COMPLIANCE PROGRAM ASSESSMENT FORM

Person Completing Assessment:

Title of Person Completing Assessment:

Date Assessment Completed:

	Description	Yes	No	Evidence of Compliance	Action Plan \ Responsible Persons
Element 1: Designated Compliance Officer in Compliance Committee					
A.	Has a Compliance Officer been designated who is responsibility for the day-to-day operation of the compliance program?				
B.	Is the Compliance Officer's duties related solely to compliance?				
C.	If the Compliance Officer's compliance duties are combined with other duties, are the compliance responsibilities satisfactorily carried out?				
D.	Does the Compliance Officer report directly to the entity's chief executive or other senior administrator?				
E.	Does the compliance officer have direct access to the governing body, the president or CEO, all senior management, and legal counsel?				

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F.	Does the Compliance Officer have independent authority to retain outside legal counsel?				
G.	Does the Compliance Officer have a good working relationship with other key operational areas, such as internal audit, coding, billing, and clinical departments?				
H.	Does the Compliance Officer make regular reports to the Board of Directors and other hospital management considering different aspects of the hospitals compliance program?				
I.	Is there an active compliance committee, comprised of trained representatives of each of the relevant functional departments, as well as senior management?				
J.	Are *ad hoc* groups or task forces assigned to carry out any special missions, such as conducting an investigation or evaluating a proposed enhancement to the compliance program?				

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K.	Does the compliance department have sufficient resources (staff and budget practices), training, authority, and autonomy to carry out the mission?				

Element 2: Compliance Policies and Procedures, including Standards of Conduct

A.	Do you have written policies and procedures that describe compliance expectations in a code of conduct or code of ethics?				
B.	Are policies and procedures clearly written, relevant to day to day responsibilities, readily available to those who need them, and reevaluated on a regular basis?				
C.	Do you have written policies and procedures that provide guidance to *employees* on dealing with potential compliance issues?				
D.	Do you have written policies and procedures that provide guidance to *others* on dealing with potential compliance issues?				

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E.	Do you have written policies and procedures that provide guidance on how to communicate compliance issues to appropriate compliance personnel?				
F.	Do you have written policies and procedures that provide guidance on how potential compliance problems are investigated and resolved?				
G.	Do you monitor staff compliance with internal policies and procedures?				
H.	Have the standards of conduct and distributed to all directors, officers, managers, employees, contractors, and medical and clinical staff members?				

Element 3: Open Lines of Communication

A.	Has the hospital fostered an organizational culture that encourages open communication, without fear of retaliation?				

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B.	Has the hospital established an anonymous hotline or other similar mechanisms of the staff, contractors, patients, visitors, and medical and clinical staff members can report potential compliance issues?				
C.	How well is the hotline publicized; how many and what types of calls received; are calls logged (to establish possible patterns); and is the caller informed of the hospital's actions?				
D.	Is there a method in place for *confidential* good faith reporting of potential compliance issues as they are identified?				
E.	Are all instances of potential fraud and abuse investigated?				
F.	Are the results of internal investigation shared with the hospital governing body and relevant departments on a regular basis?				

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G.	As the governing body actively engaged in pursuing appropriate remedies to institutional or recurring problems?				
H.	Does the hospital utilize alternative communication methods, such as a periodic newsletter or compliance Internet website?				

Element 4: Training and Education

A.	Is training and education provided to *all affected employees* on compliance issues, expectations and the compliance program operation?				
B.	Is compliance training part of the orientation for *new employees*?				
C.	Is compliance training part of the orientation for *students*?				
D.	Is compliance training part of the orientation for *executives?*				

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E.	Is training and education provided to *all governing body members* on compliance issues, expectations and the compliance program operation?				
F.	Is compliance training part of the orientation for *new governing body members*?				
G.	Does the compliance training occur periodically?				
H.	Does the hospital provide qualified trainers to conduct annual compliance training for staff, including both general and specific training pertinent to the staff's responsibilities?				
I.	Has the hospital evaluated the content of its training and education program on an annual basis and determined that the subject content is appropriate and sufficient to cover the range of issues confronting its employees?				

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J.	Has the hospital kept up-to-date with any changes in Federal health care program requirements and adapted its education and training program accordingly?				
K.	Has the hospital formulated the content of its education and training program to consider results from its audits and investigations; results from previous training and education programs; trends and hotline report; and OIG, CMS, or other agency guidance or advisories?				
L.	Has the hospital evaluated the appropriateness of its training format by reviewing the length of the training stations; whether training is delivered via live instructors or via computer – based training programs; the frequency of training stations; and the need for general and specific training sessions?				

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M.	Does the hospital seek feedback after each session to identified shortcomings in the training program and does it administer post-training testing to ensure attendees understand and retain the subject matter delivered?				
N.	Has the hospital's governing body been provided with appropriate training or fraud and abuse laws?				
O.	Has the hospital documented who has completed the required training?				
P.	Has the hospital assessed whether to impose sanctions for failing to attend training or to offer appropriate incentives were attending training?				

Element 5: Internal Monitoring and Auditing

A.	Is there a system in place for routine identification of compliance risk areas specific to your provider type?				

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B.	Has the hospital developed a risk assessment tool, which is reevaluated on a regular basis, to assess and identify weaknesses and progress in operations?				
C.	Does the risk assessment tool include an evaluation of Federal health care program requirements, as well as other publications, such as the OIG's CPGs, work plans, special advisory bulletins, and special fraud alerts?				
D.	Is there a system in place for self-evaluation of the risk areas, including internal audits and as appropriate external audits?				
E.	Is there a system in place for evaluation of potential or actual non-compliance as a result of self-evaluations and audits?				
F.	Is the audit plan regularly reevaluated to address the proper areas of concern, considering, i.e., findings from recent RAC audits?				

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G.	Does audit plan include an assessment of billing systems, in addition to claims accuracy, in an effort to identify the root cause of billing errors?				
H.	Is the role of the auditors clearly established and are coding and audit personnel independent and qualified, with the requisite certifications?				
I.	Is the audit department available to conduct unscheduled reviews?				
J.	Does a mechanism exists that allows the Compliance to request additional audits or monitoring should the need arise?				
K.	Has the hospital evaluated the error rates identified in the annual audits?				
L.	If the error rates are not decreasing, has further investigation into other aspects of the Compliance Program been investigated to determine hidden weaknesses and deficiencies?				

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M.	Are employees, contractors and medical and clinical staff members checked on a monthly basis against government sanction lists including the OIG's list of excluded individuals/entities (LEIE) and the System for Award Management's (SAM) excluded parties listing system?				
N.	Are employees, contractors and medical and clinical staff members checked on a monthly basis against state sanction lists?				
	Does the auditing and monitoring system include review of all billing documentation, including clinical documentation, and support of the claim?				

Element 7: A system for routine identification of compliance risk areas

Element 8: A policy of non-intimidation and non-retaliation

Element 6: Response to Detected Deficiencies

A.	Is there a system in place for responding to compliance issues as they are raised?				
B.	Is there a system in place for investigating potential compliance problems?				

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C.	Are all compliance problems, as identified in the course of self-evaluations and audits, promptly responded to?				
D.	Are all compliance concerns thoroughly and promptly investigated?				
E.	Are compliance issues identified and reported to Legal Counsel and the appropriate Legal Agency?				
F.	Is a root cause analysis completed of each potential violation?				
G.	Are corrective action plans developed that take into account the root causes of each potential violation?				
H.	Are procedures, policies and systems updated as necessary to reduce the potential for recurrence?				
I.	Are periodic reviews of problem areas conducted to verify that the corrective action that was implemented successfully eliminated existing deficiencies?				

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J.	If the matter results in a probable violation of law, does the hospital promptly disclose the matter to the appropriate law enforcement agency?				

Element 7: Enforcement of Disciplinary Standards

A.	Are disciplinary standards well– publicized and readily available to all hospital personnel?				
B.	Are disciplinary standards enforced consistently across organization?				
C.	Is each instance involving the enforcement of disciplinary standards thoroughly documented?				
D.	Is there a policy of *non-intimidation* for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials				

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E.	Is there a policy of *non-retaliation* for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials.				