

**REFUAH COMMUNITY HEALTH COLLABORATIVE**  
**(A Program of Refuah Health Center)**

Manual Section: Compliance-DSRIP	DSRIP-COMP-03
Subject: Auditing and Monitoring Policy	Page: 1 of 2

**POLICY:** As part of its efforts to implement an effective compliance program under the DSRIP Program, Refuah Community Health Collaborative (“RCHC”) will periodically conduct audits of its operations and PPS Partners to ascertain complications related to partner performance and progress towards DSRIP milestones and to measure the effectiveness of its Compliance Program.

**IMPLEMENTATION:**

1. RCHC will periodically conduct self-audits in compliance risk areas, including but not limited to:
  - its written standards and policies and procedures are consistent with changes in the DSRIP Program and whether they are otherwise effective and current;
  - PPS Partner status on meeting project milestones in which they are participating in;
  - PPS Partner payments for achieving or working on achieving project milestones
  - the compliance program’s essential components are appropriately developed and properly implemented;
  - ongoing compliance program activities are properly documented.
2. The Chief Compliance Officer in conjunction with appropriate RCHC staff shall conduct periodic self-audits of the day-to-day operations of RCHC, focusing on its risk areas. The Chief Compliance Officer, with approval from the Chief Administrative and Medical Officer, may also retain outside auditing personnel to conduct periodic self-audits of its day-to-day operations, if warranted. Persons conducting the audits should have knowledge of the DSRIP Program and its rules and regulations. Audits should be adequately staffed to ensure accurate and complete results.
3. Self-audits covering risk areas will be conducted at least once each year under the direction of the Chief Compliance Officer and in accordance with the procedure and methodology prescribed by the Chief Compliance Officer.
4. RCHC staff and outside auditors conducting a self-audit pursuant to this policy and procedure will, at the time of the audit, prepare written documentation of the audit activities performed, including:

- the area being audited
  - the purpose of the audit
  - the audit start and end date
  - the person(s) conducting the audit
  - the selected audit methodology
  - the results of the audit
  - recommended corrective/preventive action, if any.
5. All audit findings must be reported to the Chief Compliance Officer. Outside auditors will communicate their findings directly to the Chief Compliance Officer.
6. The Compliance Officer, with the assistance of the Compliance Committee, will oversee and, as appropriate, participate in the audit functions performed pursuant to this policy and procedure and, for each such audit will promptly review the audit results.

The Chief Compliance Officer will determine appropriate follow-up measures, if any, for addressing deficiencies detected in the course of a routine compliance audit. The Chief Compliance Officer, with the assistance of the Compliance Committee, shall prepare a written report for RCHC's Executive Governing Body, on the audit's findings and on the status of any follow-up corrective and/or preventive measures.

The Chief Compliance Officer will, for at least six (6) years, maintain all reports and documentation relating to compliance audits performed pursuant to this policy and procedure.

**Responsible Party:** Azizza Graziul, Esq., Chief Compliance Officer

**Approved:** 3/2016

**Reviewed:** 3/2016, 4/2017

**Revised:**

**This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Executive Governing Body and Federal and State law and regulations.**