

	Policy Title	Clinical Compliance Auditing and Monitoring
	Policy Number	2.01
	Department	Clinical Compliance
	Effective Date	November 1, 2021
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	Approved By	Clinical Compliance Committee
	Approval Date	November 11, 2021

Policy

The Compliance Department shall conduct an annual risk assessment and internal review process across the organization to identify and prioritize compliance risks, develop a compliance risk audit work plan (“Compliance Work Plan”) related to the identified compliance risks, implement such plan, develop corrective actions in response to results of compliance risk audits performed, and track implementation of the Risk Assessment Work Plan in order to assess its effectiveness.

Purpose

An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas. The Compliance Office will establish a process to ensure that our professional fee billing operations and programs are following applicable laws, regulations, policies, procedures, and the code of conduct.

Scope

Unless otherwise specified, the scope and applicability of this assessment methodology includes all Weill Cornell Medicine representatives with professional fee billing responsibilities. The procedure outlined in this document is a guide for audits conducted by the Clinical Compliance Department and applies to risk assessment, ad hoc, external, and research audits.

Definitions

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

Auditing: Formal, systematic review of performance against applicable internal and external standards, using structured methodology and evaluation tools. Audits are typically performed by individuals outside of the department or function under review, such as the Compliance Department.

Procedure

1. The Compliance Officer is charged with ensuring this policy is carried out and will report the overall results of these reviews to the management on a regular basis annually.
2. Ongoing auditing and monitoring efforts will focus on the following areas as appropriate:
 - a. All billing for services rendered to ensure accurate coding and sufficient chart documentation to substantiate the claims submitted for reimbursement.

- b. Compliance with specific rules and policies that have been the focus of particular attention by third party payers, regulatory agencies, Special Fraud Alerts, audits and settlements at other institutions
- c. Areas of concern identified by any internal processes, including the hotline operation, external auditor, etc.
- d. Errors or overpayments discovered as a result of the ongoing auditing and monitoring will be disclosed to management and legal counsel; resulting in the prompt return of any overpayment as deemed appropriate, with appropriate documentation and a thorough explanation of the reason for the refund.
- e. When monitoring discloses compliance deficiencies, appropriate immediate corrective action measures shall be implemented within and by the affected department(s).
- f. The Compliance Officer will work with management to develop an annual auditing and monitoring plan to address identified risk areas related to compliance with laws and regulations, as well as organizational policies, procedures, and the code of conduct.
- g. Ongoing auditing and monitoring efforts shall include interviews with management responsible for operations (e.g. coding, claim development and submission, patient care, and other related activities); reviews of medical and financial records and other source documents as deemed necessary that support claims for reimbursement in order to ensure accuracy of claims.

3. Audit Process:

a. Audit Planning:

- i. Preliminary communication with key stakeholders, regarding the audit scope and timing, should take place prior to the initiation of the audit.
- ii. Audit Kick-off Meeting: The Auditor from Compliance department will organize a kick-off meeting which provides the Auditor(s) with the opportunity to work with all key players and department management to further define the scope of the upcoming audit, learn where to find pertinent information for the audit, and in general explain the specific audit program to the stakeholders.
- iii. The Auditor will invite to the audit kick-off meeting the audit requestor, an appropriate staff member, and the appropriate department manager or director. The department leaders for the area will also be notified of the audit.
- iv. The anticipated duration of the audit will be discussed in this meeting.

b. Fieldwork / Audit Execution

- i. For Audit preparation the Auditor(s):
 - Gather information and conduct interviews, as necessary, to gain an understanding of the area/topic under review.
 - Research and understand pertinent policies, procedures, guidelines, regulations, or industry standards to assess the level of compliance of the processes being reviewed.
 - Conduct assessment including testing of sample records, document testing process, attributes, and observations.
 - Create work papers, which effectively document the fieldwork performed and serve as the connecting link between the audit assignment, the Auditor's fieldwork, and the final report. The Auditor will provide sufficient evidence to support the findings.
- ii. The Auditor will communicate milestone reports to the department management throughout the review process.

c. Reporting:

- i. After the data has been analyzed, the Auditor writes a report that clearly express the objectives, scope, sampling methodology, procedures, and findings of the audit. The

report will identify areas of non-compliance and improvement opportunities and be delivered to the department manager and/or director and the leadership responsible for that area. If the audit has been prepared pursuant to the attorney client privilege, it will be delivered to internal or outside counsel who will distribute it internally as appropriate.

- ii. Any findings requiring immediate action will be shared with the management team as they are found. This report may be verbal and does not remove the obligation of a final written report for the audited process or department.

d. Audit Close Meeting and Action Plan Generation:

- i. After all the data has been analyzed and a report has been generated, the Auditor will present the findings and recommendations expressed in the report to the audit requestor, any appropriate staff members, and appropriate leadership of the department(s) involved.
- ii. The department leaders will be responsible documenting management response for any recommendations for improvement within an agreed upon timeframe as established by the department leaders and the Compliance Office management.
- iii. The Auditor will continue his/her review of audit recommendations noted in the action plan until satisfactory solutions have been found for reported deficiencies
- iv. The audit will be considered closed when the final report has been issued, an agreed upon action plan has been created by the department, and appropriate audit documentation is stored in organization approved repository.
- v. It is the responsibility of the department to execute the action plan and notify compliance upon completion.

e. Monitoring and Follow Up plan:

- i. The Compliance Department monitors risk areas when deemed necessary.
- ii. The follow-up may be informal observations, monitoring of specific data elements or in some instances, may take the form of a subsequent audit
- iii. The nature of the follow-up is dictated by the seriousness and complexity of the deficiencies noted.
- iv. Monitoring may also include assessment of the compliance program. The Compliance Officer and Committee may utilize, as necessary, any additional means of assessing the effectiveness of the Compliance program, including the use of outside auditors and consultants.

Compliance with this Policy

The Compliance Department will review and update this Policy when necessary in the normal course of its review of the Organization’s Compliance Program.

Contact Information

References

Policy Approval

Version History

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

[Clinical Compliance Auditing and Monitoring (November 11, 2021)]

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