	Shasta County Health and Human Services Agency Managed Care, Compliance & Quality Management
	Compliance Auditing & Monitoring

1.0 Persons/Programs Affected *(Check all that apply)*

☒ All Staff	☐ All Managers	☐ All Supervisors	

*Each branch to have unique Persons/Programs Affected

**All employees include all employees–full-time, part-time and extra-help.*

2.0 Definitions

Compliance Committee means the Committee designated by the Compliance Officer to provide oversight to the Compliance Program. The Compliance Committee will provide general oversight to the Compliance Officer in the implementation of the Compliance Program.

Compliance Officer means the person designated by the Mental Health Director and is delegated authority for the implementation, administration, and oversight of the Compliance Program. The Compliance Officer is delegated authority for development and day-to-day operations of the Compliance Program.

Compliance Program means the internal policies, procedures and processes designed by the Shasta County Health and Human Services Agency (HHSA) to ensure federal, state and local rules, laws and regulations are met. The Compliance Program is designed to prevent and detect violations of any statute, regulation or guideline applicable to federal health care programs in the conduct of operations by employees and other covered entities/individuals.

3.0 Policy

The Shasta County Health and Human Services Agency (HHSA), through its Mental Health Plan (MHP), will conduct routine monitoring and auditing activities and will report findings to the Compliance Committee and/or the Shasta County Mental Health Director. Specific monitoring and auditing activities will be determined with assistance from the Compliance Committee and general detection methods including ongoing written/verbal communications with staff.

Ongoing evaluation processes are critical to a successful Compliance Program. The MHP will conduct monitoring and evaluation activities in order to prevent and/or detect issues related to ethical misconduct and/or financial fraud, waste, and abuse.

4.0 Procedure

A. Audits will be conducted to measure the MHP's compliance with laws governing:
- Billing & coding;
- Office of Inspector General (OIG) Exclusions list;
- Compliance Reporting Line;
- Compliance education;
- Medical reviews and committees;
- Operating licenses, certificates, etc;
- Clinical staff licensure and service activities related to scope of practice; and
- Medicare/Medi-Cal denial reports.

B. Additional audits may be generated in order to investigate specific concerns identified within the MHP as a result of any external audit conducted by any federal or state agency.

C. Each year the Compliance Committee will review the OIG Work Plan with specific attention to the Medicaid Mental Health Services section. From this review, the Compliance Committee will determine a special focused audit/monitor activity to be conducted through the coming year.

D. Auditing and Monitoring activities and processes may include:
- Site visits;
- Audits conducted by the Compliance Officer or designee at service centers with respect to billing and documentation practices.
- Interviewing billing and coding staff on their knowledge of reimbursement and coverage criteria;
- Unannounced mock surveys, audits and investigations;
- Examination of the MHP's complaint logs;

- Interviewing personnel involved in management, operations, coding, claim development and submission and other related activities;
- Reviewing written materials and documentation; and
- Trend analysis, or longitudinal studies, that seek deviations, positive or negative, in specific areas over a given period.

E. Each detected case of non-compliance will be documented and investigated by the Compliance Officer.

F. The Compliance Officer or designee will participate with appropriate management staff and Human Resources personnel in the development of meaningful corrective actions when an individual(s) has or have been found to be operating either, intentionally or unintentionally, outside established policy, regulation, and/or ethical standards. Corrective actions may include education, focused training, and/or disciplinary action in accordance with Shasta County Personnel Rules and/or employee's bargaining unit Memorandum of Understanding. These actions will be documented and retained within Compliance records.

G. Reports from ongoing monitoring efforts, including reports of suspected non-compliance, will be maintained by the Compliance Officer and reviewed with the Shasta County Mental Health Director, Compliance Committee, and County Counsel when appropriate.

5.0 Attachments

N/A

6.0 Revision History

Date	No.	Action:
05/27/2014	2014-11	Adopted

7.0. Other Agency Involvement

N/A

8.0 Authorization/Signatures

The above policy and procedure has been reviewed and is authorized for immediate implementation:

Donnell Ewert, MPH, Director — Date: 5/30/14

Micki Mills, Program Manager, Business & Support Services
Compliance Officer
Managed Care Compliance Program — Date: 5/29/2014