

RIVERWOOD CENTER

--PROCEDURE--

SUBJECT: Compliance Monitoring	SECTION: 06-41-01 Page 1 of 2
APPLICATION: All Staff EFFECTIVE DATE: 10-1-02 APPROVED BY: Chief Executive Officer REVISED: 11/04, 4/05, 11/06, 8/10, 11/11, 10/12, 7/13, 7/14, 4/15, 3/16, 6/18, 6/2021, 3/2022, 2/2025	REQUIRED/RECOMMENDED BY: MDHHS Contract CARF State and Federal Law

PURPOSE: The purpose of the auditing and monitoring program is to ensure:

1. Business practices are performed in accordance with contract requirements and or state and federal regulations.
2. A monitoring mechanism is established that assures quality business practices are conducted.
3. Services are provided in accordance with payor requirements and medical necessity.
4. Actions are taken in the event of non-compliance.

DEFINITIONS:

Clinical Record: The documentation of service activities and supporting information that collectively makes up the consumer record.

Compliance Referral: Any information received in the compliance department for the purpose of reporting a suspected or potential compliance violation.

Plan of Correction: A formal document describing the area of non-compliance, the steps to be taken for correction and the individual(s) responsible for correcting an area identified as non-compliant.

Requests for Corrective Action: An e-mail sent to staff requesting a correction for an identified area of non-compliance.

Major Findings: A finding that requires immediate corrective action by executive staff to prevent further compliance violations.

Minor Findings: A finding that requires review and minimal correction by a clinician.

Focus Audits: An expanded review based on a compliance referral, identified trend or significant finding.

PROCEDURE:

Clinical Review:

1. The Compliance Auditor will review a minimum of 3-5 case records per clinician per Clinical Team depending on the number of cases assigned to the clinician's caseload. If trends are identified, the Compliance Auditor may select additional case records to review. Cases should be opened at least two months to be selected whenever possible.
2. The Compliance Auditor will review the electronic health record for accuracy, completeness and timeliness.
3. The Compliance Auditor will complete post-payment reviews of claims utilizing the Compliance audit tool. When a clinical record has been reviewed and found to be non-compliant, a Request for Corrective Action will be completed by the Compliance Auditor and sent via e-mail to the employee and Clinical Supervisor responsible for the correction. The request will include the identified area of non-compliance and the corrective action needed.

4. The Compliance Auditor may communicate the results of the chart review and any Requests for Corrective Action to the clinician and/or Supervisor by a face-to-face meeting, e-mail or telephone.
5. If the clinician is sent a Request for Corrective Action, it is their responsibility to make the necessary corrections. The Compliance Auditor will monitor and track all Requests for Corrective Action.
6. Outstanding Requests for Corrective Action will be sent to the clinician, supervisor and/or clinical manager, Director of Behavioral Health Services and Director of Regulatory Compliance. The Director of Behavioral Health Services is responsible for ensuring Requests for Corrective Action are completed.
7. When the Compliance Auditor identifies repeated non-compliance with documentation requirements, a Plan of Correction will be requested from the Director of Behavioral Health Services. The Director of Behavioral Health Services will develop a Plan of Correction detailing the steps to resolve the problem including administering disciplinary action when necessary. A Compliance Referral will be opened and the plan of correction will be monitored monthly through the Compliance Committee.
8. Focus audits will be conducted as required or needed.
9. Clinical Team Supervisors may schedule a team meeting with the Compliance Auditor to go over audit results and discuss trends in-person if they so desire.

Related Policies and Procedures: 06-40-02 Corrective Action

Reviewer: Director of Regulatory Compliance

Reviewed: 7/13, 7/14, 4/15, 8/15, 3/16, 5/17, 6/18, 5/19, 2/20, 6/2021, 3/2022, 5/2023, 5/2024, 2/2025