Annual Reporting: Documenting Compliance Programs
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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

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:
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.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Title</th>
<th>Reason For Change</th>
<th>Description of Change/Key Elements (If New Policy)</th>
</tr>
</thead>
</table>
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).

<table>
<thead>
<tr>
<th>Standards of Conduct Distributed During the Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Distributed</td>
</tr>
<tr>
<td>Required to be Distributed</td>
</tr>
<tr>
<td>Percent Completion</td>
</tr>
</tbody>
</table>

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.).
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.

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

<table>
<thead>
<tr>
<th>Subcategory: Inappropriate Disclosure</th>
<th>Subcategory: General Charging/Crediting Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue ID Number: xxxx</td>
<td>Issue ID Number: xxxx</td>
</tr>
<tr>
<td>Status: Closed</td>
<td>Status: Closed</td>
</tr>
<tr>
<td>Date Reported: xx/xx/xxx</td>
<td>Date Reported: xx/xx/xxx</td>
</tr>
<tr>
<td>Event Summary:</td>
<td>Event Summary:</td>
</tr>
<tr>
<td>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.</td>
<td>The business office reported a possible charging error in the radiation oncology department related to an evaluation and management charge.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Provide employee data to outside Vendor</th>
<th>Vendor performs Background Check</th>
<th>Excluded Yes or No?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document “clean” OIG/GSA status in personnel file</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Terminate Hiring Process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue with hiring process</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name and Facility</th>
<th>Position and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Hope, MD</td>
<td>Non-employed physician who was not a member of the hospital medical staff and who ordered outpatient tests from EHMC while excluded</td>
</tr>
<tr>
<td>Refund/Payment: none</td>
<td>Patient was not a Federal Beneficiary</td>
</tr>
</tbody>
</table>
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

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