

 <p>HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"</p> <p>POLICY</p>	<p>Quality Through Compliance</p>	<p>Policy No.:</p> <p>CMP 010A</p>
		<p>Revision No.:</p> <p>2</p>
<p>Subject:</p> <p>Compliance Reporting Standards</p>	<p>Issued by:</p> <p>Audit and Compliance Committee</p>	<p>Effective Date:</p> <p>October 13, 2011</p>
	<p>Approved by:</p> <p><i>Carol A. Van Camp</i> HHSC Board of Directors by: Carol A. Van Camp Its: Secretary/Treasurer</p>	<p>Supersedes Policy:</p>
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I. **PURPOSE:** To establish reporting and documentation standards for compliance related issues.

II. **DEFINITIONS:**

Audit and Compliance Committee: A subcommittee of the Hawaii Health Systems Corporation (HHSC) Board of Directors with chief responsibility for oversight of the HHSC Corporate Compliance Program.

Chief Compliance and Privacy Officer: HHSC employee with primary responsibility for the operation of the Corporate Compliance Program.

Regional Compliance Officer: Position established at each of HHSC's regions with responsibility for the oversight of regional compliance operations.

Corporate Compliance Committee: A committee established as a subject matter expert group in compliance issues.

HHSC System Compliance Log: A database developed internally or subscribed to externally that allows the entering and tracking of all compliance related issues throughout HHSC facilities and the Corporate Office.

III. **POLICY:**

- A. The Chief Compliance and Privacy Officer will ensure the development of necessary reporting tools, tracking measures, and databases for compliance related issues. These will include, but are not limited to HHSC System Compliance Log, physician financial arrangements, coding compliance issues, and credit balances.
- B. The Corporate Compliance and Privacy Officer and each Regional Compliance Officer will enter all data into the HHSC System Compliance Log and will maintain the information in the database for their respective compliance issues.

- C. The Chief Compliance and Privacy Officer and each Regional Compliance Officer will facilitate the maintenance of reporting data for any other compliance reporting tools.
- D. All reports will be reviewed by the Chief Compliance and Privacy Officer and as necessary sent to the Corporate Compliance Committee and the Audit and Compliance Committee of the HHSC Board of Directors for approval on a quarterly and/or annual basis.
- E. The Audit and Compliance Committee will refer any report or issue to the HHSC Board of Directors on an as needed basis. However, if necessary, the Chief Compliance and Privacy Officer may bring any compliance issue directly to the HHSC Board of Directors.
- F. The Chief Compliance and Privacy Officer and each Regional Compliance will maintain appropriate files and information to support, document, and will substantiate any compliance issue raised, investigation conducted, and resolution obtained. All documentation shall be retained according to the established retention schedule (See CMP0008 "Retention of Medical and Other Records").

IV. APPLICABILITY: All HHSC facilities and Corporate Office.

V. AUTHORITIES: HHSC Corporate Compliance Plan (CMP 0001); and authorities within CMP 0008 Retention of Medical and Other Records.