DocuSign Envelope ID: 508122C2-8085-4A5D-809C-4EC3B770BAF2

Nuvance Health

POLICY INFORMATION

Policy Title: Risk Assessment Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: December 15, 2023

Last Reviewed: December 15, 2023

SCOPE

This policy applies to the following individuals and/or groups:

☒All of the below categories

☐All Employees ☐CT Employees ☐NY Employees ☐Remote Employees ☐Contractors☐Volunteers ☐Students/Interns ☐Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

☒All of the below entities

☐Nuvance Health Systems

☐ Danbury Hospital (including New Milford Hospital Campus)

☐Northern Dutchess Hospital

☐Norwalk Hospital

☐ Putnam Hospital

☐Sharon Hospital

☐Vassar Brothers Medical Center

☐ Health Quest Systems, Inc. “(HQSI)”

☐ Health Quest Home Care, Inc

☐ Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) (“HVCP”)

☐ Other HQSI-affiliated Entities Not Listed

☐ Western Connecticut Home Care, Inc (“WCHN”)

☐ Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

☐Western Connecticut Home Care, Inc

☐ Other WCHN-affiliated Entities Not Listed

☐Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

Purpose

To document the policy and process to be used when conducting an annual compliance risk assessment.

Statement

Nuvance Health and its affiliates (“Nuvance”) has developed and implemented a compliance program to promote adherence to applicable Federal and State laws, Federal healthcare program requirements, and other internal and external standards or requirements. A critical component of the Compliance Program is the routine identification of compliance risk areas. Annually, Nuvance’s compliance, legal, and other department leaders; and the Executive Compliance Committee (“ECC”) will conduct a centralized internal review and risk assessment to identify, prioritize, review, and remediate risks associated with Nuvance’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 policy and procedure are to be implemented in coordination with development of the Nuvance annual Compliance Work Plan.

POLICY

Nuvance Health and its affiliates developed and implemented a compliance program to promote adherence to applicable Federal and State laws, Federal healthcare program requirements, and other internal and external standards or requirements. An important

DocuSign Envelope ID: 508122C2-8085-4A5D-809C-4EC3B770BAF2

element of the Compliance Program is the routine identification of compliance risk areas. To identify those risk areas and prioritize them for review and remediation, Nuvance will, on an annual basis, conduct a risk assessment incorporating relevant internal and external information related to key compliance issues. The risk assessment shall be a centralized process whereby compliance, legal and department leaders will collaborate to identify risks associated with Nuvance's participation in the Federal health care programs, including, but not limited to, risks associated with submitting claims for items and services furnished to Medicare and Medicaid program beneficiaries.

PROCEDURE

A. Identifying Risks

The Chief Compliance, Audit, and Privacy Officer or his or her designee in the Compliance Office, in conjunction with the General Counsel, and other Nuvance entities and Workforce Members as needed, including the Executive Compliance Committee, 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 Compliance Office shall track and examine information from key external sources to determine if such information identifies risk areas that are relevant to Nuvance. 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

b) Internal Sources: The Compliance Office will track and examine information from key internal sources to include the ECC, internal audits and reviews, disclosures made to the Compliance Office though the Helpline 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, and results of routine operational monitoring results.

c) Interviews of Key Operational Leaders: The Compliance Office 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 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 the Compliance Office, 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 Compliance Office, 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

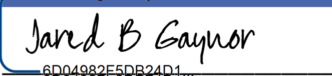
1. The Chief Compliance, Audit, and Privacy Officer and/or designee from the Compliance Office will track the implementation of the corrective action plan, in order to assess the effectiveness of the internal review and remediation of the risk, as appropriate.

2. The Chief Compliance, Audit, and Privacy 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

N.Y. Social Services Law 363-d [2][f] and 18 NYCRR Part 521-1.3 [d][1-10] and 521-1.4[g]
U.S. Sentencing Commission Guidelines Manual ([2018])
U.S. Department of Justice Criminal Division Evaluation of Corporate Compliance Programs (section [I][A](updated June 2020)).
HHS OIG 1998 Compliance Program Guidance to Hospitals
HHS OIG 2005 Compliance Program Guidance to Hospitals (70 Fed Reg. 4858, 4875 [2005])

APPROVAL



12/29/2023

Signature **Date**