

HOSPITAL COMPLIANCE/ETHICS METRICS

Section A. Structural Elements

1. Policies and Procedures

- All new or revised compliance policies and procedures are communicated to affected (as described in each HOSPITAL Compliance Policy) full and part-time employees within 60 days. (Score is equal to percentage of completion above 85%. Below 85% = 0 pts. Audit method will be self-audit with Compliance Director verification.)
- New employees receive compliance introduction and orientation within 30 days of commencing employment. (Score is equal to percentage of completion above 90%, under 90% = 0.)
- 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 85%. Below 85% = 0 points. Audit method will be self-audit with System Compliance Director verification.)
- Employee Standards of Conduct acknowledgement cards are completed and retained in employee personal file or in another orderly and promptly accessible manner. (Score is equal to the percentage of completion above 90%, under 90% = 0.)

2. High Level Oversight

An essential element of an effective compliance program, these components are designed to encourage senior leadership in the hospital to be actively engaged in compliance. As a reminder, the Facility Compliance Officer (FCO) is required to participate regularly in senior leadership meetings at the hospital.

- 25 points for each quarterly compliance meeting or audit exit conference where hospital President is present. (Maximum 100 points awarded.)
- 20 points for each bi-monthly systemwide FCO conference call attended by FCO. (20 points per call.)
- 10 points for completion of each monthly legal/compliance issue disclosure form. (Up to 120 possible points.)
- 100 points for hospital board members completing annual compliance education.
- 500 points for each board member completing an outside board focused Compliance education program.
- 100 points for FCL attending the annual FCO educational program.

3. Screening

- New hires checked against the OIG/GSA exclusion list and criminal background checks per HOSPITAL policy. (Score is equal to percentage of completion above 90%, under 90% = 0.)
- Medical staff members screened against OIG/GSA exclusion lists monthly
- All employees screened against OIG/GSA exclusion lists monthly
- All contractors screened against OIG/GSA exclusion lists monthly

4. Education

- All employees required to complete basic Compliance education programs have satisfactorily completed these requirements. (Score is equal to the percentage of employees who have completed requirements above 80%, if under 80% score = 0.)
- All employees complete privacy training by identified target date.
- All employees complete required security training by identified target date.
- All employees complete required harassment and/or discrimination training by identified target date.
- All department employees complete required job specific education (CPT update, ICD-10 update, 3YOB, 501(r), medical necessity, etc.) by identified target dates.
- Ethics Training: With facilitation by hospital mission integration leaders, hospital senior leadership team will view and discuss one ethics scenario contained in the Organizational Ethics DVD in 3 of the 4 quarters during the year. Leadership should devote at least 15 minutes to discussion of each scenario. (2 or less scenarios = 0 points. All 3 scenarios = 300 points.)

5. **Monitoring/Auditing/Reporting**

- Initial investigation of Hotline calls/complaints (including privacy & security) completed within 30 days. (Score is equal to percentage of completion over 80%. Under 80% = 0.)
- Required Dept. Director compliance monitoring is completed timely (MOON notice completion, OP coding necessary, H&P completion, IV start & stamp times documented, etc.)
- Corrective Action Plans (CAPs) completed within agreed upon time-frame.
- Employee concerns are documented, tracked and addressed on a timely basis.
- Department Vital Signs scores are at least xx.

Section B. Substantive Issues

1. **Admitting/Registration**

- Outpatient services screened for medical necessity using the HOSPITAL 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.
- Each ABN is appropriately completed.
- Medi-Cal Share of Cost is appropriately checked and collected a time of service.
- Medicare Rights Notification letter timely provided to Medicare patients.
- Medicare Outpatient Observation Notice (MOON) letter appropriately provided to patients whose physician has ordered observation services.
- Conditions of Admission (COA) document is properly presented and completed at the time of admission.
- Medicare Secondary Payer (MSP) questionnaire appropriately completed at the time of admission.
- Patient demographic information, including name, address, phone number, guarantor and primary and secondary insurance is accurately identified at pre-registration.
- Notice of Privacy Practices were provided to patient at time of registration.

2. **Coding**

- Inpatient Medicare Coding (DRG). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (Below 92% = 0 points; 92-95% = 70 points; 96% and above 100 points).

Other coding related accuracy measures (IP)

- Principal Diagnosis
- Major Complications & Co-morbidities/Complications & Co-morbidities (MCCs/CCs)
- Secondary diagnosis accuracy
- Present on Admission indicator accuracy
- Accuracy of ICD-10-PCS Procedure Codes
- Discharge Disposition accuracy
- Missed query opportunity
- Hospital Acquired Condition accuracy
- Outpatient Medicare Coding, OPS & ED/ER. Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (70-79% accuracy = 50 points; 80-89% accuracy = 85 points; 90-94% accuracy = 90 points; 95% and above accuracy = 100 points.)

Other Coding accuracy measures (OP)

- Facility Evaluations & Management /EP Code accuracy
- Facility Modifier accuracy

- ICD-10-CM Diagnosis code accuracy
- Coding Corrective Action Plan elements created as outcome of audits (including professional claim coding, billing, software implementation, policy implementation) are implemented within agreed upon timetable. (60-89% = 100 points; 90% and above = 200 points.)
- Physician Evaluation and Management codes.
- High risk procedure accuracy (pneumonia, sepsis, cardiac, kwashiorkor, IVR/CVIR, etc.).
- Skilled Nursing Facility and Sub-Acute Self Audits (Score is equal to the accuracy rate reflected on the quarterly billing self-audits (84% or below = 0 points; 85-89% = 80 points; 90-94% = 90 points; 95% or above = 100 points. Accuracy rate will be verified by System Compliance Director during annual audit.)
- Percentage of inpatient claims without errors which impact payment. (Score is equal to the accuracy rate for the review if above 80%, below 80% is 0 points.) *
- Percentage of outpatient claims without errors which impact payment. (Score is equal to the accuracy rate for the review.) (Score is equal to the accuracy rate for the audit if above 70%, below 70% is 0 points.) *
- Corrective Action Plan developed and submitted within 30 days (60 points), 45 days (50 points), of date of review exit conference. *
- Identified incorrect claims repaid within 30 days of exit conference.
- Corrective Action Plan elements (Annual, Specialty, Internal audits) implemented within agreed upon timetable. (60-89% = 60 points; 90% and above = 100 points.)

3. Billing

- All government and patient audit balances must be worked within __ days.
- All identified overpayments by government payer or patient must be refunded within __ days of identification.
- Diagnostic services provided in the 3-days (3-Day Window) prior to the date of admission properly bundled into IP claim.
- Uninsured patients provided notice of availability of payment assistance with first post-discharge bill.
- Uninsured patients provided notice of availability of payment assistance at least 30 days prior to implementing extraordinary collection actions (ECAs).
- Medicare/Medicaid/VA properly identified as primary/secondary.

4. Physician Financial Arrangements

- Payments to physicians supported by a fully executed contract. (Above 95% = 200 points; 88-95% = 100, less than 88% = 0 points.)
- Payments supported by a fully executed contract or fall within an applicable Stark or Physician Transaction Policy exception. * (Above 96% or greater = 200 points; 88-95% = 100, less than 88% = 0 points.)
- No services commenced prior to the execution of the contract by both parties.
- All physician arrangements reviewed by legal counsel consistent with policy.
- Designated hospital management ((TBD by Legal & Compliance) participates in Physician Transaction Compliance Program Training. Less than 80% = 0 points; 80-89% = 200 points; 90-96% = 300 points; 97% and above participation = 400 points.)
- Fair Market Value documentation for each physician contract is maintained by the hospital consistent with HOSPITAL policy. (Score will be equal to % of contracts with sufficient FMV documentation for maximum of 200 points.)
- Time logs and/or other supporting documentation support payments (above 95% = 100 points; 88-94% = 50 points, less than 88% = 0 points.)
- All new hospital Executives (VPs and Presidents) will participate in a Physician Transaction training class within 6 months of date of hire or promotion. (Score is equal to percentage of completion at 75% or above, under 75% = 0.)
- Facility has implemented mechanism to track deminimus/non-monetary items or services provided to physicians.
Y = 50 points; N = 0 points
- Deminimus benefits to physician do not exceed annual limits.
- By September 1, 20__, an employee is assigned the primary accountability to manage and oversee the receipt of check requests for physician payments, maintain and validate the accuracy of the AP Physician Payment Log and assure payments entered on Log are supported by a fully executed contract. (100 points pass/fail.)

5. Home Health

- Home Health Agency Executive Director (where applicable) meets HOSPITAL HHA Directors Compliance Program Objectives. (Score is equal to total score for HHA Directors' Score.)
- At least x% of all visit roles are reviewed monthly for consistency with completion standards.
- Newly updated physician order is obtained monthly.
- At least 5% of all visits are confirmed for each base monthly.
- Plan of care is implemented at least monthly.
- Patient regulatory complaints are addressed within x days/timely.
- Medication administration forms are consistently and accurately completed.

6. Applicable Medicare Program Transmittals and Notices

- Action plans are implemented consistent with instructions provided by the Subject Matter Lead. Score equal to percent fully implemented within identified time frames (89% and below = 0 points; 90-94% = 50 points; 95% and above = 100 points.)
- Applicable Medicare Program Transmittals are responded to timely. (69% and below = 0 points; 70-79% = 50 points; 80-89% = 75 points; 90% or above = 100 points.) (TOTAL POINTS CHANGED FROM 200 TO 100.)
- Applicable Medicare Program Memorandum and Program Transmittals are timely implemented. (Score is equal to 0-_% = 0 points; _ to _% = 100 points; _ to _% = 150 points; _+% = 200 points.)

7. Hospital Based Clinic (HBC) Compliance

- Score is based on percent of points achieved from the HOSPITAL Clinics Compliance Program Objectives (79% and below = 0 points; 80-89% = 100 points; 90% or above = 200 points.)
- Clinic director/manager (individual with day-to-day operational accountability for each clinic) attends HOSPITAL sponsored training program (or HOSPITAL Clinic Compliance Manager approved alternative). (Score = 100 points for attendance. If facility has multiple clinics with multiple directors/managers, score will equal 100 points if attended by each of the directors/managers, 0 points if appropriate individual for each clinic has not attended.)
- Corrective Action Plan elements (annual and follow-up audits) implemented within agreed upon timetable. (_-% = 60 points; _% and above = 100 points.)
- Clinic coding lead (individual who has principal oversight for the coding by the clinic) attends HOSPITAL sponsored E&M coding education (or HOSPITAL Clinic Compliance Manager approved alternative.) (Score = 100 points for attendance. If facility has multiple clinics with multiple directors/manages, score will equal 100 points if attended by each of the directors/managers, 0 points if appropriate individual for each clinic has not attended.)
- HBC signage indicates it is part of hospital.
- HBC working area.

8. Observation Services

- A procedure designed to implement the revised HOSPITAL Observation Services policy is designed within sixty (60) days of policy distribution (100 points if developed within 60 days, 0 points if not developed.)
- Education, or in the case of physicians, distribution of the observation tips tool) of five affected groups (admitting, care management, coding, nursing (applicable units only) and physicians) is completed within 120 days of policy distribution. (Score is equal to percentage of completion above 80%, under 80% = 0.)

9. CMS/JC Regulatory Compliance

- A. Develop processes, procedures and accountability for assuring that the hospital remains current in staff competency screening standards.
 - Preliminary plan submitted to _____ by _____.
 - Final plan submitted to _____ by _____.
- B. Achieve full compliance with the following licensure/accreditation standards. (Must be at 100% to receive credit. Will be based on a sample of 20-25 employees.)
 - 100% of all contract staff have an approved position description reflecting their work.

- 100% of all employees will have an approved position description reflecting their work activities (as part of both the position description and performance evaluation).
- 100% of all staff required to have a license, certification or registration have primary source verification in their file prior to the start date and prior to the expiration of this license.
- 100% of all staff required to have CPR (BLS, ACLS, etc.) are current with evidence demonstrated in their HR file.
- 100% of all staff has evidence of required employee health requirements demonstrated in their contract or employee health file.
- 100% of all staff has evidence in their files of initial education, experience and competency assessment verification.
- 100% of all staff required to attend CMS/TJC mandatory education and training have completed this requirement (competencies are completed).

10. Inpatient/Medical Necessity

- All Medicare (and _____) admissions reviewed by care management within __ hours of admission.
- All Medicare (and _____) admissions reviewed by physician advisor within __ hours of admission.
- All medical staff members with admitting privileges complete education on Medicare IP admission standards (including Two - Midnight rule).

11. Privacy/Data Security

- New hires receive required Privacy and Security education within 30 days of commencing employment. (Score equals percent completion if over 90%, score 0 if percent completion is under 90%).
- 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.)
- 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.)
- PCI Annual Self-Assessment – Self-assessment to be completed by each department engaging in credit card transactions by December 31, 20__.
- Submit quarterly self-assessment reports. Quarterly assessment deliverables to be announced by July 1, 20__. (Score equals 25 points for each on time quarterly report.)
- Review and update of Parts A, B, D & E of HIPAA Organization Chart and submit to the HIPAA organization Chart Custodian. (Score equals possible points for completed review and submission of all changes to the custodian by May 1, 20__.)
- Submit audit plan and complete a Privacy Self-Audit using CPDSA approved audit tool. Submit quarterly reports summarizing results of self-audit. (Score equals 25 points for each on time quarterly report.)
- A primary publisher shall be designated for all facility websites, and the primary publisher shall completed required legal website training before publishing information to the website. A list of Internet and Extranet websites, their designation (patient portal, consumer portal, or information only), and the name of the Primary Publisher, shall be submitted to the Legal Department for posting on <http://portal.hospital.edu/LegalResource> and shall be periodically reviewed for accuracy by the Facility Leadership with the assistance of Senior Counsel for IT/IP & Web Services. (Score equals percent of websites with designated primary publishers that have completed legal training if over __%; score 0 if percent compliance is under __%.)
- All network users receive Data Security and Awareness Education by the deadline established by HOSPITAL's Chief Data Security and Privacy Officer. (Score equals percent completion if over 75%, under 75% = 0.)
- All transactions and agreements involving PHI are supported by a legal department approved written business associate or trading partner agreement. (Score equals percent supported if over 75%, under 75% = 0.)
- For each Critical System where the primary business owner reports ultimately to a hospital president, the hospital has, with respect to each such system, (i) conducted a risk assessment, (ii) defined role based access; and (iii) created an action plan to remediate substantial risks identified in the assessment. (Total possible points for this item will equal number of critical systems x 10. Awarded points will equal number of Critical Systems for which each of the three tasks has been completed x 10. Due dates for these items is April XX, 20__.)
- In our efforts to expand the scope of periodic audit log review, we are adding seven (7) systems to audit log requirements. Submit plan for periodic review for appropriate use of the facilities top twelve electronic applications (expansion of FY 10 Q1 deliverable) to the facility Service Area Leader for review and

approval. The plan will include a summary of the audit objectives for each application, the frequency of the review based on the system's criticality and the facility's experience with privacy issues, and the party(ies) responsible for completion of the review. In addition, review the results of last year's audit log review as entered into the privacy incident database for quarterly reporting. A reporting template will be issued 60 days prior to the due date. 200 points will be awarded for on time submission of the Service Leader approved plan. Due by August 31, 20__.

- Submit quarterly reports summarizing the results of the period review including a summary of actions taken to address privacy and security violations identified during the review and any plan adjustments made as a result of the findings. A reporting template will be issued 30 days prior to each due date. Score equals (25% of total) points for each one time report.

Q1 – October 15, 20__

Q2 – January 15, 20__

Q3 – April 15, 20__

Q3 – July 15, 20__