NYSARC CHAPTER TEMPLATE RISK COMPLIANCE ASSESSMENT POLICY AND PROCEDURES

Policy

It is the policy of [CHAPTER] to periodically identify compliance risk areas in order that such risk areas are assessed and any needed corrective action taken. Risk areas to be assessed include, but are not limited to:
- billings
- payments
- medical necessity and quality of care
- Governance
- Mandatory reporting
- Credentialing (applicable to staff, contractors and registered providers)
- Other risk areas identified by [CHAPTER]

Procedure

1. **Review CMS, HHS, the Justice Center, OIG, OMIG, and OPWDD information sources to identify areas of compliance plan focus for next 12 months**
   The Corporate Compliance Officer (CCO) identifies potential compliance risks by consulting a variety of information sources. These sources include, but are not limited to:
   - The annual report and annual work plan of the Office of the Inspector General (OIG),
   - The annual report and annual work plan of the New York State Office of the Medicaid Inspector General (OMIG)
   - The annual work plan of the Centers for Medicare and Medicaid Inspector General (CMS),
   - The Office for People with Developmental Disabilities (OPWDD) website
   - Justice Center for the Protection of Special Needs website and annual report
   - The Department of Health and Human Services website for information on HIPAA and HITECH

- Applicable state and federal regulations and administrative rules, industry guidance such as the monthly "Medicaid Update"
- Other sources of information related to Medicaid and developmental disabilities services.

2. **Consult with other Accounting/Legal/Consultants/Provider Associations to ascertain compliance risk areas**
The CCO identifies potential compliance risks by consulting with other professionals, providers and Provider Associations.

3. **Complete the OMIG "Compliance Program Self-Assessment Form" to identify weaknesses**
Corporate Compliance staff completes the tool annually to identify potential compliance risk areas.

4. **Conduct interviews with key operational and administrative staff. Such staff includes senior leadership and directors from each operational area.**
Staff of the Corporate Compliance Department periodically consults with other [CHAPTER] administrative staff in order to identify potential compliance risk areas specific to [CHAPTER] operations. Operational areas include, but are not limited to, Executive, Finance, Information Technology (IT), Facilities Management, Transportation, Human Resources and key department staff of all programs or services offered by [CHAPTER]
Discussion topics:
- *Are there any new programs or services?*
- *What regulatory changes has the department, program or service encountered?*
- *How have these regulatory changes been addressed?*
- *How does the department, program or service become aware of regulatory changes?*
- *Have there been any changes in operations?*
- *Have there been any changes in key staff?*
- *Have there been any internal or external audit findings?*
- *How does the department audit for non-compliance?*
- *How are results of audits (both internal and external) addressed, documented and communicated to necessary parties?*

5. **Conduct interviews with key governance members.**
Staff of the Corporate Compliance Department as part of the risk assessment process consults with key [CHAPTER] governance members. These members include the Board President, Vice President, Treasurer and Secretary. Additionally, any Board members who chairs critical/key [CHAPTER] committees should be interviewed (e.g., compliance, finance, audit, HR, programming).
Discussion topics:
- Are you aware of any new programs or services at [CHAPTER]?
- How does the Board become aware of regulatory changes?
- What regulatory changes has Board been made aware of?

- Are you aware of how these regulatory changes been addressed?
- Are you aware of any changes in operations?
- Are you aware of any changes in key staff?
- Are you aware of internal or external audit findings?
- Are the results of audits (both internal and external) shared with the Board?
- Does the Board conduct visits to programs and services on a periodic basis?
- Are the results of these visits reported to the full Board and key [CHAPTER] operation staff?
- What training have you received in the last 12 months?

6. **Internal Audit Findings: Review results of internal audits to identify areas where problems have been identified**
The Corporate Compliance Department monitors trends in self-survey and internal auditing in order to identify areas which continue to present compliance risks.

7. **Self-Disclosures or Claim Voids**
The Corporate Compliance Department reviews the circumstances and which programs were impacted in order to identify areas which continue to present compliance risks.

8. **External Audit Findings & Enforcement Activities**
The Corporate Compliance Department monitors trends in external audits (OPWDD, MFCU, OMIG, OIG, HHS OCR, OIG, IRS, DOL, Justice Center, and DOT) in order to identify areas which continue to present compliance risks.

Documentation:
Based on the assessment findings, potential compliance risk areas are identified and documented. Risks are prioritized and are used by the CCO to develop the annual [CHAPTER] corporate compliance work plan and audit plan. Such plans should be reviewed and approved by the Chapter management compliance and Board compliance committees.

Although an annual work plan is developed and implemented, changes in regulations, rules and oversight agency focus are used to modify the work plan as needed throughout the year.

Format and Record Retention
There is no prescribed format for the risk assessment but it must be documented. Format options include the NYSARC model risk assessment (attachment A), a spreadsheet, matrix, narrative report or other format that fulfills the procedures of the policy. The objective is to clearly document assessed risk areas, which are used to establish the comprehensive corporate compliance work plan for the next 12 months. The risk assessment has the OMIG compliance program effectiveness tool as an attachment. The full assessment packet is maintained in the CCO's records along with the confirmation of annual OMIG compliance program certification.