



Lakeshore Regional Entity Compliance Program Description

What is a Compliance Program?

A Compliance Program is a formalized effort to prevent, detect, and respond to conduct that is inconsistent with federal and state laws and with the organization's values and policies. Lakeshore Regional Entity (LRE) as the Prepaid Inpatient Health Plan (PIHP) for Medicaid Specialty Behavioral Health services for Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties, receives financial support from the Michigan Department of Health and Human Services (MDHHS) in the form of Medicaid dollars and Grants. To ensure federal and state healthcare dollars are properly spent, state and federal agencies provide oversight in the form of regulatory and contractual requirements. Failure to meet the requirements can subject the LRE and region to fines, penalties and exclusion from participating in government programs. The Office of the Inspector General (OIG) of the Department of Health and Human Services and the Patient Protection and Affordable Care Act require all healthcare organizations to maintain an effective compliance program.

In addition, the mission of the LRE and CMHSPs is to service the common good by providing quality behavioral health services to the communities that are served. It is the expectation that these services are provided in the most effective, efficient manner that produce positive outcomes and enhanced quality of life for the members.

The ~~LRE~~LRE is committed to maintaining a culture of integrity and ethics within and throughout the region. The job of the compliance is not assigned to one department or person, but rather it is the responsibility of every person in the organization and region. It is the goal of ~~the LRE~~LRE to comply with all of the standards and regulations and to assist our partners to do so, as well.

In order to do so, ~~the LRE~~LRE, our partner CMHSPs, network providers, contractors and vendors must maintain the highest form of integrity demonstrated and validated through effective compliance programs.

The Compliance Program is an administrative function designed to maintain awareness and to monitor and promote compliance throughout the organization and region. A Compliance Program is deemed to be effective by the OIG, if it implements and maintains the seven fundamental elements below.

The Seven Elements of an Effective Compliance Program:

Compliance Program Elements

1. **Implementing Written Policies and Procedures and Standards of Conduct**—The development and distribution of written standards of conduct, as well as written policies and procedures that promote ~~the LPELRE~~’s commitment to compliance within and throughout the region.
2. **Compliance Oversight**—The designation of a Compliance Officer who reports to the Executive Officer and/or Governance Body, and who manages the operation of the program; active participation by a Compliance Committee charged with the responsibility of monitoring the program.
3. **Effective Education and Training**—The development and implementation of regular, effective education and training programs for all staff and Board members.
4. **Developing Effective Lines of Communication**—The maintenance of a compliance hotline, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
5. **Enforcement of Standards**—The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against individuals who have violated compliance policies, applicable statutes, regulations or other federal and state healthcare program requirements.
6. **Reviews to Monitor Compliance**—The use of regular reviews to monitor compliance and assist in the reduction of identified problem areas.
7. **Responding Promptly to Detected Offenses and Undertaking Corrective Action**—The prompt investigation and remediation of identified internal and systemic issues.

How does the LRELRE's Compliance Program operate?

The LRELRE's Compliance Program is modeled after the guidance provided by the OIG by implementing the seven fundamental elements.

1. Written Policies and Procedures and Standards of Conduct

LRE's Code of Conduct and Ethics provides guidance to ensure that all staff, Board Members and Partners of the organization conduct themselves ethically and honestly at all times. It emphasizes shared values that guide and direct the LRELRE's actions internally and throughout the region.

The LRELRE maintains written policies and procedures that reflect the required standards and identified risk areas. Policies are reviewed through the appropriate committees and approved through the LRELRE Board of Directors annually. Internal policies and procedures are available to staff and Board Members on the LRE SharePoint site. Written standards of conduct that apply regionally are maintained on the organization's website at www.LSRE.org.

2. Compliance Oversight

The LRELRE has designated a Compliance Officer that reports directly to the Executive Director and Board of Directors. The Compliance Officer maintains the day to day oversight of the compliance program. As deemed appropriate, the LRELRE partners with other agencies to handle compliance functions such as, auditing and monitoring, investigations, education and training etc., as needed.

The LRELRE maintains an internal compliance oversight committee that is made up of key functional area experts to guide the Compliance Officer and monitor compliance program outcomes. The committee meets as needed, but no less than biannually. The compliance oversight committee reports program outcomes to the Board of Directors on an annual basis, or as requested.

Additionally, the LRELRE maintains a regional compliance committee that is made up of key compliance staff and the region's CMHSP Compliance Officers. This committee serves as an advisory group for the LRE compliance program and as a forum to enhance compliance with standards consistently across the region.

Board of Director Oversight: Specific oversight activities include but are not limited to the following: (1) reviewing and approving the LRE Compliance Plan; (2) reviewing and approving written standards of conduct (Code of Conduct and Ethics and Compliance policies); and (3) receiving and approving annual work plans, reports of compliance reviews; and reviews of the compliance program's effectiveness/outcomes.

3. Effective Education and Training

~~The LRE~~ requires compliance training as follows:

General Training: Upon hire and annually thereafter, LRE staff members are provided with Compliance and Privacy training, including the Compliance Plan and Code of Conduct and Ethics. They are provided with information on how to report a compliance or privacy concern, both directly and anonymously. They are provided training on the relevant compliance and privacy laws. All staff members are required to attest that they have received compliance and privacy training and will comply with the required standards.

Upon appointment and annually thereafter, the Board of Directors receives a Board specific compliance training, including training on the Code of Conduct and Ethics. They must also attest to having received the training.

~~The LRE~~ requires that all of their contracted partners follow similar compliance training guidelines.

Specific Training: Targeted education is provided for staff, Board Members and contracted partners. These trainings focus on identified risk areas, laws, regulations, policies and procedures directly relevant to the respective roles and responsibilities.

4. Developing Effective Lines of Communication

~~The LRE~~ has established channels of communication for staff members and partners to promote prompt disclosure and investigation of potential violations of the law and standards of conduct. Staff members are encouraged to speak with their supervisor or managers but can also communicate directly with the Compliance Officer, and such communications will be kept as confidential as possible.

In addition, ~~the LRE~~ maintains a compliance hotline. The hotline provides for confidential communications of suspected compliance violations. Calls may be placed to the hotline by dialing **1-800-420-3592**. The hotline is available 24 hours a day, seven days a week. The compliance hotline is checked daily during the LRE's normal business hours. All calls are logged and forwarded to the appropriate unit for follow up within 2 business days. Compliance concerns may also be reported by US postal mail and email. All methods of reporting are available on ~~the LRE~~ website.

The Compliance Officer or designee, promptly investigates any credible allegations of compliance violations. Reports that are not considered compliance violations will be forwarded to the appropriate

department for follow up. ~~The LRE~~ has established a non-retaliation policy to protect individuals who report a suspected or actual problem in good faith.

The volume of compliance reports, investigations and corrective actions as a result of reported compliance concerns, are reported to ~~the LRE~~ compliance oversight committee and the Board of Directors no less than annually.

5. Enforcement of Standards

~~The LRE~~'s Code of Conduct and Ethics, written policies and procedures and written contracts outline the rules, responsibilities, proper practices and expectations of staff members and contracted partners. Disciplinary action for staff members in violation of the standards are outlined in ~~the LRE~~'s Human Resources policies. Disciplinary action for contracted partners is outlined in written policies and contracts, including when ~~the LRE~~ is required to report issues to a higher authority. It is the responsibility of the Executive Director, in conjunction with the Compliance Officer, other Department Directors, as appropriate, and the Board of Directors to ensure that consequences for violations are consistently and equally applied.

6. Reviews to Monitor Compliance

The Compliance Officer, in conjunction with the compliance oversight committee develops an annual work plan to monitor compliance with standards internally and throughout the region. These reviews are reported to the Board of Directors and MDHHS through the OIG quarterly reporting process, Medicaid verification process, financial audits, site review process, and as required by other contractual requirements. Additionally, the Compliance Officer in conjunction with the Privacy and Security Officer develops a risk assessment process and monitors compliance with privacy and security standards.

7. Responding Promptly and Undertaking Corrective Action

Investigations

The Compliance Officer has the authority to investigate any potential compliance issues and/or coordinate investigations, internally and throughout the region, as needed. The Compliance Officer may designate a third party to perform investigations on behalf of ~~the LRE~~. The results of the investigations are shared with the Executive Director and compliance oversight committee, as needed. Investigations involving the LRE Executive Director will be coordinated with the Board of Directors. Investigations involving the LRE's Compliance Officer, Privacy and Security Officer or a member of the Board of Directors, will be handled by a third party.

Corrective Actions

In the event of a compliance issue requiring remedial action, the party responsible will be required to develop a corrective action plan which specifies the tasks to be completed, individuals completing the tasks and anticipated completion dates. Corrective action plans (CAPs) should be completed as soon as possible. CAP progress reports and supporting documentation should be submitted every thirty (30) days to the LRE representative responsible for monitoring the CAP, until the CAP is completed. Follow up and completion of CAPs should be reported to the Compliance Officer. CAPs will be reviewed during staff member performance evaluations, credentialing and contract renewals. Additional information regarding corrective actions can be found in the LRE Human Resources policies, network policies and partner contracts.

LRE COMPLIANCE PROGRAM GOALS

2020

1. Revision of the Compliance plan, policies and procedures, and training and education to ensure that adequate systems are in place to facilitate ethical and legal conduct and reporting of noncompliance within the LRE and throughout the region.
2. Provide a central coordinating mechanism for furnishing and disseminating information and guidance on applicable federal and state laws, regulations and other requirements.
3. Develop and implement procedures that allow thorough investigations of alleged misconduct by the LRE and regional partners and initiate immediate and appropriate action.
4. Enhance internal controls and systems throughout the region to claims, reimbursement and payment areas as these areas are often the source of fraud, waste and abuse and result in exposure to scrutiny, penalties and additional administrative oversight.
5. Enhance implementation of the OIG's seven elements of an effective compliance program internally and throughout the region to ensure consistent alignment with standards.

LRE COMPLIANCE PROGRAM STRUCTURE

LRE BOARD OF DIRECTORS

LRE Compliance Officer * *

GREG HOFMAN- Executive Director

LRE Privacy & Security Officer *

Ione Myers- IT Director

BEACON COMPLIANCE SUPPORT FUNCTIONS

Regulatory Compliance Amber Whoolery * * Kristi Williams * *	Fraud, Waste, Abuse Special Investigations Unit Lisa Williams * * Scott Rambeck *	Financial Monitoring Claims/Data Mining Chad Shirley *	Medicaid Verification, Provider Site Reviews Deb Fiedler * Karen Lumpkin *
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Beacon Compliance Supports: Sheree Marzka * *, Toby Scotts * *

Compliance Oversight Committee (Operational) Meets Quarterly

*Denotes ~~Beacon~~/LRE/Beacon committee members
LRE Directors (SUD and Waivers)

Regional Compliance Committee (Advisory)- Meets Quarterly

*Denotes ~~Beacon~~-LRE/Beacon committee members
CMHSP Compliance Officers

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