

SAMPLE CATHOLIC HEALTH INITIATIVES CORPORATE RESPONSIBILITY PROGRAM FY 2007 MBO RISK ASSESSMENT MATRIX -- *NON CRITICAL ACCESS VERSION*

The purpose of the assessment is to determine the primary legal standards with which Catholic Health Initiatives (CHI) Market Based Organizations (MBOs) must comply, assess policies and systems currently in place that address these areas, and, if appropriate, incorporate them into the proposed Corporate Responsibility Program. This form of assessment is for non-critical access MBOs (a separate form exists for critical access MBOs).

MBO Name:

	<i>ISSUE</i>	Yes	In Process	No	N/A	<i>SPECIFY POLICIES OR DOCUMENTED PRACTICES TO ENSURE COMPLIANCE*</i>
A.	<i>GENERAL ISSUES APPLICABLE TO ALL MBO ENTITIES</i>					
	Anti-Kickback and Self-Referral Laws					
1.	Has the MBO implemented the Corporate Responsibility Program (CRP) Plan document? (1)					
1.a.	Are all applicable employees periodically trained with regard to the CRP? (1.a)					
1.b.	Are employees appropriately disciplined for any failure to comply with the CRP? (1.b)					
2.	Have all management personnel responsible for overseeing physician contracting been educated on CHI's physician transaction review policies/guidelines? (2)					
2.a.	Has each MBO assigned an appropriately trained and qualified individual to oversee physician contracting? (new)					
3.	Do all contracts and other financial arrangements with actual and potential referring physicians comply with CHI's physician transaction review policies/guidelines? (3)					
4.	Does the MBO have policies/guidelines and procedures that: (4)					
4.a.	Ensure all financial relationships with physicians are documented in a written agreement, signed by the applicable physician as well as the designated MBO representative? (4.e)					

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4.b.	Ensure all physician agreements are reviewed periodically to ensure the agreement is still in effect or, if it is expired or about to expire, that a renewal or new agreement is put in place immediately? (new)					
4.c.	If there are separate written agreements that relate to multiple financial relationships between a physician/group and an MBO (or other provider), does each agreement cross-reference the other, or is a written master list maintained that references each agreement? (new)					
4.d.	Address soliciting, accepting, or receiving any gift or gratuity of more than nominal value from physicians, potential referral sources, vendors and others with which the MBO has a business relationship (see CHI Policy Governing Requesting or Accepting Gifts from Business Sources)? (4.a)					
4.e.	Has the CHI vendor site visit frequently asked questions document (10-18-06 CRO Update) been communicated to applicable individuals within the MBO? (new)					
4.f.	Ensure all contracts and other financial arrangements provide for compensation or other benefits that are consistent with fair market value, not taking into account any referrals or potential referrals (except upon approval by legal counsel, such as in physician recruitment arrangements)? (4.b)					
4.g.	Identify and avoid contracts that require or are based on referrals between the parties, or that restrict the other party from establishing medical staff privileges, referring to, or doing business with non-CHI entities (unless approved by legal counsel)? (4.c)					
4.h.	Ensure that: (i) all medical director or physician consulting agreements require the physician to keep detailed time records documenting his/her services, and (ii) time records are regularly reviewed to ensure compliance with the physician's contractual obligations? (4.d)					

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4.i.	Ensure all physician agreements are reviewed periodically to ensure the physician is complying with the terms, that compensation remains consistent with fair market value, and that the agreement has not expired? (4.f)					
5.	With regard to courtesy discounts:					
5.a.	Are courtesy discounts made available to medical staff members (or affiliated physicians), their immediate family members or their employees? List any courtesy discounts provided. (5.a)					
5.b.	Are employees offered patient/resident discounts for items/services received at the MBO? (5.b)					
5.c.	Does the MBO offer or provide patients/residents discounted or free services and items that fall outside the CHI Uninsured/Underinsured Patient Discounts (Charity Care) policy or the MBO's official write-off policies? If so, please list. (5.c)					
6.	Are rebates and discounts received from suppliers and vendors: (6)					
6.a.	In compliance with the anti-kickback statute discount safe harbor? If not, please define. (6.a)					
6.b.	Reflected on the MBO's cost report(s) (if the MBO files a cost report)? (6.b)					
7.	Is there a comprehensive list of all financial relationships with potential referral sources? This list should include: (7)					
7.a.	Payments to physicians for services (e.g., medical directorships, coverage, income guarantees)? (7.a)					
7.b.	Consulting services and physician recruitment? (7.b)					
7.c.	Leases of office space and/or equipment to or from referral sources? (7.c)					
7.d.	Loans to physicians? Do all loans charge a commercially reasonable rate of interest and provide for adequate security (unless in a valid physician recruitment arrangement)? (7.d)					

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7.e.	Provision of free or discounted goods and services, including the provision of free staff, space and/or supplies? (7.e)					
7.f.	Is the appropriateness of providing any free or discounted services documented? (7.f)					
7.g.	Cross-referral arrangements with other healthcare providers? Have all cross-referral arrangements been approved by legal counsel? (7.g)					
7.h.	Arrangements with marketing representatives? Do marketing arrangements avoid commission-based compensation, unless the marketer is a W-2 employee? (7.h)					
7.i.	Routine waiver of deductibles and coinsurance without an individualized determination of financial need or otherwise meeting a “safe harbor?” (7.i)					
7.j.	Other (please specify)? (7.j)					
8.	Have the financial relationships defined above been reviewed for compliance with the federal anti-kickback statute and physician self-referral statute (Stark law) as well as corresponding state laws? (8)					
9.	Does the MBO ensure that compensation for billing department personnel and billing consultants does not provide any financial incentive to increase reimbursement? (9)					
	Gainsharing (<i>Applicable to hospitals and physician practices</i>)					
10.	Has the hospital or any MBO-owned physician group(s) entered into any “gainsharing” programs? (10)					
	Ethics at Work					
11.	Are the <i>Ethics at Work</i> Acknowledgement and Receipt cards retained on file by the MBO, and available for review by the MBO CRO? (11)					

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12.	Was the November 2006 EAW Addendum circulated to all employees, volunteers, medical staff members, and board and board committee members before January 1, 2007 in support of the compliance provisions of the 2005 Deficit Reduction Act? (new)					
12.a.	Has a process been developed to ensure new employees and volunteers, newly credentialed medical staff members, and newly appointed board and board committee members receive the EAW and the Addendum within 30 days? (new)					
Compliance Reporting						
13.	Do MBO employees know who the designated CRO is and how to contact that person? Specify how the MBO communicates this information to employees. (12)					
14.	Does the MBO regularly provide information to employees regarding the CRP Ethics at Work Line (including the phone number) and the CHI Reporting Process for reporting CRP concerns? Specify how the MBO communicates this information and how often. (13)					
Excluded Providers						
15.	Does the MBO have an established process to screen and periodically recheck the following in the OIG and GSA excluded provider databases in accordance with CHI's Excluded Provider Policy: (14)					
15.a.	Employees? (14.a)					
15.b.	Temporary employee agencies? (14.b)					
15.c.	Vendors? (14.c)					
15.d.	Contracted individuals and entities? (14.d)					
15.e.	Practitioners (credentialed and non-credentialed) who order procedures or tests? (14.e)					

* Column "Specify Policies or Documented Practices to Ensure Compliance" must be completed for each Issue. Examples may include, but are not limited to: 1) specific policies and procedures, 2) current documented practices, 3) specific education or materials developed and provided to applicable staff, 4) sample forms or documents, 5) etc., that satisfy compliance with the issue/question. If a mandated CHI policy exists, the MBO must adopt the policy. At a minimum, the MBO must document practices supporting its compliance efforts.

Note: Any shaded rows do not require a response.

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