



APPLIED MEASUREMENT PROFESSIONALS, INC.

A Job Analysis of the Professional Certified in Healthcare Compliance

Final Report

Conducted for the
Healthcare Compliance Certification Board

Prepared by:

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EXECUTIVE SUMMARY

The job analysis described in this report was performed in 2004 at the request of the Healthcare Compliance Certification Board (HCCB). The purpose of the job analysis is to describe the job activities of the professional Certified in Healthcare Compliance (CHC) in sufficient detail to provide a basis for the development of a professional, job-related certification examination.

A Job Analysis Committee (JAC) was appointed by the HCCB to conduct the activities necessary to identify the responsibilities of a Health Care Compliance Professional, and to develop the test specifications. The diversity of this group was reflective of the Health Care Compliance Professional's job. All JAC members demonstrated expertise in the duties and activities associated with this profession.

The study involved the development of a job analysis survey, distribution of the survey to people involved in health care compliance, and an analysis of the responses. Test specifications for the professional Certified in Healthcare Compliance were developed on the basis of these data. The JAC was responsible for the following six tasks:

1. developing a definition of the CHC,
2. developing a sampling plan for the survey,
3. identifying tasks for the survey instrument,
4. determining rating scales,
5. determining the relevant demographic variables of interest, and
6. integrating the definitions, tasks, rating scale, and demographics into a survey instrument.

The draft job analysis survey was distributed to the JAC for pilot testing. Modifications were made and the final survey was printed in preparation for distribution.

One thousand (1,000) surveys were mailed to individuals identified by the HCCB. Of these, 220 were returned in time for analysis, resulting in an initial response rate of 22.0%. Of those who responded to the question regarding adequacy of the survey, 98.6% thought the job analysis survey at least adequately covered the significant tasks of the Health Care Compliance Professional. Additionally, the respondents' ratings displayed a high level of reliability (0.96) for the survey.

After the survey data were analyzed, the results were reviewed with the JAC and decision rules were established. These rules were used to determine which tasks were appropriate for assessment, and, therefore, for inclusion in the final test content outline. Application of the decision rules resulted in the retention of 102 of the original 112 tasks. A review of the respondents' comments did not result in the addition of any tasks. Each multiple-choice test will be comprised of 100 scored items. The resulting content outline for the professional Certified in Healthcare Compliance will be used by the HCCB's Examination Committee to assemble examinations.

INTRODUCTION

The purpose of conducting this job analysis is to describe the job activities of the professional Certified Healthcare in Compliance (CHC) in sufficient detail to provide a basis for the CHC examination. The HCCB requested the services of Applied Measurement Professionals, Inc. (AMP) to design and conduct a study that would provide the support necessary to develop specifications upon which content valid certification examinations could be developed.

Several steps were undertaken to develop a comprehensive inventory of activities performed by the CHC. First, the Job Analysis Advisory Committee (JAC) reviewed and developed a draft inventory. This inventory was sent to the members of the JAC who were asked for their review and comment. The JAC then revised and finalized the task list and survey instrument, distributed the instrument to 1,000 individuals, reviewed the results, and established the test specifications for the examination.

The job analysis survey was distributed to persons throughout the United States according to the sampling plan developed by the JAC. The data returned were evaluated to determine the degree of consensus among these experts on the significant aspects of the CHC's job. Specifically, the data were analyzed to answer the following question:

Is there a set of core activities that is significant to the effective performance of the Health Care Compliance Professional?

The purpose of this question was to identify the more significant activities to be considered for inclusion in the assessment procedure.

METHODOLOGY

Formation of the Job Analysis Committee

The Job Analysis Committee (JAC) was established to ensure that expert judgment was available to AMP staff at every stage of the project. Members of the JAC were experienced practitioners selected by HCCB. All were familiar with the duties and activities of the Health Care Compliance Professional's job. The names of the individuals serving on the JAC are listed in Appendix A.

This study could not have been successful without the significant time involvement of the JAC. AMP is grateful to each of these individuals for their guidance and expertise, as well as their devotion to this project. Listed below are the responsibilities of the JAC.

Responsibilities of the Advisory Committee

1. Developing a definition of the Health Care Compliance Professional
2. Developing a sampling plan for the survey
3. Identifying tasks for the survey instrument
4. Determining rating scales
5. Determining the relevant demographic variables of interest
6. Integrating the definitions, tasks, rating scale, and demographics into a survey instrument

Development of the Job Analysis Inventory

Defining the professional Certified in Healthcare Compliance. The first step in survey development was to operationally define the CHC. For the purposes of the survey, the JAC defined the CHC as follows:

The CHC is a professional with knowledge of relevant regulations and expertise in compliance processes sufficient to assist the healthcare industry to understand and address legal obligations, and promote organizational integrity through the operation of effective compliance programs.

Development of the Task List. The initial draft task list was developed and refined by the JAC. Using this document, the JAC, with the assistance of AMP project staff, prepared an inventory of job activities. The complete Health Care Compliance Professional activity inventory consisted of 112 activities organized into seven major sections, as listed below. Respondents were also encouraged to suggest additional activities that were not included in the survey. The complete job analysis survey and cover letter appear in Appendix B.

Health Care Compliance Professional Competencies

1. *Standards, policies, and procedures*
2. *Compliance program administration*
3. *Screening and evaluation of employees, physicians, vendors, and other agents*
4. *Communication, education, and training on compliance issues*
5. *Monitoring, auditing, and internal reporting systems*
6. *Discipline for non-compliance*
7. *Investigations and remedial measures*

Selection of the Rating Scale. The JAC also assisted in the development of the rating scale to be used with the inventory. The significance scale was used by respondents and was included as part of the inventory. This scale was recommended by AMP project staff and based on similar scales used in previous national and state job analysis studies.

Significance. This scale is designed to identify those tasks that are more significant to the achievement of the objectives of the CHC job. Thus, the following question was used:

Considering both importance and frequency, how significant is this task in relation to the effective performance of a Health Care Compliance Professional?

- 5 = Extreme or critical significance
- 4 = Above average or high significance
- 3 = Average or medium significance
- 2 = Below average or low significance
- 1 = Minimal significance
- 0 = Not performed

Selection of Background Information Questions. This section of the inventory was designed to gather information concerning the respondents' background characteristics. The JAC reviewed and adapted background information that had been used in previous job analysis studies, and selected the following areas to include: state of residence, job title, percent of time spent in specific roles, who respondents report to for compliance responsibilities, primary work setting, experience in health care compliance, highest academic degree, gender, and ethnic background.

The geographic region was used to identify sub-groups for separate analyses of the significance ratings for the Health Care Compliance Professional. Significance ratings were reviewed by geographic region because the examination must reflect the health care compliance profession throughout the country if it is to be used for a national credentialing examination.

Integration of Definition, Tasks, Rating Scale, and Demographics into a Survey Instrument. Following the first meeting with the JAC, all components of the survey were combined and designed into a draft survey instrument. Prior to distributing the survey to the full sample of professionals, the draft survey was distributed to the JAC for review and comment. The purpose of this review was to determine if any significant activities were missing from the survey, if the directions were clear, and if the rating scale was easy to use and understand. Comments from the JAC were reviewed with the JAC chair, and minor changes were made prior to mailing the survey.

Sample Selection

In an effort to obtain information from representative groups of respondents, 1,000 Health Care Compliance Professionals throughout the United States were identified by the HCCB and mailed a survey.

RESULTS

Return Rate

Of the 1,000 surveys distributed, seven surveys were returned as undeliverable, leaving 993 individuals who did receive the survey. Of these, 220 individuals provided usable responses in time for data analysis. This resulted in a 22.16% usable response rate. Descriptive statistics calculated on a sample this size were judged sufficient for the purpose of this job analysis.

Reliability of Ratings

In order to determine the extent to which the respondents were consistent, or reliable, in their ratings, a statistic known as the intraclass correlation (Guilford, 1956) was used to estimate the reliability with which the respondents rated the activities in the inventory. Separate reliability estimates were calculated for tasks grouped according to major content category.

The reliability coefficients for the significance rating scale ranged from 0.84 to 0.98 across the seven major areas of the survey (see Table 1). Since 1.00 represents a maximum reliability coefficient, and the mean coefficient for the significance scale was 0.96, these scales can be considered highly reliable. That is, if a different sample were selected from the same population of respondents, the mean ratings would remain essentially the same.

Table 1. CHC Reliability of Significance Ratings by Survey Section

<i>CONTENT AREA</i>	<i># of Raters*</i>	<i># of Tasks</i>	<i>Intraclass Reliability</i>
1. STANDARDS, POLICIES, AND PROCEDURES	166	23	.97
2. COMPLIANCE PROGRAM ADMINISTRATION	170	24	.98
3. SCREENING AND EVALUATION OF EMPLOYEES, PHYSICIANS, VENDORS, AND OTHER AGENTS	146	10	.98
4. COMMUNICATION, EDUCATION, AND TRAINING ON COMPLIANCE ISSUES	176	14	.96
5. MONITORING, AUDITING, AND INTERNAL REPORTING SYSTEMS	139	19	.98
6. DISCIPLINE FOR NON-COMPLIANCE	185	8	.84
7. INVESTIGATIONS AND REMEDIAL MEASURES	167	14	.97
TOTAL	100	112	.96

* Respondents without complete data were removed from the analysis.

Adequacy of the Instrument

After completing the ratings, respondents were asked to indicate how well they thought the survey covered a Health Care Compliance Professional's job. Three choices were provided for response: "completely," "adequately," and "inadequately." As *Figure 1* shows, 57.7% (n=124) of the respondents who answered the question indicated the survey completely covered the tasks, 40.9% (n=88) said it adequately covered the tasks, and 1.4% (n=3) said coverage was inadequate. Five individuals did not answer this question. Thus, 98.6% of the job experts who responded said the activity list in the survey completely or adequately described the job of the Health Care Compliance Professional.

Survey Coverage

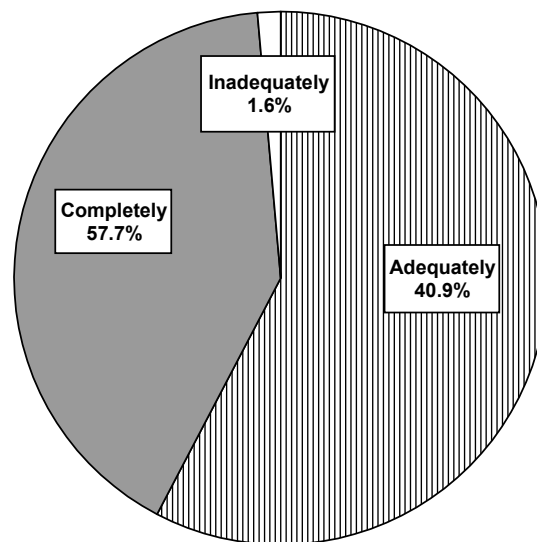


Figure 1

Description of the Rating Sample

The Demographic Information section of the survey provides descriptive information about the rating sample. The data show that the most typical respondent lives in the Southwest/West states (34.7%), works as a chief compliance officer (41.5%), spends more than 50% of their time on average in a health care compliance role (mean=52.99%), reports to the CEO/President/Administrator (58.6%), works in a hospital setting (30.0%), has more than four years of experience (62.2%), has a graduate degree (33.5%), is female (67.1%), and is Caucasian (92.8%).

Geographic Region

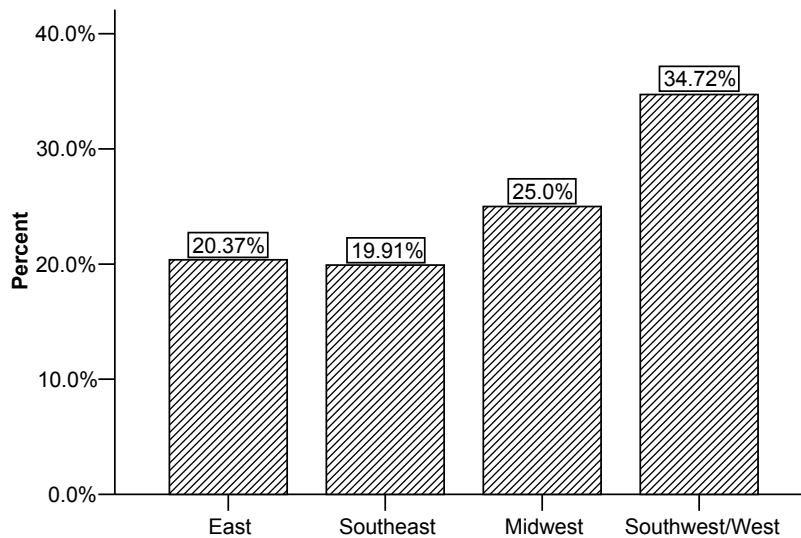


Figure 2

Figure 2 shows the state of residence for respondents. Four (4) respondents did not answer the question. These data show the largest group of respondents resides in the Southwest/West.

Table 2

Job Title	Frequency	Percent
Administrator/CEO/COO	2	.9
Assistant administrator/VP/AVP	6	2.8
Assistant director	2	.9
Attorney/counsel	2	.9
Auditor	4	1.8
Chief information officer	1	.5
Chief compliance officer	90	41.5
Privacy officer	3	1.4
Ethics officer	1	.5

Job Title	Frequency	Percent
HIPAA coordinator	2	.9
Compliance officer	69	31.8
Consultant	1	.5
Educator	1	.5
Nurse	1	.5
Physician	1	.5
Quality manager	2	.9
Risk manager	1	.5
Other	28	12.9

Table 2 shows the job title of respondents. Three (3) respondents did not answer the question. These data show the largest group of respondents work as chief compliance officers.

Table 3

Roles	N	Mean	Median	SD	Min	Max
Administration	141	14.55	10.00	12.741	0	60
Education	129	12.56	10.00	8.273	0	50
Bioethics	70	2.14	.00	3.486	0	20
Finance	86	7.52	5.00	9.722	0	45
Health care compliance	206	52.99	50.00	31.356	5	100
Human resources	85	5.11	5.00	5.390	0	30
Internal auditing	127	13.89	10.00	11.654	0	70
Legal	98	8.32	5.00	12.322	0	85
Patient care	74	2.99	.00	9.190	0	75
Quality	101	8.32	5.00	11.055	0	60
Risk management	98	9.35	5.00	10.521	0	60
Other	51	19.27	10.00	20.566	0	70

Table 3 shows the results for the average percent of time spent in each role. Included is the number of people providing a time estimate, mean of all estimates, median of all estimates, standard deviation, minimum, and maximum estimate. The data shows the respondents spend the largest amount of time in a health care compliance role.

Table 4. To whom do you report for compliance responsibilities?

	Frequency	Percent*
CEO/President /Administrator	129	58.6
CFO	24	10.9
Compliance Oversight Committee	53	24.1
COO	16	7.3
Dean/Medical Director	5	2.3
General Counsel	23	10.5
Governing body (Board)	81	36.8
Senior Compliance Officer	47	21.4
Other	15	6.8

* Percentages will not sum to 100 due to multiple responses.

Table 3 shows to whom respondents report for compliance responsibilities. Results show that the largest group of respondents report to the CEO/President/Administrator.

Primary Work Setting

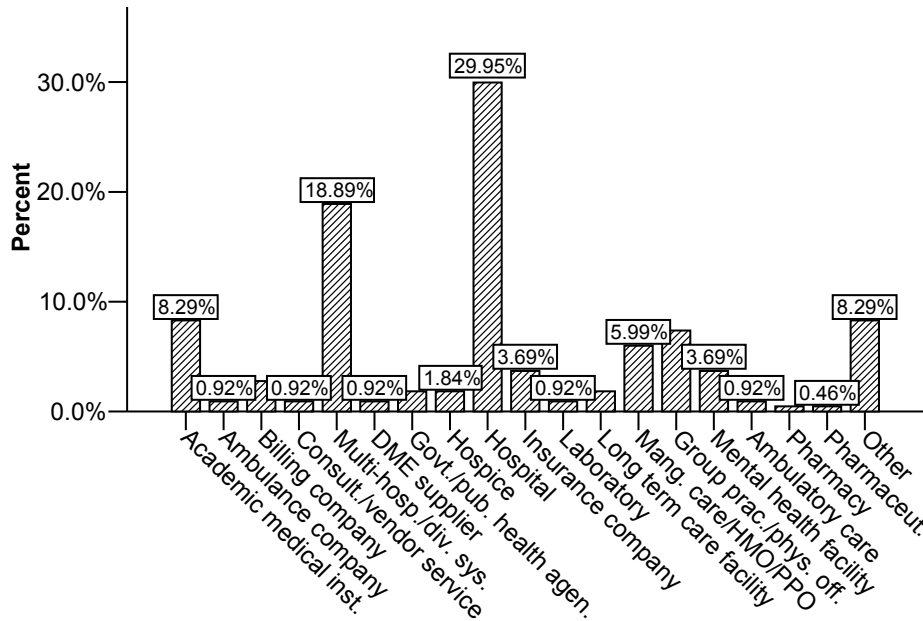


Figure 3

Figure 3 shows the percentage of employees in each work setting. Three (3) respondents did not answer this question.

Experience in Health Care Compliance

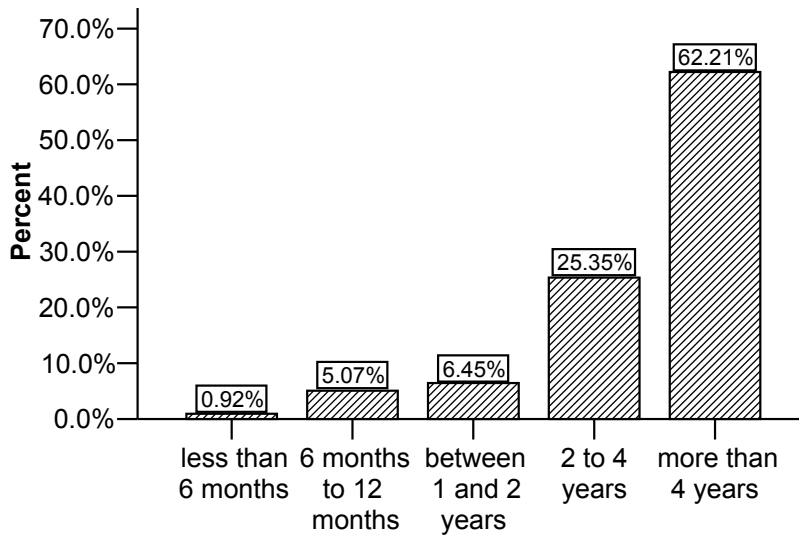


Figure 4

Figure 4 shows respondents' experience in health care compliance. Three (3) respondents did not answer this question.

Highest Academic Degree

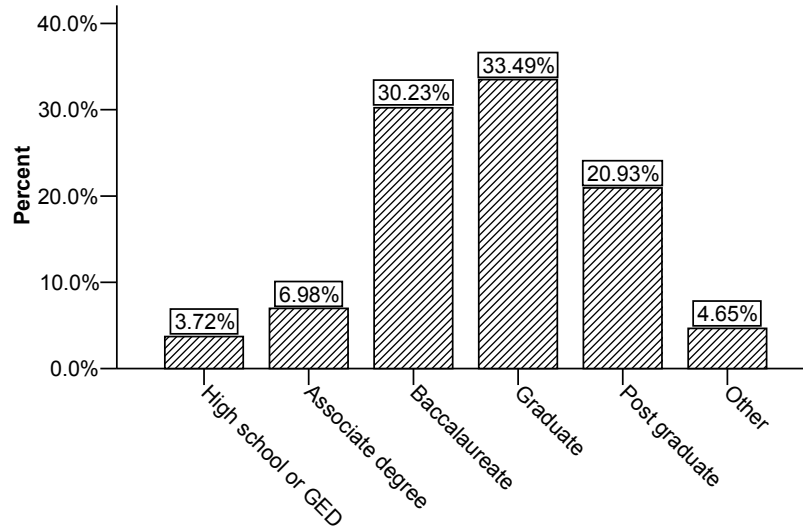


Figure 5

Figure 5 shows the highest academic degree earned by respondents. Five (5) respondents did not answer this question.

Gender

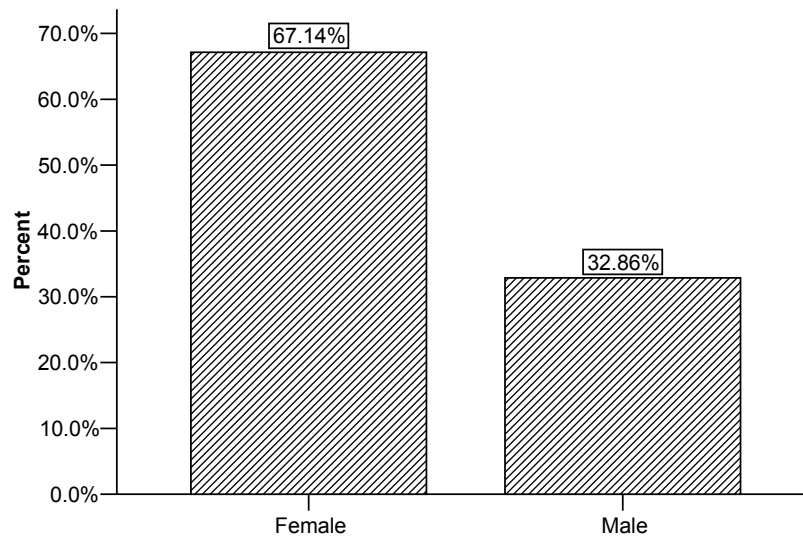


Figure 6

Figure 6 shows respondent gender. Ten (10) respondents did not answer this question.

Ethnicity

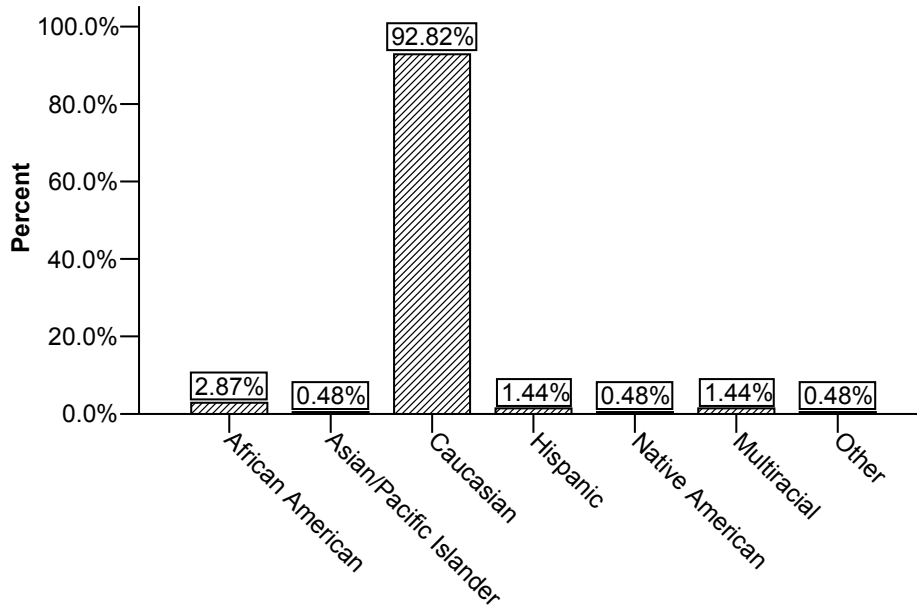


Figure 7

Figure 7 shows the ethnic background of respondents. Eleven (11) respondents did not answer the question.

The JAC reviewed the demographic data and concluded that none of the results could be considered atypical. Therefore, they judged that the results were representative of Health Care Compliance Professionals.

Mean Task Ratings

Descriptive data for each of the 112 tasks are presented in Appendices C, D, and E. Included are the descriptive label for that task, number of respondents, mean significance rating, standard error, standard deviation, and the number of respondents not performing the task with the corresponding percent. For example, task 1 "Conduct a review of policies and procedures," is listed as "T1" and labeled "conduct review of policies and procedures". Two hundred nineteen (219) respondents rated the task with a mean rating of 4.27, a standard error of the mean of 0.05, and a standard deviation of 0.80. No respondents (0.0%) listed it as "not performed." The standard error indicates the "accuracy" of the mean. In this case, the "real mean" is likely to lie between 4.17 and 4.37 95% of the time (mean +/- 2 standard errors).

The JAC reviewed the results separately for each task. They concluded that, in general, the ratings obtained in the job analysis study were in agreement with their own judgments based on their experience in the field. Consequently, it was concluded that the job analysis survey data was adequate for defining the job of the professional Certified in Healthcare Compliance on a national basis. Moreover, the data were judged to be sufficient for the purpose of delineating the structure and content of a national voluntary credentialing examination for the CHC.

TEST SPECIFICATIONS

In developing the test specifications (or test content outline) for the examination, the judgment of the JAC was used to interpret the data gathered from the job analysis survey. Of particular significance to a certification examination program is that the test specifications appropriately reflect the responsibilities of all groups who will participate in that program. Therefore, it is important to ensure that the test specifications and the resulting examination forms sample tasks that are considered to be significant responsibilities of the individuals for whom the examination is intended.

As previously discussed, Appendices C, D, and E show the mean significance ratings for each task, summarized for the total group. Appendix F shows the mean significance ratings for several regional subgroups. Several decision rules were proposed for consideration by the JAC in determining which tasks should be considered ineligible for assessment, and therefore, excluded from the test content outline. The general areas for consideration are shown below:

1. Overall mean significance ratings for the total sample
2. Overall percent of "not performed" ratings
3. Comparison of mean significance ratings by geographic region

The specific decision rules adopted by the JAC and their impact on inclusion of tasks are discussed in detail in the following section. The first two decision rules are general and involve an analysis of all respondents. The third decision rule involves comparing mean ratings by subgroups. Applying the third decision rule ensures that the resulting examination reflects the responsibilities of the CHC on a national basis and is representative of the typical CHC's activities.

Application of Decision Rules and Criteria

Rule 1. Is the task considered significant to the practice of a professional Certified in Healthcare Compliance?

By consensus, the JAC decided that a mean significance rating of 3.50 would be used to examine tasks. To account for error in the ratings, the JAC examined tasks with mean ratings between 3.36 and 3.64 (3.50 +/- .14, approximately a 95% confidence interval). All tasks below 3.36 were considered intelligible. Tasks between 3.36 and 3.64 were evaluated on an individual basis. Twelve tasks (# 16, 17, 18, 32, 43, 53, 54, 57, 72, 80, 82, 86) did not meet the 3.50 criterion. However, the committee unanimously agreed to retain two of these tasks (# 17, 18).

Rule 2. Is the task performed by a majority of CHCs?

By consensus, the JAC decided that a task must be performed by at least 50% of the respondents in order to be included in the final test specifications. No additional tasks were eliminated by this criterion.

Rule 3. Is the task considered significant regardless of geographic region?

To determine if tasks of the professional Certified in Healthcare Compliance were viewed differently by geographic region, a comparison of the mean significance ratings between regions was made (Appendix F).

The JAC decided to review tasks that had mean ratings of less than 3.50 in more than two of the four geographic subgroups. Application of this criterion helps to ensure that the examination reflects uniform practice across regions. Ten tasks did not meet this criterion (# 16, 18, 32, 43, 53, 54, 57, 80, 82, 86), although the committee had previously agreed to retain # 18. No additional tasks were removed as a result of this rule.

Ineligible Tasks. Tasks which were ruled ineligible and the reason for removal are shown in Table 5. Ten tasks were removed due to decision rule criteria. Although tasks 17 and 18 did not fully meet the criteria, the committee strongly felt that these were emerging issues in health care compliance and would soon become a significant part of practice.

Survey Comments. In addition to reviewing the statistics for the survey, the JAC examined the respondents' comments and any additional tasks that respondents had listed. These comments are presented in Appendix H. Based on this review, the JAC did not add any tasks.

Table 5. Ineligible Tasks

Task	Reason for Deletion
T16 Maintain policies and procedures to address credentialing agency requirements (e.g., JCAHO, CAP, ACGME)	Rules 1, 3
T32 Evaluate technology needs to support compliance operations	Rules 1, 3
T43 Integrate incentives to encourage compliance	Rules 1, 3
T53 Evaluate vendor adherence to compliance standards	Rules 1, 3
T54 Educate vendors regarding the compliance program	Rules 1, 3
T57 Assist with due diligence concerning mergers and acquisitions	Rules 1, 3
T72 Evaluate contracts for conformance with appropriate laws and regulations	Rule 1
T80 Monitor interactions with other healthcare industry participants (e.g., hospitals/physicians, drug representatives, vendors)	Rules 1, 3
T82 Evaluate incentive and compensation structures for compliance risk	Rules 1, 3
T86 Monitor quality of care indicators	Rules 1, 3

Thus, 102 of the original 112 tasks were determined to be eligible for inclusion in the test content outline, structured into seven major categories. Appendix I presents the content outline developed after the application of the decision rules and review of respondent comments. Minor edits to 10 tasks were made in order to clarify their meaning to item writers and future examination committees. No substantive edits were made.

Development of Test Content Outline and Test Specifications

The JAC reviewed the tasks that remained after application of the above decision rules. They considered the mean significance ratings for each of the content categories, as well as the number of remaining tasks in each category. After discussion, the JAC eventually decided on the distribution of examination items shown in Table 6.

The detailed content outline (Appendix I) will be used by item writers and the Examination Committee to develop the Certified in Healthcare Compliance Examination. Using the results obtained from this study, the JAC, with direction from AMP project staff, developed the test specifications presented in Table 6. The JAC based the test specifications on the empirical results of this study as well as the members' many years of experience. The detailed content outline specifies what areas (tasks) are to be assessed, and their representation (weighting) on the examination. The detailed content outline provides the rationale for test development and can be used in the demonstration of the content validity of the examination.

Table 6. HCCB CHC Test Specifications

Section Title, Domain, and Sub-Category	# of Tasks	# of Items
1. Standards, policies, and procedures	22	17
2. Compliance program administration	22	17
3. Screening and evaluation of employees, physicians, vendors, and other agents	7	6
4. Communication, education and training on compliance issues	14	19
5. Monitoring, auditing, and internal reporting systems	15	20
6. Discipline for non-compliance	8	7
7. Investigations and remedial measures	14	14
Total	102	100

CONCLUSION

The job analysis described in this report was undertaken to serve as the basis for documenting the content validity of the Certified in Healthcare Compliance examination for the HCCB. The purpose of this study was twofold: (1) to determine and comprehensively describe the job of the Health Care Compliance Professional, and (2) to evaluate these descriptions through the ratings of job experts to define areas that should be assessed on a certification examination.

A Job Analysis Advisory Committee was formed to prepare a comprehensive list of activities describing the job. This inventory was completed by a representative sample of job experts throughout the United States, and the rating results were reviewed by the Advisory Committee. These results were used to develop test specifications directly related to the significant activities performed by Health Care Compliance Professionals. These test specifications, empirically derived from a national job analysis study, represent the plan for development of criterion-referenced examinations. Each form of each examination will contain the specified number of items, with a representative sampling of tasks within each domain. Each test form developed to match these job-related test specifications will demonstrate strong evidence of content validity.

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Job Analysis Advisory Committee Members

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Jerry Seager Falls Church, VA	

**Certified in Healthcare Compliance
Job Analysis Survey and Cover Letter**

**CHC Significance Ratings
in Survey Order**

Significance Ratings in Survey Order

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t1 conduct review of policies and procedures	219	4.27	0.05	0.80	0	0.00
t2 consult appropriate/competent legal resources	218	3.95	0.06	0.87	1	0.46
t3 ensure appropriate coding policies and procedures	210	4.22	0.07	0.98	9	4.11
t4 ensure appropriate billing and audit tools exist	213	4.31	0.06	0.86	5	2.29
t5 maintain policies/procedures that address overpayments	206	3.96	0.07	0.96	13	5.94
t6 integrate mission, vision, and values with code of conduct	218	4.08	0.06	0.89	1	0.46
t7 maintain compliance plan and program	218	4.57	0.05	0.71	0	0.00
t8 ensure non retaliation policy exists	218	4.45	0.05	0.73	1	0.46
t9 oversee internal/external compliance audit policy	219	4.19	0.06	0.84	0	0.00
t10 maintain record retention policy	213	3.63	0.06	0.93	6	2.74
t11 maintain code of conduct	216	4.35	0.05	0.80	3	1.37
t12 maintain conflict of interest policy	212	4.12	0.06	0.86	6	2.75
t13 maintain appropriate confidentiality policies	217	4.24	0.05	0.77	2	0.91
t14 maintain appropriate privacy policies	214	4.29	0.05	0.79	4	1.83
t15 maintain policies to address regulatory req	211	4.05	0.06	0.86	8	3.65
t16 maintain policies to address credentialing agency req	186	3.32	0.08	1.10	31	14.29
t17 maintain policies on interactions with healthcare industry	207	3.44	0.07	0.95	12	5.48
t18 develop policies address compliance role in quality of care issues	203	3.39	0.07	1.00	15	6.88
t19 maintain policy on gifts and gratuities	213	3.81	0.06	0.88	6	2.74
t20 maintain standards of accountability for employees	210	4.06	0.06	0.94	9	4.11
t21 maintain compliance manual	214	4.14	0.06	0.95	4	1.83
t22 establish policy on waivers of co-payments and deductibles	200	3.75	0.07	0.97	19	8.68
t23 propose appropriate governance policies for compliance	213	3.94	0.06	0.91	5	2.29
t24 administer and plan a compliance budget	206	3.69	0.07	1.00	13	5.94
t25 report compliance activity to the governance board	217	4.41	0.06	0.84	2	0.91
t26 coordinate operational aspects of compliance program with comm.	215	4.04	0.06	0.91	4	1.83
t27 collaborate to institute best business practices	217	3.70	0.06	0.83	2	0.91
t28 coordinate organizational efforts to maintain compliance program	219	4.25	0.05	0.77	0	0.00
t29 recommend scope of compliance program with current standards	219	4.18	0.05	0.71	0	0.00
t30 ensure compliance oversight committee goals are addressed	213	4.05	0.05	0.80	6	2.74
t31 evaluate effectiveness of compliance program	219	4.23	0.05	0.79	0	0.00
t32 evaluate technology needs to support compliance operations	211	3.10	0.06	0.81	5	2.31
t33 maintain knowledge of current regulatory changes	216	4.55	0.04	0.64	0	0.00
t34 maintain credibility and integrity of compliance program	214	4.75	0.03	0.51	0	0.00
t35 recognize need for outside expertise	215	3.92	0.06	0.83	0	0.00
t36 manage compliance education program	213	4.27	0.05	0.76	1	0.47
t37 ensure organization defined responsibilities of compliance officer	213	4.19	0.06	0.88	2	0.93
t38 ensure board understand responsibility for compliance program	211	4.18	0.06	0.88	4	1.86
t39 ensure role of counsel in the compliance process is defined	210	3.75	0.06	0.92	5	2.33
t40 delineate responsibilities, etc for all compliance staff	201	3.85	0.06	0.92	14	6.51
t41 allocate staffing for the compliance function	197	3.72	0.07	0.99	17	7.94
t42 ensure compliance risk assessments are conducted	214	4.03	0.06	0.87	1	0.47
t43 integrate incentives to encourage compliance	194	3.05	0.07	0.91	20	9.35
t44 participate in development of internal controls	213	3.55	0.06	0.81	2	0.93
t45 incorporate relevant aspects of OIG work plan	213	4.24	0.05	0.77	2	0.93
t46 integrate compliance program into operations	213	4.29	0.05	0.76	2	0.93

APPENDIX C

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t47 develop annual compliance work plan	212	4.21	0.06	0.90	3	1.40
t48 ensure organization has processes to ID conflicts of interest	207	4.04	0.06	0.88	8	3.72
t49 include compliance in all job descriptions	203	3.77	0.07	1.02	12	5.58
t50 use compliance as an element of job evaluation	203	3.77	0.07	1.04	11	5.14
t51 conduct background checks on relevant personnel	204	4.21	0.07	0.98	11	5.12
t52 conduct compliance sensitive exit interviews	187	3.61	0.07	1.02	27	12.62
t53 evaluate vendor adherence to compliance standards	197	3.34	0.07	1.00	18	8.37
t54 educate vendors regarding the compliance program	192	3.15	0.08	1.05	23	10.70
t55 include sanction list review in professional credentialing activities	197	4.19	0.07	1.00	18	8.37
t56 monitor gov sanction lists for excluded individuals	195	4.29	0.07	0.93	19	8.88
t57 assist with due diligence concerning mergers and acquisitions	160	3.39	0.09	1.15	55	25.58
t58 disseminate relevant fraud alerts	213	3.88	0.06	0.87	3	1.39
t59 communicate compliance information throughout org	215	4.25	0.05	0.75	1	0.46
t60 develop appropriate compliance training for all indiv	216	4.28	0.05	0.76	0	0.00
t61 distill complex laws and regs into format employees understand	214	4.07	0.05	0.80	2	0.93
t62 educate staff on compliance policies	215	4.27	0.06	0.84	1	0.46
t63 ensure employees understand obligation to document activities	215	4.17	0.06	0.81	1	0.46
t64 ensure process is in place for employees to understand	215	4.06	0.06	0.85	1	0.46
t65 promote culture of compliance throughout org	216	4.57	0.05	0.67	0	0.00
t66 encourage employees to seek guidance and clarification	216	4.49	0.05	0.69	0	0.00
t67 participate in continuing ed to maintain competence	215	4.11	0.06	0.87	0	0.00
t68 track participation in ongoing training programs	213	3.94	0.06	0.94	3	1.39
t69 conduct general compliance training for all	215	4.06	0.06	0.86	1	0.46
t70 conduct risk specific training for targeted employees	202	4.02	0.06	0.91	12	5.61
t71 provide HR dept with training to help recognize risks	187	3.58	0.07	0.99	27	12.62
t72 evaluate contracts for conformance with laws/regs	190	3.48	0.08	1.14	26	12.04
t73 protect anonymity within legal and practical limits	215	4.19	0.06	0.83	1	0.46
t74 publicize reporting system to all	211	4.18	0.06	0.92	5	2.31
t75 monitor for violations of applicable laws/regs	213	4.19	0.06	0.86	2	0.93
t76 authorize independent investigations when necessary	200	4.13	0.06	0.88	15	6.98
t77 conduct organizational risk assessments	211	4.04	0.06	0.84	5	2.31
t78 develop action plans based on risk assessments	210	4.13	0.06	0.85	6	2.78
t79 operate system to enable employees to report noncompliance	211	4.40	0.06	0.86	4	1.86
t80 monitor interactions with other healthcare industry participants	199	3.29	0.07	0.97	17	7.87
t81 address compliance concerns by employees	214	4.54	0.05	0.68	1	0.47
t82 evaluate incentive/compensation structures for compliance risk	182	3.34	0.09	1.15	34	15.74
t83 monitor and enforce compliance related policies	215	4.06	0.06	0.88	0	0.00
t84 conduct compliance audits	212	4.38	0.05	0.75	3	1.40
t85 engage in routine monitoring of compliance related activities	212	4.11	0.06	0.84	3	1.40
t86 monitor quality of care indicators	174	3.21	0.08	1.05	42	19.44
t87 monitor compliance audit results	212	4.02	0.06	0.87	3	1.40
t88 develop an annual compliance audit plan	208	4.15	0.06	0.88	8	3.70
t89 address audits conducted by external entities	206	4.05	0.07	0.94	10	4.63
t90 monitor compliance with governance policies	209	3.95	0.06	0.93	7	3.24
t91 recommend disciplinary action	201	3.82	0.07	1.02	15	6.94
t92 ensure discipline is proportionate to violation	202	3.87	0.06	0.92	14	6.48
t93 ensure discipline is consistent with policies and procedures	206	3.98	0.07	0.93	10	4.63

APPENDIX C

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t94 ensure discipline is enforced consistently	206	4.02	0.06	0.91	12	5.50
t95 ensure recommended disciplinary action is documented	204	4.03	0.06	0.93	15	6.85
t96 recommend action for individuals excluded from gov prog	199	4.17	0.07	1.02	20	9.13
t97 ensure compliance related violations are addressed in policies	213	4.03	0.06	0.87	6	2.74
t98 coordinate with management to ensure corrective action taken	214	4.02	0.06	0.89	5	2.28
t99 communicate noncompliance through channels	219	4.34	0.05	0.76	0	0.00
t100 develop corrective action plans	216	4.38	0.05	0.74	3	1.37
t101 monitor effectiveness of corrective action plans	218	4.20	0.05	0.78	1	0.46
t102 incorporate necessary changes to reduce risk	216	4.18	0.05	0.80	2	0.92
t103 respond to inquiries promptly	219	4.53	0.04	0.65	0	0.00
t104 initiate policies and education to respond to problems	217	4.21	0.05	0.76	1	0.46
t105 conduct fair, objective, discrete investigations	217	4.59	0.04	0.63	2	0.91
t106 cooperate with gov inquiries and investigations	215	4.61	0.05	0.67	4	1.83
t107 investigate matters related to noncompliance	216	4.53	0.04	0.66	2	0.92
t108 maintain records on compliance investigations	216	4.52	0.05	0.70	2	0.92
t109 negotiate with regulatory agencies	182	3.71	0.08	1.02	37	16.89
t110 disclose overpayments to payers	194	4.19	0.07	0.92	24	11.01
t111 coordinate voluntary disclosures with legal counsel	207	4.29	0.06	0.87	12	5.48
t112 coordinate investigations to preserve applicable privileges	205	4.08	0.06	0.90	14	6.39

**CHC Significance Ratings in
Ascending Mean Order**

Significance Ratings in Ascending Mean Order

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t43 integrate incentives to encourage compliance	194	3.05	0.07	0.91	20	9.35
t32 evaluate technology needs to support compliance operations	211	3.10	0.06	0.81	5	2.31
t54 educate vendors regarding the compliance program	192	3.15	0.08	1.05	23	10.70
t86 monitor quality of care indicators	174	3.21	0.08	1.05	42	19.44
t80 monitor interactions with other healthcare industry participants	199	3.29	0.07	0.97	17	7.87
t16 maintain policies to address credentialing agency req	186	3.32	0.08	1.10	31	14.29
t82 evaluate incentive/compensation structures for compliance risk	182	3.34	0.09	1.15	34	15.74
t53 evaluate vendor adherence to compliance standards	197	3.34	0.07	1.00	18	8.37
t57 assist with due diligence concerning mergers and acquisitions	160	3.39	0.09	1.15	55	25.58
t18 develop policies address compliance role in quality of care issues	203	3.39	0.07	1.00	15	6.88
t17 maintain policies on interactions with healthcare industry	207	3.44	0.07	0.95	12	5.48
t72 evaluate contracts for conformance with laws/regs	190	3.48	0.08	1.14	26	12.04
t44 participate in development of internal controls	213	3.55	0.06	0.81	2	0.93
t71 provide HR dept with training to help recognize risks	187	3.58	0.07	0.99	27	12.62
t52 conduct compliance sensitive exit interviews	187	3.61	0.07	1.02	27	12.62
t10 maintain record retention policy	213	3.63	0.06	0.93	6	2.74
t24 administer and plan a compliance budget	206	3.69	0.07	1.00	13	5.94
t27 collaborate to institute best business practices	217	3.70	0.06	0.83	2	0.91
t109 negotiate with regulatory agencies	182	3.71	0.08	1.02	37	16.89
t41 allocate staffing for the compliance function	197	3.72	0.07	0.99	17	7.94
t22 establish policy on waivers of co-payments and deductibles	200	3.75	0.07	0.97	19	8.68
t39 ensure role of counsel in the compliance process is defined	210	3.75	0.06	0.92	5	2.33
t50 use compliance as an element of job evaluation	203	3.77	0.07	1.04	11	5.14
t49 include compliance in all job descriptions	203	3.77	0.07	1.02	12	5.58
t19 maintain policy on gifts and gratuities	213	3.81	0.06	0.88	6	2.74
t91 recommend disciplinary action	201	3.82	0.07	1.02	15	6.94
t40 delineate responsibilities, etc for all compliance staff	201	3.85	0.06	0.92	14	6.51
t92 ensure discipline is proportionate to violation	202	3.87	0.06	0.92	14	6.48
t58 disseminate relevant fraud alerts	213	3.88	0.06	0.87	3	1.39
t35 recognize need for outside expertise	215	3.92	0.06	0.83	0	0.00
t23 propose appropriate governance policies for compliance	213	3.94	0.06	0.91	5	2.29
t68 track participation in ongoing training programs	213	3.94	0.06	0.94	3	1.39
t90 monitor compliance with governance policies	209	3.95	0.06	0.93	7	3.24
t2 consult appropriate/competent legal resources	218	3.95	0.06	0.87	1	0.46
t5 maintain policies/procedures that address overpayments	206	3.96	0.07	0.96	13	5.94
t93 ensure discipline is consistent with policies and procedures	206	3.98	0.07	0.93	10	4.63
t98 coordinate with management to ensure corrective action taken	214	4.02	0.06	0.89	5	2.28
t87 monitor compliance audit results	212	4.02	0.06	0.87	3	1.40
t70 conduct risk specific training for targeted employees	202	4.02	0.06	0.91	12	5.61
t94 ensure discipline is enforced consistently	206	4.02	0.06	0.91	12	5.50
t42 ensure compliance risk assessments are conducted	214	4.03	0.06	0.87	1	0.47
t97 ensure compliance related violations are addressed in policies	213	4.03	0.06	0.87	6	2.74
t95 ensure recommended disciplinary action is documented	204	4.03	0.06	0.93	15	6.85
t77 conduct organizational risk assessments	211	4.04	0.06	0.84	5	2.31
t48 ensure organization has processes to ID conflicts of interest	207	4.04	0.06	0.88	8	3.72

APPENDIX D

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t26 coordinate operational aspects of compliance program with comm.	215	4.04	0.06	0.91	4	1.83
t89 address audits conducted by external entities	206	4.05	0.07	0.94	10	4.63
t30 ensure compliance oversight committee goals are addressed	213	4.05	0.05	0.80	6	2.74
t15 maintain policies to address regulatory req	211	4.05	0.06	0.86	8	3.65
t69 conduct general compliance training for all	215	4.06	0.06	0.86	1	0.46
t83 monitor and enforce compliance related policies	215	4.06	0.06	0.88	0	0.00
t64 ensure process is in place for employees to understand	215	4.06	0.06	0.85	1	0.46
t20 maintain standards of accountability for employees	210	4.06	0.06	0.94	9	4.11
t61 distill complex laws and regs into format employees understand	214	4.07	0.05	0.80	2	0.93
t6 integrate mission, vision, and values with code of conduct	218	4.08	0.06	0.89	1	0.46
t112 coordinate investigations to preserve applicable privileges	205	4.08	0.06	0.90	14	6.39
t67 participate in continuing ed to maintain competence	215	4.11	0.06	0.87	0	0.00
t85 engage in routine monitoring of compliance related activities	212	4.11	0.06	0.84	3	1.40
t12 maintain conflict of interest policy	212	4.12	0.06	0.86	6	2.75
t76 authorize independent investigations when necessary	200	4.13	0.06	0.88	15	6.98
t78 develop action plans based on risk assessments	210	4.13	0.06	0.85	6	2.78
t21 maintain compliance manual	214	4.14	0.06	0.95	4	1.83
t88 develop an annual compliance audit plan	208	4.15	0.06	0.88	8	3.70
t96 recommend action for individuals excluded from gov prog	199	4.17	0.07	1.02	20	9.13
t63 ensure employees understand obligation to document activities	215	4.17	0.06	0.81	1	0.46
t74 publicize reporting system to all	211	4.18	0.06	0.92	5	2.31
t102 incorporate necessary changes to reduce risk	216	4.18	0.05	0.80	2	0.92
t29 recommend scope of compliance program with current standards	219	4.18	0.05	0.71	0	0.00
t38 ensure board understand responsibility for compliance program	211	4.18	0.06	0.88	4	1.86
t73 protect anonymity within legal and practical limits	215	4.19	0.06	0.83	1	0.46
t110 disclose overpayments to payers	194	4.19	0.07	0.92	24	11.01
t9 oversee internal/external compliance audit policy	219	4.19	0.06	0.84	0	0.00
t75 monitor for violations of applicable laws/regs	213	4.19	0.06	0.86	2	0.93
t37 ensure organization defined responsibilities of compliance officer	213	4.19	0.06	0.88	2	0.93
t55 include sanction list review in professional credentialing activities	197	4.19	0.07	1.00	18	8.37
t101 monitor effectiveness of corrective action plans	218	4.20	0.05	0.78	1	0.46
t51 conduct background checks on relevant personnel	204	4.21	0.07	0.98	11	5.12
t104 initiate policies and education to respond to problems	217	4.21	0.05	0.76	1	0.46
t47 develop annual compliance work plan	212	4.21	0.06	0.90	3	1.40
t3 ensure appropriate coding policies and procedures	210	4.22	0.07	0.98	9	4.11
t31 evaluate effectiveness of compliance program	219	4.23	0.05	0.79	0	0.00
t45 incorporate relevant aspects of OIG work plan	213	4.24	0.05	0.77	2	0.93
t13 maintain appropriate confidentiality policies	217	4.24	0.05	0.77	2	0.91
t59 communicate compliance information throughout org	215	4.25	0.05	0.75	1	0.46
t28 coordinate organizational efforts to maintain compliance program	219	4.25	0.05	0.77	0	0.00
t62 educate staff on compliance policies	215	4.27	0.06	0.84	1	0.46
t36 manage compliance education program	213	4.27	0.05	0.76	1	0.47
t1 conduct review of policies and procedures	219	4.27	0.05	0.80	0	0.00
t60 develop appropriate compliance training for all indiv	216	4.28	0.05	0.76	0	0.00
t14 maintain appropriate privacy policies	214	4.29	0.05	0.79	4	1.83
t111 coordinate voluntary disclosures with legal counsel	207	4.29	0.06	0.87	12	5.48
t46 integrate compliance program into operations	213	4.29	0.05	0.76	2	0.93

APPENDIX D

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t56 monitor gov sanction lists for excluded individuals	195	4.29	0.07	0.93	19	8.88
t4 ensure appropriate billing and audit tools exist	213	4.31	0.06	0.86	5	2.29
t99 communicate noncompliance through channels	219	4.34	0.05	0.76	0	0.00
t11 maintain code of conduct	216	4.35	0.05	0.80	3	1.37
t100 develop corrective action plans	216	4.38	0.05	0.74	3	1.37
t84 conduct compliance audits	212	4.38	0.05	0.75	3	1.40
t79 operate system to enable employees to report noncompliance	211	4.40	0.06	0.86	4	1.86
t25 report compliance activity to the governance board	217	4.41	0.06	0.84	2	0.91
t8 ensure non retaliation policy exists	218	4.45	0.05	0.73	1	0.46
t66 encourage employees to seek guidance and clarification	216	4.49	0.05	0.69	0	0.00
t108 maintain records on compliance investigations	216	4.52	0.05	0.70	2	0.92
t103 respond to inquiries promptly	219	4.53	0.04	0.65	0	0.00
t107 investigate matters related to noncompliance	216	4.53	0.04	0.66	2	0.92
t81 address compliance concerns by employees	214	4.54	0.05	0.68	1	0.47
t33 maintain knowledge of current regulatory changes	216	4.55	0.04	0.64	0	0.00
t7 maintain compliance plan and program	218	4.57	0.05	0.71	0	0.00
t65 promote culture of compliance throughout org	216	4.57	0.05	0.67	0	0.00
t105 conduct fair, objective, discrete investigations	217	4.59	0.04	0.63	2	0.91
t106 cooperate with gov inquiries and investigations	215	4.61	0.05	0.67	4	1.83
t34 maintain credibility and integrity of compliance program	214	4.75	0.03	0.51	0	0.00

**CHC Significance Ratings in
Descending % Zero Order**

Significance Ratings in Descending % Zero Order

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t57 assist with due diligence concerning mergers and acquisitions	160	3.39	0.09	1.15	55	25.58
t86 monitor quality of care indicators	174	3.21	0.08	1.05	42	19.44
t109 negotiate with regulatory agencies	182	3.71	0.08	1.02	37	16.89
t82 evaluate incentive/compensation structures for compliance risk	182	3.34	0.09	1.15	34	15.74
t16 maintain policies to address credentialing agency req	186	3.32	0.08	1.10	31	14.29
t52 conduct compliance sensitive exit interviews	187	3.61	0.07	1.02	27	12.62
t71 provide HR dept with training to help recognize risks	187	3.58	0.07	0.99	27	12.62
t72 evaluate contracts for conformance with laws/regs	190	3.48	0.08	1.14	26	12.04
t110 disclose overpayments to payers	194	4.19	0.07	0.92	24	11.01
t54 educate vendors regarding the compliance program	192	3.15	0.08	1.05	23	10.70
t43 integrate incentives to encourage compliance	194	3.05	0.07	0.91	20	9.35
t96 recommend action for individuals excluded from gov prog	199	4.17	0.07	1.02	20	9.13
t56 monitor gov sanction lists for excluded individuals	195	4.29	0.07	0.93	19	8.88
t22 establish policy on waivers of co-payments and deductibles	200	3.75	0.07	0.97	19	8.68
t53 evaluate vendor adherence to compliance standards	197	3.34	0.07	1.00	18	8.37
t55 include sanction list review in professional credentialing activities	197	4.19	0.07	1.00	18	8.37
t41 allocate staffing for the compliance function	197	3.72	0.07	0.99	17	7.94
t80 monitor interactions with other healthcare industry participants	199	3.29	0.07	0.97	17	7.87
t76 authorize independent investigations when necessary	200	4.13	0.06	0.88	15	6.98
t91 recommend disciplinary action	201	3.82	0.07	1.02	15	6.94
t18 develop policies address compliance role in quality of care issues	203	3.39	0.07	1.00	15	6.88
t95 ensure recommended disciplinary action is documented	204	4.03	0.06	0.93	15	6.85
t40 delineate responsibilities, etc for all compliance staff	201	3.85	0.06	0.92	14	6.51
t92 ensure discipline is proportionate to violation	202	3.87	0.06	0.92	14	6.48
t112 coordinate investigations to preserve applicable privileges	205	4.08	0.06	0.90	14	6.39
t5 maintain policies/procedures that address overpayments	206	3.96	0.07	0.96	13	5.94
t24 administer and plan a compliance budget	206	3.69	0.07	1.00	13	5.94
t70 conduct risk specific training for targeted employees	202	4.02	0.06	0.91	12	5.61
t49 include compliance in all job descriptions	203	3.77	0.07	1.02	12	5.58
t94 ensure discipline is enforced consistently	206	4.02	0.06	0.91	12	5.50
t17 maintain policies on interactions with healthcare industry	207	3.44	0.07	0.95	12	5.48
t111 coordinate voluntary disclosures with legal counsel	207	4.29	0.06	0.87	12	5.48
t50 use compliance as an element of job evaluation	203	3.77	0.07	1.04	11	5.14
t51 conduct background checks on relevant personnel	204	4.21	0.07	0.98	11	5.12
t89 address audits conducted by external entities	206	4.05	0.07	0.94	10	4.63
t93 ensure discipline is consistent with policies and procedures	206	3.98	0.07	0.93	10	4.63
t3 ensure appropriate coding policies and procedures	210	4.22	0.07	0.98	9	4.11
t20 maintain standards of accountability for employees	210	4.06	0.06	0.94	9	4.11
t48 ensure organization has processes to ID conflicts of interest	207	4.04	0.06	0.88	8	3.72
t88 develop an annual compliance audit plan	208	4.15	0.06	0.88	8	3.70
t15 maintain policies to address regulatory req	211	4.05	0.06	0.86	8	3.65
t90 monitor compliance with governance policies	209	3.95	0.06	0.93	7	3.24
t78 develop action plans based on risk assessments	210	4.13	0.06	0.85	6	2.78
t12 maintain conflict of interest policy	212	4.12	0.06	0.86	6	2.75
t10 maintain record retention policy	213	3.63	0.06	0.93	6	2.74

APPENDIX E

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t19 maintain policy on gifts and gratuities	213	3.81	0.06	0.88	6	2.74
t30 ensure compliance oversight committee goals are addressed	213	4.05	0.05	0.80	6	2.74
t97 ensure compliance related violations are addressed in policies	213	4.03	0.06	0.87	6	2.74
t39 ensure role of counsel in the compliance process is defined	210	3.75	0.06	0.92	5	2.33
t32 evaluate technology needs to support compliance operations	211	3.10	0.06	0.81	5	2.31
t74 publicize reporting system to all	211	4.18	0.06	0.92	5	2.31
t77 conduct organizational risk assessments	211	4.04	0.06	0.84	5	2.31
t4 ensure appropriate billing and audit tools exist	213	4.31	0.06	0.86	5	2.29
t23 propose appropriate governance policies for compliance	213	3.94	0.06	0.91	5	2.29
t98 coordinate with management to ensure corrective action taken	214	4.02	0.06	0.89	5	2.28
t38 ensure board understand responsibility for compliance program	211	4.18	0.06	0.88	4	1.86
t79 operate system to enable employees to report noncompliance	211	4.40	0.06	0.86	4	1.86
t14 maintain appropriate privacy policies	214	4.29	0.05	0.79	4	1.83
t21 maintain compliance manual	214	4.14	0.06	0.95	4	1.83
t26 coordinate operational aspects of compliance program with comm.	215	4.04	0.06	0.91	4	1.83
t106 cooperate with gov inquiries and investigations	215	4.61	0.05	0.67	4	1.83
t47 develop annual compliance work plan	212	4.21	0.06	0.90	3	1.40
t84 conduct compliance audits	212	4.38	0.05	0.75	3	1.40
t85 engage in routine monitoring of compliance related activities	212	4.11	0.06	0.84	3	1.40
t87 monitor compliance audit results	212	4.02	0.06	0.87	3	1.40
t58 disseminate relevant fraud alerts	213	3.88	0.06	0.87	3	1.39
t68 track participation in ongoing training programs	213	3.94	0.06	0.94	3	1.39
t11 maintain code of conduct	216	4.35	0.05	0.80	3	1.37
t100 develop corrective action plans	216	4.38	0.05	0.74	3	1.37
t37 ensure organization defined responsibilities of compliance officer	213	4.19	0.06	0.88	2	0.93
t44 participate in development of internal controls	213	3.55	0.06	0.81	2	0.93
t45 incorporate relevant aspects of OIG work plan	213	4.24	0.05	0.77	2	0.93
t46 integrate compliance program into operations	213	4.29	0.05	0.76	2	0.93
t75 monitor for violations of applicable laws/regs	213	4.19	0.06	0.86	2	0.93
t61 distill complex laws and regs into format employees understand	214	4.07	0.05	0.80	2	0.93
t102 incorporate necessary changes to reduce risk	216	4.18	0.05	0.80	2	0.92
t107 investigate matters related to noncompliance	216	4.53	0.04	0.66	2	0.92
t108 maintain records on compliance investigations	216	4.52	0.05	0.70	2	0.92
t13 maintain appropriate confidentiality policies	217	4.24	0.05	0.77	2	0.91
t25 report compliance activity to the governance board	217	4.41	0.06	0.84	2	0.91
t27 collaborate to institute best business practices	217	3.70	0.06	0.83	2	0.91
t105 conduct fair, objective, discrete investigations	217	4.59	0.04	0.63	2	0.91
t36 manage compliance education program	213	4.27	0.05	0.76	1	0.47
t42 ensure compliance risk assessments are conducted	214	4.03	0.06	0.87	1	0.47
t81 address compliance concerns by employees	214	4.54	0.05	0.68	1	0.47
t59 communicate compliance information throughout org	215	4.25	0.05	0.75	1	0.46
t62 educate staff on compliance policies	215	4.27	0.06	0.84	1	0.46
t63 ensure employees understand obligation to document activities	215	4.17	0.06	0.81	1	0.46
t64 ensure process is in place for employees to understand	215	4.06	0.06	0.85	1	0.46
t69 conduct general compliance training for all	215	4.06	0.06	0.86	1	0.46
t73 protect anonymity within legal and practical limits	215	4.19	0.06	0.83	1	0.46
t104 initiate policies and education to respond to problems	217	4.21	0.05	0.76	1	0.46

APPENDIX E

Task	N	Mean	Std. Error	SD	# Not Perform	% Zeros
t2 consult appropriate/competent legal resources	218	3.95	0.06	0.87	1	0.46
t6 integrate mission, vision, and values with code of conduct	218	4.08	0.06	0.89	1	0.46
t8 ensure non retaliation policy exists	218	4.45	0.05	0.73	1	0.46
t101 monitor effectiveness of corrective action plans	218	4.20	0.05	0.78	1	0.46
t1 conduct review of policies and procedures	219	4.27	0.05	0.80	0	0.00
t7 maintain compliance plan and program	218	4.57	0.05	0.71	0	0.00
t9 oversee internal/external compliance audit policy	219	4.19	0.06	0.84	0	0.00
t28 coordinate organizational efforts to maintain compliance program	219	4.25	0.05	0.77	0	0.00
t29 recommend scope of compliance program with current standards	219	4.18	0.05	0.71	0	0.00
t31 evaluate effectiveness of compliance program	219	4.23	0.05	0.79	0	0.00
t33 maintain knowledge of current regulatory changes	216	4.55	0.04	0.64	0	0.00
t34 maintain credibility and integrity of compliance program	214	4.75	0.03	0.51	0	0.00
t35 recognize need for outside expertise	215	3.92	0.06	0.83	0	0.00
t60 develop appropriate compliance training for all indiv	216	4.28	0.05	0.76	0	0.00
t65 promote culture of compliance throughout org	216	4.57	0.05	0.67	0	0.00
t66 encourage employees to seek guidance and clarification	216	4.49	0.05	0.69	0	0.00
t67 participate in continuing ed to maintain competence	215	4.11	0.06	0.87	0	0.00
t83 monitor and enforce compliance related policies	215	4.06	0.06	0.88	0	0.00
t99 communicate noncompliance trough channels	219	4.34	0.05	0.76	0	0.00
t103 respond to inquiries promptly	219	4.53	0.04	0.65	0	0.00

CHC Significance Ratings by Geographic Region

Significance Ratings by Geographic Region

*C indicates the number of group means below 3.50.

	East			Southeast			Midwest			Southwest/West			C*
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	
t32	44	2.86	0.82	43	3.23	0.65	50	3.12	0.85	70	3.17	0.80	4
t43	38	2.89	0.89	39	3.10	0.94	48	3.08	0.85	65	3.08	0.96	4
t53	38	3.21	1.09	41	3.46	0.95	45	3.36	0.93	69	3.30	1.00	4
t54	37	3.00	0.97	41	3.24	1.11	45	3.09	0.97	65	3.22	1.08	4
t80	39	3.03	1.20	40	3.40	0.90	48	3.44	1.01	68	3.28	0.79	4
t86	34	3.09	1.06	32	3.41	0.87	47	3.28	1.16	58	3.09	1.03	4
t16	34	3.65	1.25	35	3.46	1.09	51	3.02	1.10	64	3.28	0.97	3
t18	39	3.28	1.15	37	3.73	0.93	51	3.24	0.97	73	3.38	0.94	3
t57	30	3.00	1.14	32	3.38	0.91	39	3.49	1.12	55	3.55	1.26	3
t82	34	2.85	1.28	39	3.54	1.17	44	3.45	0.98	61	3.34	1.15	3
t17	38	3.50	0.92	41	3.56	0.95	54	3.37	0.98	71	3.38	0.96	2
t44	43	3.49	0.80	42	3.81	0.77	52	3.60	0.85	72	3.42	0.78	2
t52	37	3.35	0.98	39	4.05	0.97	44	3.64	0.94	63	3.43	1.01	2
t71	35	3.54	0.98	35	3.83	0.92	49	3.49	0.98	64	3.50	1.04	1
t72	40	3.23	1.33	36	3.50	0.94	47	3.53	1.27	64	3.61	1.00	1
t1	44	4.23	0.83	43	4.23	0.78	54	4.30	0.82	75	4.27	0.79	0
t2	44	3.86	0.82	43	4.12	0.96	54	3.96	0.80	74	3.91	0.91	0
t3	40	4.18	0.81	42	4.50	0.86	52	4.04	1.15	74	4.20	0.98	0
t4	41	4.24	0.83	42	4.57	0.77	53	4.15	0.99	74	4.32	0.80	0
t5	40	3.88	0.76	40	4.38	0.74	52	3.85	0.96	71	3.85	1.12	0
t6	44	4.14	0.82	43	4.07	0.94	54	4.07	0.84	74	4.05	0.95	0
t7	44	4.75	0.53	43	4.58	0.66	54	4.61	0.66	74	4.42	0.84	0
t8	44	4.20	0.90	43	4.56	0.67	54	4.56	0.60	74	4.45	0.72	0
t9	44	4.11	0.84	43	4.33	0.78	54	4.17	0.80	75	4.16	0.92	0
t10	42	3.52	1.13	42	3.79	0.84	53	3.72	0.97	73	3.53	0.80	0
t11	44	4.30	0.88	43	4.42	0.76	54	4.43	0.72	72	4.26	0.84	0
t12	44	4.00	0.91	42	4.10	0.96	53	4.19	0.79	70	4.13	0.83	0
t13	44	4.16	0.83	42	4.26	0.80	54	4.28	0.79	74	4.22	0.73	0
t14	43	4.14	0.83	41	4.37	0.77	53	4.23	0.82	74	4.35	0.75	0
t15	41	3.88	0.87	41	4.22	0.82	54	4.02	0.90	72	4.08	0.83	0
t19	43	3.74	0.93	42	3.69	0.98	54	3.89	0.82	71	3.83	0.84	0
t20	42	3.90	0.96	40	4.25	0.95	53	4.08	0.85	72	4.00	0.98	0
t21	43	4.12	0.93	42	4.38	0.73	52	4.08	0.93	74	4.05	1.07	0
t22	37	3.65	0.89	40	4.03	1.03	52	3.71	0.98	69	3.64	0.97	0
t23	41	3.80	0.93	42	4.29	0.77	54	3.78	0.88	73	3.92	0.94	0
t24	43	3.51	1.16	41	3.88	0.90	52	3.60	1.01	67	3.78	0.93	0
t25	44	4.27	0.95	43	4.70	0.67	54	4.30	0.86	73	4.40	0.83	0
t26	43	3.98	0.96	43	4.07	0.96	54	4.06	0.79	72	4.01	0.94	0
t27	44	3.57	0.85	43	3.63	0.98	54	3.87	0.80	73	3.68	0.74	0
t28	44	4.25	0.87	43	4.40	0.66	54	4.22	0.72	75	4.16	0.82	0
t29	44	4.09	0.71	43	4.30	0.71	54	4.20	0.68	75	4.16	0.74	0
t30	43	3.93	0.77	43	4.21	0.83	54	4.06	0.76	70	4.01	0.83	0
t31	44	4.14	0.77	43	4.42	0.76	54	4.22	0.74	75	4.20	0.85	0

APPENDIX F

	East			Southeast			Midwest			Southwest/West			C*
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	
t33	44	4.48	0.70	43	4.63	0.62	52	4.50	0.64	73	4.56	0.62	0
t34	44	4.61	0.69	42	4.83	0.38	52	4.73	0.49	73	4.78	0.45	0
t35	44	3.70	0.90	42	4.14	0.75	52	4.00	0.74	73	3.88	0.87	0
t36	44	4.27	0.76	42	4.52	0.67	52	4.19	0.77	71	4.18	0.80	0
t37	44	4.02	0.82	42	4.43	0.80	52	4.19	0.93	71	4.14	0.93	0
t38	42	4.05	0.96	42	4.50	0.67	52	4.13	0.82	71	4.08	0.97	0
t39	42	3.67	0.90	42	4.05	0.88	52	3.58	0.91	70	3.73	0.93	0
t40	41	3.68	0.88	38	4.21	0.87	49	3.73	0.86	69	3.83	0.95	0
t41	41	3.78	0.99	37	4.08	0.83	49	3.57	0.91	66	3.61	1.09	0
t42	44	3.91	0.91	42	4.29	0.81	52	3.92	0.90	72	4.03	0.86	0
t45	43	4.33	0.71	42	4.36	0.69	52	4.27	0.77	72	4.11	0.85	0
t46	44	4.18	0.79	41	4.51	0.71	51	4.24	0.71	73	4.26	0.80	0
t47	43	4.28	0.93	42	4.26	0.86	51	4.29	0.90	72	4.10	0.91	0
t48	41	4.15	0.88	42	4.05	0.88	50	4.10	0.81	70	3.89	0.93	0
t49	42	3.60	1.06	40	4.08	0.94	49	3.57	1.06	68	3.82	0.98	0
t50	41	3.66	1.09	41	4.10	1.02	48	3.67	1.04	69	3.70	1.02	0
t51	42	3.98	1.02	40	4.40	0.98	49	4.22	0.94	69	4.17	0.98	0
t55	40	4.10	1.08	40	4.30	1.07	48	4.19	0.91	65	4.14	0.98	0
t56	38	4.16	1.00	41	4.54	0.90	48	4.15	0.92	64	4.28	0.90	0
t58	43	3.77	0.95	42	3.95	0.79	52	3.87	0.89	72	3.93	0.88	0
t59	44	4.14	0.85	42	4.43	0.59	52	4.31	0.61	73	4.19	0.84	0
t60	44	4.41	0.69	43	4.44	0.70	52	4.04	0.74	73	4.27	0.84	0
t61	43	4.14	0.80	42	4.07	0.84	52	4.06	0.73	73	4.07	0.80	0
t62	44	4.30	0.79	42	4.43	0.70	52	4.00	0.99	73	4.36	0.81	0
t63	43	4.21	0.74	43	4.33	0.78	52	4.00	0.86	73	4.18	0.84	0
t64	44	4.05	0.83	43	4.26	0.76	51	3.98	0.95	73	4.01	0.84	0
t65	44	4.45	0.66	43	4.79	0.51	52	4.58	0.72	73	4.51	0.71	0
t66	44	4.41	0.69	43	4.67	0.57	52	4.50	0.64	73	4.41	0.78	0
t67	44	4.16	0.86	42	4.10	0.98	52	4.06	0.92	73	4.11	0.79	0
t68	44	4.00	0.89	42	4.07	0.92	52	3.73	0.97	71	4.00	0.96	0
t69	44	4.11	0.81	42	4.26	0.83	52	3.88	0.86	73	4.01	0.91	0
t70	39	3.82	0.97	42	4.31	0.81	49	3.80	0.79	68	4.07	0.97	0
t73	44	4.09	0.80	43	4.37	0.79	52	4.13	0.86	72	4.18	0.84	0
t74	41	4.27	0.84	43	4.40	0.82	51	4.16	0.90	72	4.00	1.02	0
t75	44	4.09	0.94	42	4.40	0.73	52	4.17	0.83	71	4.14	0.91	0
t76	42	4.14	0.84	42	4.38	0.82	49	4.00	0.79	63	4.05	0.96	0
t77	44	3.84	0.89	43	4.12	0.93	51	4.12	0.82	69	4.06	0.76	0
t78	44	4.09	0.91	43	4.26	0.85	51	4.04	0.85	68	4.13	0.83	0
t79	43	4.37	0.85	42	4.64	0.66	51	4.25	0.82	71	4.37	0.97	0
t81	43	4.49	0.63	43	4.74	0.54	52	4.58	0.61	72	4.43	0.78	0
t83	44	3.89	0.95	43	4.28	0.91	52	3.92	0.93	72	4.14	0.77	0
t84	43	4.35	0.78	41	4.54	0.64	52	4.29	0.78	72	4.40	0.76	0
t85	42	4.07	0.81	42	4.31	0.87	51	4.10	0.76	73	4.05	0.90	0
t87	44	3.86	0.82	42	4.19	0.80	51	4.04	0.85	71	4.04	0.92	0
t88	44	4.20	0.82	42	4.33	0.79	51	4.04	0.94	67	4.13	0.90	0
t89	43	3.98	1.03	39	4.18	0.85	51	4.00	0.87	69	4.07	0.96	0
t90	42	3.79	0.92	43	4.14	0.89	52	3.87	0.97	68	4.01	0.92	0

APPENDIX F

	East			Southeast			Midwest			Southwest/West			C*
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	
t91	41	3.63	1.22	39	4.23	0.96	49	3.59	0.96	68	3.85	0.92	0
t92	40	3.70	0.91	40	4.10	0.98	50	3.76	0.96	68	3.91	0.86	0
t93	41	3.68	0.99	41	4.34	0.79	51	3.96	0.98	69	3.94	0.89	0
t94	41	3.90	0.92	39	4.23	0.87	51	4.04	0.87	71	3.99	0.92	0
t95	39	3.92	0.81	40	4.30	0.85	51	3.86	1.02	70	4.07	0.94	0
t96	39	4.08	1.13	39	4.49	1.00	52	3.96	1.07	65	4.20	0.89	0
t97	43	3.93	0.77	41	4.34	0.82	53	3.92	0.85	72	4.00	0.90	0
t98	43	3.84	0.92	42	4.26	0.80	53	3.91	0.88	72	4.10	0.86	0
t99	44	4.25	0.84	42	4.52	0.67	54	4.35	0.73	75	4.28	0.78	0
t100	43	4.42	0.76	40	4.48	0.75	54	4.35	0.70	75	4.32	0.77	0
t101	43	4.12	0.91	42	4.36	0.73	54	4.15	0.74	75	4.19	0.77	0
t102	43	4.16	0.75	41	4.34	0.88	54	4.06	0.79	74	4.19	0.77	0
t103	44	4.45	0.63	42	4.67	0.57	54	4.54	0.64	75	4.49	0.70	0
t104	44	4.18	0.66	41	4.34	0.85	54	4.07	0.70	74	4.26	0.81	0
t105	43	4.65	0.57	42	4.81	0.45	54	4.44	0.69	74	4.53	0.67	0
t106	43	4.58	0.66	42	4.86	0.47	53	4.51	0.72	73	4.56	0.71	0
t107	44	4.39	0.69	42	4.81	0.45	51	4.39	0.75	75	4.56	0.64	0
t108	44	4.36	0.78	42	4.74	0.54	53	4.51	0.70	73	4.51	0.71	0
t109	38	3.71	0.98	34	3.79	1.09	45	3.58	1.20	62	3.76	0.86	0
t110	39	4.10	0.85	40	4.50	0.78	46	3.96	1.03	66	4.21	0.92	0
t111	41	4.05	0.97	42	4.52	0.74	51	4.24	0.91	69	4.35	0.82	0
t112	40	3.90	0.96	41	4.56	0.67	50	3.90	0.93	70	4.04	0.86	0

CHC Demographic Data

**HCCB Job Analysis Survey
Background Information**

A. In which state do you work?

	Frequency	Percent	Valid Percent	Cumulative Percent
AK	1	.5	.5	.5
AL	5	2.3	2.3	2.8
AR	3	1.4	1.4	4.2
AZ	6	2.7	2.8	6.9
CA	20	9.1	9.3	16.2
CO	6	2.7	2.8	19.0
CT	1	.5	.5	19.4
FL	10	4.5	4.6	24.1
GA	6	2.7	2.8	26.9
HI	2	.9	.9	27.8
IA	2	.9	.9	28.7
ID	1	.5	.5	29.2
IL	8	3.6	3.7	32.9
IN	6	2.7	2.8	35.6
KS	3	1.4	1.4	37.0
KY	5	2.3	2.3	39.4
LA	1	.5	.5	39.8
MA	5	2.3	2.3	42.1
MD	3	1.4	1.4	43.5
MI	8	3.6	3.7	47.2
MN	7	3.2	3.2	50.5
MO	4	1.8	1.9	52.3
MS	2	.9	.9	53.2
MT	1	.5	.5	53.7
NC	5	2.3	2.3	56.0
ND	2	.9	.9	56.9
NE	2	.9	.9	57.9
NH	1	.5	.5	58.3
NJ	3	1.4	1.4	59.7
NM	1	.5	.5	60.2
NV	2	.9	.9	61.1
NY	6	2.7	2.8	63.9
OH	10	4.5	4.6	68.5
OK	1	.5	.5	69.0
OR	4	1.8	1.9	70.8
PA	14	6.4	6.5	77.3
SC	4	1.8	1.9	79.2
SD	2	.9	.9	80.1
TN	4	1.8	1.9	81.9
TX	15	6.8	6.9	88.9

APPENDIX G

	Frequency	Percent	Valid Percent	Cumulative Percent
UT	1	.5	.5	89.4
VA	7	3.2	3.2	92.6
VT	1	.5	.5	93.1
WA	6	2.7	2.8	95.8
WI	4	1.8	1.9	97.7
WV	3	1.4	1.4	99.1
WY	2	.9	.9	100.0
Total	216	98.2	100.0	
Missing	4	1.8		
Total	220	100.0		

Groupings for Region Sub-Analysis

	Frequency	Percent	Valid Percent	Cumulative Percent
East	44	20.0	20.4	20.4
Southeast	43	19.5	19.9	40.3
Midwest	54	24.5	25.0	65.3
Southwest/West	75	34.1	34.7	100.0
Total	216	98.2	100.0	
Missing	4	1.8		
Total	220	100.0		

East: CT, DC, DE, MA, MD, ME, RI, NH, NJ, NY, PA, PR, VA, VT, WV; Southeast: AL, FL, GA, KY, MS, NC, SC, TN; Midwest: IA, IL, IN, KS, MI, MN, MO, NE, OH, WI; West and Southwest: AK, AR, AZ, CA, CO, HI, ID, LA, MT, ND, NM, NV, OK, OR, SD, TX, UT, WA, WY

B. Which of the following best describes your job title?

	Frequency	Percent	Valid Percent	Cumulative Percent
Administrator/CEO/COO	2	.9	.9	.9
Assistant administrator/VP/AVP	6	2.7	2.8	3.7
Assistant director	2	.9	.9	4.6
Attorney/counsel	2	.9	.9	5.5
Auditor	4	1.8	1.8	7.4
Chief information officer	1	.5	.5	7.8
Chief compliance officer	90	40.9	41.5	49.3
Privacy officer	3	1.4	1.4	50.7
Ethics officer	1	.5	.5	51.2
HIPAA coordinator	2	.9	.9	52.1
Compliance officer	69	31.4	31.8	83.9
Consultant	1	.5	.5	84.3
Educator	1	.5	.5	84.8

APPENDIX G

	Frequency	Percent	Valid Percent	Cumulative Percent
Nurse	1	.5	.5	85.3
Physician	1	.5	.5	85.7
Quality manager	2	.9	.9	86.6
Risk manager	1	.5	.5	87.1
Other	28	12.7	12.9	100.0
Total	217	98.6	100.0	
Missing	3	1.4		
Total	220	100.0		

C. What percent of your time do you spend in the following roles?

Roles	N	Mean	Median	SD	Min	Max
Administration	141	14.55	10.00	12.741	0	60
Education	129	12.56	10.00	8.273	0	50
Bioethics	70	2.14	.00	3.486	0	20
Finance	86	7.52	5.00	9.722	0	45
Health care compliance	206	52.99	50.00	31.356	5	100
Human resources	85	5.11	5.00	5.390	0	30
Internal auditing	127	13.89	10.00	11.654	0	70
Legal	98	8.32	5.00	12.322	0	85
Patient care	74	2.99	.00	9.190	0	75
Quality	101	8.32	5.00	11.055	0	60
Risk management	98	9.35	5.00	10.521	0	60
Other	51	19.27	10.00	20.566	0	70

Groupings for % of Time Spent in a Health Care Compliance Role Sub-Analysis

	Frequency	Percent	Valid Percent	Cumulative Percent
1-33%	76	34.5	36.9	36.9
34-66%	63	28.6	30.6	67.5
67-100%	67	30.5	32.5	100.0
Total	206	93.6	100.0	
Missing	14	6.4		
Total	220	100.0		

D. To whom do you report for compliance responsibilities?

	Frequency	Percent*
CEO/President /Administrator	129	58.6
CFO	24	10.9
Compliance Oversight Committee	53	24.1
COO	16	7.3
Dean/Medical Director	5	2.3
General Counsel	23	10.5
Governing body (Board)	81	36.8
Senior Compliance Officer	47	21.4
Other	15	6.8

*Due to multiple responses percents will exceed 100%.

E. Identify your primary work setting.

	Frequency	Percent	Valid Percent	Cumulative Percent
Academic medical institution	18	8.2	8.3	8.3
Ambulance company	2	.9	.9	9.2
Billing company	6	2.7	2.8	12.0
Consultant/vendor services	2	.9	.9	12.9
Corporate office of a multi-hospital/diversified system	41	18.6	18.9	31.8
DME supplier	2	.9	.9	32.7
Government/public health agency	4	1.8	1.8	34.6
Hospice	4	1.8	1.8	36.4
Hospital	65	29.5	30.0	66.4
Insurance company	8	3.6	3.7	70.0
Laboratory	2	.9	.9	71.0
Long term care facility	4	1.8	1.8	72.8
Managed care/HMO/PPO	13	5.9	6.0	78.8
Medical group practice/physicians office	16	7.3	7.4	86.2
Mental health facility	8	3.6	3.7	89.9
Other ambulatory care facility	2	.9	.9	90.8
Pharmacy	1	.5	.5	91.2
Pharmaceutical company	1	.5	.5	91.7
Other	18	8.2	8.3	100.0
Total	217	98.6	100.0	
Missing	3	1.4		
Total	220	100.0		

F. Identify your experience in health care compliance

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 6 months	2	.9	.9	.9
6 months to 12 months	11	5.0	5.1	6.0
Between 1 and 2 years	14	6.4	6.5	12.4
2 to 4 years	55	25.0	25.3	37.8
More than 4 years	135	61.4	62.2	100.0
Total	217	98.6	100.0	
Missing	3	1.4		
Total	220	100.0		

Groupings for Experience Sub-Analysis

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 2 years	27	12.3	12.4	12.4
2 to 4 years	55	25.0	25.3	37.8
More than 4 years	135	61.4	62.2	100.0
Total	217	98.6	100.0	
Missing	3	1.4		
Total	220	100.0		

G. What is your highest academic degree?

	Frequency	Percent	Valid Percent	Cumulative Percent
High school graduate or GED	8	3.6	3.7	3.7
Associate degree	15	6.8	7.0	10.7
Baccalaureate	65	29.5	30.2	40.9
Graduate	72	32.7	33.5	74.4
Post graduate	45	20.5	20.9	95.3
Other	10	4.5	4.7	100.0
Total	215	97.7	100.0	
Missing	5	2.3		
Total	220	100.0		

H. What is your gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Female	141	64.1	67.1	67.1
Male	69	31.4	32.9	100.0
Total	210	95.5	100.0	
Missing	10	4.5		
Total	220	100.0		

I. What is your ethnic background

	Frequency	Percent	Valid Percent	Cumulative Percent
African American	6	2.7	2.9	2.9
Asian/Asian Pacific Islander	1	.5	.5	3.3
Caucasian	194	88.2	92.8	96.2
Hispanic	3	1.4	1.4	97.6
Native American	1	.5	.5	98.1
Multiracial	3	1.4	1.4	99.5
Other	1	.5	.5	100.0
Total	209	95.0	100.0	
Missing	11	5.0		
Total	220	100.0		

How well did this survey cover the important tasks of the Health Care Compliance Professional?

	Frequency	Percent	Valid Percent	Cumulative Percent
Completely	124	56.4	57.7	57.7
Adequately	88	40.0	40.9	98.6
Inadequately	3	1.4	1.4	100.0
Total	215	97.7	100.0	
Missing	5	2.3		
Total	220	100.0		

Survey Comments

Respondent Comments/Suggested Tasks

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Please list any important Health Care Compliance Professional activities (tasks) that were not covered in the survey:

1. In my institution, as in many others, HIPAA Privacy and Security Compliance has more fallen under Health Care Compliance. A lot of the task statements previously mentioned, would be applicable here as well.
2. My role integrates heavily with IT dept because of electronic enhancements and process changes etc. Major focus on Security Obligations for 2005. Also, Business Assoc Agreements/Chain of Trust Agreements should be covered.
3. Attend continuing compliance education programs.
4. HIPAA Privacy Officer – roles and responsibilities, Clients Rights Officer – roles and responsibilities, various plans – risk assessment, cultural competence, annual staff training (to comply w/other regulatory bodies), disaster and ER plans, accessibility (ADA compliance), and technology plan.
5. I can't think of any. Most everything has been rated a 4 or 5. . that doesn't mean I'm doing all those things, though I wish I could!
6. Developing systems to eliminate or reduce compliance risk.
7. Review and or initiate proposed legislation at state level. Provide comments, as appropriate, to proposed legislation published in the Federal Register.
8. Work in a behavioral healthcare setting – hard to answer some of the questions.
9. Communication techniques and educational/motivational skills.
10. HIPAA, Security, Coding Importance
11. Some Compliance Officers have many HIPAA responsibilities.
12. Proper supervision and productivity of compliance staff.
13. Work with board to modify governance structure in light of sarbanes oxley. Supervision internal audit staff. Severity doesn't really reflect complexity of creating compliance programs in multiple healthcare setting across a health system – e.g., inpatient/out pt acute/home health/3rd part billing/surgery center/physician office.
14. Other: Communication, Education and training are key in order to administer and monitor a compliance program.
15. Drafting HIPAA policies and fielding privacy complaints (even though we have a privacy officer).
16. Unethical behavior of individuals you report to.
17. It may have been addressed under risks, but our compliance department has to become involved in lawsuits against the system or its providers. Is this an area others in compliance have responsibility?
18. Develop metrics for tracking, trending.
19. Building relationships with other inter company leaders – other managers and MDS/N meeting and fostering a trusting relationship with staff members.
20. Maintain appropriate security policies.

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If inadequately, please specify:

1. Many CCO's serve a dual role as Chief Privacy Officer. Maybe Privacy should be included.
2. Job responsibilities differ among organizations based on personnel structure. We have a Compliance Dept, Internal Audit Dept, Quality Audit Dept, 1 and Legal/Regulatory Dept all within the same organization.
3. Much more time and effort should be spent on conducting investigations. Prevention through education should be emphasized to a greater extent. The entire compliance

- process will fail without the active participation for the corporations employees and their willingness to do what's right for the benefit of the corporation and ultimately themselves.
4. I know that from networking, list serves, etc the role is different nearly everywhere depending on entity. I work for a Business Assoc to a large covered entity. Again – very different.
 5. May help to separate health insurer compliance officers from those in hospital or provider setting.
 6. Survey should address level of Compliance Program, i.e., doesn't exist yet, developing, existing, best practice. Also, I answered what currently happens in my job, not what I think is most important or where I want to take the Compliance Program. Your areas were appropriate, perhaps address dealing with obstacles to achieve them.
 7. Hard to answer some questions.
 8. Addressed tasks but next survey might want to ask what areas do we find most challenging and what staff/depts. most resistant.
 9. One thing to note: The compliance officer oversees a variety of functions but was not as directly involved. For example, I assure we have consequences for failure to comply but margins/senior leaders nets out the discipline.
 10. The survey did not take into account that many activities may be done by or shared with other areas of an organization such as legal, audit, and fraud – and the fact that organizations are structured differently.
 11. But it didn't really capture the skill required to assess compliance risks when an issue is presented. A larger portion of our job is not only to know the law – but to look at a situation in light of many laws and determine the necessary course of action.
 12. I would like to see more statements concerning billing compliance between technical and professional, collaboration of documentation, abeyance. As you know compliance is huge not everyone that are HCCA members are compliance officers some are more specific to different entities such as billing compliance managers, Imaging compliance, corporate compliance without reporting to a compliance officer. When I see this great Health Care Compliance Inventory, I feel overwhelmed and inadequate as a compliance professional.
 13. Need to include information about HIPAA.
 14. Need to recognize that Health Plans and Insurance Companies are also members of HCCA. 95% of HCCA info is Hospital related. Health Plans and Insurance Companies make up a large portion of Health Care Compliance Professionals and our needs and regulations are different from hospitals.
 15. I run a 2 person compliance dept. To be effective, many compliance functions are “pushed out” to various depts. in our organization. The effectiveness of my office is very dependent on working through others. Where questions start of “maintain”, e.g., in many instances the Comp. Office doesn't maintain but does “Ensure the maintenance of”.
 16. Seems geared toward large hospital systems with large dollars, compliance departments with “staff” and those with access to in-house/consulting attorneys. There are many items I feel are extremely significant tasks but can't always treat as extremely significant due to dollar, time or other “resource” deficiencies. Some tasks are handled by HR or via committees – QA, General Policies, etc. so I rated them average significance to my actual job.
 17. Excellent survey!
 18. Should 1P read “accreditation” vs. “credentialing” agency?
 19. Survey was comprehensive. The hardest part to get at is the ability to apply knowledge and measure effectiveness and impact. What I struggle with the most received a more significant rating. Yet on a certification exam it needs to evaluate one's knowledge of the necessary material, not the ability (perse) to operationalize that knowledge. Just my thoughts.
 20. Also, just because I circled a low number doesn't mean it's not important – we're just not there yet.
 21. This survey truly captured the essence of the important aspects of corporate compliance programs – well done!

Page 8**B. Which of the following best describes your job title?**

Clinical Lab Scientist	Director of Compliance (2)
Compliance Administrator	Director of Compliance Operations
Compliance Analyst	Director – Compliance and Auditing
Compliance Assistant	Fund Development
Compliance Coordinator (3)	Imaging Compliance Manager
Compliance Director	Medicare Compliance Officer
Compliance Manager (4)	Paralegal
Compliance Nurse Specialist	Privacy/HIPAA
Compliance Specialist (2)	Privacy Officer
Corporate Compliance Officer (2)	System Director of Compliance
Corporate Compliance Office (b/+Chief + Compl Officer)	U.R. Nursing Informatics

Page 8**C. What percent of your time do you spend in the following roles?**

Clerical	Pension Administration 30%
Compliance Analysis 48%	Policy Development
Contracts	Primary 40%
F01A Officer	Privacy (3) 50%
Fund Development 70%	Privacy/HIPAA (2)
HIM Director	Research
HIPAA Oversight	Research Compliance 2%
Informatics 25%	Research Compliance 40%
Investigation 15%	Safety 20%
JCAHO Accreditation Coordination	Safety-Environmental of Care and Patient 40%
Lab 20%	Safety/Worker's Comp 5%
Managed Care	Special Projects 5%
Marketing 40%	U.R. 25%
Medical Staff Svc 5%	
Misc. 14%	
Ops – HIS and HIM	

Page 8**D. To whom do you report for compliance responsibilities?**

Chief Compliance Officer
 Chief Corporate Responsibility Officer
 Department Director (who has a J.D.)
 Director of Research and Quality
 Executive Vice President & Chief Operating Officer
 Imaging Manager
 Manager, Compliance Partners
 Risk Administrator
 Senior VP
 Senior VP – Governance
 Strategic Planning VP
 VP - Operations
 VP Quality

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E. Identify your primary work setting.

Children's Hospital
Community Mental Health
Corporate Office of a Multi-Long Term Care System
Corp Office for Multi=SNF and Senior Housing
Dialysis Company
Federally Qualified Community
Health Ctr
Freestanding Imaging Centers
Health Care System (2)
Hospital Based Clinic
Integrated Health System
Integrated Hospital/Clinic
Medical Transcription Company
Multi Location Provider of Svcs to Persons w/developmental disabilities and at risk youth
Primary Care System (Hospital, LTC, Homecare, Hospice, MD Office, Lab, Pharmacy, DME) (2)
Regional Behavioral Health Authority
VA Medical Center

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G. What is your highest academic degree?

Certificate program
J.D. (3)
Law
LPN & billing/coding cert.
MBA
MD
MSN
Paralegal Certificate
Registered Respiratory Therapist
RN

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What is your ethnic background?



Other:

Italian

Certified in Healthcare Compliance



Detailed Content Outline



APPENDIX I

 <p>Certified in Healthcare Compliance Detailed Content Outline¹</p> 	Recall	Application	Analysis	Total
1. Standards, policies, and procedures	3	11	3	17
A. Conduct a review of polices and procedures				
B. Consult with appropriate and competent legal resources			X	
C. Ensure appropriate coding policies and procedures			X	
D. Ensure that appropriate billing and audit tools exist			X	
E. Ensure maintenance of policies and procedures that address overpayments			X	
F. Integrate mission, vision and values with code of conduct				
G. Maintain compliance plan and program			X	
H. Ensure that a non retaliation policy exists			X	
I. Oversee internal and external compliance audit policies and procedure				
J. Ensure maintenance of a record retention policy			X	
K. Maintain a code of conduct			X	
L. Ensure maintenance of a conflict of interest policy			X	
M. Ensure maintenance of appropriate confidentiality policies			X	
N. Ensure maintenance of appropriate privacy policies			X	
O. Ensure maintenance of policies and procedures to address regulatory requirements (e.g., EMTALA, CLIA, Anti-Kickback, research, labor laws)			X	
P. Ensure maintenance of appropriate policies on interactions with other healthcare industry participants (e.g., hospitals/physicians, drug representatives, vendors)			X	
Q. Develop policies and procedures that address the compliance role in quality of care issues				
R. Ensure maintenance of a policy on gifts and gratuities			X	
S. Ensure maintenance of standards of accountability for employees at all levels			X	
T. Maintain a compliance manual			X	
U. Ensure maintenance of policies on waivers of co-payments and deductibles			X	
V. Propose appropriate governance policies related to compliance				

¹ Shaded “X” indicates that no items are written at that cognitive level.



APPENDIX I

 Certified in Healthcare Compliance Detailed Content Outline ¹ 	Recall	Application	Analysis	Total
2. Compliance program administration	3	11	3	17
A. Administer and plan a compliance budget				
B. Report compliance activity to the governance board/committee			X	
C. Coordinate operational aspects of a compliance program with the oversight committee				
D. Collaborate with others to institute best business practices			X	
E. Coordinate organizational efforts to maintain a compliance program				
F. Recommend the scope of the compliance program in keeping with current industry standards			X	
G. Ensure that the compliance oversight committee's goals and functions are addressed				
H. Evaluate the effectiveness of the compliance program on an ongoing basis				
I. Maintain knowledge of current regulatory changes and interpretation of laws (e.g., literature and conferences)			X	
J. Maintain the credibility and integrity of the compliance program			X	
K. Recognize the need for outside expertise			X	
L. Manage a compliance education program			X	
M. Ensure that the organization has defined the responsibilities, purpose, function and authority of the compliance officer			X	
N. Ensure the governing board understands their responsibility as it relates to the compliance program			X	
O. Ensure that the role of counsel in the compliance process has been defined			X	
P. Delineate the responsibilities, purpose and function for all compliance staff			X	
Q. Allocate staffing for the compliance function			X	
R. Ensure compliance risk assessments are conducted			X	
S. Participate in the development of internal controls				
T. Incorporate relevant aspects of OIG work plan into compliance operations			X	
U. Integrate the compliance program into operations				
V. Develop an annual compliance work plan				

 Certified in Healthcare Compliance Detailed Content Outline ¹ 	Recall	Application	Analysis	Total
3. Screening and evaluation of employees, physicians, vendors and other agents	2	4	0	6
A. Ensure the organization has processes in place to identify and disclose conflicts of interest			X	
B. Include compliance in all job descriptions		X	X	
C. Use compliance as an element of job evaluation		X	X	
D. Conduct background checks on relevant personnel in accordance with applicable rules and laws		X	X	
E. Conduct compliance sensitive exit interviews			X	
F. Include sanction list review in professional credentialing activities		X	X	
G. Monitor government sanction lists for excluded individuals/entities (e.g., OIG, GSA, SDN, SDGT)			X	
4. Communication, education and training on compliance issues	4	11	4	19
A. Disseminate relevant fraud alerts and other relevant guidance material			X	
B. Communicate compliance information throughout the organization			X	
C. Develop appropriate compliance training for all applicable individuals (e.g., orientation, remedial)				
D. Distill complex laws and regulations into a format employees can understand				
E. Educate staff on compliance policies		X	X	
F. Ensure that employees understand their obligation to accurately document activities			X	
G. Ensure that there is a process in place for employees to understand the compliance aspects of their job responsibilities				
H. Promote a culture of compliance throughout the organization				
I. Encourage employees to seek guidance and clarification when in doubt		X	X	
J. Participate in continuing education to maintain professional competence		X	X	
K. Track participation in ongoing compliance training programs			X	
L. Conduct general compliance training for all employees, physicians, vendors, and other agents		X	X	
M. Conduct risk specific training for targeted employees			X	



¹ Shaded "X" indicates that no items are written at that cognitive level.

APPENDIX I

 <p>Certified in Healthcare Compliance Detailed Content Outline¹</p> 	Recall	Application	Analysis	Total
N. Provide the Human Resources department and management with training to help them recognize compliance risks associated with employee misconduct			X	
5. Monitoring, auditing, and internal reporting systems	4	4	12	20
A. Protect anonymity and confidentiality within legal and practical limits			X	
B. Publicize the reporting system to all employees, physicians, vendors, and others		X	X	
C. Monitor for violations of applicable laws and regulations				
D. Authorize independent investigations when necessary				
E. Conduct organizational risk assessments				
F. Develop action plans based on risk assessments				
G. Operate system(s) to enable employees to report any noncompliance (e.g., hotline)			X	
H. Address compliance concerns expressed by employees through internal reporting				
I. Monitor and enforce compliance related policies and procedures			X	
J. Conduct compliance audits				
K. Engage in routine monitoring of compliance related activities			X	
L. Monitor compliance audit results (e.g., track, trend, evaluate, benchmark)				
M. Develop an annual compliance audit plan				
N. Address audits conducted by external entities				
O. Monitor compliance with governance policies				
6. Discipline for non-compliance	1	1	5	7
A. Recommend disciplinary action when noncompliance is substantiated				
B. Ensure discipline is proportionate to violation				
C. Ensure discipline is consistent with policies and procedures			X	
D. Ensure discipline is enforced consistently throughout all levels of the organization			X	
E. Ensure recommended disciplinary action is documented			X	

¹ Shaded “X” indicates that no items are written at that cognitive level.

APPENDIX I

 Certified in Healthcare Compliance Detailed Content Outline ¹ 	Recall	Application	Analysis	Total
F. Recommend appropriate action for individuals and entities that have been excluded from government programs				
G. Ensure that compliance related violations are addressed in disciplinary policies			X	
H. Coordinate with management to ensure appropriate corrective action is taken				
7. Investigations and remedial measures	3	3	8	14
A. Communicate noncompliance through appropriate channels			X	
B. Develop corrective action plans in response to noncompliance				
C. Monitor the effectiveness of corrective action plans and modify as needed				
D. Incorporate any necessary changes to reduce risk				
E. Respond to inquiries promptly, thoroughly, and discretely			X	
F. Initiate policies and education to respond to identified problems or vulnerabilities				
G. Conduct fair, objective, and discrete investigations				
H. Cooperate with government inquiries and investigations				
I. Investigate matters related to noncompliance				
J. Maintain records on compliance investigations			X	
K. Negotiate with regulatory agencies				
L. Disclose overpayments to payors			X	
M. Coordinate voluntary disclosures with legal counsel				
N. Coordinate investigations to preserve applicable privileges				
TOTALS	20	45	35	100

¹ Shaded "X" indicates that no items are written at that cognitive level.