

Compliance Program Accountability Scorecard

Section 1 - Written Standards

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>1. Timely Distribution and Review of New and Revised Compliance Policies. New or revised compliance policies will be distributed to affected workforce members within 30 days of the policy's effective date. Affected workforce members will be required to acknowledge receipt and review of each new or revised policy within 60 days of the policy distribution.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>For each new or revised compliance policy that is distributed, up to 10 points will be awarded to the department/business unit, based on the percentage of workforce members who timely complete the review and acknowledgement.</p> <p>Maximum of 10 points per policy: $\geq 95\% = 10$ points; $\geq 90\%$ to $< 95\% = 5$ points; $\geq 85\%$ - $< 90\% = 2$ points; $< 85\% = 0$ points.</p> <p>Total number of possible points for the year will depend upon the number of compliance policies distributed.</p>	<p><i>Once PolicyStat is implemented it will be utilized to track review and acknowledgement of new policies. Until PolicyStat is implemented, new policies will be assigned in HealthStream and HealthStream will be utilized to track review and acknowledgement by affected employees. If workforce members who are not employees are required to review and acknowledge new compliance policies, email or online survey tools will be utilized to distribute policies and to track timely review and acknowledgement. Scoring will be completed by [ORGANIZATION'S] compliance staff based on records found in PolicyStat or HealthStream, or (for non-employees) records provided by the department/business unit compliance officer.</i></p>	<p><i>This measure provides [ORGANIZATION'S] departments/business units with credit for maintaining sound processes for distributing and communicating new compliance policy requirements and enforcing compliance with adhering to the requirements for distribution, review, and acknowledgement.</i></p>

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>2. [ORGANIZATION'S] Standards of Business Conduct (SBC) Review and Acknowledgement – <u>New Employees</u>. New employees will be required to acknowledge by electronic signature their receipt of, and agreement to abide by, the [ORGANIZATION'S] Code of Business Conduct. The CBC will be assigned as an element of 2013 annual compliance training for new employees in HealthStream, and will be due within 60 days of the employee's start date with [ORGANIZATION].</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>HealthStream records will be used to monitor compliance with this requirement. Scoring will be based upon the number of employees, calculated as a percent of all new employees, who complete the required acknowledgement within 60 days of start date, as evidenced by HealthStream records.</p> <p>Maximum 100 points per year: $\geq 98\% = 100$ points; $\geq 92\%$ to $< 98\% = 50$ points; $\geq 85\%$ to $< 92\% = 25$ points; $< 85\% = 0$ points.</p>	<p><i>Scoring will be completed by [ORGANIZATION'S] compliance staff based on records found in HealthStream.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for promoting timely receipt and acknowledgement of [ORGANIZATION]'s CBC by all new employees.</i></p>

Section 2 - Compliance Program Leadership

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>1. Attendance at Department/business unit Compliance Committee Meetings. Points will be awarded for each department/business unit Compliance Committee (CC) meeting for which at least 60% (a quorum) of appointed committee members are in attendance for the entire meeting.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Scoring will be based on attendance at department/business unit Compliance Committee meetings by appointed members as recorded in final meeting minutes.</p> <p>Twenty-five points will be awarded for one CC meeting each quarter at which at least 60% of appointed committee members are in attendance for the entire meeting.</p> <p>Maximum 25 points per quarter. Maximum 100 points per year.</p>	<p><i>Scores will be assigned based on a review of minutes for CC meetings. Scores will be validated with each department/business unit compliance officer before being finalized.</i></p> <p><i>Attendance of appointed members who represent more than one department/business unit will be counted separately for each department/business unit that is represented.</i></p> <p><i>When a department/business unit holds more than one CC meeting during any given quarter, the meeting with the highest number of appointed members in attendance shall be used to calculate the scoring for this requirement.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining a functioning compliance committee and for participation by requisite appointed members.</i></p>

Section 3 - Compliance Training and Education

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>1. Compliance Training for <u>New Employees</u>: Compliance training will be assigned to new employees in two modules.</p> <p>Module 1 will be in-person classroom training during new employee orientation, and will introduce the employee to the compliance program. (Session must be 60 minutes in length.)</p> <p>Module 2 will be provided via HealthStream, and will cover several common compliance risk areas in more depth.</p> <p>All new hires must complete both modules within 60 days of their start date with [ORGANIZATION].</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>HealthStream records will be used to monitor compliance with this requirement. Scoring will be based upon the number of new employees (calculated as a percentage of total new employees) who complete required compliance training within 60 days of start date, as evidenced by HealthStream records.</p> <p>Maximum of 300 points per year: 100% = 300 points; $\geq 92\%$ to < 100% = 200 points; $\geq 85\%$ to < 92% = 100 points; < 85% = 0 points</p>	<p><i>For in-person training, sign in sheets must be maintained by the department/business unit HealthStream Administrator and provided to the department/business unit compliance officer and employee attendance records must be entered into HealthStream by the department/business unit HealthStream Administrator for tracking purposes.</i></p> <p><i>New employees who timely complete compliance training as part of New Employee Orientation will be exempted from additional online Annual Compliance Training requirements (see 2. below) in the calendar year that New Employee training was timely completed.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining an effective compliance training program and promoting timely completion of compliance training for new employees.</i></p>
<p>2. Annual Compliance Training for Existing Employees: Annual compliance training will be completed by all employees via HealthStream. This training consists of two modules. Both modules are MANDATORY, and both must be completed by midnight on December 31, 2013.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>HealthStream records will be used to monitor compliance with this requirement. Scoring will be based upon completion of online compliance training by the established deadline, as evidenced by HealthStream records.</p> <p>Maximum of 300 points: 100% = 300 points; $\geq 92\%$ to < 100% = 200 points; $\geq 85\%$ to < 92% = 100 points; < 85% = 0 points</p>	<p><i>Scoring will be completed by compliance staff using data obtained from Lawson and HealthStream. Score will be based on information as found in HealthStream.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for promoting timely completion of annual compliance training by all employees.</i></p>

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>3. Specific Compliance Training: Role-based specific compliance training (e.g., <i>Physician Financial Arrangements/Stark Training</i>) will be assigned from time to time to individuals whose roles place them in a position of responsibility for managing or assisting with avoidance of compliance risks for the department/business unit or for [ORGANIZATION]. To receive credit for this metric, training must be completed by the due date assigned by the Executive Compliance Committee.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Sign in sheets (for classroom sessions) and HealthStream records will be used as evidence of timely training completion. Scoring will be based upon completion of the training by the established deadline.</p> <p>Maximum 100 to 300 points per course (as determined by Executive Compliance Committee):</p> <p>100% = maximum points;</p> <p>≥ 92% to < 100% = 66% possible points;</p> <p>≥ 85% to < 92% = 33% possible points;</p> <p>< 85% = 0 points</p>	<p><i>Sign in sheets will be made available until 15 minutes after the start of each classroom session. Individuals who are required to attend training must participate in the full session to receive credit.</i></p> <p><i>For classroom training, sign in sheets must be maintained by the department/business unit compliance officer and employees' attendance records must be entered into HealthStream by the department/business unit for tracking purposes.</i></p> <p><i>Scoring will be completed by compliance staff using attendance records as found in HealthStream.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining an effective compliance training program and promoting timely completion of specific compliance training by those to whom it is assigned.</i></p>

Section 4 - Auditing & Monitoring

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>1. Management of Identified Overpayments from Governmental Payers. Overpayments from government payers must be reported and returned within 60 days of being <i>identified</i> (Federal law), and must be recorded in the overpayment tracking database pursuant to ORGANIZATION policy.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Score will be based on the percentage of overpayments (calculated as the amount in dollars repaid divided by the amount in dollars overpaid) that are timely recorded in the overpayment database, and are reported and repaid within 60 days of identification.</p> <p>Maximum 100 points per year: $\geq 98\% = 100$ points; $\geq 92\%$ to $< 98\% = 50$ points; $\geq 85\%$ to $< 92\% = 25$ points; $< 85\% = 0$ points.</p>	<p><i>The overpayment tracking database will be used to score this metric. However, all government program overpayments identified within the department/business unit must be entered into the overpayment database and will be included in this calculation. Scores will be based on the percentage of government overpayments (calculated based on total dollars overpaid and repaid) that are reported and repaid within 60 days of being identified. In situations where repayment will occur in the form of a take-back by a government payer, the overpayment will be deemed repaid on the date when the department/business unit has completed all steps necessary to facilitate the take-back.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining an effective mechanism for promoting timely repayment of <u>identified</u> overpayments to Medicare.</i></p>
<p>2. Tracking Non-Monetary Compensation (NMC) to Physicians [ORGANIZATION'S] department/business units are required to track instances of NMC provided to referring physicians in the NMC tracking database to assure compliance with NMC requirements.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Scoring will be based on the percentage of NMC events that are timely recorded in the NMC tracking database, as required by policy titled <i>Tracking Non-Monetary Compensation Provided to Referring Physicians</i>.</p> <p>Maximum of 100 points per year: $\geq 98\% = 100$ points; $\geq 92\%$ to $< 98\% = 50$ points; $\geq 85\%$ to $< 92\% = 25$ points; $< 85\% = 0$ points.</p>	<p><i>Scoring will be based on outcomes of periodic reviews of the department/business unit's use of the NMC Database conducted by the department/business unit compliance officers.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining a mechanism for ensuring that NMC offered to physicians is effectively tracked and monitored, in order to limit the risk of exceeding the annual limit.</i></p>

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>3. Proper Management of Short-Stay and Observation Cases (Hospitals Only) This monitoring process will be implemented by [ORGANIZATION'S] hospitals in to test and confirm adherence to Medicare rules that control proper billing for observation cases, and for cases that require a (condition code 44) status change from inpatient to outpatient.</p> <p>HOSPITALS ONLY</p>	<p>Scoring will be based on the outcome of monitoring processes for observation and short stay accounts completed quarterly by each hospital department/business unit. The monitoring process will require confirmation of compliance with metrics that are critical to assure appropriate billing of observation accounts, and short stay accounts with status changes (condition code 44) from inpatient to outpatient. Monitoring metrics will include: (1) appropriate order, (2) nursing documentation, (3) case management medical necessity (Interqual) review, (4) documentation of hours and (5) appropriate handling of condition code 44 requirements.</p> <p>Maximum 50 points per quarter. Maximum 200 points per year: ≥ 98% = 200 points; ≥ 92% to < 98% = 100 points; ≥ 85% to < 92% = 50 points; < 85% = 0 points.</p>	<p><i>Scoring will be calculated using monitoring/reporting templates developed by compliance. Scores will be computed by compliance staff using data found in monitoring reports.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining a mechanism for monitoring Medicare outpatient observation services, in order to limit the risk of inappropriate billing.</i></p>
<p>4. Responding to Recovery Audit Contractor (RAC) Requests (Hospitals only) [ORGANIZATION'S] hospitals are required to record all RAC requests within 15 (calendar) days of receipt to facilitate appropriate and timely response, and to facilitate identification of trends in RAC requests and recoveries.</p> <p>HOSPITAL ONLY</p>	<p>Scoring will be based on the percentage of RAC requests that are timely recorded.</p> <p>Maximum 100 points per year: ≥ 98% = 100 points; ≥ 92% to < 98% = 50 points; ≥ 85% to < 92% = 25 points; < 85% = 0 points.</p>	<p><i>Scoring will be performed based on periodic reviews conducted by the department/business unit compliance officers.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for maintaining a mechanism for managing RAC requests.</i></p>

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>5. Monitoring Outpatient Infusion Therapy Coding/Billing This monitoring process has been implemented by [ORGANIZATION'S] hospitals, physician groups, and home health agencies to test and confirm adherence to Medicare rules controlling proper billing for infusion therapy services.</p> <p>HOSPITALS, PHYSICIAN GROUPS, HOME HEALTH</p>	<p>Scoring will be based on a monitoring tool that reviews eight critical elements of a correct infusion claim: (1) existence of valid order; (2) billed ICD-9 codes that match diagnosis codes in medical record; (3) properly appended modifiers; (4) documented start and stop times; (5) CPT codes billed on UB04 matching medical record; (6) CPT units of service billed on UB04 matching medical record; (7) medication units of service billed on UB04 matching medication administered; and (8) medications billed on UB 04 matching medications documented.</p> <p>Maximum 25 points per month. Maximum 300 points per year. [Scoring percentages TBD]</p>	<p><i>Each Department/business unit Review Team will perform monthly chart reviews utilizing the online monitoring tools and methodology created by [ORGANIZATION]'s compliance department. The database will create three levels of reports:</i></p> <ul style="list-style-type: none"> ■ <i>Monthly Summary and Detail Reports to be reviewed by the Review Team.</i> ■ <i>Monthly Summary and Detail Reports to be reviewed by compliance.</i> ■ <i>Quarterly Summary and Detail Reports and Matrix to be reviewed by compliance and shared with Committees and Boards.</i> 	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for promoting accurate coding and billing for outpatient infusion therapy services.</i></p>

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>6. Physician Arrangement (Lease and Professional Service Agreement (“PSA”)) Monitoring: department/business unit compliance officers will conduct quarterly reviews of a sample (7.5%) of physician leases, call coverage agreements, medical director arrangements and other personal service arrangements to monitor for compliance with [ORGANIZATION'S] relevant policies and with applicable legal and regulatory requirements.</p> <p>ALL DEPARTMENT/BUSINESS UNITS</p>	<p>The Compliance Division has developed metrics that provide weighted scoring for findings of each lease and PSA review. Several factors are evaluated: (1) Is there a written agreement? (2) Was the arrangement subject to required legal review before it was initiated? (3) Was the writing signed by both parties before the arrangement was initiated? (4) Was the writing current (not expired) for the period of the review? (5) Was the signed writing entered into TractManager within 10 days of the start of the arrangement? and (6) Were all payments and/or charges reviewed consistent with the contract?</p> <p>Scoring is cumulative and will be adjusted on the scorecard each quarter as quarterly reviews are completed.</p> <p>Maximum 300 points per year: >98% = 300 points; ≥ 95% to < 98% = 200 points; ≥ 90% to < 95% = 100 points; < 90% = 0 points</p>	<p><i>Each compliance officer will perform quarterly physician lease and PSA reviews utilizing the review methodology and tools created by [ORGANIZATION'S] compliance department and will draft quarterly reports of the findings of the reviews.</i></p>	<p><i>This measure provides [ORGANIZATION'S] department/business units with credit for properly managing physician financial arrangements.</i></p>

Section 5 – Responding to Reported Issues

SCORING ITEM	MAXIMUM POINTS/SCORING METHODOLOGY	INSTRUCTIONS FOR SCORING	COMMENTS
<p>1. Timely Entry of Reports of Non-Compliance into EthicsPoint. EthicsPoint is the primary repository of information on reports or findings of suspected or actual non-compliance and of the investigation and remedial measures that are taken to address them. All reports of <u>suspected non-compliance</u> that will take more than one hour to investigate and resolve must be entered into EthicsPoint pursuant to compliance policy. (Note, engagements with compliance that are purely consultative in nature are not entered into EthicsPoint.) Compliance and Privacy Officers must enter into EthicsPoint the date on which they determined (or should have determined) that entry into EthicsPoint was required by policy. EthicsPoint captures the date that an EP case is entered.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Scoring will be calculated as a percentage equal to the number of compliance reports entered into EP within three calendar days of the compliance officer's determination that such entry is required divided by the total number of compliance investigations requiring entry into EP.</p> <p>Maximum 100 points per year: $\geq 85\%$ entered within 48 hours = 100 points; $< 85\% - \geq 80\% = 75$ points; $< 80\% - \geq 75\% = 50$ point; $< 75\% = 0$ points</p>	<p><i>Scoring will be calculated for each department/business unit by [ORGANIZATION'S] compliance staff using data as found in EthicsPoint.</i></p>	

<p>2. Compliance Investigations – Initial Investigation. Initial investigation of reports of suspected non-compliance (including EthicsActionLine calls and emails, and reports directly to the compliance or privacy officer that are required to be recorded in EthicsPoint) will be completed within 30 days. Initial investigation will be deemed completed at the earliest of the following dates: (1) the date on which the EP investigation is fully and properly closed; (2) the date on which a corrective action plan is adopted to address all issues discovered in a complete investigation of the issue; or (3) the date on which the Chief Compliance Officer or an attorney representing [ORGANIZATION] determines based on findings of an initial investigation, that a more extensive investigation (generally one that will require external or extensive internal resources) is required.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Scoring will be calculated as a percentage equal to the number of initial EP compliance investigations completed within 30 days of initial report divided by the total number of EP compliance investigations.</p> <p>Maximum 100 points: $\geq 85\%$ completed within 30 days = 100 points; $< 85\% - \geq 80\%$ = 75 points; $< 80\% - \geq 75\%$ = 50 point; $< 75\%$ = 0 points</p>	<p><i>Scoring will be calculated for each department/business unit by [ORGANIZATION] compliance staff using data as found in EthicsPoint.</i></p>	
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<p>3. Timely Implementation/ Completion of Corrective Action Plans. [ORGANIZATION'S] compliance policies require formal written corrective action plans for all instances of discovered non-compliance that require corrective action and: (1) are risk rated at a level 3 or 4, or (2) for which corrective action will take more than 30 calendar days. This metric rewards department/business units for timely completion and closure of corrective action plans.</p> <p>ALL DEPARTMENTS/BUSINESS UNITS</p>	<p>Scoring will be calculated as a percentage equal to the number of formal corrective action plans that are timely completed and closed, divided by the total number of formal corrective action plan created pursuant to [ORGANIZATION'S] compliance policy.</p> <p>Maximum 300 points: $\geq 85\%$ timely completed = 100 points; $< 85\% - \geq 80\%$ timely completed = 75 points; $< 80\% - \geq 75\%$ timely completed = 50 point; $< 75\% = 0$ points</p>	<p><i>Scoring will be calculated for each department/business unit by [ORGANIZATION's] compliance staff as a percentage equal to the number of corrective action plans timely completed divided by the total number of corrective action plans. The scheduled corrective action plan due date will be the date used for calculating this percentage.</i></p>	
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Determinations regarding exceptions (e.g., employees who are on LOA) will be made in consultation with the Executive Compliance Committee. The Committee will have final approval authority.