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

Compliance Scorecard Monitoring

PURPOSE

The purpose of this policy is to ensure management accountability for monitoring compliance risk areas identified through the annual compliance risk assessment and/or following discovery of risk and corrective action required through audits and investigations.

POLICY

The Chief Compliance Officer and the Corporate Compliance Department with assistance from facility, program and plan administration, will monitor compliance risk areas through dashboards reported at least monthly to ensure compliance with local, state, and federal requirements and regulations.

PROCEDURE

1. The Corporate Compliance department will work with facility and program leaders to develop a standard Compliance Monitoring Scorecard. The scorecard will be used to capture and calculate monthly monitoring results of each risk area audited for compliance with policies and regulations. The facility or program leader, or their designee will perform monthly self-audits of identified compliance risk areas and record the results according to the methodology outlined below.
2. The Compliance Monitoring Summary Scorecard templates(Attached) will be maintained on the SharePoint platform, for the respective year and facility/program.
3. Each facility or program designee is required to log their monthly results into the Compliance Monitoring Summary Scorecard no later than the 15th day of the given month.
4. Each facility or program designee is required to save a copy of their facility or program

Corrective Action Plans, to their specific program folder and the corresponding year.

5. Compliance will perform periodic validation audits of selected areas/issues.

AUDIT METHODOLOGY:

1. Each program will follow the general monitoring protocol set forth in this policy in order to achieve consistency in reporting and benchmarking results, unless specified and agreed upon in advance by Compliance and the facility or program leader.
2. Each facility or program will define the scope and parameters of the risk area monitoring activity prior to commencing the audits (e.g. Date received vs. effective date of a plan or order).
3. For each risk area identified, a sample of at least 30 items/records will be randomly selected from the previous month's total population. If total population is less than 30, 100% should be selected for review, unless approved and agreed upon in advance by the facility or program and Compliance.
4. Each month will identify the percentage of risk area percentage of compliance achieved for the preceding month based on the following calculation:
$$\text{Percentage of Compliance} = \frac{\text{Numerator (\# of items/records compliant)}}{\text{Denominator = Total Sample (30 or 100\% if <30)}}$$
5. Each program scorecard will identify the Average Compliance rating for YTD. This excludes VCMAX as they will report average compliance rate each quarter.
6. The Compliance Rating Assignment of Red, Yellow, and Green will be applied to the percentage of compliance for reporting and corrective action purposes.
Red = 0-74% Compliance
Yellow = 75-94% Compliance
Green = above 95% Compliance
7. Compliance will identify those measures that will be monitored internally by the department and which will be reported to the audit committee on a routine basis.
8. The areas assigned "Red" will require a detailed corrective action plan to be submitted along with the program scorecard results for the month. Any "internally monitored" areas assigned "Red" more than two consecutive months will have to report to Audit Committee with a root cause analysis and corrective action plan.
9. Facility or Program Compliance Measures that achieve 95% or above compliance rating for a period of 6 months, should no longer be looked at monthly. These measures should be monitored quarterly unless compliance rate achieved decreases or otherwise agreed upon with Compliance.
10. Scorecard results will be reported to the Audit Committee and Clients Services Committee.
11. Corrective Action Plans will be tracked by Compliance.

VCMAX Measures

VCMAX measures will following the following methodology:

Medicare related Measures (effective May 2019)

1. The Compliance Rating Assignment of Red, Yellow, and Green will be applied to the percentage of compliance for reporting and corrective action purposes.
Red = 0-84% Compliance
Yellow = 85-94% Compliance
Green = above 95% Compliance

Delegated Oversight Scorecard Measures

Medicare Claims (timeliness and accuracy) related measures (effective August 2022)

1. The Compliance Rating Assignment of Red and Green will be applied to the percentage of compliance for reporting and corrective action purposes.
Red = 0-94% Compliance
Green = above 95% Compliance

The areas assigned "red" will require a detailed corrective action plan to be submitted along with the program scorecard results for the month.

Attachments

[Blank 46 and Ten Scorecard.pdf](#)

[Blank VCMAX Scorecard.pdf](#)

Approval Signatures

Step Description	Approver	Date
Final Approval	Emma Devito: President & CEO	2/1/2023
Compliance Officer	Dara Quinn: Chief Compliance Officer	2/1/2023
	Shané Abercrombia: Director of Compliance	1/26/2023