

**SWMBH Operating Policy 10.7**

<b>Subject:</b> Compliance Program Auditing and Monitoring		<b>Accountability:</b> Compliance	<b>Effective Date:</b> 1/1/2014	Pages: 2	
<b>REQUIRED BY:</b> <b>BBA Section</b> _____ <b>PIHP Contract Section</b> _____ <b>NCQA/URAC Standard</b> _____ <b>Other</b> _____			<b>Last Reviewed Date:</b> 10/4/18	<b>Past Reviewed Dates:</b> 1/1/14 5/13/16 5/17/17	
<b>LINE OF BUSINESS:</b> <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> Other: _____		<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		<b>Last Revised Date:</b> 10/4/18	<b>Past Revised Dates:</b> 5/13/16 5/17/17
Approved: <i>Mila C. Todd</i> Date: <i>10-11-18</i>			Required Reviewer: Chief Compliance & Privacy Officer		

**I. Purpose**

The purpose of this policy is to articulate Southwest Michigan Behavioral Health’s (SWMBH) commitment to an ongoing process of evaluation and monitoring to ensure the successful implementation and effectiveness of its compliance program.

**II. Policy**

The SWMBH compliance program will perform ongoing evaluation and thorough monitoring of and as part of its compliance program, and will report regularly to the organization’s senior officers. Compliance reports created by ongoing monitoring and auditing efforts, including reports of suspected noncompliance, will be maintained by the Compliance Officer and reviewed with the SWMBH Compliance Oversight Committee (COC) and Board of Directors as required.

**III. Standards and Guidelines**

In order to ensure the successful implementation of an effective compliance program, regular and periodic compliance audits will be performed by internal or external auditors who have expertise in Federal and State health care statutes, regulations and Federal health care program requirements. Audits will be planned based on risks identified through organizational risk assessments and will focus on SWMBH’s programs and managed care functions including external relationships with third-party contractors. In particular, the audits will focus on the risk areas known to affect SWMBH, especially the data and information that affect payments by Medicaid and Medicare as well as all other payer sources. Furthermore, compliance audit and monitoring efforts will also focus on any areas of specific concern identified within the environment and within the Office of Inspector General annual work plans or monthly updates. Finally, the SWMBH compliance program will be evaluated at least annually in order to determine whether the required compliance program elements have been satisfied and are effective.

Internal staff or external sources involved in any audits will:

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- A. Possess the qualifications and experience necessary to adequately identify potential issues with the subject matter to be reviewed;
- B. Be independent of the specific functional area examined;
- C. Have access to existing audit resources, relevant personnel and all relevant areas of operation;
- D. Specifically identify areas where corrective actions are needed;

The Chief Compliance Officer will provide and present written evaluative reports on compliance activities to the Chief Executive Officer, Compliance Oversight Committee, and Board of Directors on a periodic basis but not less than annually.

### **IV. Definitions**

None

### **V. References**

- A. 42 CFR, Ch. IV §438.608 and Federal Register Volume 64, No. 219

### **VI. Attachments**

None