



**Section 1: Overview**

Risk Assessment Name – Area of Emphasis:	
Auditor(s):	
Operational Owners:	
Entrance Conference Date:	

**Section 2: Background and Scope**

- List area to be audited, potential risk, and reason for risk assessment; e.g., potential Medicare claim denials.
  - Key risks
  - Controls
  - Regulatory requirements/references

**Section 3: Testing Methodology**

- What will be tested/audited (must be specific and match risk assessment tool):
  - Acceptable parameters
- Documentation to be reviewed (must be specific and match risk assessment tool):
  - Risk assessment sample selection criteria

**Section 4: Risk Assessment Summary**

- Matrix of issues
  - Description of issue
  - Pass/Fail
    - Reason for pass/fail

Compliance recommendations  
 Presentation to operational owners  
 Signature of operational owners  
 Determination if risk qualifies as a request for intervention

**Form COMP 18 Scope Approval Signatures**

Name of Operational Owner (Print)	Signature	Date
Name of Compliance Representative (Print)	Signature	Date

Reviewed:  
Revised:

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