

Confidentiality and Corporate Compliance

LCCMH Corporate Compliance Officer:
Lisa Ruddy



What is Corporate Compliance?

Doing the Right Thing – Every Time

- Corporate Compliance means **following the rules**: laws, policies, and ethical standards
- It helps us prevent problems like fraud (lying to get money), waste (overusing services), and abuse (doing things the wrong way)
- **It's everyone's responsibility** – no matter your role
- When in doubt, ask questions. It's always better to speak up!

Compliance is about doing what's right – even when no one is watching!

Reporting a Concern or Violation

See Something? Say Something

- You **must** report anything that seems wrong – like abuse, neglect or rule-breaking
- You won't get in trouble for reporting in good faith (even if it turns out to be a misunderstanding) because of **Whistleblower Protections**
- You can report **anonymously**
- If it involves abuse or neglect, report it **immediately** – don't wait

*Report to Lisa Ruddy or Lisa Jolly at LCCMH.
Numbers and emails are on the last slide!*

Laws about Whistleblower Protections: Federal and Michigan Statutes

Fraud, Waste, & Abuse – What's the Difference?

Not Just Mistakes – These can be Serious

- **Fraud** = lying on purpose to get money or benefits
Example: Billing for a service that never happened.
- **Waste** = Using more than you need or not using things wisely
Example: Giving someone more services than they need.
- **Abuse** = Doing things wrong way that causes harm or wastes money.
Example: Not following staffing rules for care.

Quick Tip:

Even small actions can add up. If it feels “off,” report it.

FWA – What It Can Look Like

Spotting the Red Flags

- **Fraud:** Billing for services if the individual did not receive
- **Waste:** Billing for a higher cost service than what was needed
- **Abuse:** Skipping a required check-in or not following the IPOS

More Red Flags:

- Using the wrong service code to get more money
- Providing more service than needed “just in case”
- Not reporting when someone else is doing these things

If it's dishonest, careless, or unfair – it could be fraud, waste, or abuse

Your Role in Preventing FWA

It's Everyone's Job – Including Yours

- **Be aware** of what services should look like – and what they shouldn't
- **Document accurately.** Only write down what actually happened
- **Speak up** if something doesn't seem right

Myths vs. Facts:

- ✗ “I’m just direct care – I don’t need to worry about billing.”
- ✓ *Everyone’s notes support billing. If the note is wrong, billing is wrong.*
- ✗ “It’s not my job to report someone else’s mistake.”
- ✓ *Yes, it is – your job includes protecting people and programs.*

Fraud, waste, & abuse hurt the people we serve and the system we rely on.

What is PHI?

Keep It Private – Protecting Personal Information

- Protected Health Information (**PHI**) is any information that can identify a person and their health or healthcare services
- Examples: **names, addresses, phone numbers, SSNs, health details**
- It doesn't matter if it's written down, spoken, emailed, or on a screen – **you must protect it**

Quick Tip:

If you wouldn't want your own info shared that way, don't do it to someone else.

What Can Be Shared?

How and When to Release Information

- PHI cannot be used or supplied for non-health care uses
- Information can be shared for **treatment, payment, and operations**
- Get informed consent from person served/guardian **prior** to sharing PHI
- PHI sent electronically must be **encrypted** for security – use OASIS messaging if available

How to Protect PHI

Simple Ways to Keep Information Safe

- **Don't talk about people** you provide services to in public
- **Lock up papers** with private information – never leave it in a car
- Use **initials or case numbers** in emails, never full names
- **Don't post** anything about your job or the people you serve on social media
- Don't put PHI up in a public area, such as on calendar

Dos

- ✓ Lock your computer
- ✓ Use secure email to communicate
- ✓ Share the minimum necessary

Don'ts

- ✗ Don't share passwords
- ✗ Don't take photos with your phone
- ✗ Don't look at PHI you shouldn't

Social Media & Cell Phones

Think Before You Click

- **Don't friend or follow** people you serve on social media or online
- Never post pictures or comments about persons served – even if they're not named
- Don't put PHI on your cell phone – it's not secure
- If you're ever unsure – **ask your supervisor or the Compliance Officer**

Reminder:

What you post or text can be shared – and can't be taken back.

What Is a Breach?

When PHI Gets Out – That's a Breach

- A **breach** happens when someone's PHI is seen, shared, lost, or stolen **when it shouldn't be**
- It could be **accidental** or **intentional** – both need to be reported

Examples of a Breach:

- Leaving a file in your car and it gets stolen
- Faxing paperwork to the wrong number
- Talking about a person served where others can hear you
- Losing a laptop or phone with person served information on it

Reporting Breaches Quickly Matters

Don't Wait – Report Right Away

Why It's Important:

- The longer a breach goes unreported, the more damage it can cause
- We have **legal deadlines** to report breaches – usually within **24 to 72 hours**
- People affected must be told what happened and how we're fixing it

What Can Happen If You Don't Report:

- The agency can be fined **thousands or millions** of dollars
- Possible **discipline** or **job loss** for staff who knew and didn't say anything
- Loss of trust from the people we serve and the public

If something might be a breach – report it! Let the Compliance Officer decide. You're not in trouble for asking.

Real-Life Breaches

Yes, this really happened. What NOT to Do

- A nurse posted about a patient on Facebook after a tragic event.
She was fired immediately.
- A pharmacy threw away medical documents in unlocked dumpsters.
They were fined millions of dollars.
- A nurse left a laptop with PHI in their car overnight – it was stolen.
The hospital had to report the breach to every individual affected

What these have in common:

- They were all caused by **individuals**, not IT system failures
- They could have been prevented with simple steps

Protecting PHI is serious and it starts with you.

References

Resource Definitions

Health Insurance Portability and Accountability Act of 1996 (HIPAA) –

- **HIPAA Privacy Rule** – governs who can access and share PHI
- **HIPAA Security Rule** – governs how ePHI must be protected against breaches, unauthorized access, and cyber threats
- **HIPAA Resources** – tool, document, person, or system that helps ensure compliance (educational materials, compliance tools, personnel, documentation, Government resources)

Health Information Technology for Economic and Clinical Health (HITECH) –

- Part of American Recovery and Reinvestment Act
- Designed to promote the adoption and meaningful use of health information technology, particularly electronic health records (EHRs)

Mental Health Code –

- State-level set of laws that define mental illness and treatment, guides voluntary and involuntary care, protects individual rights, and ensures accountability of mental health systems
- Includes recipient rights, civil admissions, guardianship, and community mental health service programs (CMHSPs)

How to Report a Concern

Speaking Up Helps Everyone

- You **must report** anything that might be fraud, waste, abuse, neglect, or a rule violation – if you know something and don't report, you could get in trouble too
- If you're not sure if it's been reported – **report it anyway**
- Abuse or neglect? **Report right away – don't wait**
- You can stay **anonymous**
- You are protected from retaliation for reporting in good faith

How to Report a Concern

Speaking Up Helps Everyone

Lapeer County Community Mental Health

- Lisa Ruddy (Compliance Officer)
lruddy@lapeercmh.org
(810) 245-8550
- Lisa Jolly (Recipient Rights Officer)
ljolly@lapeercmh.org
(810) 667-0500

**MDHHS / Office of Inspector
General**

1 (855) MI FRAUD (643-7283)

www.Michigan.gov/mdhhs

Region 10 PIHP

- Brittany Simpson (Compliance Officer)
(810) 216-9703