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Sponsor:	<i>Brian Kozik: SVP, COMPLIANCE &amp; PRIVACY</i>
Section:	<i>GA-Corporate Compliance</i>
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## GA-004-345 Compliance Audit and Monitoring

### I. Purpose

In accordance with the mission of Broward Health, the role of the Corporate Compliance Audit and Monitoring function is to ensure compliance with applicable laws and with the organization's compliance standards by utilizing auditing and monitoring practices to detect criminal or other improper conduct by Broward Health Workforce Members. The Corporate Compliance Audit and Monitoring function fulfills this role by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of the department's risk management, control, and governance processes.

The purpose of this policy is to establish a policy and procedure for evaluating Broward Health's compliance with the Corporate Compliance Program and applicable Federal and/or State rules and regulations.

### II. Key Terms

**Chief Compliance Officer (CCO):** The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

**Compliance Audit:** Defined under this policy as a comprehensive review of an organization's adherence to regulatory guidelines.

**Compliance Monitoring:** Defined under this policy is a monitoring process involving ongoing "checking" and "measuring" to ensure quality control. The process of monitoring is generally less structured than auditing and is typically performed by departmental staff. Monitoring involves daily, weekly, or other periodic spot checks to verify that essential functions are being adequately performed and that processes are working effectively and efficiently. The process of monitoring can indicate the need for a more detailed audit.

**Compliance Work Plan:** Each year, the Compliance Department shall develop a Compliance Work Plan utilizing the data from the Risk Assessment, Office of Inspector General's Work Plans and other areas identified by the SVP/Chief Compliance Officer (CCO) or his or her designee. The Compliance Work Plan shall be finalized and issued annually on or before January.

**Departmental Monitoring:** Department reviews to test on an ongoing basis compliance with policies, procedures, and applicable laws. Monitoring is performed as part of the day-to-day operations.

**Risk Assessments:** Each year, the Corporate Compliance Department shall perform a compliance risk assessment to analyze and prioritize areas of risk.

**Workforce Member:** Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

### III. Policy

1. The Executive Compliance Group (ECG) and the Board Compliance Committee will oversee compliance audits and departmental monitoring. Compliance audit and departmental monitoring is designed to evaluate Broward Health's compliance with government regulations, contractual agreements, and all applicable Federal and State laws, as well as Broward Health policies, procedures, and Code of Conduct to protect against non-compliance and potential fraud, waste and abuse. Areas of potential risk that should be considered to be part of the Broward Health Compliance Program Work Plan are to include but are not limited to:
  - a. Billing process and systems (including claims accuracy, adequacy of documentation, and coding);
  - b. Advance Beneficiary Notice of Non-coverage for Medicare beneficiaries;
  - c. Medical necessity, quality, and written physician orders;
  - d. Record retention;
  - e. Waivers of deductibles, coinsurance, and patient balance write-offs;
  - f. Marketing interactions and relationships with patients;
  - g. Relationships with third-parties and vendors;
  - h. Excluded individuals and entities;
  - i. Reporting and responding to compliance concerns;
  - j. Emails and other electronic communications;
  - k. Privacy and confidentiality;
  - l. Medical research;
  - m. Conflicts of interest; and
  - n. Other areas identified by the SVP/Chief Compliance Officer (CCO), Executive Management, or his or her designee, as compliance risk areas.
2. The CCO is responsible for overseeing compliance audits and reporting the results of those audits to the ECG and Board Compliance Committee. The ECG and subordinate management staff is responsible for overseeing departmental monitoring and ensuring that the monitoring is properly

executed.

3. General Counsel will be consulted, as necessary, with respect to audit and monitoring activities.
4. The Corporate Compliance Department will develop a Compliance Audit Plan. Generally, the Compliance Audit Plan shall consist of periodic compliance audits to assess and enhance the implementation, operation, and effectiveness of the Corporate Compliance Program.
5. The Compliance Audit Plan may be based at least in part on the results of the compliance risk assessment. The Compliance Audit Plan and subsequent revisions will be reported to the ECG, Board Compliance Committee, and Board of Commissioners, as necessary.
6. All compliance audits and departmental monitoring activities are conducted in such a manner as to maintain any appropriate legal privileges, including the attorney-client, work product, quality management and self-evaluative privileges, as applicable.
7. The results of all compliance audit and departmental monitoring functions will be provided to the CCO, who shall then report such results to the ECG, Board Compliance Committee, Chief Executive Officer (CEO), and the Board of Commissioners, as necessary.
8. The reports provided to the Board of Commissioners will include: updates on completion status of individual Compliance Work Plan items and also include requests for additional resources, as needed. This will aid the Board of Commissioners in tracking and measuring the progress of the Compliance Department in meeting the Compliance Work Plan goals.
9. In the event an audit or review reveals potential violations or areas of improvement, Management will take the appropriate corrective action in accordance with Broward Health's policies and procedures. In addition, the CCO is responsible for verifying that the a corrective action has been implemented.
10. As appropriate, the CCO is responsible for the following, in response to a potential violation: Conducting an investigation;
  - a. Advising enforcement and discipline, if warranted;
  - b. Development of a plan of correction with Management to ensure a plan of correction has been completed;
  - c. Working with Management in modifying Broward Health's policies and procedures, if necessary and to the extent feasible;
  - d. Reporting to applicable government agencies, including submission of any overpayments made to Broward Health within sixty (60) days of being identified.

#### **IV. Procedures**

##### **A. Oversight**

1. Compliance audit and departmental monitoring processes shall be conducted by the Corporate Compliance Department and under the supervision of the CCO.
2. The CCO recommends and facilitates auditing and monitoring processes for identified risk areas related to compliance with rules and regulations, as well as Broward Health policies, procedures, and Code of Conduct.
3. The CCO and executive management will verify the completion of compliance audits and any corrective action measures arising from them.
4. The members of the Corporate Compliance Department will have unrestricted access to all system records relevant to the audit.

5. An enterprise-wide Risk Assessment will be developed and focus on identifying and evaluating risks to Broward Health including testing the existence, adequacy, and effectiveness of internal controls and lead to the development and implementation of auditing and monitoring plans of those identified areas of risk.
6. Both the Internal Audit Department and the Corporate Compliance Department will consider the results of the enterprise-wide Risk Assessment process in developing their audit plans. Similarly, management, through the ECG, will create a monitoring plan to address risks to Broward Health.
7. The CCO will develop an Audit Work Plan to include identified high-risks in operational areas, identified risks proposed on the OIG Work Plan, and potential non-compliance with the Corporate Compliance Program.
8. The Compliance Work Plan is subject to change throughout the year contingent upon additions based on the Risk Assessment, OIG Work Plan, or issues found through the Disclosure Program.

**B. Audit**

1. The Compliance Audit process will be conducted in accordance with applicable standards as set forth in the Broward Health Audit Manual and will operate under the Management and direction of the CCO.
2. Risk Assessment Formula will be followed as stated in the *Standard Operating Procedure for Enterprise Risk Management Risk Assessment, Review, and Response Process, Procedure #: GA-004-345-001.*
3. For audit preparation, the Auditors will:
  - i. Gather information and conduct interviews, as necessary, to gain an understanding of the operation or system under review;
  - ii. Research pertinent policies, procedures, guidelines, and regulations to assess the level of compliance of the processes being reviewed; and
  - iii. Provide written documentation of findings and provide sufficient evidence to support the findings.

**C. Monitoring**

1. All departmental managers throughout the organization are responsible for ongoing monitoring of compliance risks within their area of work.
2. Departmental managers are responsible for establishing and maintaining systems to ensure appropriate resolution and implementation of corrective actions, including the development and maintaining an inventory of existing internal controls, policies and procedures to address its compliance risks. These risks must be disclosed to the Corporate Compliance Department.
3. The Corporate Compliance Department may monitor risk areas when deemed necessary by conducting an informal observation, monitoring of specific data elements, or in some instances, a subsequent audit.

**D. Resolution**

1. The resolution process will include all actions required to fully correct all issues. Depending on the nature of the problems involved, each resolution will include:

- a. Timely correction of management, system and program compliance issues/deficiencies;
  - b. Monitoring to ensure that the corrective actions on significant deficiencies were adequately implemented to resolve the problem and ensure that it does not recur; and
  - c. Verification that the corrective actions are operating effectively.
2. Management officials shall maintain an audit/review resolution file(s) or other appropriate records to fully document and justify all actions taken to resolve findings that include corrective action recommendations.
  3. Management is responsible for monitoring implementation of corrective actions until the identified deficiencies are corrected.
  4. If the follow-up review shows that unit has not completed all actions needed to fully correct the deficiencies, the manager shall notify the CCO and report on the further actions needed and completion dates. Thereafter, the manager will continue to follow-up until he/she is satisfied that deficiencies are fully and effectively corrected.
  5. The CCO may independently direct a follow-up review to verify that corrective actions were successful.
  6. The CCO will make regular reports to the ECG and the Board Compliance Committee on the status of all actions.

#### **V. Related Policies and Compliance Documents**

- Broward Health Code of Conduct
- Broward Health Compliance Department Audit Manual
- Compliance Investigations, Policy No. GA-004-008
- Deficit Reduction Act, Policy No, GA-004-285
- Enforcement and Discipline, Policy No. GA-004-238
- Overpayments, Policy No. GA-004-493
- Reporting of Information Privacy and Security Incidents, Policy No. GA-004-150
- Compliance Audit Plan of Correction, Standard Operating Procedure, GA-004-345-002
- Enterprise Risk Management Risk Assessment, Review, and Response Process, Standard Operating Procedure, GA-004-345-001

#### **VI. References**

Institute of Internal Auditors (IIA) International Standards for the Professional Practice of Internal Auditing. <https://na.theiia.org/standards-guidance/mandatory-guidance/pages/standards.aspx>

Department of Health and Human Services Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals. 70 Fed Reg. 19, 4858, 4858 (January 31, 2005).  
<http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

Department of Health and Human Services Office of Inspector General. Publication of the OIG Compliance Program Guidance for Hospitals. 63 Fed. Reg. 35, 8987, 8987 (Feb. 23, 1998).

<http://oig.hhs.gov/authorities/docs/cpghosp.pdf>

Broward Heath Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

## Attachments

[Standard Operating Procedure for Compliance Audit Plan of Correction, Policy No. GA-004-345-002](#)  
[Standard Operating Procedure for Enterprise Risk Management Risk Assessment, Review, and Response Process, Policy No. GA-004-345-001](#)

## Approval Signatures

Step Description	Approver	Date
Final Approver	Brian Kozik: SVP, COMPLIANCE & PRIVACY	08/2020
	Jennifer Mosley: EXEC SECRETARY/ANALYST	08/2020