| FACTORS  | YES | ON | COMMENTS |
|--|-----|----|----------|
| COMPLIANCE OFFICER AND COMMITTEE   |     |    |          |
| Does the compliance program have a clear, well-crafted mission?  |     |    |          |
| Does the compliance program have sufficient resources (staff/budget), training, authority and autonomy to carry out its mission?   |     |    |          |
| Is the relationship between the compliance function and general counsel function appropriate to achieve the purpose of each?   |     |    |          |
| Is there an active compliance committee, comprised of trained representatives of each relevant function department as well as senior management?                             |     |    |          |
| Are ad hoc groups or task forces assigned to carry out special missions, such as conducting an investigation or evaluating a proposed enhancement to the compliance program? |     |    |          |
| Does the compliance officer have direct access to the governing body, the Director, all senior management, and legal counsel?  |     |    |          |
| Does the compliance officer have a good working relationship with other key operational areas, such as internal audit, coding, billing and clinical departments?             |     |    |          |
|  |     |    |          |

| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Does the compliance officer make regular reports to the governing body and other management concerning different aspects of the compliance program? |     |    |          |
| POLICIES & PROCEDURES - CODE OF CONDUCT   |     |    |          |
| Do compliance related policies and procedures exist for relevant topics and risk areas?   |     |    |          |
| Are P&Ps clearly written, relevant to day-to-day responsibilities, readily available to those who need them, and re-evaluated on a regular basis?   |     |    |          |
| Are the compliance related policies comprehensive?  |     |    |          |
| Are compliance related policies understandable and capable of being fully applied?  |     |    |          |
| Is there documentation to prove that P&Ps and the code of conduct were distributed to all covered individuals?                                      |     |    |          |
| Have the requirements of the compliance P&Ps been communicated to employees?  |     |    |          |
| Does the agency monitor staff compliance with internal P&Ps?  |     |    |          |

| FACTORS  | YES | NO | COMMENTS |
|--|-----|----|----------|
|  |     |    |          |
| Have any audits been conducted to monitor compliance with the P&Ps?  |     |    |          |
| Have audits revealed fewer errors in areas where compliance related policies have been implemented?  |     |    |          |
| Upon testing, are the internal controls established by compliance related policies working?  |     |    |          |
| When interviewing employees during an audit or review, do they understand what the compliance policies require?  |     |    |          |
| Has the code of conduct been distributed to the governing body, all officers, all managers, employees, contractors and medical staff?  |     |    |          |
| Has a risk assessment been completed to identify relevant compliance risk areas?   |     |    |          |
| Does the risk assessment tool include an evaluation of Federal health care program requirements, as well as other publications such as OIG CPG's, Work Plans, Special Advisory Bulletins and Special Fraud Alerts? |     |    |          |

| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| COMMUNICATION   |     |    |          |
| Has the agency fostered an organizational culture that encourages open communication, without fear of retaliation?  |     |    |          |
| Have compliance issue communication policies been implemented and maintained?   |     |    |          |
| Are compliance issue reporting mechanisms appropriate to the size of the agency in place?   |     |    |          |
| Are issue reporting mechanisms available to all levels of the agency?   |     |    |          |
| Are compliance issue reporting mechanisms publicized throughout HCA?  |     |    |          |
| Have employees been surveyed to evaluate knowledge of the compliance issue reporting mechanism?   |     |    |          |
| Does evidence show confidence in the issue reporting mechanism?   |     |    |          |
| Has the agency established an anonymous hotline or other similar mechanism so that staff, contractors, patients, visitors and medical staff can report potential compliance issues? |     |    |          |

| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Is the hotline well publicized; are the calls logged, tracked and categorized (to establish possible patterns); does the caller have some way to be informed of the agency's actions? |     |    |          |
| Are the results of internal investigations shared with the agency governing body and relevant departments on a regular basis?   |     |    |          |
| Is the governing body actively engaged in pursuing appropriate remedies to institutional or recurring problems?   |     |    |          |
| Does the agency utilize alternative communication methods, such as a periodic newsletter or compliance intranet site?   |     |    |          |
| TRAINING  |     |    |          |
| Do compliance policies exist requiring employees to receive annual training regarding the compliance program?   |     |    |          |
| Do new employees receive training regarding compliance program within 90 days of employment?  |     |    |          |
| Do employees in high-risk (provider/billing) roles receive annual specialized compliance education/training?  |     |    |          |
|   |     |    |          |

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| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Is compliance training provided to other covered individuals (contract employees, contractors, volunteers)?   |     |    |          |
| Does the content of the training address the operation of the compliance program, substantive issues directly impacting HCA and employees responsibilities?   |     |    |          |
| Does the agency provide qualified trainers to conduct annual compliance training, including general and specific training pertinent to staff's responsibilities?  |     |    |          |
| Are tests utilized to evaluate employee comprehension and to measure the effectiveness of compliance training?  |     |    |          |
| Has the agency evaluated the content of its training and education program on an annual basis and determined that the subject content is appropriate and sufficient to cover the range of issues confronting its employees? |     |    |          |
| Has the agency kept up-to-date with any changes in Federal health care program requirements and adapted its education/training program accordingly?   |     |    |          |
|   |     |    |          |

| FACTORS  Has the agency evaluated the appropriateness of its training format by  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Has the agency evaluated the appropriateness of its training format by reviewing the length of the training sessions; whether training is delivered via live instructors or via computer-based training programs; the frequency of training sessions; the need for general and specific training sessions? |     |    |          |
| Does the agency seek feedback after each session to identify shortcomings in the training program, and does it administer post-training testing to ensure attendees understand and retain the subject matter delivered?  |     |    |          |
| Has the agency formulated the content of its education/training to consider results from its audits and investigations; results from previous training and education programs; trends in hotline reports; OIG, CMS, or other agency guidance or advisories?  |     |    |          |
| Has the agency's governing body been provided with appropriate training on fraud and abuse laws?   |     |    |          |
| Is failure to fulfill compliance training grounds for a covered individuals discipline up to and including termination?  |     |    |          |
| Has the agency documented who has completed the required training?   |     |    |          |

| FACTORS  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Does the Office of Compliance ensure that employees complete required compliance training and take appropriate steps where employees to not?   |     |    |          |
| Is there documentation showing disciplinary action for covered individuals who do not complete compliance training or who do not acknowledge the Code of Conduct?  |     |    |          |
| INTERNAL AUDITING/MONITORING   |     |    |          |
| Is regular auditing and monitoring conducted?  |     |    |          |
| Does a written auditing and monitoring plan exist?   |     |    |          |
| Is the audit plan re-evaluated annually, and does it address the proper areas of concern, considering findings from previous years audits and risk areas identified as part of the annual assessment and high volume services? |     |    |          |
| Does the audit plan include an assessment of billing systems, in addition to claims accuracy, in an effort to identify the root cause of billing errors?   |     |    |          |
| Is the role of the auditors clearly established and are coding and audit personnel independent and qualified, with the requisite certifications?   |     |    |          |

| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Is the audit department available to conduct unscheduled reviews and does a mechanism exist that allows the compliance department to request additional audits or monitoring should the need arise? |     |    |          |
| Has the agency evaluated the error rates identified in the annual audits?   |     |    |          |
| If error rates do not decrease, has the agency conducted further investigation into other aspects of the compliance program in an effort to determine hidden weaknesses and deficiencies?           |     |    |          |
| Does the audit include a review of all billing documentation, including clinical documentation, in support of the claim?  |     |    |          |
| If error rates do not decrease has the agency conducted further investigation into other aspects of the compliance program in an effort to determine hidden weaknesses and deficiencies?            |     |    |          |
| Are major findings communicated to senior management in a timely manner?  |     |    |          |
| When appropriate, have govt. agencies been notified of adverse findings in a timely manner?   |     |    |          |

| FACTORS  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Are overpayments promptly refunded?  |     |    |          |
| Have audit results been disseminated to appropriate groups for corrective action?  |     |    |          |
| Do audit results indicate an understanding and compliance of laws, regulations, rules and policies?                                  |     |    |          |
| Does analysis of repeat audits indicate a trend of improvement in the understanding and compliance with internal/external standards? |     |    |          |
| Are written corrective action plans produced and followed when adverse findings are found?   |     |    |          |
| INVESTIGATION/RESPONSE AND PREVENTION  |     |    |          |
| Is a process in place for investigating reports of suspected noncompliance?  |     |    |          |
| Is a process in place for responding appropriately to discovered noncompliance?  |     |    |          |

| FACTORS  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Has the agency created a response team, consisting of representatives from the compliance, audit and other relevant functional areas, which may be able to evaluate any detected deficiencies quickly? |     |    |          |
| Are all matters thoroughly and promptly investigated?  |     |    |          |
| Are corrective action plans developed that take into account the root causes of each potential violation?  |     |    |          |
| Are periodic reviews of problem areas conducted to verify that the correction action that was implemented successfully eliminated existing deficiencies?   |     |    |          |
| When a detected deficiency results in an identified overpayment, are overpayments promptly reported and repaid to the FI?  |     |    |          |
| If a matter results in a probable violation of law, does the agency promptly disclose the matter to the appropriate law enforcement agency?  |     |    |          |
| Are findings, status and outcomes of investigations reported regularly to appropriate oversight bodies?  |     |    |          |

| FACTORS  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Do oversight bodies record oversight of investigations, response and prevention activities in their Minutes?   |     |    |          |
| Do written policies and procedures exist for responding to government investigations?  |     |    |          |
| Can it be demonstrated that on-going harm is halted promptly upon discovery of non-compliance?   |     |    |          |
| Does a review of closed and on-going investigations show that reports of non-compliance are promptly resolved?   |     |    |          |
| Are the organization's corrective action responses to compliance investigations consistent with legal requirements and with the recommendations of relevant regulatory agencies? |     |    |          |
| Do monitoring efforts indicate that preventative measures taken in response to non-compliance are effective in eliminating future instances of similar non-compliance?           |     |    |          |
| ENFORCEMENT OF DISCIPLINARY STANDARDS  |     |    |          |
| Do P&Ps exist addressing enforcement of compliance standards and discipline of individuals who violate them?   |     |    |          |
|  |     |    |          |

| FACTORS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Are disciplinary standards well publicized, communicated and readily available to all staff?  |     |    |          |
| Are disciplinary standards enforced consistently across the agency?   |     |    |          |
| Is each instance involving the enforcement of disciplinary standards thoroughly documented?   |     |    |          |
| Covered individuals screened before hire/contract to assure they are not excluded by the OIG or GSA?  |     |    |          |
| Are covered individuals checked routinely (at least annually) against government sanction lists, including the OIG's List and the GSA List? |     |    |          |
| Is compliance an element of performance review and incentive compensation decisions?  |     |    |          |