

**_____ HOSPITAL PRESIDENTS/FACILITY COMPLIANCE LIAISON
COMPLIANCE PROGRAM OBJECTIVES**

Hospital: _____

President: _____

Facility Compliance Liaison: _____

F.Y.: 2009

Compliance is critical to the success of _____. It is the expectation of _____'s Board and Management that each hospital President and Facility Compliance Liaison ensure that _____'s annual Compliance Workplan is properly implemented within her/his sphere of accountability. Categories 1-6 below contain objectives relating to each of the elements of an effective compliance program as described in the Federal Sentencing Guidelines and OIG guidance. Other objectives relate to areas determined to be high risk. The President and Facility Compliance Liaison will not be deemed to have met their performance objectives unless you obtain a score equal to or greater than ___% of possible points which can be earned below. These are fiscal year objectives.

	Possible	Total
	Points	Points
1. Policies and Procedures		
<ul style="list-style-type: none"> ▪ All new compliance policies and procedures are communicated to affected (as described in each _____ Compliance Policy) full and part-time employees within 60 days. (Score is equal to percentage of completion above ___%. Below ___% = 0 pts. Audit method will be self-audit with Compliance Director verification.) 	100	
<ul style="list-style-type: none"> ▪ New employees receive compliance introduction and orientation within 30 days of commencing employment. (Score is equal to percentage of completion above ___%, under ___% = 0.) 	100	
<ul style="list-style-type: none"> ▪ New employees receive orientation to compliance policies and procedures (Administrative Policies in the Compliance Series) applicable to their job responsibility within 60 days of hire. (Score is equal to the percentage of completion above ___%. Below ___% = 0 points. Audit method will be self-audit with System Compliance Director verification) 	100	
2. High Level Oversight		
<ul style="list-style-type: none"> ▪ 25 points for each quarterly compliance meeting or audit exit conference where hospital President is present. (Maximum 100 points awarded.) 	100	
<ul style="list-style-type: none"> ▪ 20 points for each bi-monthly systemwide FCL conference call attended by FCL (20 points per call) 	120	
<ul style="list-style-type: none"> ▪ 20 points for each hospital President/Hospital CFO disclosure certification form submitted on a timely basis 	240	
3. Education		
<ul style="list-style-type: none"> ▪ All employees required to complete Compliance education programs have satisfactorily completed these requirements. (Score is equal to the percentage of employees who have completed requirements above ___%, if under ___% score = 0.) 	<div style="text-align: right; margin-right: 20px;">OCEP</div> 200	
	<div style="text-align: right; margin-right: 20px;">WebInservice /EduCode</div> 100	
4. Coding/Billing/Audits/Remediation		
<ul style="list-style-type: none"> ▪ Inpatient Medicare Coding (annual and follow-up SWCT reviews only). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (Below ___ = 0 points; _____ = 70 points; ___ % and above 100 points.) 	100	

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<ul style="list-style-type: none"> ▪ Outpatient Medicare Coding, OPS & ED/ER (annual and follow-up reviews only). Score is equal to the accuracy rate of the facility in the audit. Only overpayments will be considered. (___% - ___% accuracy = 50 points; ___% - ___% accuracy = 85 points; ___%- ___% accuracy = 90 points; ___% and above accuracy = 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Corrective Action Plan elements (Annual and follow-up audits) implemented within agreed upon timetable. (_____% =60 points; _____% and above = 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Identified overpayments refunded within 60 days (Below ___% - 0 points. ___% or above = ___% achieved) 	200	
<ul style="list-style-type: none"> ▪ Voluntary refunds documented on voluntary refund log (Below ___% - 0 points. ___% or above = ___% achieved) 	100	
5. Screening		
<ul style="list-style-type: none"> ▪ New hires checked against the OIG exclusion list and criminal background checks performed per _____ policy. (Score is equal to percentage of completion above ___%, under ___% = 0.) 	100	
6. Hotline/Reporting		
<ul style="list-style-type: none"> ▪ Initial investigation of Hotline calls/complaints (including privacy & security) is completed within 30 days. (Score is equal to percentage of completion) 	100	
7. Physician Financial Arrangements Policy		
<ul style="list-style-type: none"> ▪ Payments supported by a fully executed contract or fall within an applicable Stark or Physician Transaction Policy exception.* (above ___% or greater = 200 pts; _____% = 100, less than ___% = 0 points.) 	200	
<ul style="list-style-type: none"> ▪ Time logs and/or other supporting documentation support payments (___% or greater = 100 points; _____% = 50, less than ___% = 0 points.) 	100	
<ul style="list-style-type: none"> ▪ Facility maintains an accurate mechanism to track de minimus non-monetary items or services to physicians. (Mechanism accurately reflects non-monetary items and services as measured by comparison with expense reports, AP data, and Medical staff office expenses. Less than ___% = 0 points; _____% - 50 pts., _____% or greater = 100 points.) 	100	
<ul style="list-style-type: none"> ▪ Designated hospital management (TBD by Legal & Compliance) participates in Physician Transaction Compliance Program Training. Less than ___% = 0 points; _____% - 200 pts.; _____% = 300 pts.; ___% and above participation = 400 points.) 	400	
8. Applicable Medicare Program Transmittals and Notices		
<ul style="list-style-type: none"> ▪ Applicable Medicare Program Transmittals are responded to timely. (___% and below = 0 points, _____% = 50 points, ___% = 75 points, _____% or above = 100 points 	100	

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<ul style="list-style-type: none"> ▪ Corrective action plans are implemented consistent with instructions provided by the Subject Matter Lead . Score equal to percent fully implemented within identified time frames (___% and below= 0 points, _____% = 50 points, ___% and above = 100 points) 	100	
9. Hospital Based Clinic Compliance: <ul style="list-style-type: none"> ▪ Score is based on percent of points achieved from the _____ Clinics Compliance Program Objectives (___% and below = 0 points, _____ = 100 points, ___% or above = 200 points) 	200	
10. Internal Audit		
<ul style="list-style-type: none"> ▪ Facilitated self-assessment completed within designated time frame. (below ___% = 0 points; ___% to ___% = 100 points; above ___% = 200 points). 	200	
<ul style="list-style-type: none"> ▪ Corrective action plans arising from internal audits are implemented within agreed upon time table. (below ___% = 0 points; ___% to ___% = 200 points, above ___% = 400 	400	
11. HIPAA		
<ul style="list-style-type: none"> ▪ PCI Annual Self Assessment - Self assessment to be completed by each department engaging in credit card transactions by _____, 2008. 	100	
<ul style="list-style-type: none"> ▪ Submit quarterly self assessment reports. Quarterly assessment deliverables to be announced by _____. (Score equals 25 points for each on time quarterly report.). 	100	
<ul style="list-style-type: none"> ▪ Review and update of Parts A, B, D & E HIPAA Organization Chart and submit to the HIPAA organization Chart Custodian. (Score equals possible points for completed review and submission of all changes to the custodian by _____, 2009). 	100	

TOTAL 2,820

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

Notes:

1. Policy and Procedures

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

2. High Level Oversight

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

9. Medicare Program Memorandum

* It is expected that these Program Memorandum are evaluated and appropriate timely corrective action is taken, including completion of the verification form.

* Appropriate corrective action plans, which include timely implementation of the Program Memorandum, if included with the verification form will suffice as completed for purposes of the scorecard. Action plan completion within established timeframes will be validated during the annual compliance program audit.