

**ABC HOSPITAL SYSTEM HOSPITAL PRESIDENTS/FACILITY COMPLIANCE LIAISON
COMPLIANCE PROGRAM OBJECTIVES**

Hospital: _____

President: _____

Facility Compliance Liaison: _____

F.Y.: 2016

Compliance is critical to the success of ABC Hospital System. It is the expectation of ABC’s Board and Management that each hospital President and Facility Compliance Liaison ensure that ABC’s annual Compliance Workplan is properly implemented within her/his sphere of accountability. Categories 1-7 below contain objectives relating to each of the elements of an effective compliance program as described in the Federal Sentencing Guidelines and OIG guidance. Other objectives relate to areas determined to be high risk. The President and Facility Compliance Liaison will not be deemed to have met their performance objectives unless you obtain a score equal to or greater than ___% of possible points which can be earned below. These are fiscal year objectives.

	Possible	Total
	Points	Points
1. Policies and Procedures		
<ul style="list-style-type: none"> ▪ All new compliance policies and procedures are communicated to affected (as described in each _____ Compliance Policy) full and part-time employees within 60 days. (Score is equal to percentage of completion above __%. Below __% = 0 pts. Audit method will be self-audit with Compliance Director verification.) 	100	
<ul style="list-style-type: none"> ▪ New employees receive compliance introduction and orientation within 30 days of commencing employment. (Score is equal to percentage of completion above __%, under __% = 0.) 	100	
<ul style="list-style-type: none"> ▪ New employees receive orientation to compliance policies and procedures (Administrative Policies in the Compliance Series) applicable to their job responsibility within 60 days of hire. (Score is equal to the percentage of completion above __%. Below __% = 0 points. Audit method will be self-audit with System Compliance Director verification) 	100	
2. High Level Oversight		
<ul style="list-style-type: none"> ▪ 25 points for each quarterly compliance meeting or audit exit conference where hospital President is present. (Maximum 100 points awarded.) 	100	
<ul style="list-style-type: none"> ▪ 10 points for each monthly systemwide FCL conference call attended by FCL (Maximum 100 points awarded __%=__% of calls = 50 pts; __% or more of calls = 100 pts). * 	100	
<ul style="list-style-type: none"> ▪ 100 points for FCL attending the annual FCL educational program 	100	
3. Education		
<ul style="list-style-type: none"> ▪ All employees required to complete Compliance education programs have satisfactorily completed these requirements. (Score is equal to the percentage of employees who have completed requirements above __%, if under __% score = 0.) 	OCEP WebInservice /EduCode 200 100	

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4. Audits/Remediation		
<ul style="list-style-type: none"> ▪ Inpatient Medicare Coding (annual and follow-up SWCT reviews only). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (Below __ = 0 points; _____ = __ points; __% and above 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Outpatient Medicare Coding, OPS & ED/ER (annual and follow-up SWCT reviews only). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (__% - __% accuracy = __ points; __% - __% accuracy = __ points; __%- __% accuracy = __ points; __% and above accuracy = 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Corrective Action Plan elements (Annual and follow-up audits) implemented within agreed upon timetable. (__- __% = __ points; __% and above = 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Skilled Nursing Facility and Sub-Acute Self-Billing Audits <ul style="list-style-type: none"> ○ Score is equal to the accuracy rate reflected on the quarterly billing self-audits (__% or below = 0 points, __-)% = 80 points, __- __% = 90 points, __% or above =100 points. Accuracy rate will be verified by System Compliance Director during annual audit). 	100	
5. Screening		
<ul style="list-style-type: none"> ▪ New hires checked against the OIG exclusion list and criminal background checks per policy. (Score is equal to percentage of completion above __%, under __% = 0.) 	100	
6. Hotline/Reporting		
<ul style="list-style-type: none"> ▪ Initial investigation of Hotline calls/complaints (including privacy & security) is completed within 30 days. (Score is equal to percentage of completion) 	100	
7. Physician Financial Arrangements Policy		
<ul style="list-style-type: none"> ▪ Payments supported by a fully executed contract or fall within an applicable Stark or Physician Transaction Policy exception.* (above __% or greater = 200 pts; __- __% = 100, less than __% = 0 points.) 	200	
<ul style="list-style-type: none"> ▪ Time logs and/or other supporting documentation support payments (__% or greater = 100 points; __%- __% = 50, less than __% = 0 points.) 	100	
<ul style="list-style-type: none"> ▪ Facility maintains an accurate mechanism to track de minimus non-monetary items or services to physicians. (Mechanism accurately reflects non-monetary items and services as measured by comparison with expense reports, AP data, and Medical staff office expenses. Less than __% = 0 points; __- __% - 50 pts., __% or greater = 100 points.) 	100	

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8. Applicable Medicare Program Transmittals and Notices		
<ul style="list-style-type: none"> ▪ Applicable Medicare Program Transmittals are responded to timely. (___% and below = 0 points, __ – 79% = 50 points, 80 – 89% = 75 points, 90% or above = 100 points) 	100	
<ul style="list-style-type: none"> ▪ Corrective action plans are implemented consistent with facility response provided on the Change Verification Form. Score equal to percent fully implemented within identified time frames (___% and below= 0 points, __ – ___% = 50 points, ___% and above = 100 points) 	100	
9. Hospital Based Clinic Compliance:		
<ul style="list-style-type: none"> ▪ Score is based on percent of points achieved from the _____ Clinics Compliance Program Objectives (___% and below = 0 points, ___% - ___% = 100 points, ___% or above = 200 points) 	200	
10. ABNs		
<ul style="list-style-type: none"> ▪ Outpatient services screened for medical necessity using the _____approved software and an appropriate Advance Beneficiary Notice is delivered to the patient. Self-audit of 25 Outpatient Medicare records will be performed each quarter validated by annual compliance audit. Score will be equal to accuracy rate. 	100	
11. HIPAA		
<ul style="list-style-type: none"> ▪ New hires receive required Privacy and Security education within 30 days of commencing employment (Score equals percent completion if over __%, score 0 if percent completion is under __%). 	100	
<ul style="list-style-type: none"> ▪ All new managers receive required Privacy and Data Security manager education using the CPDSA approved tool within 45 days of commencing employment. (Score equals possible points if percent completion over 95%, Score 0 if under 95% completion). 	100	
<ul style="list-style-type: none"> ▪ Submit an updated self-assessment plan and complete a Privacy Self Assessment using CPDSA approved assessment tool. Submit quarterly reports summarizing results of self audit. (Score equals 25 points for each on time quarterly report.). 	100	
<ul style="list-style-type: none"> ▪ Review and update of Parts A, B, D & E HIPAA Organization Chart and submit to the HIPAA organization Chart Custodian. (Score equals possible points for completed review and submission of all charges to the custodian by May 1, 2007). 	100	

TOTAL 2,800

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Unless otherwise noted, all points are awarded on the basis of reviews conducted by Internal Audit, the _____ Compliance function or the _____ Systemwide Coding Team although _____ reserves the right to utilize other _____ personnel or contractors to perform all or part of the reviews necessary. The percentage score will generally be based review samples, although _____ reserves the right to review all relevant data rather than a sample of _____'s discretion. All HIPAA points are awarded based on self-reporting and/or reviews conducted by Internal Audit or Chief Privacy and Data Security Administrator.

Notes:

1. Policy and Procedures
 - * Per diem and casual employees must be trained within 160 working hours of commencing employment.

2. High Level Oversight
 - * The FCL may receive credit for participation through a designee/surrogate for no more than two (2) calls each year.

7. Payments not otherwise complying with the Stark laws or _____ policy will not be treated as compliant for purposes of the scorecard simply because _____ Legal approves the payment based on other legal requirements.

9. Medicare Program Memorandum
 - * Program Memorandum requiring changes to the CDM will be excluded for purposes of the scorecard. However, it is expected that these Program Memorandum are evaluated and appropriate timely corrective action is taken, including completion of the verification form.
 - * Appropriate corrective action plans, which include timely implementation of the Program Memorandum, if included with the verification form will suffice as completed for purposes of the scorecard. Action plan completion within established timeframes will be validated during the annual compliance program audit.