

**DIGNITY HEALTH
ADMINISTRATIVE POLICY AND PROCEDURE**

FROM: Compliance Oversight Committee
SUBJECT: Clinic and Provider Compliance Review Request

EFFECTIVE DATE: June 12, 2015

REVISED:

ORIGINAL EFFECTIVE DATE: June 12, 2015

REPLACES:

APPLIES TO:	System Offices:	<u> X </u>
	Acute Care Entities:	<u> X </u>
	Non-acute Care Entities:	<u> X </u>

I. POLICY:

It is the policy of Dignity Health to comply with all laws and regulations in order to be compliant in all areas of clinical documentation, coding and billing. In the coding and billing process there may be individuals who come across questions, concerns or issues related the provider's documentation or coding. It is the responsibility of all Dignity Health employees and those business associates that perform auditing, coding or billing for our providers to document and relay these questions, issues or concerns to the Compliance Department. There is a Compliance Review Request Form (*) that can be completed and forward to the Compliance Analysts for tracking and review. The Compliance Director will initiate a review and determine what further action will be taken.

This policy is not to take the place or be used in lieu of the Response Procedure - Dignity Health Disclosure Hotline Calls Policy.

(*)The form can be found as an attachment to this policy.

II. PRINCIPALLY AFFECTED DEPARTMENTS:

The following entities are principally affected by the policy elements and shall receive the required training, as provided in Administrative policy 70.1.003, Compliance Policy Dissemination and Implementation Process:

- Clinics / Physician Practices

Specifically, the following departments:

- Coding
- Management

- Physician and Non-Physician Practitioners
- Billing

A Dignity Health entity may, in the exercise of its reasonable judgment, determine that other departments may be affected by this policy and provide necessary training to the workforce in those departments.

III. PURPOSE:

The purpose of this policy is to outline the process for Dignity Health and business partners to refer clinical documentation, coding or billing concerns to the Corporate Compliance Department.

IV. GUIDELINES:

It is the policy of the Dignity Health Compliance Department to; review, research and evaluate all Compliance Review Request Forms received. In order to facilitate the appropriate tracking review of the forms received as well as any corrective actions; Dignity Health has adopted the following procedures:

- a) All Dignity Health employees or business associates that have identified an issue, concern or has a question related to a provider's clinical documentation, coding or billing will complete a Compliance Review Request Form and forward to the Compliance Analyst.
- b) All forms received by the Compliance Analyst will be documented in the Incident Tracker database or Tracking Software and documentation will be maintained in adherence to the incident tracker process.
- c) The Corporate Compliance Officer (or designee) will review, research and analyze all submitted forms.
- d) The Corporate Compliance Officer (or designee) will in some cases request additional information from the submitter which will be documented on the Compliance Review Request Form.
- e) All completed forms received will be filed and maintained on the Compliance Team Resource internal network share-drive.
- f) After research and a determination is made, the Corporate Compliance Officer (or designee) will provide a response to the submitter on the outcome of the submission.
- g) Relevant information if known, in the documentation of the issue/concern should include the following:
 - i. factual information
 - ii. frequency of the issue/concern
 - iii. length of time of issue/concern
 - iv. education provided

It is the responsibility of the most senior administrator within the facility to ensure adherence to this policy.

This policy supersedes any prior or existing policy or procedure, which conflicts with the statements and principles above.

COMPLIANCE REFERRAL FORM	
DATE:	Click here to enter a date.
Submitter Name:	
Position/Role:	
Department/Entity:	
Provider('s)Name(s) (complete if referral is regarding a specific Provider('s):	
Specialty:	
Medical Group:	
Referral Reason:	
Previous Communications By Medical Group:	
Topic:	
Date: 3/24/2015	
Previous Education By Auditor:	
Auditor Name:	
Topic of Education and Dates Provided:	
Clarifying Questions By The Compliance Team:	
Additional Comments From The Medical Group Operations:	
Compliance Team Recommendations:	
Date Presented To Compliance Committee:	
Presenter To Compliance The Committee:	
Date Assigned In Incident Tracker:	Click here to enter a date.
Date Closed in the Incident Tracker:	Click here to enter a date.
Comments:	