 <p>Heritage Provider Network &amp; Affiliated Medical Groups</p>	Program: HIPAA Compliance			
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	Authored by: Compliance Sub Committee	Date: 11/27/2013	Revised by: Sandy Finley	Date: 10/05/2015
	Approved by: Compliance Committee	Date: 10/06/2015		
Title of Policy: Routine Monitoring, Auditing, and Identification of Compliance Risks				

**PURPOSE:**

The purpose of this policy is to ensure that the Heritage Provider Network and Affiliated Medical Groups’ (HPN) Compliance Plan contains an effective system for routine monitoring in order to identify potential compliance risks. In addition, this system evaluates sponsors’ and First Tier, Downstream & Related Entities’ (FDR) compliance in accordance with State, Federal and other regulatory requirements by conducting both internal and external auditing in order to uphold its program effectiveness.

**POLICY:**


HPN complies with applicable State, Federal and other regulatory requirements, including complying with CMS standards. HPN routinely conducts risk assessments by monitoring and auditing for the possibility of noncompliance issues including potential Fraud, Waste and Abuse (FWA).

**RESPONSIBILITY:**

Corporate Compliance Officer, Compliance Officers, Compliance Sub-Committee Members

**PROCEDURES:**

- I. The monitoring and auditing activities will consist of, but not limited to, the following processes:
  1. Annual audit ensuring that all persons involved in the operations of HPN, have completed the required training and testing in FWA, HIPAA, Code of Conduct, Model of Care, Cultural and Linguistics, Harassment, and Injury & Illness Prevention.
  2. Required audit confirming that all persons involved in the operations of HPN have been checked against the OIG/GSA Exclusions lists before hire or contracting and monthly thereafter.
  3. Review that all Business Associate Agreements explain the necessary requirements for achieving regulatory compliance, and that all Business Associates are monitored and held according to these expectations.
  4. External audits are utilized to monitor compliance and program effectiveness by requiring all FDRs to provide attestations indicating adherence to all CMS, state, and federal requirements, including:

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- a. FDR maintains an effective compliance program;
  - b. Screens all employees, officers, and vendors against the OIG/GSA Excluded Persons Lists prior to hire/contract and monthly thereafter;
  - c. FDR and staff have completed all required and initial new hire and annual trainings (CMS FWA and Medicare Compliance, HIPAA, Model of Care).
5. Internal audits are conducted annually or more often as deemed necessary and include: regular monitoring that OIG/GSA Exclusions Lists are conducted prior to hire and monthly thereafter, privacy walk-through assessments, compliance program and policy adherence, and other areas deemed necessary by risk.
  6. Audit findings and breaches of noncompliance are appropriately tracked and held as a basis for prioritizing compliance activities such as the need for retraining, changing and/or updating the Compliance Plan and HPN's policies and procedures.
  7. Results of such monitoring, auditing and any identification of compliance risks will be shared with committee members, sub-committee members, the Board of Directors, senior management, CEO, and health plans as required. These will also be communicated during quarterly compliance meetings, or more frequently depending on the severity of the risk identified.
  8. Recommendations, corrective action plans, and any disciplinary actions (if applicable) will be determined within 10 days of findings.