Policy Title: Compliance Log			
Department Responsible: THN Compliance & Integrity	**Policy Number:** CIT-003	**THN's Effective Date:** January 1, 2022	**Next Review/Revision Date:** September 30, 2024
Title of Person Responsible: THN Director of Compliance	**THN Approval Council:** The Compliance and Privacy Committee	**Date Approved:** June 9, 2023	**Date Approved by THN Board of Managers:** **August 15, 2023**

I. **Purpose**. The purpose of CIT-003 is to identify the required fields in Triad HealthCare Network's (THN's) Compliance Log, as defined in CPE-001, and how this information should be maintained.

II. **Policy**. THN's Compliance Officer should respond to all compliance reports and maintain a Compliance Log on SharePoint with a brief summary of the matter and other required information, as specified below, for a period of no less than 10 years.

III. **Procedure.**

A. As set forth in CIT-002, THN provides THN Related Individuals with several ways to report any activity, practice, or arrangement someone may believe, in good faith, violates or may violate laws or regulations or THN's Compliance Plan, Code of Conduct, or Policies and Procedures.

B. THN's Compliance Officer (or his/her designee) must maintain a Compliance Log on SharePoint of all compliance reports, including, but not limited to, reports made in person, via e-mail, or other written form, or through the Confidential Compliance Helpline.

C. The Compliance Log should, at a minimum, include for each compliance report the following:

1. **Issue:**
    a. Issue type.
    b. Issue summary.
    c. Date identified.
    d. How the issue was discovered.
    e. Root cause.
    f. Date THN's Compliance Officer was notified.
2. **Impact:**

a. Name of person who received the information, including member ID # if member.
b. Name of member(s) and member ID (s) impacted.
c. How was the disclosure delivered? (Written/Verbal)
d. Number of impacted members.
e. Data inappropriately disclosed. (e.g., name, date of birth, address, diagnosis, procedure codes, etc.)
f. Did the recipient destroy the errant information? (Y/N)
g. Was the Destruction of PHI Certification form sent? (Y/N)
h. Was the Destruction of PHI Certification form received? (Y/N)

3. **Corrective Action Plan (CAP):**
   a. Detailed description of CAP if one is in place.
   b. Date CAP was initiated, if applicable.
   c. Date of estimated CAP implementation, if applicable.
   d. Actual date CAP was implemented, if applicable.
   e. Were provider(s) notified? (Y/N)
   f. Date provider(s) notified, if applicable.
   g. Were impacted member(s) notified? (Y/N)
   h. Date notified, if applicable.
4. **CMS:**
   a. Date CMS was notified, if applicable.

D. THN's Compliance Officer, or his/her designee, shall maintain all relevant documents and notes related to each Compliance Log entry, in accordance with THN's document retention policies but, in no case, for a period of less than 10 years.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published
August 2022	X		No changes
December 2022	X		Reviewed for REACH – no changes