Title: Risk Assessment Procedure
Reference Number: HQ 5.1.22
Effective Date: 10/28/2019
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PROCEDURE STATEMENT:
Health Quest Systems, Inc. and its affiliates ("HQ") has developed and implemented a compliance program to promote adherence to applicable federal and state laws and other internal and external standards or requirements. A critical component of the Compliance Program is the routine identification of compliance risk areas. Annually, HQ’s compliance, legal, and other department leaders; and the Executive Compliance Committee will conduct a centralized internal review and risk assessment to identify, prioritize, review, and remediate risks associated with HQ’s participation in the 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. This process will include (1) an identification of risks; (2) a prioritization of risks, (3) development of remediation and internal review work plans ("work plans") in response to those risks to include corrective actions, (4) auditing and monitoring of identified risk areas to assess the effectiveness of the work plans and corrective actions implemented. This procedure is to be implemented in coordination with development of the HQ annual Compliance Work Plan.

PROCEDURE:
A. Identifying Risks

The Chief Compliance Officer or his or her designee in the Office of Compliance, Internal Audit and Privacy ("OCIAP"), in conjunction with the General Counsel, and other HQ entities and Workforce Members as needed, including the Executive Compliance Committee ("ECC"), and departmental leaders, will use external and internal sources of information to identify potential risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.

a. External Sources. The OCIAP shall track and examine information from key external sources to determine if such information identifies risk areas that are relevant to HQ. Key external sources include the Centers for Medicare and Medicaid Services (CMS), the Health and Human Services Office of the Inspector General (OIG), the New York State Office of the Medicaid Inspector General (OMIG), and Recovery Audit Contractors (RAC). Information from these sources that that may be examined includes new or updated regulations or guidance, audit protocols and findings, annual work
plans, fraud alerts, advisory opinions and bulletins, enforcement actions, and corporate integrity agreements.

- Potential risks identified by OCIAP are reviewed with the appropriate departmental leader/s to help determine the relevance and significance of the risk to their area/s of responsibility.

b. Internal Sources. OCIAP will track and examine information from key internal sources to include the ECC, internal audits and reviews, disclosures made to OCIAP though the Hotline or other communication lines, exit interviews of Workforce Members, issues that arise under the implementation of Compliance Procedure 5.1.19, Identification, Quantification and Repayment of Overpayments, results of monitoring by the independent review organization retained under Health Quest’s Corporate Integrity Agreement, and results of routine operational monitoring results.

c. Interviews of Key Operational Leaders. OCIAP will conduct personal interviews of key operational leaders to aid in the identification of potential risk areas and related circumstances that might affect a specific risk area, such as the existence and effectiveness of operational controls and the likelihood and impact of failure.

B. Prioritizing Risks

1. Any issues that are likely to result in a potential overpayment, will be handled consistent with HQ Procedure 5.1.19 “Identification, Quantification and Repayment of Overpayments.” Significant potential overpayments will be brought to the attention of the relevant operational leader, the ECC, and General Counsel for further consideration of remedial action.

2. Areas of potential risk identified from the sources above are then compiled into a proposed annual Compliance Workplan by OCIAP, evaluated and prioritized in collaboration with ECC, based on the probability and impact associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries, as well as other concerns such as risk to quality and reputation, and compliance staffing.

3. The proposed annual Compliance Workplan will be reviewed and approved by the ECC, and then subsequently by the Audit and Compliance Committee of the Board of Directors.
C. Developing Remediation/Corrective Action Plans and Internal Review Work Plans

1. When appropriate, the OCIAP, in collaboration with key operational leaders, will develop written work plans or Corrective Action Plans ("CAPs") for each compliance issue identified as a result of completing Compliance Workplan items, and based upon the priority of the risk.

2. When appropriate, CAPs will include claims monitoring in accordance with respective Auditing and Monitoring protocols.

D. Assessing Effectiveness of Remediation and Internal Review Work Plans

1. The Chief Compliance Officer and/or designee from OCIAP will track the implementation of the corrective action plan, in order to assess the effectiveness of the internal review and remediation of the risk, as appropriate.

2. The Chief Compliance Officer shall include in reports to the Board, information regarding any additional auditing and monitoring performed to assess the effectiveness of the remediation and internal review work plans.

REFERENCES:
HQ 5.1.22 Risk Assessment Policy

POLICY HISTORY:
Supersedes: 10/23/2018
Original Implementation Date: 11/29/2017
Date Reviewed: 10/28/2019
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APPROVAL:

Procedure Owner

Date