

CORPORATE COMPLIANCE ACTION PLAN

Action Plan Template Information:

Risk Area: _____ **FCC:** _____ **Calendar Year:** 2008

Facility-specific Information:

Facility: _____ **FCD:** _____ **FCA:** _____

A. Auditing and Monitoring Issues						
Compliance Outcome Metric		Source/Reference	Implementation Required	Target Date	Quarterly Status(if applicable) Report and Completion Date	
1.	Example: Inpatient DRGs will be accurately assigned in accordance with regulatory guidelines	AHA, CMS	<ul style="list-style-type: none"> Conduct periodic reviews of inpatient DRGS- 30 records Document that claims corrections were requested Document corrective actions prn 		Q1:	
					Q2:	
					Q3:	
					Q4:	
2.					Q1:	
					Q2:	
					Q3:	
					Q4:	
3.					Q1:	
					Q2:	
					Q3:	
					Q4:	

B. Compliance Management Issues

Compliance Outcome Metric		Source/ Reference	Implementation Required	Target Date	Quarterly Status Report and Completion Date	
1.	Example: <u>Background and Reference Checks</u> (COR 40.03) will be completed pre-employment for all external hires, including drug screens, OIG sanctions and reference checks.	R,A	<ul style="list-style-type: none"> Establish policy and procedures for pre-employment checks in compliance with applicable laws and regulations. Ensure that all agreements with independent contractors who provide clinical services include the language specified in COR 40.03. 	Ongoing	Q1:	
					Q2:	
					Q3:	
					Q4:	
2.					Q1:	
					Q2:	
					Q3:	
					Q4:	
3.					Q1:	
					Q2:	
					Q3:	
					Q4:	

C. Education (Meeting and Communication Requirements)

Compliance Outcome Metric		Source/Reference	Implementation Required	Target Date	Quarterly Status Report and Completion Date	
1.	Example: <u>FCA meeting attendance</u> will provide the FCA with opportunity to stay abreast of the current compliance environment, rules and regulations.	R	<ul style="list-style-type: none"> FCA attends at least 1 FCC and 2 FCD meetings annually FCA documents notification of FCC and/or FCD (whichever appropriate) if unable to attend or sending replacement 	Periodic Schedule	Q1:	
					Q2:	
					Q3:	
					Q4:	
2.					Q1:	
					Q2:	
					Q3:	
					Q4:	
3.					Q1:	
					Q2:	
					Q3:	
					Q4:	

Summary of Instructions Sheet:

Source/Reference: Spell out or use abbreviations to distinguish and prioritize OIG regulatory requirements (OIG), JCAHO (J), DFS (D), OSHA (OS), routine process compliance (R), facility specific (F), CMS (C) or other regulatory risk issues (O)

Compliance Outcome Metric: Should come from any of the following compliance areas: facility specific issues, most recent Audit Services review and recommendations, Federal Regulatory bodies, HCFA and OIG Workplan initiatives (required element for all Action Plans), as outlined by Corporate Compliance Department. Should be stated in terms of desired outcomes----(ie. the written policies or procedures/operational controls and/or documentation to confirm a state of compliance for each issue is demonstrated by the actions undertaken.)

Implementation Required: Should involve defining the steps of development, implementation and/or required monitoring and feedback processes to achieve the Expected Outcome. Items that are assessed as not-applicable must be indicated with "N/A" in the action column with explanation and date discussed with the FCC in the status column.

Status: Indicate date and if complete, pending, incomplete--provide explanation if incomplete beyond target completion date.