



Title: Conducting Compliance Audits Policy

Date Created: March 1, 2015

Date Modified: May 8, 2025

Date Approved by CCN Board of Directors: June 10, 2025

Date Approved by CCC Board of Directors: September 24, 2024

Date Approved by IPA Board of Directors: September 24, 2024

Policy# CC9

Purpose:

To ensure regulatory compliance and adherence to the policies and procedures of the Care Compass Entities.

Definitions:

Affected Individual(s): All persons who are affected by Care Compass Entities' risk areas including Care Compass Entities' employees, officers, Directors, managers, contractors, agents, subcontractors, independent contractors, governing bodies, or third-parties, who or that, in acting on behalf of the Care Compass Entities: (i) delivers, furnishes, directs, orders, authorizes, or otherwise provides health or social care items and services under State, Federal, or Care Compass programs; and (ii) contributes to the Care Compass Entities' entitlement to payment under Federal health or social care programs, or from other payor sources.

Care Compass Entities: Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC.

Participant: Any organization that has signed an agreement related to a funded program with the Care Compass Entities.

Staff: Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities' behalf.

Policy:

As part of its efforts to implement an effective Compliance Program, the Care Compass Entities will periodically conduct proactive monitoring and auditing functions designed to test and confirm compliance with the Care Compass Entities' payment systems, compliance standards, and policies and procedures, as well as federal, state, and local laws and regulations, and areas of high-risk identified in Compliance Department Risk Assessments. An audit may also be conducted to investigate an issue or concern identified by or brought to the attention of the Director of Compliance, thus allowing the Care Compass Entities to correct any oversight or proactively address an area of non-compliance.

I. Covered Areas and Self-Audits.

Periodic self-audits will be performed according to the Care Compass Entities' written policies and procedures governing audits of its payment systems and other business practices, or as

specifically prescribed by the Director of Compliance. The Care Compass Entities will periodically conduct self-audits on items that may include:

- a. Its written standards and policies and procedures to ensure they are consistent with changes in the law and whether they are effective and current;
- b. Its operations to ensure they are in accordance with written standards and policies and procedures;
- c. Payments made to Participants to ensure they accurately reflect the services provided;
- d. Documentation for and reporting to the Department of Health, as applicable, to ensure it is accurate and complete;
- e. Furnished services or items to ensure they are reasonable and necessary and in accordance with State and Federal regulations;
- f. Arrangements, contracts, or business practices with Affected Individuals to ensure they do not provide an improper incentive for furnishing unnecessary services;
- g. The Compliance Program's essential components to ensure they are appropriately developed and properly implemented;
- h. On-going Compliance Program activities to ensure they are properly documented;
- i. Other clinical and/or business practice areas that merit concern, as identified by the Director of Compliance, based on guidance from the Department of Health and Human Services, the Office of the Medicaid Inspector General, and/or other Federal or State regulatory and enforcement agencies, prior audits, accreditation reviews, the Compliance Department Risk Assessments and other assessments; and
- j. Any other area assessed to be high-risk.

II. Staffing.

- a. The Director of Compliance will oversee or conduct periodic self-audits of the day-to-day operations, focusing the audits on the Care Compass Entities' risk areas, enlisting the assistance of other Staff or applicable Compliance Committee members as needed.
- b. Persons conducting the audits should have knowledge of the laws, regulations, and other requirements pertaining to the audited practices and be familiar with their applications.
- c. Audits should be adequately staffed to ensure accurate and complete results.

III. Documentation. Staff conducting a self-audit pursuant to this Policy and the ENT_CC9 – 1 Compliance Audits Procedure will, at the time of the audit, prepare written documentation of the audit activities performed, including:

- a. The area being audited;
- b. The purpose of the audit;
- c. Time frame of the audit;
- d. The persons conducting the audit;
- e. The sample size;
- f. The results of the audit;
- g. Recommended corrective/preventive actions, if any; and
- h. Reporting required to governmental agency, if applicable.

IV. Reporting. The Care Compass Entities' audit staff will report their audit findings to the applicable Compliance Committee.

V. Role of the Director of Compliance and Compliance Committees.

- a. The Director of Compliance will oversee and, as appropriate, participate in the audit functions performed pursuant to this policy and, for each such audit, promptly review the audit results.
- b. Consistent with the Care Compass Entities' written policies and procedures for addressing perceived problem areas identified, the Director of Compliance and, as appropriate, in conjunction with the applicable Compliance Committees, will determine appropriate follow-up measures, if any, for addressing deficiencies and weaknesses detected in the course of a routine compliance audit. Results of all internal or external audits will be reviewed by the Director of Compliance and Compliance Committees for identification of risk areas to be included in updates to the Care Compass Entities' Compliance Programs and compliance work plans.
- c. The Director of Compliance will prepare a report for the Executive Director and, as appropriate, the applicable Board of Directors on the audit's findings and on the status of any follow-up corrective and/or preventive measures.

CCN Board Approval History: 3/11/2015, 12/8/2015, 11/8/2016, 12/21/2017, 2/12/2019, 12/10/2019, 11/10/2020, 11/9/2021, 11/8/2022, 8/08/2023, 8/13/2024, 6/10/2025

CCC Board Approval History: 9/24/2024

IPA Board Approval History: 9/24/24

Compliance Committee Review History: 12/8/2015, 10/28/2016, 11/17/2017, 1/18/2019, 11/15/2019, 10/16/2020, 10/15/2021, 11/1/2022, 7/28/2023, 7/24/2024, 5/22/2025

Policy Revisions:

Date	Revision Log	Updated By
3/1/2015	Original creation	Ann Homer
11/19/2015	Updated to reflect Care Compass Network organization structure	Rebecca Kennis
10/28/2016	Updated to reflect the addition of government agency reporting	Andrea Rotella
11/17/2017	Updated with changes by the Compliance and Audit Committee	Andrea Rotella
1/18/2019	Updated definition of "staff" and other changes by the Compliance and Audit Committee	Andrea Rotella
11/15/2019	Updated with changes by the Compliance and Audit Committee	Andrea Rotella
10/16/2020	Removal of references to PPS	Andrea Rotella
9/1/2021	Added reference to the Compliance Audits Procedure	Cathy Petrak
8/29/2022	Added Partner definition and updated Partner Organization to Partner throughout. Combined Section II with Section I.	Cathy Petrak
7/14/2023	Updated Partner to Participant and Director of Compliance title throughout; Removed section III as self-audit timing is indicated in section I	Cathy Petrak
9/5/2024	Updated to an Enterprise-wide policy	Cathy Petrak
5/8/2025	Updated "Affiliated Entities" to "Care Compass Entities" throughout and added "Affected Individuals" definition and updates throughout; added requirement to review audit results for	Cathy Petrak

	risk areas to be included in updates to the compliance program and <u>work plan</u>	
--	---	--

This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.