

Annual Reporting: Documenting Compliance Programs

Sarah Campbell, Director Policies and Procedures
Al Josephs, Senior Director Policies and Training
Ethics and Compliance Department
Tenet Healthcare Corporation



April 23, 2013

Presentation Goals

- Purpose of an annual report
- Outlining the components of annual reporting
- Understand the benefits of annual reporting
- Identify the potential use of the annual report

Board Oversight Responsibilities

CORPORATE RESPONSIBILITY AND CORPORATE COMPLIANCE:

A Resource for Health Care Boards of Directors

THE OFFICE OF INSPECTOR GENERAL OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
THE AMERICAN HEALTH LAWYERS ASSOCIATION

Excerpt:

"A director has a duty to attempt in good faith to assure that (1) a corporate information and reporting system exists, and (2) this reporting system is adequate to assure the board that appropriate information as to compliance with applicable laws will come to its attention in a timely manner as a matter of ordinary operations."



Charter Annual Reporting Requirements

1. ANNUAL PERFORMANCE EVALUATIONS

Tenet shall make a commitment to quality, compliance and ethics and proper execution of Tenet's standards set forth in this Charter a component of its annual performance evaluations of every Tenet employee. In addition, the Chief Compliance Officer and SVP of Human Resources shall annually assess whether to modify any individual incentive compensation awards to reflect positive or negative individual performance in quality, compliance, ethics and financial controls.

At least annually, the Chief Compliance Officer shall deliver a report to the Board QCE Committee outlining Tenet's significant compliance and ethics activities for the year. The purpose of the report is to provide information to the Board Committee so that it can perform its oversight function. The report shall include significant changes in leadership, compliance structure and processes, training results, amounts returned to federal healthcare programs during the prior year and updates on significant audit findings and compliance matters reviewed during the prior year. In addition, the Ethics and Compliance Department shall assess, at least annually, the adequacy of its Charter and recommend to the Board QCE Committee any improvements to the Charter that the Ethics and Compliance Department considers necessary or appropriate.

Purpose:

the report is to provide information to the Board Committee so that it can perform its oversight function.

Report components include:

1. **significant changes in leadership, compliance structure and processes training results**
2. **amounts returned to federal healthcare programs during the reporting period**
3. **updates on significant audit findings**
4. **compliance matters reviewed during the reporting period**

Link to Tenet's Compliance Program Charter:
http://www.tenethealth.com/About/Documents/Final%20Tenet%20Compliance%20Program%20Charter_08_30_2011.pdf



Annual Report: Table of Contents

- I. Board and Management Compliance and Ethics Committees
- II. Compliance Program Review
- III. Changes or Amendments to Written Standards
- IV. Standard of Conduct Certifications
- V. General and Job Specific Training
- VI. Quality Management Report - Clinical Quality Systems Review
- VII. Reportable Events and Status
- VIII. Aggregate Overpayments Returned to Federal Programs
- IX. Compliance Issues Log
- X. Excluded Parties Screening Process
- XI. Identified Excluded Parties
- XII. Annual Review of Program Charter

I. Board and Management Compliance Committees

Content

Discussion of any changes in membership, leadership or responsibilities of the Board Compliance Committee or to the Management Compliance Committee. List of membership of both committees as of the close of the reporting period. Any changes in key compliance leadership during the period.



II. Compliance Program Review

Content

The results of performance review on the effectiveness of Compliance Program for the reporting period. The scope of the review should include a review of the program's performance within each of the seven elements of an effective compliance program.



III. Changes or Amendments to Written Standards

Content

A summary of any significant changes or amendments to the Written Standards and the reasons for such changes.

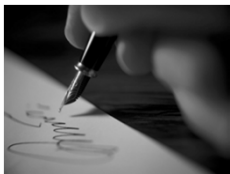
Policy Number	Title	Reason For Change	Description of Change/ Key Elements (If New Policy)



IV. Standard of Conduct Certifications

Content

The number of individuals required to complete the Standard of Conduct certification, the percentage of individuals who have completed such certification, and an explanation of any exceptions (the documentation supporting this information shall be available, upon request).



Standards of Conduct Distributed During the Period

Total Distributed	XX,XXX
Required to be Distributed	XX,XXX
Percent Completion	99.83 %

Annual Reporting: Documenting Compliance Programs
April 23, 2013



9

V. General and Job Specific Training

Content

The following information for each type of training required

- a. a description of the training, including a summary of the topics covered, the length of sessions and a schedule of training sessions conducted;
- b. the number of individuals required to be trained, percentage of individuals actually trained, and an explanation of any exceptions (details records shall be available).

Sample types of training:

*General - compliance program; provide to all employees
Quality - education provided to physicians, nursing and clinical staff, Board
Billing/Reimbursement/Coding – provided to billing, coding staff and those that
prepare Cost Reports, employees & contractors*

Note: In addition to the basic training requirements of a compliance program charter other specialized training initiatives conducted during the year should be included in the annual report (i.e. EMTALA, Stark, Privacy and Security, etc.).

Annual Reporting: Documenting Compliance Programs
April 23, 2013



10

VI. Quality Management Report - Clinical Quality Systems Review

Content

Review of Quality of Care Systems:

Compliance with established Clinical Quality policies and procedures, the Medicare Conditions of Participation and other standards designed to ensure that the delivery of patient care items or services meet professionally recognized standards of health care and are reasonable and appropriate to the needs of Federal health care program beneficiaries.

Assessment of processes to:

1. review, analyze and address quality of care issues
2. promote and respond to quality of care issues
3. ensure effective communication about quality

Ability to:

1. identify problems
2. design corrective action
3. execute corrective action
4. evaluate effectiveness of corrective action



VII. Reportable Events and Status

Content

A summary of Reportable Events, as defined by policy, determined after a reasonable opportunity to conduct an investigation/review of the allegations to make certain the event is a Reportable Event. Within 30 days after making the determination that the Reportable Event exists the event should be posted to the Reportable Events log. On an annual basis the log should be updated to document the status of all events as of the end of the reporting period.

Event Date	Facility Name	Patient Name	Event Type	Annual Update
XX/XX/XXXX	Hospital	Smith, Bob	Patient Fall	1. <i>Corrective action taken</i> 2. <i>Issue reported</i> 3. <i>Amount of non-covered charges</i> 3. <i>Date claim submitted</i>
XX/XX/XXXX	Hospital	Smith, Sue	EMTALA	<i>Details and status of event</i>



VIII. Aggregate Overpayments Returned to Federal Programs



Content

A report of the aggregate overpayments, as defined by policy, that have been returned to the Federal health care programs. Overpayment amounts shall be broken into the following categories: inpatient Medicare, outpatient Medicare, Medicaid, and other Federal health care programs. Overpayment amounts that are routinely reconciled or adjusted pursuant to policies and procedures established by the payor do not need to be included in this aggregate Overpayment report.

IX. Compliance Issues Log

Content

A summary of the issues reported through any establish process for the reporting of potential compliance issues (hotline calls, email, etc.) The Chief Compliance Officer (or designee) shall maintain a compliance issues log, which shall include a record of each potential compliance issue received (whether anonymous or not), the status of the respective internal reviews/investigation, and any corrective action taken in response to the internal reviews.

Promotes Patient Rights

Subcategory: *Inappropriate Disclosure*

Issue ID Number: xxxx

Status: *Closed*

Date Reported: xx/xx/xxx

Event Summary:

A former employee who is now a patient alleges that a current employee is accessing her health information and disclosing to individuals who do not have a need to know.

Is Documented, Charged and Billed Correctly

Subcategory: *General Charging/Crediting Issues*

Issue ID Number: xxxx

Status: *Closed*

Date Reported: xx/xx/xxx

Event Summary:

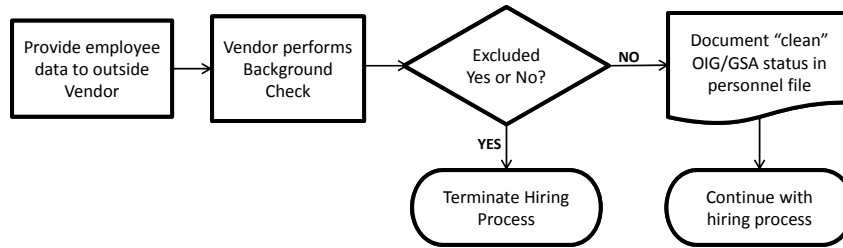
The business office reported a possible charging error in the radiation oncology department related to an evaluation and management charge.

X. Excluded Parties Screening Process

Content

A description of the process to fulfill the screening requirements regarding Excluded Parties at *time of employment* and the ongoing screening of current employees, physicians, allied health professionals, contractors, volunteer, student, officer and directors, and vendors.

OIG/GSA Screening – Employees – Pre-Hire



XI. Identified Excluded Parties

Content

The name, title, and responsibilities of any person who is determined to be an Excluded Party; the actions taken in response to the screening and removal obligations and the actions taken to identify, quantify, and repay any overpayments to Federal health care programs relating to items or services furnished, ordered or prescribed by an Excluded Party.

<u>Name and Facility</u>	<u>Position and Responsibilities</u>
Bob Hope, MD Entertainment Hospital and Medical Center (EHMC)	Non-employed physician who was not a member of the hospital medical staff and who ordered outpatient tests from EHMC while excluded
Refund/Payment: none	Patient was not a Federal Beneficiary

XII. Annual Review of Program Charter

Content

A discussion of Compliance Program operations under the Charter and an assessment of the effectiveness of the document in establishing an effective compliance program. Any recommendations or considerations for change to the Charter during the next year (i.e. expansion of program to address compliance for new services/programs, recommendation for any general changes to the Charter, etc.).



Benefits of Annual Reporting

- ✓ Provide an overall review of prior year's activities
- ✓ Opportunity to verify closure/status of all compliance issues
- ✓ Measure completion and results of training initiatives
- ✓ Provide documentation of year's compliance program operations
- ✓ Document effectiveness of Compliance Program

Potential Uses of Annual Report

- ✓ Resource for the development of an annual workplan
- ✓ Provide tool for evidencing your program to:
 - External/Internal Auditors/Consultants
 - Rating Agencies (Bonds, Bank loans)
 - OIG, DOJ, and Federal and State agencies
- ✓ Support for development of annual budget
- ✓ Available to Governing Body for use in their oversight of the program
- ✓ Becomes a concise historical document of events, changes, and updates and enhancements to the Compliance program
- ✓ Orientation tool for new compliance department employees, new senior leadership and board members

Questions



sarah.campbell@tenethealth.com

al.josephs@tenethealth.com