



POLICY TITLE: Ongoing Monitoring of Clinical Practice Incident Reports for Code of Ethics Violations

Responsible Department: Audit and Compliance

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Summary & Purpose:

To ensure reported clinical practice concerns are uniformly evaluated for potential violations of Baptist Health's Code of Ethics and regulations governing submissions of claims to third party payors.

Policy:

South Miami Hospital exercises due care to continuously monitor and evaluate clinical practice concerns that could violate Baptist Health's Code of Ethics and impact regulations governing submission of claims to third party payors.

SCOPE/APPLICABILITY:

Audit and Compliance Department and all other departments that may be involved in the resolution of clinical practice concerns.

PROCEDURES TO ENSURE COMPLIANCE:

1. All employees and health care providers have the duty to report incidents to the Risk Management Department. These reporting requirements include any occurrence, accident or event that is not anticipated and has the potential to result in injury or that is not consistent with the routine care of the patient, or the routine operation of the facility. These clinical practice concerns are reported via the on-line incident reporting system.
2. The SMH Compliance Officer will periodically educate those departments involved in the resolution of clinical practice concerns to identify and report matters that may violate the Code of Ethics and regulations governing submissions of claims to third party payors.
3. Periodically, the SMH Compliance Officer will evaluate concerns documented in the SMH Risk Management incident reporting system with the following event types:

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

PRO DELAY OF PROCEDURE/TREATMENT
CDM DOCUMENTATION INCOMPLETE/ILLEGIBLE/MISSING
PHY FAILURE TO RESPOND TO CALL/PAGE
PC FAILURE TO FOLLOW POLICY & PROCEDURES
CDM DEVIATION FROM CONSENTED PROCEDURE
PHY DELAY IN CARE
CDM INCOMPLETE/INCORRECT/IMPROPER CONSENT OBTAINED
CDM INCORRECT INFORMATION IN MEDICAL RECORD
MED DELAY
PRO CANCELLATION
PRO ADDITIONAL UNPLANNED PROCEDURE
PRO RETURN TO SURGERY/PROCEDURE
PHY FAILURE TO PROVIDE ADMITTING/DISCHARGE ORDERS
PHY FAILURE TO ARRIVE AT APPOINTED TIME
PHY POSSIBLE FAILURE TO PROVIDE APPROPRIATE TREATMENT
GRI FINANCIAL ISSUES

4. Periodically, the SMH Compliance Officer will evaluate concerns documented in the SMH Quality Management incident reporting system that have been classified as Review or Rule events.
5. When a situation is identified that violates the Code of Ethics and has the potential to cause inaccurate claims, the SMH Compliance Officer shall immediately notify the Chief Compliance Officer.
6. Prompt steps will be taken to remedy the situation, including analyzing the situation to determine if the potential exists that erroneous claims were previously submitted in accordance with BHSF Policy 807 Compliance Audits and Investigations.
7. Annually, the SMH Compliance Officer will examine the Risk Management event types to ensure adequacy of events being monitored on an ongoing basis.

SUPPORTING/REFERENCE DOCUMENTATION:

- United States Federal Sentencing Guidelines
- Office of the Inspector General Compliance Program Guidance for Hospitals
- Office of the Inspector General Supplemental Compliance Program Guidance for Hospitals
- South Miami Hospital Corporate Integrity Agreement

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- BHSF Administrative Policy: 807 Compliance Audits and Investigations
- BHSF Administrative Policy: 819 Code of Ethics Policy – Audit and Compliance
- SMH Administrative Policy: 819 Code of Ethics Policy
- BHSF Administrative Policy: 820 Appropriate Discipline for Compliance Program Violations – Audit and Compliance
- SMH Administrative Policy: 820 Appropriate Discipline for Compliance Program Violations
- BHSF Administrative Policy: 822 Non-Retaliation for Reporting Potential Violations or Actual Violations of the Code of Ethics – Audit and Compliance
- SMH Administrative Policy: 822 Non-Retaliation for Reporting Potential Violations or Actual Violations of the Code of Ethics

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

- BHSF Administrative Policy: 824 Review and Resolution of Accounts with Potential Billing Discrepancies – Audit and Compliance
- SMH Administrative Policy: 824 Review and Resolution of Accounts with Potential Billing Discrepancies
- BHSF Administrative Policy: 825 Compliance Training – Audit and Compliance
- SMH Administrative Policy: 825 Compliance Training
- BHSF Administrative Policy: 845 Compliance with Regulations Governing Third Party Billing – Audit and Compliance
- SMH Administrative Policy: 845 Compliance with Regulations Governing Third Party Billing – Audit and Compliance
- BHSF Administrative Policy: 851 Reporting and Returning Overpayments Received from Federally Funded Healthcare Programs
- SMH Administrative Policy: 851 Reporting and Returning Overpayments Received from Federally Funded Healthcare Programs

ENFORCEMENT & SANCTIONS:

Enforcement of this policy is the responsibility of Baptist Health South Florida’s Audit and Compliance Department. Failure to comply with or report a violation of a compliance program policy can lead to disciplinary action up to and including termination.