

Compliance Function Effectiveness Self-Evaluation Tool

Issue - identifies the specific area of focus for evaluation.

Description - provides the desired condition for an effective program. The description is provided for illustrative purposes and may include examples of compliance, guidelines, and supporting documentation.

Score - 5 = Always, 4 = Almost Always, 3 = Sometimes, 2 = Rarely, 1 = Never, DK = Don't Know

Score Basis - brief description of the review findings and/or the justification for the score

Source - The source of the information demonstrating the condition. If the source is a specific document, indicate the document name. If the source is based on personal knowledge, indicate "K". If the source is perception or opinion, indicate "P". **Note, an issue may not be scored above a "3" unless supported by specific documentation (audit reports, meeting minutes, president/facility compliance official (FCO) objective status reports, etc.) or supported by actual personal knowledge.**

Review Group - "G" = Governance (Board, Board Committee, and/or Compliance Oversight Committee), "CT" = Compliance Team, "O" = Operations (Hosp. President, facility compliance official (FCO), Corporate Operations Leaders).

	Issue	Description	Score	Score Basis	Source	Review Group
1.00 Annual Risk Assessment and Evaluation						
1.01	Has an annual compliance risk assessment been performed to identify the relevant risk areas?	Formal mechanism exists to evaluate organizational compliance risks. Process for evaluation is documented, the assessment is completed in accordance with established process, and communicated to the Board and other stakeholders.				G CT
1.02	Has the risk assessment been communicated to the Board and other stakeholders.	Documentation in the form of minutes, memoranda or other documentation reflect that the risk assessment is communicated to the Board and other stakeholders along with sufficient detail for the Board to evaluate the adequacy of the assessment and to prioritize resources based on identified risks.				G

	Issue	Description	Score	Score Basis	Source	Review Group
1.03	Are identified risks prioritized based on organizational impact?	Mechanism is established and documented to prioritize risks based on objective criteria for evaluating the severity, potential frequency, and likelihood of risk realization.				G CT
1.04	Does risk assessment consider both internal and external sources for risk identification?	Internal documents (Internal Audit reports, hotline calls, coding audit, and focused audit reports) and external documents (OIG guidance, fraud alerts, memorandum, etc) are evaluated and considered in the development of the annual risk assessment and work plan. Documentation supports the evaluation of these internal and external sources.				G CT
1.05	Do the Internal Audit work plans and the Compliance Department work plans address the identified risks?	Annual work plans are tied directly to the risks as identified in the risk assessment. Work plan cross-references to the risk assessment.				G CT
1.06	Are new services and programs evaluated, prior to the provision of services, for potential risks using both internal and external expertise (as necessary) to assure operational compliance and corrective action plans developed to mitigate identified risks.	Formal mechanism exists to evaluate new services, programs and joint ventures (prior to the provision of services) for potential risks. Formal mechanism exists to document corrective action and to mitigate identified risks. Identified risks are evaluated against the established work plan and considered in future work plans.				G CT
1.07	Are risks identified during the year prioritized against the established work plan, and, where required, work plan adjustments made?	Formal mechanism exists to evaluate new risks identified throughout the year and allows for the work plan to be re-prioritized to consider those issues that are high impact to the organization.				G CT

	Issue	Description	Score	Score Basis	Source	Review Group
1.08	Is justification provided and appropriate approval secured for changes made to the established work plan?	Recommended modifications to the work plan is based on a formal re-prioritization of risks. Justification for reallocation of resources and reprioritization of the work plan is presented to and approved by the governing body. Documentation of discussion and approval is provided in the form of minutes, memoranda, or other documentation.				G CT
1.09	Are appropriate and sufficient resources provided to address identified risks?	Risks are evaluated for impact to the organization and consideration of the time, resources, materials, internal and external expertise, and support necessary to carry out effective action plans is documented. Sufficient resources are provided for risks identified as demonstrated by effective, documented, completion of work plan elements within approved budget and timeframes.				G CT O
1.10	Programs/services classified as high risk/high vulnerability are evaluated for training, competency, and educational requirements?	Programs/services classified as "High Risk" are evaluated for additional educational, competency or training requirements. Communication to appropriate stakeholders (compliance, facilities, HR) of educational needs is documented. Educational needs for high risk employees are assessed and prioritized.				G CT O
	Section Score		#DIV/0!			
2.00 Policies and Procedures						
2.01	Are new policies and procedures designed to address identified compliance risks?	New policy development is documented and tied directly to identified risks or high vulnerability areas. Justification includes reference to evidence of need (i.e. audit reports, risk assessment report, CMS transmittals, etc.)				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
2.02	Is the Standards of Conduct reviewed at least every two years?	Documentation provides evidence that the Standards of Conduct has been reviewed and/or revised within the past two years. Review and revision dates are maintained and a system for tracking required review dates is maintained. Documentation of the basis for revisions is reviewed by the governing body.				G C T O
2.03	Are current/existing policies reviewed at least every two years to reflect changes in laws, regulations or processes?	Review of all compliance related policies shows that all policies have been reviewed and/or revised within the past two years. Effective dates, review dates and revision dates for all policies are maintained and a system for tracking required review dates is maintained.				G C T O
2.04	Are all employees provided a copy of the Standards of Conduct?	Documentation supports that all employees have received a copy of the Standards of Conduct.				G C T O
2.05	Are all new employees oriented to the compliance program and Standards of Conduct within 30 days of their date of hire?	Review of President/FCO annual compliance objectives shows that all employees (audited by sampling) received compliance orientation including the Standards of Conduct within the first 30 days of hire.				C T O
2.06	Do employees receive copy of compliance policies and required education within 60 days of distribution of revised/new policies?	Review of President/FCO annual compliance objectives shows that all affected employees (audited by sampling) receive compliance related policies within 60 days of distribution.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
2.07	Are policies comprehensive and written in a manner that is understandable to target audience?	Representative target employees participate in the policy development process. Employee surveys support that employees understand compliance policies. Audit and review findings clearly demonstrate that employees understand issued policies. Audit and review finding demonstrate that issued policies are comprehensive enough to provide adequate guidance for accurate documentation and claim submission.				G C T O
	Section Score		#DIV/0!			
3.00 High level Oversight						
3.01	Does the board (or designated board committee) participate in the development of annual compliance work plans?	Board meeting minutes reflect discussion the annual risk evaluation and provides direction related to the development of the annual work plan.				G
3.02	Does the board (or designated board committee) review and approve all compliance policies?	Meeting minutes reflect discussion, oversight and approval of compliance policies.				G
3.03	Does the board (or designated board committee) participate in the identification of compliance risks.	Board meeting minutes reflect discussion of the annual risk assessment. Minutes provide sufficient detail to reflect materials reviewed, discussion related to organizational risk, and boards justification for prioritization of risk issues.				G
3.04	Has the board (or designated board committee) reviewed and approved the Standards of Conduct at least every two years?	Board meetings reflect review and discussion related to the development of the Standards of Conduct and any revisions to the Standards of Conduct. Board meeting minutes reflect approval by the board of the Standards of Conduct.				G

	Issue	Description	Score	Score Basis	Source	Review Group
3.05	Does the Chief Compliance Officer regularly report to the board (or designated board committee) on matters that pose legal or regulatory risks?	Board meeting minutes reflect periodic reporting by the Chief Compliance Officer related to legal or regulatory risks and specific areas of vulnerability for the organization.				G
3.06	Does the board (or designated board committee) monitor issues that pose legal or regulatory risks and ensure these risks are adequately addressed?	Board meeting minutes reflect discussion related to specific risks areas. There is adequate discussion of the impact of these specific risks to the organization. The board reviews corrective action plans and/or compliance work plan initiatives designed to mitigate these risks. Minutes reflect the boards active monitoring of these plans and provides discussion of the effectiveness and/or adequacy of the plans.				G
3.07	Does the Chief Compliance Officer (or designee) oversee the development, distribution and implementation of policies and ensure policies accurately and effectively communicate legal and regulatory requirements?	Documentation provides evidence that the Chief Compliance Officer (or appropriately designated individual) oversees the development of compliance policies, ensuring policies are developed based on identified need or address an identified vulnerability or weakness; policies are reviewed by appropriate stakeholders; policies are approved by the governing body; and that policies are reviewed at least every two years. Compliance Officer receives periodic reports of policy distribution to appropriate individuals and documentation supports corrective actions are taken if policies are not effectively communicated.				G CT

	Issue	Description	Score	Score Basis	Source	Review Group
3.08	Does the Chief Compliance Officer oversee the effective implementation and operation of compliance initiatives and work plan elements?	Documentation supports that the Chief Compliance Officer effectively communicates work plan and other compliance initiatives to appropriate stakeholders (including corporate executives, hospital presidents, FCO's and others). Compliance Officer periodically reviews (no less frequently than quarterly) status of work plan elements and compliance initiatives, reassigning resources or taking other corrective action as necessary to ensure effective implementation.				G CT
3.09	Does the System Compliance Team consistently link initiatives with organizational purpose and Mission?	Members of the System Compliance Team routinely explain how decisions and initiatives are linked and aligned with the organizations core purpose. Mission focus is evidenced in meeting minutes and feedback from corporate and facility stakeholders.				G CT O
3.10	Do members of the System Compliance Team foster an atmosphere of open and honest communication, creating an environment that nurtures integrity in others?	Compliance Team members create an environment that nurtures integrity in others. They hold themselves and others accountable for ethical behavior.				G CT O
3.11	Do members of the System Compliance Team set high standards, holding people accountable for meeting standards?	Members of the Compliance Team thoroughly document expectations and effectively communicates those expectations. Meeting minutes, corrective action plans and other documentation supports the effective communication of expectations.				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
3.12	Do members of the System Compliance Team encourage open and honest expression of ideas and opinions, facilitating open dialogue and discussion?	Compliance Team members give serious consideration to dissenting ideas and opinions. They address conflict promptly and effectively, bring conflicting parties together to common ground. Does not compromise just to avoid conflict. Facilitates open dialogue and discussion in groups. Creates an environment that encourages others.				G CT O
3.13	Are members of the System Compliance Team responsive to stakeholders, addressing issues in a timely manner?	Team members respond to e-mail and voice mail in a timely manner (generally within one day). Team members initiate investigations timely, taking appropriate interim corrective steps to insure compliance.				G CT O
3.14	Do members of the System Compliance Team appropriately use internal resources?	Compliance Team members ask questions to clarify issues. Analyze need for and availability of internal resources to adequately address the need. Considers skills and expertise required to address the need. Understands and considers budgetary constraints.				G CT O
3.15	Do members of the System Compliance Team appropriately use resources?	Documentation supports an analysis of need for use of external resources. Compliance Team members identify appropriate external resource to address need based on required skill, expertise, timeliness, and budget constraints.				G CT O
3.16	Do members of the System Compliance Team hold internal and external resources accountable?	Documentation supports that System Compliance Team members hold internal and external resources accountable for timely follow through. Monitors and oversees effectiveness and efficiency of external and internal resources.				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
3.17	Do members of the System Compliance Team facilitate the development of action plans to correct defects?	System Compliance Team members facilitate in the development of and/or review corrective action plans to ensure they are appropriately developed and effectively communicated to appropriate individuals. System Compliance team members ensure action plans set forth reasonable expectations and time frames for correction. Action plans are monitored on an on-going basis to ensure that agreed upon timeframes are met. Action plans are periodically reassessed to ensure they adequately correct defect.				G CT O
3.18	Do members of the System Compliance Team foster a learning environment, actively pursuing chances to learn and improve?	Members of the Compliance Team regularly attend educational programs . Team members are open to the ideas of others and seeks and welcomes feedback. Team members provide education and share learning's with others. Documentation supports the use of assessment reviews, audit findings, and other mechanisms to identify learning needs for both Team members and others.				G CT O
3.19	Are Facility Compliance Officials members of the executive management team within their facility?	Facility Compliance Officials have a direct reporting relationship to the hospital president. The relationship is published on facility organizational charts and other organizational material. The FCO job description clearly states the direct reporting relationship to the facility president. FCO's are granted similar authority for implementing compliance initiatives and for initiating corrective actions as other executives in the facility.				CT O

	Issue	Description	Score	Score Basis	Source	Review Group
3.20	Are Facility Compliance Officials highly visible and accessible in their facilities?	Employee surveys reflect FCO is well know in the organization and accessible to employees and the facility. Newsletters and other printed material identify the FCO and stress accessibility of the FCO. FCO takes lead roles in investigations, facility compliance committee meetings, and implementing compliance initiatives. FCO job description and annual performance evaluations clearly state compliance activities as a major component of total job responsibilities. Job description lists elements consistent with template job description provided by the Compliance Department.				CT O
3.21	Do Facility Compliance Officials regularly report compliance activities, investigations and concerns to facility presidents?	Documentation supports regular written communication from the FCO to the Hospital President related to compliance activities, initiatives, corrective action plans, status reports, and investigations.				CT O
3.22	Does each acute care facility have a formal compliance committee established to provide high level oversight at the facility?	Facility Compliance Committee is established with a clear charter. Meetings are held a least quarterly and meeting minutes and supporting material are maintained. Appropriate high level executives regularly attend the Compliance Committee meeting (including the hospital president). Department directors for high risk departments are identified and regularly attend the meetings.				CT O

	Issue	Description	Score	Score Basis	Source	Review Group
3.23	Are facility compliance committees adequately reviewing compliance initiatives and operations and ensuring timely and effective completion of corrective actions?	Facility Compliance Committee meeting minutes reflect discussion of compliance initiatives, audit findings, program status, investigations, and corrective action plans. Documentation provides evidence that the Committee is adequately overseeing corrective action plans to ensure timely completion. Compliance Committee is provided on-going monitoring reports to ensure corrective actions are effective.				CT O
	Section Score		#DIV/0!			
4.00 Training and Education						
4.01	Does the organization have a policy mandating compliance education for all employees (and where appropriate non-employees or contractors)?	Written, approved policy exists which identifies the educational requirements for all employees. Policy states requirement for on-going or reoccurring education and sets forth required timeline.				G CT O
4.02	Does the organization have a policy mandating job related education for employees determined to be in high risk roles?	A written, approved policy exists mandating this job related education and sets forth the timing and reoccurrence (if necessary) of this education. Roles and responsibilities of employees are considered and periodically reassessed to determine if employees are in high risk roles requiring additional education.				CT O

	Issue	Description	Score	Score Basis	Source	Review Group
4.03	Is education provided consistent with established policy?	Sign-in sheets, learning modules or education materials, method of training, and instructor qualifications are maintained for all compliance training and education. Training is provided consistent with the written policy mandating education and document supports the training is completed within the required timing. Methods for follow-up training and tracking are established to ensure all employees required to attend educational programs receive the education.				CT O
4.04	Are all educational sessions designed to ensure adequate transfer of knowledge?	Educational programs are delivered with a mechanism to test for knowledge transfer (i.e. quizzes, tests). Tests and/or quizzes cover key learning concepts. Tests or quizzes are peer reviewed to ensure the validity and reliability of tests administered. Follow-up audits or reviews are conducted to ensure adequate transfer of knowledge.				CT O
4.05	Does a written approved policy exist and are employees disciplined appropriately for failing to complete required compliance training?	Written, approved policy exists which sets forth the disciplinary action which will administered for failing to complete required compliance education. Mechanism exists in Human Resources to identify and track discipline administered for failures to complete required education. Documentation supports discipline has been administered for failures to comply.				CT O

	Issue	Description	Score	Score Basis	Source	Review Group
4.06	Are training programs designed to address specific identified risks?	Training and educational programs are identified based on identified risks. Plan is established to develop and deliver this education. Specific employee roles, learning requirements, methods for training delivery, and testing methodology are established as part of the training plan.				G C T O
4.07	Are all training programs reviewed by an authoritative source to ensure information provided is accurate?	Documentation supports that training and educational program materials are reviewed by an appropriate authoritative source (i.e. peer reviewed, external review, etc.).				C T O
4.08	Is adequate documentation maintained to ensure contractors and other third parties have completed required compliance education?	The requirements for training and education specific to contractors and other third parties are identified in written, approved policy. Training is delivered consistent with this policy. Mechanisms exist to track and ensure training is delivered to all applicable contractors.				C T O
4.09	Are adequate records of compliance related training and education maintained for all education?	Documentation related to compliance training programs is maintained and easily accessible. Records maintained include sign-in sheets or other employee tracking mechanism, program materials, delivery method, and instructor qualifications.				C T O
	Section Score		#DIV/0!			
5.00 Hotline Reporting						

	Issue	Description	Score	Score Basis	Source	Review Group
5.01	Has the organization adequately communicated the availability of the Hotline for reporting compliance related concerns?	Documentation supports employees are informed of the existence and availability of the Hotline upon hire and periodically thereafter (no less than annually). Newsletters, posters, and other methods of communication are utilized to reinforce the existence and availability of the Hotline.				CT O
5.02	Are all hotline calls timely investigated?	Written, approved policy exists setting forth the requirements for timely reporting and identifies the specific timing requirements. Tracking mechanism exists to track that investigations are completed within the established timeframes.				CT O
5.03	Are investigations into matters raised by hotline line reports or through other reporting avenues thorough and credible?	Mechanism exists to review investigations to ensure that they are conducted by appropriate individuals, thoroughly review all reported concerns, are conducted without bias, and are coordinated with others (HR, Legal, FPO)				CT O
5.04	Is there adequate response provided to individuals using the hotline whether anonymous or identified?	Documentation supports that the caller (when identified) received findings from the investigation and appropriate response. Where the caller is anonymous, the documentation provided to the hotline vendor provides adequate summary of the investigation findings. Report of findings includes summary of the investigation, conclusions and basis therefore. Report includes additional actions to be taken and corrective actions.				CT O
5.05	Have managers and other appropriate individuals received formal training on investigating and responding to hotline calls?	Managers and others typically involved in investigating hotline calls (HR representatives, FCO's, FPO's) receive annual education related to investigation techniques and appropriate documentation of response.				CT O

	Issue	Description	Score	Score Basis	Source	Review Group
5.06	Are reports generated from the hotline to provide trending data on issues raised?	Reports are generated related to the demographics of callers, allegations, and findings. Trends are analyzed and considered as part of the annual compliance planning process.				CT O
5.07	Are hotline trends periodically reviewed by the Board (or designated board committee)?	The Board receives periodic reports (no less than annual) related to trends of hotline calls received.				G CT
5.08	Are hotline trends considered when evaluating organizational risks and in the development of annual work plans?	Documentation supports that Hotline call trend data is considered when conducting the annual compliance risk assessment and development of the annual work plan.				G CT
5.09	Does the Chief Compliance Officer monitor hotline calls and oversee the investigation process to ensure adequate investigation and response?	Chief Compliance Officer receives and reviews all hotline calls and trend data. Chief Compliance Officer (or designee) reviews investigation summary responses to ensure investigations are adequate and thorough.				G CT O
5.10	Has the organization adequately communicated to systemwide leaders, managers, employees and others that it will not tolerate retaliation for reporting issues/concerns?	The Standards of Conduct, HR policies, and other corporate documents states that the organization will not tolerate retaliation for reporting issues/concerns.				G CT O
5.11	Are reports generated from non-hotline sources documented and investigated in a similar manner as hotline calls?	A formal mechanism exists to document and investigate calls/reports received through sources other than the hotline. Formal process requires investigation within 30 days of the date of the report. Process requires tracking and reporting of these calls/reports. Corrective action plans are developed and tracked.				G CT O
5.12	Are non-hotline reports trended?	Reports are generated related to the demographics of callers, allegations, and findings. Trends are analyzed and considered as part of the annual compliance planning process.				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
5.13	Are non-hotline reports reported to the board?	The Board receives periodic reports (no less than annual) related to trends of non-hotline calls received.				G CT O
5.14	Are non-hotline trends considered when evaluating organization risks and in the development of annual work plans?	Documentation supports that non-hotline calls/report trend data is considered when conducting the annual compliance risk assessment and in the development of the annual work plan.				G CT O
	Section Score		#DIV/0!			
6.00 Communication						
6.01	Does the board encourage and expect that everyone adhere to a "culture of compliance"?	The Standards of Conduct, HR policies, and other corporate documents set forth the expectations for compliant and ethical behavior by employees, contractors and others working on behalf of the organization. These documents and expectations are effectively communicated to employees at orientation and appropriately thereafter.				G CT
6.02	Are compliance programs regularly communicated and publicized to management and employees of the organization?	The Compliance department regularly publishes newsletters and other communication to employees and management related to the compliance program, compliance initiatives, changes in law/regulations, and changes in policy. The compliance department produces program guidance and interpretative memorandum to clarify issues. These guidance documents are effectively communicated to appropriate stakeholders.				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
6.03	Are there mechanism in place for employees and others to ask questions related to regulatory matters?	The Chief Compliance Officer, System Compliance Team members, and FCO's are visible and accessible to corporate and facility management and employees. Employees are encouraged to ask questions, report concerns, and seek advice. Standards of Conduct, Administrative Policy, Facility Policy, newsletters and other documentation effectively communicated to employees provides information on how to report concerns.				G C T O
	Section Score		#DIV/0!			
7.00 Auditing and Monitoring						
7.01	Does the organization develop an audit/monitoring plan based on high risk or high vulnerability areas identified through the risk assessment for the fiscal year?	Annual work plans (including internal audit, coding compliance, and compliance team) are tied directly to the risks as identified in the risk assessment. Work plan is cross-referenced to the risk assessment.				G C T O
7.02	Does the organization communicate budget and proper allocation of resources needed for work plan objectives?	Documentation supports that communication to facilities is provided outlining budgetary and performance needs required to complete compliance activities for fiscal year.				G C T O
7.03	Are the organization audits and monitors conducted or supervised by personnel with subject matter expertise?	Documentation supports that individuals conducting audits have been properly trained and/or have expertise in the subject matter being audited. Formal mechanism exists to review expertise of auditors prior to new auditing assignment. Individuals conducting audits are provided with subject matter experts who they can contact if the auditor has questions.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
7.04	Are Self-assessments performed by the facility are reviewed at higher level for accuracy?	Audit tools (including internal audit, coding compliance, and compliance team) which provide for self-assessment are developed with sufficient rigor to assure accurate measurement (I.e. require supporting documentation, record review, observation of practice, etc.). Individuals conducting self-assessments are independent of the process being reviewed. Individuals conducting self-assessments are provided training and/or sufficient instructions to conduct assessment. Selected self-assessments findings are validated at a higher level to ensure accuracy.				G C T O
7.05	Are applicable plans of correction developed and implemented to correct noncompliance?	Documentation supports a formal mechanism is in place requiring plans of correction for every audit finding out of compliance. Plans of correction include the activities to be preformed, goals, responsible parties and timelines for completion. Plans of correction are monitored to ensure work is being completed in accordance with the plan.				G C T O
7.06	Are findings from reviews reported as applicable to facility leadership, Compliance Officer, and Audit and Compliance Committee as appropriate?	Evidence of formal or informal exit conferences or email communications exists to communicate summary of findings from audits. A formal audit reports is produced and communicated to appropriate stakeholders at the conclusion of each audit.				G C T O
7.07	Is there a trend analysis identifying deviations performed and assessed across the system?	Audit findings are summarized, tracked and trended across the system. Deviations in performance are reported to the governing body. Deviations are reviewed as part of the annual risk assessment process and in the development of the annual work plan.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
7.08	Are periodic reviews conducted to assess compliance with plan of correction?	A mechanism exists to track plans of correction and the completion of elements identified in the plan. Reports are generated and reviewed tracking progress against the plan. There is evidence of repeated reviews to ensure plans effectively correct finding.				G CT O
7.09	Are findings of significant noncompliance are promptly reported to organization's internal management and Board (or designated board committee)?	Documentation in the form of Audit and Compliance Committee minutes, Compliance Officer updates at COC, communications with legal, etc support communication of significant noncompliance to appropriate management and governing body. A written policy exists providing guidance as to what issues require reporting and sets for the timeliness for such reporting.				G CT O
7.10	Are refunds for any overpayment made within the required timeframes and are facilities completing and submitting the monthly refund logs per organization policy?	Documentation supports that overpayments identified during the course of an audit or review are promptly refunded in accordance with established policy. Refund logs support and can be tied specifically to audit findings. Compliance Department reports are distributed and demonstrate facility compliance. Where a CBO exists, clear communication is documented between the facility and the CBO identifying refunds to be completed and confirmation of completion.				G CT O
7.11	Do facilities complete and submit re-bill logs per organization policy?	Plans or correction involving re-submission of claims are noted as evidenced on the re-bill log and records maintained for re-reviews and submitted per timeline established and organization policy.				G CT O

	Issue	Description	Score	Score Basis	Source	Review Group
7.12	Does analysis of results of repeated audits indicate an upward trend in improvement with compliance standards both internal and external?	Reports are generated that track and trend improvement of audits over time. Reports presented to Compliance committees; COC, and Board as applicable. Static or declining audit results are considered as a component of the annual risk assessment.				G C T O
	Section Score		#DIV/0!			
8.00 Investigation Process						
8.01	Has an investigation policy/procedure has been established to identify how the organization will respond to reported, suspected or confirmed non-compliance activities?	Written, approved policies and procedures exist demonstrating the process and protocol, including job function responsibilities, timeliness, etc. for investigating reports of non-compliance. Procedures provide for informal fact finding reviews along with more formal investigations. Policy outlines the determination and circumstance for immediate intermediate steps (i.e. halting the provision of a service, placing a bill hold, etc.) where necessary. Policies outline reporting requirements for investigations and findings.				G C T O
8.02	Have guidelines or policies been developed and approved to determine when legal or external experts should be involved in a compliance related investigation?	Established written guidelines exist as to when to consider involving legal counsel at any point in the investigation. Policies take into consideration potential overpayments and/or suspected criminal misconduct.				G C T O
8.03	Is a process for tracking progress of the investigation and providing status updates outlined in policy or other approved guidance documents?	Formal mechanism exists for tracking the progress of an investigation. Requirements for documentation of the investigation are provided in policy. Policy outlines requirements for periodic reports to the Chief Compliance Officer and Board.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
8.04	Is a process for the identification and repair of any internal controls or management deficiencies implemented?	Policy establishes requirement for corrective action plans. Corrective action plans are tracked and monitored for effectiveness and timeliness. Corrective action plans are documented in accordance with established policy, including identification of a responsible individual. Discipline considered as part of a corrective action plan is consistent with policy and consistent with similar offences identified.				G C T O
8.05	Is education as identified during an investigation provided to affected individuals/departments?	A written, approved policy exists setting forth the requirement of employees to participate in compliance related education. Educational requirements are considered in all corrective action plans developed following investigation. Documentation such as sign-in sheets supporting evidence of completion of educational requirements is maintained.				G C T O
8.06	Are the development or modification of policy, procedures, or system improvements addressed to correct deficiencies?	Policy development or revision is considered as a component of corrective action following an investigation. Evidence supports policies are developed or modified consistent with this consideration.				G C T O
8.07	Is there an assessment, identification, and repair of similar deficiencies that may be causing risk in similar areas of the organization?	A formal process to track and review investigation findings exists. A review of investigation findings is conducted to determine if similar deficiencies may exist in other facilities or with other services. The requirement for additional reviews or broadened investigation is documented. Additional reviews, audits or investigations are conducted to ensure similar facilities/programs are assessed.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
8.08	Is there appropriate monitoring of on-going activities to assure that effective measures to prevent non-compliance instituted?	In accordance with developed corrective action plans, mechanisms are established to monitor effectiveness of corrective activity either through follow-up review or on-going communications to ensure that preventative measures respond adequately to non-compliant activity.				G C T O
8.09	Are findings of investigations and outcomes of corrective actions and prevention plans regularly reported to appropriate management and governing bodies?	Documentation in the form of meeting minutes, memorandum, or other written communications from the Chief Compliance Officer to the board or appropriate board committee evidence timely communications and discussion of investigations and corrective actions.				G C T O
8.10	Are appropriate response to government inquiries initiated timely and responded to in a lawful and appropriate manner?	Written, approved policy provides guidance related to the timely and appropriate response to government inquires and investigations. Documentation supports that response to government investigations is consistent with policy. Policy and practice supports non-retaliation for reporting concerns to the government.				G C T O
8.11	Do policies and procedures exist to address response for each area of a government inquiry, including identification of employees responsible to provide input to the response?	Appropriate responses by individuals involved in government inquires and investigations is set forth in written, approved policy. Policy sets forth role of legal counsel and the rights and responsibilities of employees responding to government inquiries.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
8.12	Are corrective actions in response to investigations consistent with legal obligations and with the recommendations of relevant regulatory agencies?	Written, approved policy sets forth the requirements for repayment and other appropriate corrective action. Documentation supports corrective actions are consistent with policy including repayment and reporting obligations. Corrective action plans are consistent with recommendations made by regulatory agencies.				G C T O
	Section Score		#DIV/0!			
9.00 Enforcement and Discipline						
9.01	Is there a process in place to check criminal backgrounds, OIG and GSA checks on all employees?	Formal HR records demonstrate that background reviews, including criminal and exclusion checking, is completed for all employees upon hire and annually thereafter.				G C T O
9.02	Is there a process in place to check criminal backgrounds, OIG and GSA checks on all contractors?	There are formal records demonstrating that background checks are performed, including criminal and exclusion checking, for all contract staff as a component of the agreement or by the facility where no agreement exists. Documentation supports background screening is completed prior to the provision of services and annually thereafter.				G C T O
9.03	Are employees appropriately disciplined for failure to comply with Standards of Conduct?	The Standards of Conduct and other policy set forth the requirement for disciplinary action for failure to comply with the Standards. Every Human Resource department has a mechanism to track disciplinary actions related to adherence with the Standards of Conduct.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
9.04	Are employees appropriately disciplined for failure to comply with other organization Compliance Policies?	The Standards of Conduct and other Administrative Policy and Facility Policy set forth the requirement for employees to comply with compliance policies. Employees are disciplined consistent with this policy for non-compliance. Every Human Resources department has a mechanism to track disciplinary actions related to adherence with compliance policies.				G C T O
9.05	Is Disciplinary action consistently applied within facilities and across the organization?	Documentation supports that disciplinary actions is consistently applied to all levels of employees, within individual facilities, and among facilities.				G C T O
9.06	Do the HR departments provide periodic summary reports of disciplinary activity related to Compliance to Compliance department?	Every Human Resource department has a mechanism to track and trend compliance related disciplinary actions. HR departments provide periodic (no less than annual) summary reports of disciplinary action to the Compliance Department.				G C T O
9.07	Are employees disciplined in consistent manner when failing to complete required compliance training?	Written, approved policy exists which sets forth the disciplinary action which will administered for failing to complete required compliance education. Mechanism exists in Human Resources to identify and track discipline administered for failures to comply. Documentation supports disciplinary action taken is consistently applied within facilities and across the system.				G C T O

	Issue	Description	Score	Score Basis	Source	Review Group
9.08	Is compliance an element of performance reviews and incentive compensation decisions?	Job description for all employees provide key language elements as related to required Compliance performance. Job descriptions for supervisory personnel include additional elements related to their responsibilities to ensure their staff meet the compliance elements.				G C T O
	Section Score		#DIV/0!			
Score Summary						
		1.0 Risk Assessment and Evaluation	#DIV/0!			
		2.0 Policies and Procedures	#DIV/0!			
		3.0 High Level Oversight	#DIV/0!			
		4.0 Training and Education	#DIV/0!			
		5.0 Hotline Reporting	#DIV/0!			
		6.0 Communication	#DIV/0!			
		7.0 Auditing and Monitoring	#DIV/0!			
		8.0 Investigation Process	#DIV/0!			
		9.0 Enforcement and Discipline	#DIV/0!			