

Affiliate:

Person Completing:

Fax:

All "No" answers should include an explanation in the General Comments column.

Corporate Compliance Policy Availability and Education

Policy Name	Policy #	Monitoring Objectives	YES	NO	N/A	General Comments
Corporate Compliance Program	1.CE.1	Were presentations regarding compliance activities made to the affiliate board by the affiliate compliance officer?				
		How often were reports made to				
		- the corporate board?				
		- the affiliate hospital board?				
		- other affiliate boards?				
Employee Compliance Education & Training	1.CE.11	Was annual mandatory compliance training offered to all employees and included the required basic elements detailed within this policy?				
		Did the mandatory training include topics regarding HIPAA security?				
		Comment on compliance tools used to monitor completion. Indicate percentage of employees completed as of December 31, 2005.				
		What types of penalties are assessed against employees who do not complete the training?				
Code of Conduct	1.CE.2	Does annual compliance training include a review of this policy and distribution or review of the "Guide to Employee Conduct?"				
Compliance with Standards on Employee Disclosures			YES	NO	N/A	
Conflict of Interest	1.CE.3	Were initial Conflict of Interest forms distributed in 2005 to				
		-Corporate Officers upon start of employment?				
		-Members of the Board upon election?				
		-Key Employees upon start of employment?				
		-Reporting Physicians upon appointment?				
		Did you provide copies of Conflict of Interest forms completed during the year to the Director of Internal Audit?				
Screening of Employee Applicants	1.HR.1	Have the appropriate background investigations and verification of licensure/certification been performed prior to the hire date for new employees?				

Compliance with Federal Health Care Exclusions			YES	NO	N/A
Federal Health Care Program Exclusion Screening	1.CE.8	What type of documentation of prescreening is retained to show the testing was done and the person was not sanctioned for the following?			
		-Potential Employees?			
		-Business Partners?			
		-Board Members?			
		-Medical Staff?			
		-Allied Health Staff?			
Actions relating to Non-Compliance and Reporting			YES	NO	N/A
Compliance Helpline	1.CE.5	Do all employees have access to the Compliance Helpline number (other than within the policy)?			
		Indicate methods used to provide employees with access to the Compliance Hotline.			
		Has education been provided to all employees on the use of the helpline number?			
		Does the education provided to all employees stress the anonymity of reporting without fear of retribution?			
Compliance Monitoring			YES	NO	N/A
Compliance Monitoring	1.CE.7	Have Self-audits been completed in the following areas:			
		-Inpatient?			
		-Outpatient?			
		-Physician Clinics?			
		-Ambulance Services?			
		-Home Health/Hospice?			
		-Durable Medical Equipment?			
		-HIPAA Privacy and Security?			
		-Transactions Involving Anti-Kickback, Stark, or Conflict of Interest Issues?			
What other types of compliance related self audits were completed?					
		Provide copies of your self-audit workpapers related to outpatient and HIPAA Privacy testing.			
Testing Procedure	1.CE.7	Review for appropriate billing of a transfer versus a discharge for Medicare inpatient stays. Select 10 Medicare discharges from 2005. Use the Transfer-Discharge Worksheet to record your results.			

Contracts with Third Parties			YES	NO	N/A	
Contract Maintenance and Review	1.AD.2	Was a contract administrator designated to maintain all signed paper or electronic form contracts in a contract maintenance system?				
		Are all contracts stored in a secure location?				
		Were periodic reports generated indicating which contracts need renewal/require review?				
		Were these reports distributed to senior leadership and the executive team?				
		How often were these reports generated during 2005?				
Professional Services Agreements	1.PS.9	Have the affiliate compliance officer and the Law department approved all professional service agreements (excluding employment agreements) involving physicians, members of their immediate family or other referral sources?				
		For new agreements or renewals, has the fair market value of the compensation been documented?				
		For all agreements, has it been verified whether the agreements are current and not expired?				
Physician Employment Agreements	1.PS.16	For any new physician employment agreements, was the agreement approved by the Legal Department?				
Physician Management	1.PS.6	For new agreements, are services being paid at fair market value?				
		Were all computations of fair market value supported by written documentation showing the basis for fair market value?				
		For each new agreement, has a certificate of compliance been completed?				
Recruitment of Non-Employed Physicians	1.PS.7	Were all recruiting incentives given over more than 2 years but never exceeded a 3 year time span?				
		Did the CEO or his designee complete the required certification for all new agreements?				
Physician Equipment or Building Leases	1.PS.2	For any new lease, were rental payments set in advance?				
		For any new lease, was fair market value documented?				
Business Associates	1.CE.13	For those Business Associates creating, receiving, maintaining or transmitting PHI, were all the agreements revised prior to 2005 using the 01/04 version of the form that contains HIPAA privacy and security language?				
External Reimbursement and Coding Consultants	1.BR.18	Were contracts/agreements for external reimbursement or coding consultants reviewed/approved by the affiliate compliance officer and the Director of Reimbursement?				

Billing and Reimbursement Compliance			YES	NO	N/A	
Requirements prior to Billing for Hospital Outpatient Services	1.BR.27	Have all service locations off the hospital campus who bill under the hospital provider number met all federal and state licensure and billing requirements?				
Billing – Unlisted Lab Procedure Codes	1.BR.10	Is the Lab chargemaster/fee schedule reviewed/updated annually including identification of inappropriate codes?				
Waiver of Co-pays and Deductibles/Professional or Courtesy Discounts	1.BR.33	Did the Organization avoid providing any professional/courtesy discounts or routine waivers of co-insurance or deductibles for staff, physicians or members of their immediate family?				
Miscellaneous Policies			YES	NO	N/A	
Loans, Loan Guaranties and Financial Commitments	1.FI.1	Are all loan guaranties or financial commitments supported by adequate written documentation?				
		List any new transactions for 2005 and note who approved them.				
Antitrust Compliance	1.LL.2	Were management and other appropriate employees educated regarding the types of prohibited disclosures that may pose a risk of noncompliance with antitrust laws?				
		Was the Law Department consulted prior to any joint venture discussions?				
Record Retention	1.AD.3	Do all departments review the record retention policy at least annually?				
		Do you have a procedure to communicate a reminder to each department to keep records in accordance with this policy?				
Transactions with Disqualified Persons	1.TX.1	For any relationship with a disqualified person this year, was the CEO certification completed?				
		How are transactions with disqualified persons tracked. Include which elements are tracked such as, value of transaction and type of transaction?				
Asset Acquisitions or Divestitures	1.TX.3	For any asset acquisitions or divestitures this year involving real property, was the CEO certification completed?				
		Note the acquisitions or divestiture				
Physician Practices			YES	NO	N/A	
Medical Practice or Other Healthcare Business Asset Acquisitions or Divestitures	1.PS.8	For any medical practice or other healthcare business asset acquisitions or divestitures this year, was the transaction checklist certification completed?				
		Note the acquisition or divestiture.				
Incident to Billing for IHS Affiliated Physician Practices	1.BR.25	Have all services provided by qualified auxiliary personnel been billed according to applicable requirements for incident to services?				

Coding Documentation for IHS Affiliated Physician Practices	1.BR.28	Are all physician practices coding diagnoses utilizing the most current ICD-9-CM and/or other classification systems that may be required?				
		Do all affiliated physician practices follow the CPT coding and documentation guidelines published by the American Medical Association and the Centers for Medicare and Medicaid Services?				
		Are all professional services and procedures coded utilizing the CPT and HCPCS Level II and III coding systems?				
Tracking Claims Denials	1.BR.22	Was denial information volume and types reviewed on at least a quarterly basis to identify areas for corrective action where necessary?				
		What departments are involved in these reviews?				
		What corrective actions were taken for any denial patterns identified?				
Home Health			YES	NO	N/A	
Claim Development	1.HH.4	Are there monitoring processes in place to ensure that claims				
		-represent the medically necessary services actually provided?				
		-are supported by sufficient documentation?				
		-are conforming with any applicable coverage criteria?				
Homebound Status	1.HH.8	Is a process in place to review the consistency and frequency of documentation of homebound status in the medical record?				
Capped Rentals	1.HH.29	Is a process in place to identify capped rentals at the 10th continuous rental month in order to notify the Medicare beneficiary of their option to purchase?				
		Is a process in place to ensure that billing Medicare for capped rental equipment is discontinued after the 15th continuous month?				
Testing Procedure	1.HH.29	Review the effectiveness of the process for tracking capped rentals. Select 10 capped rentals. Use the DME Testing Worksheet to record your results.				
Utilization Management and Quality of Care	1.HH.15	Are there monitoring processes in place to ensure appropriate utilization and patient care?				
Medical Necessity /Discharge or Discontinuation of Services	1.HH.10/ 1.HH.6	Is there a process in place to ensure advance beneficiary notices (HHABN) and appeal notices (BIPA) are provided appropriately?				
Primary/Secondary Payor Source	1.HH.7	Is there a process in place to determine the primary and secondary payor sources at time of admission?				
		Where is documentation maintained to support that the Medicare Secondary Payor questions were discussed with the patient?				

HIPAA Compliance			YES	NO	N/A	
Accounting of Disclosures of Protected Health Information	1.MR.3	Have all requests for disclosures been satisfied within 60 days of or notified within that time as to why the request could not be fulfilled timely?				
		Have all disclosures been documented or logged according to this policy and retained?				
		List the number of accounting disclosures requests made.				
Individual Request to Restrict Uses and	1.MR.4	Is a process in place to document requests to restrict use and disclosure of PHI?				
		Which positions are responsible for taking requests from patients to restrict the use and disclosure of PHI?				
		How many requests were received?				
Privacy and Information Security Complaint Process	1.MR.6	Is a log maintained by the privacy officer that tracks privacy and information security complaints?				
		How many complaints were logged during 2005?				
Information System Access	1.IS.6	Did new managers receive education related to the process for timely notice to IT of employee terminations, job transfers, and changes in job responsibility?				
		Describe the type of education provided.				