

ORGANIZATIONAL PROCEDURE

PROCEDURE # 9.1E	EFFECTIVE DATE	REVISED DATE
TITLE: NETWORK POTENTIAL FWA MONITORING		10/1/2025
<u>ATTACHMENT TO</u>		REVIEW DATES
POLICY #:	9.1	
POLICY TITLE:	CORPORATE COMPLIANCE PLAN	
CHAPTER:	COMPLIANCE	

I. PURPOSE

To articulate Lakeshore Regional Entity's (LRE) commitment to continuous, ongoing monitoring of service delivery to ensure compliance with regulatory requirements.

II. PROCEDURES

A. “Overlapping with Inpatient” claims review:

1. Monthly, the LRE IT department shall generate reports for each member CMHSP of outpatient encounters that overlap with an inpatient stay (same person, same date, same time).
2. Member CMHSPs shall designate a staff member to investigate and respond to each encounter identified in the report. The report shall include seven fillable fields where designated staff members may document their findings:
 - a. Reviewed By: the designated staff member shall use this field to identify themselves.
 - b. Comments: This field shall be used to note specific information about the findings.
 - c. LRE Follow-up Needed (Yes/No): This field shall be used to identify those encounters that the designated CMHSP staff member is referring to LRE's Compliance Department for review or action.
NOTE: If the designated CMHSP staff member indicates “Yes” in this field, they must submit to the LRE Compliance Officer an email indicating the specific encounter they are referring and the reason for that referral. The LRE Compliance Department does not monitor the completion of this review and will not act unless a notification email is sent.
 - d. LRE Individual Who was Notified (email): The designated CMHSP staff member shall identify the LRE staff member to whom the notification email was sent.
 - e. LRE Notified Date: The designated CMHSP staff member shall identify the date of the notification email to the LRE Compliance Department.
 - f. LRE Reviewer: The member of the LRE Compliance Department assigned to complete the requested review shall use this field to identify themselves.

g. LRE Comments: The member of the LRE Compliance Department assigned to complete the requested review shall use this field to document their findings. The LRE Compliance team member shall send the designated CMHSP staff member an email indicating their review has been completed and summarize their findings at the conclusion of the review.

3. The CMHSP shall document at least quarterly any adverse action (overpayment recoupment, FWA referral, etc.) resulting from the “Overlapping with Inpatient” claims review on their monthly program integrity report to the LRE Compliance Department.

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
10/1/2025	NEW Procedure	Compliance Officer