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Owner: Kelly Thomas: Chief Compliance & Ethics Officer
Area: Corp CCE - Corporate Compliance & Ethics
References:

Risk Assessment and Internal Review

Purpose:

The purpose of this policy is to provide a standard for the completion of the centralized annual risk assessment and internal review process. The process will identify, and address risks associated with participation in Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.

The risk assessment and internal review process shall require compliance, legal, and department leaders, at least annually, to: (1) identify and prioritize risks, (2) develop internal audit work plans related to identified risk areas, (3) implement the internal audit work plans (4) develop corrective action plans in response to the results of any internal audits performed, and (5) track the implementation of the corrective action plans in order to assess the effectiveness of such plans.

Risk Assessment Process:

The risk assessment process is conducted during the third and fourth quarters of the fiscal year and includes:

- Reviewing OIG Work plan updates, recent Corporate Integrity Agreements, advisory opinions, fraud alerts and other government publications for possible risk areas.
- Reviewing internal prior audit results, hotline results, and investigation outcomes for possible areas to review or follow up.
- Reviewing regulatory changes, such as changes in government payment models or new regulations that may impact the organization.
- Conducting interviews with senior leadership and operations to identify potential areas for review.
- Compiling the results of the reviews and interviews and prioritizing or ranking the risks.
- Utilizing the tabulated results to present to Senior Leadership and the Compliance Committee to develop the Internal Audit Plan and Compliance Monitoring Plan.
- Acquire final approval from the Board.
- Following up to ensure corrective action plans resolved any issues as identified throughout the year.

Attachments:

No Attachments

Approval Signatures

Approver

Date

Ben Sparks: AGC [LC]

05/2019

Approver	Date
Kelly Thomas: Chief Compliance & Ethics Officer [LC]	05/2019
Kelly Thomas: Chief Compliance & Ethics Officer [LC]	05/2019
Laura Carrico: Director of Compliance	05/2019