

Sample Emergency Department Risk Level Assessment

Risk Identification Question	OIG Work Plan/Guidance; CMS Notices, Bulletins, Alerts Fiscal Intermediary, Medicaid Audits PEPPER Report, Citations	Risk Level
<u>EMTALA</u> : Is there a policy establishing that when an individual presents at the emergency department requesting examination or treatment, an appropriate medical screening exam will be performed and will not be delayed to ask about the individual's method of payment or insurance status?	42 CFR 489.24(a)(1)(i)	
Medical Screen Exam - Have protocols been established to ensure medical record documentation contains a description of the examination, treatment or both, if applicable, that was refused by or on behalf of the individual?	42 CFR 489.24(d)(3)	
<u>EMTALA</u> : Is a central log maintained of all individuals who come to the emergency department seeking assistance? Does the log include whether the individual refused treatment, was treated and discharged, treated and admitted, stabilized and transferred, transferred, or was refused treatment?	42 CFR 489.20(r)(3)	
Does the log include whether the individual refused treatment, was treated and discharged, treated and admitted, stabilized and transferred, transferred, or was refused treatment?	42 CFR 489.20(r)(3)	
Is E&M facility coding assignment accurate?	MAC Pre-Probe Audit in March 2009	

Sample Laboratory Risk Level Assessment

Risk Identification Question	OIG Work Plan/Guidance;	Risk

	CMS Notices, Bulletins, Alerts Fiscal Intermediary, Medicaid Audits, PEPPER Report Citations	Level
Standing Orders: Is there a lab policy addressing standing orders, their fixed terms, and a requirement that the order must be renewed once the term has expired?	OIG Final Compliance Program Guidance for Clinical Labs – Section II(A)4	Red
Is there a policy and procedure requiring lab management to contact all SNF's, MD's, ESRD facilities and others with standing orders at least annually to validate those orders?	OIG Final Compliance Program Guidance for Clinical Labs – Section II(A)4	Red
Does the lab have a process in place to screen lab procedures and tests for medical necessity against Local Coverage Determinations (LCDs) prior to providing the requested service?	OIG Final Compliance Program Guidance for Clinical Labs – Section II(A)(2)(d)	Yellow
Has the laboratory provided staff with education, and any necessary procedures, with respect to HIPAA requirements?	45 CFR 164.530(b)(1) - HIPAA Security & Privacy Education Requirements	Green

Low Risk = [review at least every 3-5 years]	Medium Risk = [review biannually]	High Risk = [review annually]
<ul style="list-style-type: none"> • Implemented corrective action plans • Undergone frequent audits/reviews by internal/external parties • Established and validated performance measures • Probe audit to determine if risk exists 	<ul style="list-style-type: none"> • Area with high visibility • Potential weaknesses likely • Recent policy changes implemented 	<ul style="list-style-type: none"> • Weaknesses related to internal control processes • Affected by significant changes in law, regulations, special requirements • Guidance has varied interpretations and/or being restructured

Source: CMS Medicare Financial Management Manual