

**AUBURN COMMUNITY HOSPITAL &  
THE FINGER LAKES CENTER FOR LIVING  
17 LANSING STREET  
AUBURN, NEW YORK 13021**

Subject: <b>Auditing and Monitoring</b>	Policy No.: CC: 11
Department: Administration: Corporate Compliance	Page: 1 of 3
	Date Issued: 1/25/2012

**SCOPE:**

This Policy applies to all persons affected by the organization’s risk areas, including employees, the chief executive officer and other senior administrators, managers, and contractors, agents, subcontractors, independent contractors, and governing board and corporate officers of Auburn Community Hospital (“ACH”) and its affiliated entities, including Auburn Memorial Medical Services, P.C. (“AMMS”), Anesthesia Group, and Finger Lakes Center for Living (“FLCL”) (“Affected Individuals”), as appropriate. Note, ACH, AMMS, Anesthesia Group and FLCL are referred to collectively as “Hospital” hereunder.

**PURPOSE:**

The purpose of this Policy is to establish protocol and describe the Hospital’s commitment to periodically review, audit and monitor the Compliance Program for purposes of assessing its effectiveness, to identify risks and remove identified problems. Through discussions of self evaluations, self audits (detailed), external audits (detailed), there must be evidence that the system is working.

**POLICY:**

The Compliance Officer in collaboration with the Compliance Committee and the relevant Hospital departments will conduct ongoing and periodic reviews of the Compliance Program and operations and systems, including, but not limited to claims processing systems, to determine whether the elements of the Compliance Program are consistently being addressed and satisfied.

**PROCEDURE:**

- A. It will be the responsibility of the Compliance Officer to conduct or oversee ongoing and periodic review and auditing of the effectiveness of the Compliance Program and to take such steps as are necessary to assure adherence to the Compliance Program. This will be achieved by self evaluations and internal and external audits of Risk Areas. Risk Areas are determined from past practice to assess effectiveness of correction, anticipated issues from

peer or current topics, or from actual reporting through internal or external sources Risk Areas).

- B. The Compliance Officer, in conjunction with the Compliance Committee shall identify the Risk Areas that require review on a periodic basis or in response to a specific compliance issue or concern. The Compliance Officer will meet at least quarterly with the Compliance Committee to discuss the operation and implementation of the Compliance Program. Evidence of an effective compliance program is assessed by the outcomes of the audits including reoccurrences.
- C. The Compliance Officer, in collaboration with the Compliance Committee and any relevant Department, shall conduct periodic reviews and audits, examples of these may include:
  - 1. Review of the coding, billing and claims processing systems, including a random sampling of claims prior to the submission for payment.
  - 2. Review of documentation generated by providers and other personnel who have a direct impact on claim development and submission, including claims prepared by new employees to ensure proper training and knowledge of the claims processing system.
  - 3. In the event any claims processing audit reveals deviation or inaccuracy in the claims, the Compliance Officer will expand the amount of claims audited as appropriate to determine the extent of necessary corrective action.
  - 4. Review of physician and allied health professional licensing and credentialing requirements.
  - 5. Review of government disqualified/excluded provider lists in accordance with the Compliance Program Excluded Provider Policy.
  - 6. Review of the relevant Hospital files to determine whether the Compliance Program requirements and procedures are being followed, including, but not limited to, the education and training requirements.
  - 7. Review of the Hospital's complaint and reporting logs to ascertain if the complaints or reports were handled pursuant to the pertinent policies and responded to properly and appropriately, and whether there have been repeated inquiries regarding the same topic or issue of concern.
- D. It will be the duty of the Compliance Officer to regularly monitor developments in all applicable laws that might affect the Hospital's legal duties under the Compliance Program, and to revise and update the Compliance Program as necessary. The Compliance Officer will work with outside legal counsel, as necessary, to identify those legal duties and obligations that might require change in the design or implementation of the Compliance Program or any services and operations at the Hospital.

