

New York State Office of Medicaid Inspector General
Bureau of Compliance

COMPLIANCE PROGRAM ASSESSMENT FORM
INSTRUCTIONS

1. Electronically complete the Compliance Program Assessment Form using MS Word.
2. Insert responses in appropriate fields.
3. Collect copies of all documents referred to in responding to the questions that are posed.
4. When completing the “Evidence of Compliance” column in the chart on the following pages, responses should include specific citations to the documents and text that support any “Yes” response. Specifically include:
 - a. document name,
 - b. page number and
 - c. section of the text that supports your “Yes” response.

It is not sufficient just to list the document that provides the evidence.

5. *Do not send the completed Compliance Program Assessment Form to OMIG unless specifically requested by OMIG.*

COMPLIANCE PROGRAM ASSESSMENT FORM

Name of Medicaid Provider: _____

Medicaid Provider IDS(s) #: _____

Federal Employee Identification Number
(FEIN) associated with Medicaid billings: _____

Person Completing Assessment: _____

Title of Person Completing Assessment: _____

Date Assessment Completed: _____

	Description	Provider Yes	Provider No	Provider's Evidence of Compliance or action required <i>Include specific citations to the documents and text that supports any "Yes" response</i>	OMIG Yes	OMIG No	Bureau of Compliance Conclusions Based upon Responses from Provider
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Element 1: Written policies and procedures

1.1	Do you have written policies and procedures that describe compliance expectations in a code of conduct or code of ethics?						
1.2	Have you implemented the operation of the compliance program?						
1.3	Do you have written policies and procedures that provide guidance to <i>employees</i> on dealing with potential compliance issues?						

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1.4	Do you have written policies and procedures that provide guidance to <i>others</i> on dealing with potential compliance issues?			<i>Please define "others" as it relates to this Element.</i>			
1.5	Do you have written policies and procedures that provide guidance on how to communicate compliance issues to appropriate compliance personnel?						
1.6	Do you have written policies and procedures that provide guidance on how potential compliance problems are investigated and resolved?						

Element 2: Designate an employee vested with responsibility

2.1	Has a designated employee been vested with responsibility for the day-to-day operation of the compliance program?						
2.2	Are the designated employee's (referred to in 2.1) duties related solely to compliance? <i>If the answer to 2.2 is "Yes" indicate "NA" in 2.3 and continue on to 2.4. If the</i>						

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	<i>answer to 2.2 is "No" answer 2.3.</i>						
2.3	If the designated employee's (referred to in 2.1) compliance duties are combined with other duties, are the compliance responsibilities satisfactorily carried out?			<i>Provide details on what the designated employee's other duties are and how you assess if the compliance duties are being satisfactorily carried out.</i>			
2.4	Does the designated employee (referred to in 2.1) report directly to the entity's chief executive or other senior administrator?			<i>Specify the reporting relationship.</i>			
2.5	Does the designated employee (referred to in 2.1) periodically report directly to the governing body on the activities of the compliance program?			<i>Specify the reporting relationship, the basis for the reporting relationship and the frequency of the reporting.</i>			

Element 3: Training and education

3.1	Is training and education provided to <i>all affected employees</i> on compliance issues, expectations and the compliance program operation?			<i>Please define affected employees used for purposes of training in this Element.</i>			
3.2	Is training and education			<i>Please define "affected</i>			

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	provided to <i>all affected persons associated with the provider</i> on compliance issues, expectations and the compliance program operation?			<i>persons associated with the provider" used for purposes of training in this Element.</i>			
3.3	Is training and education provided to <i>all executives</i> on compliance issues, expectations and the compliance program operation?						
3.4	Is training and education provided to <i>all governing body members</i> on compliance issues, expectations and the compliance program operation?						
3.5	Does the compliance training occur periodically?			<i>Please define the timing of the periodic training and the audience for the periodic training.</i>			
3.6	Is compliance training part of the orientation for <i>new employees</i> ?						
3.7	Is compliance training part of the orientation for <i>appointees or associates</i> ?						
3.8	Is compliance training part of						

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	the orientation for <i>executives</i> ?						
3.9	Is compliance training part of the orientation for <i>governing body members</i> ?						

Element 4: Communication lines to the responsible compliance position

4.1	Are there lines of communication to the designated employee referred to in item 2.1 that are accessible to <i>all employees</i> to allow compliance issues to be reported?						
4.2	Are there lines of communication to the designated employee referred to in item 2.1 that are accessible to <i>all persons associated with the provider</i> to allow compliance issues to be reported?						
4.3	Are there lines of communication to the designated employee referred to in item 2.1 that are accessible to <i>all executives</i> to allow compliance issues to be reported?						
4.4	Are there lines of communication to the						

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	designated employee referred to in item 2.1 that are accessible to <i>all governing body members</i> to allow compliance issues to be reported?						
4.5	Is there a method in place for <i>anonymous</i> good faith reporting of potential compliance issues as they are identified for each group noted in items 4.1 through 4.4?						
4.6	Is there a method in place for <i>confidential</i> good faith reporting of potential compliance issues as they are identified for each group noted in items 4.1 through 4.4?						

Element 5: Disciplinary policies to encourage good faith participation

5.1	Do disciplinary policies exist to encourage good faith participation in the compliance program by all affected individuals? <i>For purposes of Element 5, "affected individuals" shall mean those persons who are</i>						
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	<i>required to receive training and education under Element 3 above.</i>						
5.2	Are there policies in effect that articulate expectations for reporting compliance issues for all affected individuals?						
5.3	Are there policies in effect that articulate expectations for assisting in the resolution of compliance issues for all affected individuals?						
5.4	Is there a policy in effect that outlines sanctions for failing to report suspected problems for all affected individuals?						
5.5	Is there a policy in effect that outlines sanctions for participating in non-compliant behavior for all affected individuals?						
5.6	Is there a policy in effect that outlines sanctions for encouraging, directing, facilitating or permitting non-compliant behavior for all affected individuals?						
5.7	Are all compliance-related disciplinary policies fairly and firmly enforced?						

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Element 6: A system for routine identification of compliance risk areas

6.1	Do you have a system in place for routine identification of compliance risk areas specific to your provider type?						
6.2	Do you have a system in place for self-evaluation of the risk areas identified in 6.1, including internal audits and as appropriate external audits?						
6.3	Do you have a system in place for evaluation of potential or actual non-compliance as a result of self-evaluations and audits identified in 6.2?						

Element 7: A system for responding to compliance issues

7.1	Is there a system in place for responding to compliance issues as they are raised?						
7.2	Is there a system in place for investigating potential compliance problems?						
7.3	Is there a system in place for responding to compliance problems as identified in the course of self-evaluations and						

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	audits?						
7.4	Is there a system in place for correcting compliance problems (as referred to in 7.3) promptly and thoroughly?						
7.5	Is there a system in place for implementing procedures, policies and systems as necessary to reduce the potential for recurrence?						
7.6	Is there a system in place for identifying and reporting compliance issues to the NYS Department of Health or the NYS Office of Medicaid Inspector General?						
7.7	Is there a system in place for refunding Medicaid overpayments?						

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

8.1	Is there a policy of <i>non-intimidation</i> 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						
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	reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law?						
8.2	Is there a policy of <i>non-retaliation</i> 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 as provided in Sections 740 and 741 of the New York State Labor Law?						

INSTRUCTIONS FOR THIS SECTION OF THE ASSESSMENT FORM:

In Column E below:

1. Summarize examples of 2 instances of how your Compliance Program made an impact on each of the 7 following areas; and
2. Explain how your organization used its compliance program to positively impact each instance cited.

Please attach a copy of any documentation that provides sufficient detail to support your summary and your explanation of its positive impact. Your summary should include references to the document name, page and section of text that supports the examples given.

18 NYCRR §521.3(a) requires compliance programs to be applicable to the areas listed below.

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Is your compliance program applicable to:

(1)	Medicaid billings?						
(2)	Medicaid payments?						
(3)	the medical necessity and “quality of care” of the services provided to enrollees of the Medicaid program?						
(4)	governance of the provider, particularly as related to the Medicaid program?						
(5)	mandatory reporting requirements as related to the Medicaid program?						
(6)	credentialing for those who are providing covered services under the Medicaid program?						
(7)	other risk areas that are or should with due diligence be identified by the provider?						