, MI 49855, or in person at same address.

Individuals who wish to remain anonymous may also utilize NorthCare Network's confidential Compliance Hotline by calling (toll free) 1-844-260-0003, emailing reports@lighhouse-services.com (must include provider name and NorthCare reference), website at http://www.lighthouse-services.com/northcare or faxing to 1-215-689-3885 (must include provider name and NorthCare reference)

When making a report, you will need to provide as much information as possible in order for a report to be fully investigated.

Once an investigation has been completed you will be notified of its outcome.

Reports may be made anonymously or in person.

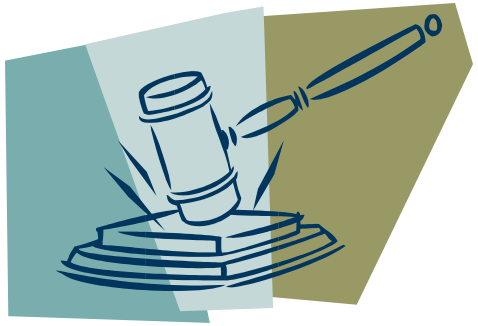
Micki Sorensen, Compliance Liaison
906-229-6105

msorensen@gccmh.org

References:

False Claims Act
http://www.falseclaimsact.com/

Whistleblowers' Protection Act
http://www.whistleblowerlaws.com/



Ethics, Compliance, and You

Your Obligations & Protections Under the Law

GOGEBIC
Community Mental Health

ETHICS, COMPLIANCE, AND YOU

CMHA Compliance Program

CMHA's Compliance Program is a systematic, planned response to all laws, rules, regulations, and ethical standards that apply to behavioral healthcare. The Compliance Program began with the enactment of the Federal Deficit Reduction Act (DRA) passed by the U.S. Congress and signed into law in 2005. This law requires the implementation of a Compliance Program for all healthcare providers and organizations receiving federal funds (Medicaid) *(reference CMHA Compliance Policy #05-04-01).*

Compliance Program Purpose

- To ensure that services are provided/ managed in an ethical manner and within the structure of all laws, statutes, rules, and regulations.
- To inform employees, agents, volunteers, and independent contractors of their responsibilities and obligations under the law and to help maintain the highest level of ethical behavior.
- To ensure processes are in place for immediate reporting and investigation of questionable activities and practices.
- To ensure there is no retaliation for reporting violations or suspected violations.

Whistleblowers' Protection Act

The Michigan Whistleblowers' Protection Act creates certain protections and obligations for employees and employers under Michigan law. It protects employees from retaliation.

Protections

It is illegal for employers in Michigan to discharge, demote, suspend, threaten, harass, or otherwise discriminate against you regarding your compensation, terms, conditions, location, or privileges of employment when you report or are about to report a violation or a suspected violation of federal, state, or local laws, rules, or regulations to a public body.

Obligations

Your report must be true - The Act does not protect you from disciplinary action if you make a report to a public body that you know to be false.

The Act does not diminish or impair either your rights or the rights of your employer under any collective bargaining agreement.

The Act does not require your employer to compensate you for your participation in a public hearing, investigation, inquiry, or court action.

False Claims Act

The Federal and Michigan False Claims Acts prohibit any individual or organization from submitting or causing someone else to submit to the government a false or fraudulent claim for healthcare (Medicaid) payment.

The Michigan Medicaid False Claims Act allows whistleblowers to bring suit in the name of the State of Michigan, where a wrongdoer engages in conduct that defrauds the state or local government of its healthcare dollars. This statute is designed to address Medicaid fraud.

Since 1986, more than $27 billion has been recovered by federal and state governments across the United States as a result of false claims lawsuits.

No Reprisal For Reporting of (Suspected) Violations

It is the policy of CMHA that no retaliation or retribution of any kind will be tolerated against an employee who makes a good faith report of suspected wrongdoing, and any such retaliation or retribution will be grounds for discipline.