<u>LAPEER COUNTY COMMUNITY MENTAL HEALTH</u> <u>Date Issued 03/30/2010</u> <u>Date Revised 01/20/12; 05/07/14; 07/13/15; 07/31/18; 05/21/21</u>

CHAPTER		CHAPTER		SECTION		SUBJECT
Administrative 01		01		002		15
SECTION			DESCRIPT	ION		
Operations			Corporate (Annual Plai	•	ince Progra	am, Evaluation and
WRITTEN BY	REVISED BY			AUTHORIZED BY		
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				-	Lauren Er CEO	mmons, ACSW

APPLICATION:

⊠CMH Staff	⊠Board Members	□ Provider Network	⊠Employment Services Providers
□Employment Services Provider Agencies	⊠Independent Contractors	⊠Students	⊠Interns
⊠Volunteers	□Persons Served		

POLICY:

This policy identifies the components of, timeframe for, and process by which, the Corporate Compliance Program's annual evaluation and plan are to be completed.

STANDARDS:

- A. A Corporate Compliance Plan evaluation will be conducted annually by the Region 10 Prepaid Inpatient Health Plan (PIHP) to determine if activities implemented have resulted in meeting established goals and are reducing risk of fraud, waste and abuse. This assessment will evaluate the following areas of risk, and any other risk areas which may be identified in the PIHP Annual Plan approved for the current year:
 - 1. The risk presented by changes to Compliance-related Federal law and regulation, if any.
 - 2. The risk presented by compliance-related changes in Michigan law and regulation and/or the MDHHS / PIHP contract. The risk presented by

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changes in the Medicaid service and support configuration or definitions will also be assessed.

- 3. The risks presented by claims reviews, utilization reviews, or other routine monitoring activities.
- 4. The risks presented by credentialing and provider contracting processes and activities.
- 5. The risks presented by allegations of inappropriate Corporate Compliance-related behavior made by individuals.
- 6. With respect to all areas of risk, the magnitude of the risk, changes in the risk from previous periods, and recommendations for remediation of the risk shall be made.
- B. The Annual Plan shall be completed by the PIHP Compliance Officer at the end of each Fiscal Year. This Plan will be based in part on the annual evaluation of the current Corporate Compliance Plan, and, when appropriate, a goal shall be developed which addresses each area of risk identified in the assessment.

PROCEDURES FOR RISK ASSESSMENT AND ANNUAL PLAN:

PIHP Compliance Officer:

- A. Reviews relevant changes in Federal or Michigan laws, PIHP / MDHHS contract, or Medicaid Manual affecting corporate compliance.
- B. Reviews auditing reports throughout the year, including claims verification, contract monitoring reports, external quality review reports and MDHHS audits, utilization management reports, provider credentialing processes, agency and contractual provider compliance activities, the current compliance plan, and any allegations of non-compliance received throughout the year.
- C. May prepare a draft assessment of the above reviews and identify areas of potential risk.

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- D. Conducts an analysis of abuse and/or fraud reporting requirements and the process to provide notification to the Office of Inspector General.
- E. Prepares annual compliance plan with proposed goals for each area of risk identified in the risk assessment.

Compliance Liaison

- A. Reviews any substantive changes in the PIHP Corporate Compliance Plan and Quality Assessment and Performance Improvement Program (QAPIP) goals with the Standards Committee.
- B. Evaluates trends and risks at the local level and prepares a Corporate Compliance Plan for the agency.
- C. Prepares a local annual summary for inclusion in the Quality Council Annual Report.
- D. Presents the LCCMH Corporate Compliance Annual Report and Corporate Compliance Plan to Board of Directors for approval and reviews the report and plan with others as appropriate.
- E. Provides the Human Resource Department with a copy of the Corporate Compliance Plan for inclusion in the Employee Handbook and posts the plan in the electronic shared folder for all employees to access.

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	This policy supersedes #03/10008 dated 03/30/2010.