

SAMPLE CHECKLIST – CREATE ONE THAT SUITS YOUR ORGANIZATIONAL STRUCTURE AND POLICIES

DRAFT Compliance Investigations Checklist

Check box when complete

Planning

- Identify issue and define scope, including:
 - Time period to be reviewed
 - Exact concern or question to be answered
- Identify to whom the findings will be presented, suggest reviewer who:
 - Is independent from topic at issue
 - Has authority to take corrective action if needed
- Decide whether the investigation will be conducted under the attorney-client privilege (discuss with Counsel)
- Identify person to lead the interview (consider each):
 - Leader has appropriate training and expertise
 - Leader has capacity and resources
- Intake with person making complaint to clarify concerns (if complaint- based and if possible)
- Set out deadline for significant stages of the investigation
- Create separate file and mark confidential
- Add initiation of the investigation to compliance log

Fact Gathering – Documents and Data

- Consider need for “litigation hold/preservation notice”
- Obtain documents from internal sources (consider each):
 - Relevant individuals or departments
 - Documents in central files or storage
 - Emails, shared drives or other electronic locations
 - Claims, remits, clinical documentation
- Obtain external documents or data (e.g., FMV data, Medicare payment rates, vendor policies) or deem unnecessary
- Consult internal experts or deem unnecessary
- Consult outside experts or deem unnecessary

Fact Gathering – Witnesses and Experts

- Identify individuals with first-hand information (each “witness”)
- Consider order of witness interviews
- Draft list of questions for each witness (with room to modify)
- Interview witnesses
- Summarize each interview in file

Identify law, standard, rule, or policies that apply

- Review company policies and procedures
- Review applicable regulations or statutes
- Review guidance from or regulations government agencies,
- Determine whether legal or expert advice is necessary
- Acknowledge ambiguities, if any
 - Draft timeline or deem unnecessary
 - Identify undisputed or consistent facts
 - Identify and address conflicting testimony or data

Analyze Core Compliance Concerns

- Medicare/Medicaid overpayments (pick one):
 - None
 - Identify overpayments and refund
- Duty to report to government agency (pick one):
 - No duty to report
 - Potential duty to report: Discuss with Legal Counsel
- Other material regulatory or compliance risks (pick any that apply):
 - None
 - Significant legal, financial, or reputation risk to organization: Discuss with Legal counsel and appropriate partners before initiating investigative activities
 - Conclusions indicate existence of larger compliance, cultural or operational issue
 - Deviation from standard of care or potential patient harm

Draft Report

- Prepare well written document, even if brief or only for the file, that includes (consider each):
 - Executive Summary
 - Compliance issue investigated
 - Efforts to gather and sources of information
 - Relevant standard, rule, or policy
 - Timeline or outline of key events
 - Factual and overall conclusions
 - Recommendations for remediation or other next steps

Identify Corrective Action

- Identify basis for non-compliance and most appropriate strategy for preventing similar non-compliance in the future
- Update policies or deem unnecessary
- Complete education and training or deem unnecessary
- Take HR corrective action or deem unnecessary
- Plan for future audit to ensure that corrective measures were effective or deem unnecessary
- Document all corrective actions taken

Closure

- Present findings to appropriate party/committee
- Compliance Officer closes the loop with:
 - Person who raised the issue
 - Significant witnesses
 - Senior leadership (as needed)
- Organize and file documents
- Update compliance log/system : investigation concluded