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| **Metrics – 2021****Performance**  | ABC Health System |

This report is intended to provide the board [committee of the board] and senior leaders with regular insight into management’s execution of the compliance and ethics program as well as important metrics related to significant healthcare risks areas facing ABC Health System. In addition, it is intended to facilitate fulfillment of board and management obligations to effectively oversee the development and implementation of an effective compliance and ethics program under the Federal Sentencing Guidelines.

Questions regarding the scorecard or our performance are always welcome.

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| **I. Compliance Program**  | **Performance Metrics** | **Target** | **Q1** | **Q2** | **Q3** | **Q4** | **Comments** |
| **A.** | **Program Operation Leadership, Oversight and Governance**  | 1. Compliance Committee meets quarterly with quorum
 | 100% |  |  |  |  |  |
| 1. Board receives quarterly Compliance metrics reports
 | 100% |  |  |  |  |  |
| **B.** | **Integration of Compliance into Standards, P&P’s**  | 1. New or significantly modified Compliance P&Ps communicated to affected employees and contractors within 60 days
 | 90% |  |  |  |  |  |
| **C.** | **Compliance Education and Training**  | 1. Leaders complete required annual Compliance, Anti-Harassment and Privacy training by due date
 | 98% |  |  |  |  |  |
| 1. Employees complete required annual Compliance and Privacy education by due date
 | 95% |  |  |  |  |  |
| 1. New employees complete required Compliance and Privacy education within 60 days of hire
 | 95% |  |  |  |  |  |
| 1. Conflict of Interest attestations completed by due date
 | 98% |  |  |  |  |  |
| **D.** | **Open Lines of Communication – Ethics and Compliance Line Reporting** | 1. Compliance related investigations closed within 30 days
 | 75% |  |  |  |  |  |
| 1. Privacy/Data Security related investigations closed within 30 days
 | 75% |  |  |  |  |  |
| 1. Number of calls to compliance hotline
 | N/A |  |  |  |  |  |
| 1. Number of compliance calls closed “with merit”
 | N/A |  |  |  |  |  |
| 1. Number of alleged privacy incidents
 | N/A |  |  |  |  |  |
| 1. Leaders timely submit quarterly Legal/Compliance disclosure attestation
 | 90% |  |  |  |  |  |
| **E.** | **Excluded Individual Screening**  | 1. New hires are screened against OIG and GSA exclusion lists upon hire
 | 100% |  |  |  |  |  |
| 1. Existing employees and medical staff members screened against OIG exclusion list monthly
 | 100% |  |  |  |  |  |

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| **II. Substantive Compliance/Auditing and Monitoring**  | **Performance Metrics** | **Target** | **Q1** | **Q2** | **Q3** | **Q4** | **Comments** |
| **A.** | **Admitting/ Registration** | 1. Advance Beneficiary Notice (ABN)
 | 95% |  |  |  |  |  |
| 1. Medicare Secondary Payer (MSP)
 | 95% |  |  |  |  |  |
| 1. Medicare Rights Notifications
 | 95% |  |  |  |  |  |
| 1. Condition of Admission Documentation
 | 95% |  |  |  |  |  |
| 1. Medicare Outpatient Observation Notice
 | 95% |  |  |  |  |  |
| **B.** | **Coding/Middle** | 1. Inpatient coding accuracy rate\*
 | 95% |  |  |  |  |  |
| 1. Outpatient coding accuracy rate+
 | 95% |  |  |  |  |  |
| 1. IP auditor accuracy rate
 | 95% |  |  |  |  |  |
| 1. OP auditor accuracy rate
 | 95% |  |  |  |  |  |
| 1. Physician E&M coding accuracy rate
 | 95% |  |  |  |  |  |
| 1. Timely production of medical records. (30 days)
 | 95% |  |  |  |  |  |
| **C.** | **Billing** | 1. Medicare credit balance report CMS-838 filed timely within 30 days of quarter end
 | 99% |  |  |  |  |  |
| 1. Government payer rebills/refunds completed timely (within 60 days)
 | 95% |  |  |  |  |  |
| 1. Number of voluntary refunds to government
 | N/A |  |  |  |  |  |
| 1. Three-day window accuracy
 | 95% |  |  |  |  |  |
| 1. Government and patient credit balances resolved within 60 days
 | 95% |  |  |  |  |  |
| **D.** | **Care Management** | 1. Medicare admissions reviewed for medical necessity within 24 hours of admission
 | 90% |  |  |  |  |  |
| 1. CDI/Coding queries appropriately worded
 | 95% |  |  |  |  |  |
| 1. Clinical denial rates below x
 | 10% |  |  |  |  |  |
| **E.** | **Physician Transactions****(anti-kickback, Stark, etc.)** | 1. No contract services until contract fully executed
 | 98% |  |  |  |  |  |
| 1. Payments consistent with contract terms
 | 98% |  |  |  |  |  |
| 1. Physician lease payments timely received
 | 95% |  |  |  |  |  |
| 1. New leaders complete Physician Transaction training within 60 days
 | 95% |  |  |  |  |  |
| **F.** | **Privacy/Data Security** | 1. Average number of potentially malicious emails blocked each day
 | N/A |  |  |  |  |  |
| 1. Average number of potentially malicious intrusion attempts detected each day
 | N/A |  |  |  |  |  |
| 1. Number of significant security incidents
 | N/A |  |  |  |  |  |
| 1. Number of confirmed privacy incidents
 | N/A |  |  |  |  |  |
| 1. Number of patients impacted by confirmed privacy breaches
 | N/A |  |  |  |  |  |
| **G.** | **Internal Audit** | 1. Audit Corrective Action Plans implemented timely
 | 90% |  |  |  |  |  |

\*IP coding accuracy is measured by DRG accuracy (95%) and principal diagnosis, MCC, CC, Secondary DX, discharge disposition, procedure code, POA accuracy and query accuracy (all 90%).

+OP coding accuracy is measured by facility E/M, facility CPS, modifier and ICD-10 accuracy (all 90%) individually, 95% overall.