

Subject:	Risk Assessment
Endorsed By:	Compliance Committee
Approved By:	Compliance Committee, Board of Managers
DSRIP Implementation Deadline:	April 2015
Effective Date:	October 2015
Supersedes:	April 2015
Purpose:	The purpose of this policy is to define the method by which compliance risks are assessed and re-assessed. Compliance risk is mitigated through internal review processes. Monitoring and auditing provide early identification of program or operational weaknesses and substantially reduce exposure to regulatory risk and government-related lawsuits. This policy applies to all PPS Associates.
Policy:	SI-PPS is committed to the effective monitoring of compliance through its policies, procedures, and applicable laws. The SI-PPS Compliance Officer and the Compliance Committee will also be responsible for continued monitoring and auditing of compliance with the Compliance Program and with all applicable federal and state rules, laws, and regulations. Procedures for routine monitoring and auditing include initial testing for compliance, then validation of correction, and ongoing compliance performance. Education and training shall be provided to all SI-PPS Associates (employees, independent contractors, agents, executives, and Board of Managers as deemed appropriate by SI-PPS) and Participating Providers.
Procedure:	1. On a continuing basis, the SI-PPS Compliance Officer and the Compliance Committee will review and be knowledgeable concerning all new regulatory or

legal requirements applicable to SI-PPS' operations and DSRIP program requirements.

2. In light of new developments, the SI-PPS Compliance Officer, in conjunction with the Compliance Committee, will review existing policies and procedures to ensure that SI-PPS is compliant with the requirements of federal and state laws. If necessary, the SI-PPS Compliance Officer and Compliance Committee will work to ensure that appropriate updates and corrective action is taken.

3. The Compliance Committee and the SI-PPS Compliance Officer will develop an annual auditing and monitoring Work Plan that, at minimum, addresses risk areas applicable to SI- PPS' operations and the DSRIP program. The Work Plan will be used to identify potential risks, to prioritize and develop monitoring plans, and to initiate and implement reviews throughout the applicable period. These reviews will help ensure that all SI-PPS employees, independent contractors, agents, executives, and Board of Managers are compliant with the applicable requirements of federal and state regulations, as well as SI-PPS' policies and procedures. The monitoring reviews will also assist in the evaluation of the effectiveness of the Compliance Program, including the review of education and training, the reporting mechanisms, investigations, record retention, and oversight activities. Audits will be conducted by internal or external auditors and will be overseen by the SI-PPS Compliance Officer.

4. Auditing must be conducted utilizing a variety of methods and techniques including, but not limited to:

- Reviewing reports on data and quality metrics.
- Analyzing patterns and trend analyses.
- Random sampling.

5. If problem areas are identified, it will be determined whether a focused review shall be conducted on a more frequent basis. If any areas are identified that require further training and education of PPS Associates or dissemination of additional information, these areas will be incorporated into the training and education program.

6. The results of the ongoing monitoring and auditing reviews shall be provided to the Compliance Committee and the Governing Body. Any deficiencies noted must require the submission, for compliance approval, of a Corrective Action Plan, which shall provide how the deficiency will be addressed timely, and brought to resolution. Ongoing monitoring of the progress of any corrective action plan implementation shall be monitored by the SI-PPS Compliance Officer. Timely updates of progress made and/or challenges to bringing deficiencies to a resolution are provided to the Compliance Committee and the Board of Managers as needed and on a periodic basis.

7. Review of Use of DSRIP Payments. At least annually, the SI-PPS Compliance Officer will request external reviews be conducted on SI-PPS' practices concerning the allocation and distribution of DSRIP funding among the Participating Providers. These reviews will be conducted either by an outside consultant or other designee. These reviews will focus on a sample of distributions to Participating Providers and emphasize:

- The accuracy and appropriateness of reported quality metrics and data to SI-PPS;
- Compliance with the procedures set forth in the Compliance Program, or other SI-PPS policies and procedures;
- Compliance with all applicable federal or state laws, rules and regulations; and
- Compliance with DSRIP program requirements.

If the reviewer identifies any documentation issues, he or she will inform the SI-PPS Compliance Officer of the results of the review. A meeting will be scheduled by the SI- PPS Compliance Officer to discuss and resolve the issue. If the reviewer identifies a pattern of deficient or problematic compliance practices, the SI- PPS Compliance Officer will inform the Compliance Committee and the Governing Body and further corrective action will be taken.

8. SI-PPS will:

- Review SI-PPS' standards and procedures to ensure that they are current, complete and accurate. If the standards and procedures are found to be ineffective or outdated, they shall be updated to

reflect changes in governmental regulations or compendiums related to the DSRIP program.

- Conduct audits of SI-PPS' risk areas to identify areas of potential risk and to measure progress against the baseline audit results.
- Review relationships and contractual arrangements with third party vendors, suppliers and contractors.
- Periodically evaluate the nature, extent and frequency of its auditing activities in order to determine if modification of such practices is warranted based on factors including, but not limited to, identified risk areas, trends in internal reporting, and available resources.

9. The SI-PPS Compliance Officer, the Compliance Committee, or a designee, is required to conduct risk assessments at least annually and prioritize the results according to identified risk. The SI-PPS Compliance Officer determines which risk areas will most likely affect regulatory compliance, PPS performance, as well as the compliance of SI-PPS with its internal policies and procedures. The risk assessment takes into account:

- Program areas identified by the Office of the Inspector General (“OIG”) and Office of the Medicaid Inspector general (“OMIG”) annual work plans to the extent applicable to the DSRIP program;
- Other published reports or white papers identifying potential risks;
- Results of prior internal monitoring reviews or ongoing audits of first tier, downstream, and related entities;
- Results of reviews and advisory opinions by regulatory agencies; and
- Ongoing analyses of quality metric and grievance data.

10. Interviews of key personnel will be conducted to gather information about areas of SI- PPS that may be potential risk areas and these areas will be placed on a “potential audit” list.

11. The SI-PPS Compliance Officer, SI-PPS Privacy Officer and Security Officer and the Compliance Committee are responsible for ensuring that risk assessments occur at least annually, to identify potential risks in the privacy and security compliance mandates of the DSRIP program, HIPAA, the HITECH Act, and other federal and state privacy and security laws, rules, and regulations.

12. The SI-PPS Compliance Officer, or a designee, will use professional judgment to list risks related to regulatory changes, internal investigations, complaints, and areas of high exposure to protected health information in order to document such risks. The SI-PPS Compliance Officer will use his/her expertise to prioritize the risk and develop an appropriate action plan.

13. The SI-PPS Compliance Officer, or a designee, will compile the individually identified risks into a master document to serve as the risk analysis and to develop actionable steps and timelines for creation of a Work Plan to effectuate the risk analysis. Work plans will be prioritized, implemented, and evaluated on an ongoing basis. Risk assessment reports will be provided to the Compliance Committee, and escalated to the Board of Managers, as appropriate, on an ongoing basis.

14. The reviewers shall:

- a. Be qualified and experienced to adequately identify potential issues with the subject matter to be reviewed;
- b. Be objective;
- c. Have access to existing audit and health care resources, relevant personnel and all relevant areas of operation;
- d. Present written evaluation reports to the SI-PPS Compliance Officer, the Compliance Committee and the Governing Body on a regular basis; and
- e. Specifically identify areas where corrective actions are needed.

15. The SI-PPS Compliance Officer will periodically evaluate the nature, extent and frequency of its auditing activities in order to determine if modification of such practices is warranted based on factors including, but not limited to, identified risk areas, past history of deficiencies and enforcement actions, trends in internal reporting, and available resources.

Scope:

SI-PPS Associates (PPS Associates shall mean all individuals and entities that participate in or do business with SI-PPS, including but not limited to its employees, independent contractors, vendors, agents, suppliers, executives and governing body members) and

Participating Providers shall mean health care providers organizations,

	community-based social service organizations, and other organizations that have partnered with SI-PPS and serve Medicaid beneficiaries and uninsured individuals on Staten Island.
Project(s):	Annual Work Plan
Regulatory Alignment:	New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c),
Reference(s):	
Attachment(s):	none

Reviewed/Revised by: Regina Bergren April 2016

Approved by Compliance Committee- August 2016

Partner Organization	Responsible Staff Name & Title	Date Reviewed	Signature