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Next Review	5/9/2024

Owner	Shané Abercrombia: Director of Compliance
Area	Compliance
Applicability	VillageCare Corporate Services

## Compliance Risk Assessment

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### PURPOSE

- Identify, assess, and prioritize the risks facing VillageCare
- Measure the actions currently taken by VillageCare to prevent or detect misconduct
- Establish a baseline that will allow VillageCare to measure risk and improvement on a periodic basis with a consistent methodology for proper comparison

### POLICY

VillageCare Corporate Compliance Department will conduct an organization wide risk assessment annually to identify the compliance-related risks facing the entire organization.

### SCOPE

Business areas included in annual assessments are: VCNY, VCMAX, and 46 and Ten.

Areas of Risk to be reviewed but not limited to:

- Behavioral Health Program Implementation and Monitoring
- Billing and Coordination of Benefits
- Conflicts of Interest
- Cyber-Security
- Delegated Entities/Contracted Providers
- Discriminatory/Retaliatory practices
- Employee misconduct/workplace concerns

- Fraud, Waste, and Abuse practices
- HIPAA
- Kickbacks
- Medical Necessity/Quality of Care
- Medicare Marketing practices
- Medicare/Medicaid Eligibility
- Medicare/Medicaid Enrollment practices
- Medicare/Medicaid Organization Determinations
- Medicare/Medicaid Service Requests
- Medicare Part D Benefit Oversight
- Member appeals and grievances
- Non-retaliation/Non-intimidation
- Personal Care Services provided to ALP residents
- Provider non-compliance
- UAS assessments

## PROCEDURE

1. Compliance will meet with key people in the organization to discuss and determine the level of risk associated with the activities listed above. Those people will include:
  - Chief Executive Officer
  - Chief Financial Officer
  - VCMAX Chief Operating Officer
  - Chief Information Officer
  - Chief Information Security Officer
  - Chief Growth Officer
  - SVP of Program Operations
  - Chief Legal Officer
  - Director of Administrative Services
  - SVP Health Plan Operations & Customer Experience
  - VP Branding and Marketing
  - SVP Network and Value Based Performance
  - VP Business Intelligence
  - VP Innovation, Strategy Initiatives & Product Development
  - VP Clinical Operations
  - Other Director level and above employees

2. Documents will be requested and gathered to determine and evaluate risk. Documents will include:
  - Organization charts
  - Policies and Procedures
  - Trainings and Communications
  - Investigation Reports
  - Internal and External Audit findings and Corrective Action Plans
  - Compliance Scorecards
3. Create survey asking participants to assign gross probability scores to the risk areas detailed.
  - **SCORING:** Scoring will be assigned based on the likelihood of a non-compliant event occurring at the business.

#### **Survey Risk Score Ranking**

Value	Rating	Level of Risk
N/A	Not Applicable	Not Applicable: I have no knowledge of this area to evaluate this risk
0	No Risk at all	No level of Risk
1	Low	An efficiency or administrative finding of lesser significance. It <b><u>does not warrant immediate attention</u></b> ; however, there should be an agreed program for ultimate resolution.
2	Low	A finding of low to moderate significance to the organization. It <b><u>requires the attention</u></b> of the responsible department. There should be an agreed program for its near term resolution.
3	Medium	A finding of moderate significance to the organization. It requires <b><u>near-term attention</u></b> of the responsible department manager. There should be an agreed program for its near term resolution.
4	High	High: A finding of moderate to high significance to the organization. It requires the <b><u>near term to immediate attention</u></b> of the responsible department management and leadership.
5	Highest	Highest: A finding of potential significance to the overall environment that has <u>reputation, financial, or compliance</u> implications to the organization. It <b><u>requires the immediate attention</u></b> of department and senior management.
		*Total scores will be tallied for each area rated and average scores will be assigned in the Total Impact Score

4. Review Internal and External Audit Corrective Action Plans (CAP)

- Identify if there have been internal and external audits performed with corrective action plans implemented related to these risk areas. CMS program audits will be weighted higher as well as Article 44.
5. Review Workplan Audit results for current year
    - Identify results of audits already completed related to the risk areas (Met Compliance, Needs Improvement, Compliance Not Met). Also identify if there are plans to audit these areas.
  6. Review Compliance Scorecard Averages
    - If functions related to risk areas are currently being monitored on the program based Compliance Scorecards or Delegated Oversight scorecard, the averages of those measures will be considered.
  7. Determine Total Impact Score
    - Total Impact score will be assigned based on methodology below:

**Total Impact Risk Score Methodology**

<b>Score</b>	<b>Description</b>	<b>Risk Survey Ranking (Note: Average number of respondents on each question * the highest risk ranking score (20* 5))</b>	<b>Internal Audit Caps/Non Compliance Notices</b>	<b>External agency audits</b>	<b>Prior Year scorecard averages</b>
3 - High/ Significant	A risk event that if occurs, will have a moderate impact on achieving desired results, to the extent that one or more stated outcome objectives will fall well below goals but well above minimum acceptable levels.	65-100	Scoring Risk	2 or more reviews opened/or indentified as a a focus for the upcoming year by NYDOH/ CMS/OMIG	Met or close to target (within 5% of the target)
2 - Medium/ Moderate	A risk event that if occurs, will have a moderate impact on achieving desired results, to the extent that one or	35-64	Formal communication that describes the consequences of continued non-compliance issued by plan, NYSDOH/CMS/ OMIG.	1 review opened/or indentified as a a focus for the upcoming year by NYDOH/ CMS/OMIG	Below target requiring remedial action (within 6% - 25% of the target)

Score	Description	Risk Survey Ranking (Note: Average number of respondents on each question * the highest risk ranking score (20* 5))	Internal Audit Caps/Non Compliance Notices	External agency audits	Prior Year scorecard averages
	more stated outcome objectives will fall well below goals but well above minimum acceptable levels.				
1 - Low/ Minimal	A risk event that if occurs, will have little to no impact on achieving overall business objectives	34 and below	No caps or compliance notices	No external audits identified	Well below the target requiring remedial action (greater than 25% of the target)

#### 8. Determine Level of Response Required

- Prioritization of risk response is determined by Total Impact Score assignment of Low, Medium, High to each risk area. This designation is based on Total.

**Level of Response Required**

<b>Color Coding</b>	<b>Recommended Risk Exposure</b>
RED	High/Critical: Risk area will be added to workplan and audits will be performed to assess the risk. Close monitoring should be done.
YELLOW/ AMBER	Medium-High: Risk area might be added to workplan or scorecard for internal monitoring
GREEN	Low: No specific action is immediately required, but risk will be monitored to ensure it is not increasing.

Compliance will present the findings and proposed audit plans to the Critical Path (CP) committee for comments. Once vetted by CP committee, results will be forwarded to Audit Committee for final review, comment and approval.

## Approval Signatures

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Final Approval	Emma Devito: President & CEO	5/10/2023
Compliance Officer	Dara Quinn: Chief Compliance Officer	5/9/2023
	Shané Abercrombia: Director of Compliance	4/25/2023