PROCEDURE # 9.1B		EFFECTIVE DATE	REVISED DATE
TITLE:	COMPLIANCE PROGRAM AUDITING AND MONITORING	7/22/2022	9/15/2025
ATTACHMENT TO POLICY #: 9.1 POLICY TITLE: CORPORATE COMPLIANCE PLAN CHAPTER: COMPLIANCE		REVIEW DATES 7/21/23, 9/15/25, 7/14/26	

I. PURPOSE

To articulate Lakeshore Regional Entity's (LRE) commitment to an ongoing process of evaluation and monitoring to ensure the successful implementation and effectiveness of its compliance program

II. PROCEDURES

A. An ongoing evaluation and monitoring process is critical to a successful compliance program. LRE's compliance program will incorporate thorough monitoring of its compliance program implementation and regular reporting to the organization's senior officers. Compliance reports created by the ongoing monitoring and auditing efforts, including reports of suspected noncompliance, will be maintained by the Compliance Officer and reviewed with the Compliance Oversight Committee and Board of Directors as required.

B. 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

1. Audits will be planned based on risks identified through organizational risk assessments and/or feedback from external entitles (e.g., HSAG, MDHHS-OIG) and will focus on LRE's programs and managed care functions including external relationships with third-party contractors.
2. Audits will focus on the risk areas known to affect LRE, especially the data and information that affect payments by Medicaid as well as all other payer sources.
3. 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.
4. Members of the Quality Improvement Committee will provide the internal expertise to perform the audit. If the QIC identifies an audit area where they do not possess sufficient expertise to perform the audit, external resources will be sought. Internal staff or external resources involved in any audits will:

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

5. The Compliance Officer will provide and present written evaluative reports on compliance activities to the CEO, COC, and Board of Directors on a periodic basis but not less than annually.
6. Audits will be conducted using the LRE Risk Assessment tool and evaluate current controls and areas for improvement. The assessment will evaluate:
    a. Written policies and procedures
    b. Training
    c. Required internal and/or external reporting
    d. Data collection requirements
    e. Physical inspections (as appropriate)
    f. Other operational controls

III. CHANGE LOG

Date of Change	**Description of Change**	**Responsible Party**
7/22/22	New Procedure	Chief Compliance Officer
7/22/23	Annual Review	CEO/Designee
9/15/25	Addition of Risk Assessment procedures	CEO/Designee
7/14/26	Annual Review	CEO/Designee