	Policy Title	Department Annual Compliance Report Requirements
	Policy Number	1.07
	Department	Clinical Compliance
	Effective Date	July 1, 2022
	Last Reviewed	July 1, 2022
	Approved By	Clinical Compliance Committee
	Approval Date	June 30, 2022

Policy

The scope and applicability of this policy includes each clinical department that engages professional fee billing activity. The policy and procedures outlined in this document is a guide for department leadership including the chairperson, chief administrative officer, physician compliance leader and compliance liaison.

Purpose

The purpose of this policy is to outline the requirement for each clinical department that engages in billing or professional services billing activity. Each clinical department shall submit an annual billing compliance report and plan that is prepared in collaboration with the Compliance Office (CO) and then presented by the Department Chairperson and Compliance Leader and Liaison to the Clinical Compliance Oversight Committee (CCOC).

This policy outlines the annual report/plan contents and preparation steps.

Scope

The scope and applicability of this policy includes each clinical department that engages professional fee billing activity. The policy and procedures outlined in this document is a guide for department leadership including the chairperson, chief administrative officer, physician compliance leader and compliance liaison.

Definitions

Risk-Based Audits: An effective methodology to identify organization risk areas, systematically prioritize identified risk, conduct the required auditing and monitoring activities.   Compliance audits are conducted by the CO in a formal, structured, and systematic manner. Compliance audits are conducted by WCM workforce who are independent to the department or operational area being audited. The compliance audit includes the objective, scope, methodology, sample, guidelines, findings, and recommendations. All departments with identified compliance risk receive compliance audit and reviews conducted by the CO.

WCM conducts compliance audits to proactively identify and address potential issues of non-compliance consistent with applicable laws, regulations, and institution policies. A risk assessment to identify risk associated with applicable Federal and State laws is conducted annually; this risk assessment is used to generate the annual work plan.

Monitoring: Is an ongoing check and measurement of performance directed by management to ensure processes are working as intended. Although auditing techniques may be employed, monitoring is often less structured than auditing. Monitoring is typically performed by department staff and communicated to department management. Monitoring efforts are generally more frequent and closer to real time than audit activities. Monitoring reviews are conducted by department workforce to assess if policies, procedures, mitigation strategies, and documentation adopted and implemented are effective. Departments conduct routine compliance

monitoring reviews and are required to submit documented findings, recommendation, and corrective action plans for monitoring conducted in accordance with the Plan.

Procedure

All reports will be prepared following a standard outline of contents as follow:

Annual Compliance Report Outline		
Section I. Executive Summary		
I.A.	Compliance Program Oversight	List Chairperson, Chief Administrative Officer, Compliance Leader, Compliance Liaison, and any other department compliance personnel. [Org Chart]
I.B.	Scope of Clinical Billing Activity	I.B.1 - # of (Billing) Faculty and Roster as an appendix or referencing III.A I.B.2 – Service Locations with Designated Place of Service (Facility vs. Office) I.B.3 – Count of Visits and/or Accessions • Ambulatory • Admissions • Accessions • Telemedicine Sessions I.B.4 – Service Mix by CPT Codes & Description with Annual Volume I.B.5 – Payer Mix by Billing Provider & Payer Mix by Revenue I.B.6 – Other Clinical Billing Associated with MSAs I.B.7 -- # of Active Clinical Trials with Total Enrollment for each
I.C	Risk Audit Activity Metrics	List of Risk Based Audits Conducted by CO Audit • Name/Scope/Period/#Providers/#Cases/#CPT/#Modifier/#DX

I.D	ROI Activity Metrics	ROI Metrics for report period – number of requests processed and rejections, including identified workflow issues and mitigation plan.
I.E	Privacy Metrics	Privacy Metrics (reportable, not reportable incidents), Amendment Requests, Restriction Requests, and HIE updates. Also include the total number of BAA and those executed during the report period.
Section II. Clinical Compliance Auditing & Monitoring Results		
II.A	Risk Based Audit Results Findings	List of Risk Audits Conducted (see I.C.) expanded to include observations, risk, root cause, and recommendations in summary format + confirmation of department response & implementation.
		Consider High, Medium, Low or Info Only Color Coding [Heat Map]
II. B	Identified Risk and Mitigation	List the risk (s) that were identified in the report period and mitigation.
II.C	Trends Analysis Commentary	A statement to present the analysis of risk-based audits done in the year and discuss trends identified through risk-based auditing, corrective actions and best practice guidelines that are shown to produce good outcomes if followed.
		What did we learn? Were all risks identified addressed?
II.C	Department Monitoring Activities	Summary from Department
II.D	Research Billing Activities	Summary from Department
		Summary from JCTO

Section III. Compliance Education		
III.A	Active Provider Listing with Key Education Dates	For each provider listed, Most Recent Date for HIPAA Most Recent Date for Responsible Documentation in the EMR Most Recent Date for General Compliance and PATH Most recent Date for Compliance Online Training Highlight blanks for any of the above. Highlight PATH and/or Online Training if date is < 1 year.
IV.B	New Provider Orientation	Request Outline of Orientation Topics New provider orientation complete date New provider audit meeting
IV.C	Department Education	Summary of Education Conducted by Department Date/Presenter/Topic/Attendee/Total Minutes
IV.D	Compliance Leader & Liaison	Attendance at Leader & Liaison Meetings Monthly CPO/Department Meetings
Section IV. Risk Analysis		
IV.A	Risk Analysis	IV.A.1 – Bell Curve Analysis (graphs) IV.A.2 – Prior Year Risk Audit Results (High) IV.A.3 – Prior Year Individual New Provider Audit Results (High) IV.A.3 – New Processes Implemented or to be Implemented IV.A.4 – Department Concerns/Requests

IV.B	Risk Plan for Upcoming Year	Risk based Audit Work plan for upcoming year including the above and those identified by CPO through review of external sources (OIG, OMIG, etc.)
V.A	Last Year's Goal	Last year's goals and extent accomplished.
V.B	New Goals	New Goals for Current Fiscal Year

Compliance with this Policy

First draft will be prepared by the CO and presented to the Department Leader and Liaison at least 45 days before the scheduled presentation date.

Department response with edits will be expected within 15 days later (30 days before the scheduled presentation date. During this time, a meeting between the Department leader and liaison should be scheduled to discuss any items that need clarification or refinement.

The CO will finalize within five (5) days and return to the department for the Chairperson's acceptance which is expected 14 days prior to the scheduled presentation.

PPT

A dry run with the CO is optional.

Confirmation of scheduled date and time.

Contact Information

Direct any questions about this policy to the Clinical Compliance and Privacy Office:
- Telephone: (646) 962-6930
- Email: Compliance@med.cornell.edu

References

Policy Approval

The Compliance and Privacy Office will review and update this Policy, when necessary, in the normal course of its review of the Organization's Compliance Program.

Version History

Date	Author	Revisions
		Initial draft completed. Original date of issue.