

**MPA Compliance Checklist with Tools Crosswalk**

***What nursing homes need to meet Phase 3 requirements, industry standards, and OIG & DOJ expectations.***

**\* indicates a Phase 3 requirement**

**\*\* indicates a Phase 3 requirements for chains of 5 or more SNFs.**

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| **Compliance Item** | **MPA Tool** |
| **Governance** | |
| Assigned high-level personnel oversight for compliance\* | Compliance Program Policy  Compliance Officer & Committee Policy |
| Sufficient resources and authority to your high-level personnel\* | *Consider personnel, budget, time, and education.* |
| Due care not to delegate authority to someone with a propensity to commit a crime \* | Employee & Contractor Screening Policy |
| Board resolution or CEO letter formally adopting compliance program | Board Resolution |
| Process for direct reporting by Compliance Officer to Board/CEO/Owner | *MPA recommends monthly written reports and quarterly in-person reports.* |
| Format/content for compliance reports to the Board/CEO/Owner | *MPA recommends using the completed Compliance Committee Agenda and Minutes form to prepare your report.* |
| Compliance data/information dashboard | Compliance Performance Dashboard |
| Regular live and written board updates from the Compliance Officer | *MPA recommends using the completed Compliance Committee Agenda and Minutes form to prepare your report. MPA recommends monthly written reports and quarterly in-person reports.* |
| **Compliance Officer & Committee** | |
| Designate Compliance Officer \* | Board Resolution  Compliance Program Policy  Compliance Officer & Committee Policy |
| Compliance and ethics is a major responsibility \*\* | Compliance Officer & Committee Policy |
| Designate Compliance Liaisons \*\* | Compliance Officer & Committee Policy |
| Establish the Compliance Committee | Compliance Officer & Committee Policy |
| Job descriptions for Compliance Officer and Committee | Compliance Officer & Committee Policy |
| Quarterly Compliance Committee meetings | Compliance Officer & Committee Policy |
| Committee meeting agenda | Compliance Committee Agenda & Minutes Form |
| Protocols for Officer reporting to Committee | Compliance Officer & Committee Policy |
| Provide the Compliance Officer with direct access to the governing body \*\* | Compliance Officer & Committee Policy  Board Resolution  Compliance Program Policy |
| Ensure the Compliance Officer is NOT subordinate to the general counsel, CFO, or COO \*\* | Compliance Officer & Committee Policy |
| **Conduct a Baseline Assessment** | |
| Assess program elements as well as the strengths and weaknesses of compliance program components and processes:   * Compliance Officer and Committee * Training and Education * Lines of Communication * Enforcement of Standards/Discipline * Policies and Procedures * Auditing and Monitoring * Response to Detected Offenses/Corrective Action | This Compliance Checklist.  *Also see OIG Compliance Program Guidance, DOJ guidance, and Phase 3 SNF compliance requirements.*  *MPA provides compliance program reviews as a service.* |
| **Develop Compliance Program Policies and Procedures** | |
| Compliance Program Policy \*   * + Compliance and ethics standards, policies, and procedure reasonably capable of reducing the prospect of criminal, civil, and administrative violations \*   + A commitment to promote quality care \*   + Integrity of reported data \*   + Role of contractors \*   + Role of volunteers\* | Compliance Program Policy |
| Code of Conduct | Code of Conduct |
| Employee Acknowledgment form for Compliance Program Policy and Code of Conduct | Acknowledgment Form |
| Compliance reporting \*   * + Anonymous method that is available to employees, contractors and third parties, & volunteers \*   + Contact the Compliance Officer \*   + Anonymity Policy \*   + No Retaliation Policy \*   + Confidentiality Policy | Compliance Program Policy |
| Discipline \*   * + Consistently applied and enforced \*   + Applies to failure to detect non-compliance in a way that is negligent or reckless \*   + Applies to failure to take reasonable steps to prevent or detect criminal conduct \*   + Applies to failure to report non-compliance \*   + Applies to staff, contractors, and volunteers \* | Compliance Program Policy |
| Investigations and Corrective Action \*   * + Respond appropriately to prevent further similar violations \*   + Use of root cause analysis in compliance investigations \*   + Making any necessary modifications to the compliance program \* | Compliance Program Policy |
| QAPI Program \* | QAPI Manual |
| Resident rights and safety | Resident Rights Policy  Resident Rights Summary |
| Employee and contractor screening \*   * + Monthly screens of OIG List of Excluded Individuals and Entities, State Medicaid exclusion list, SAM Excluded Parties List System   + License verification (credentialing)   + Criminal background checks   + Evaluation of third-party risks | Employee and Contractor Screening Policy  *Plus your screening practices.* |
| Billing and claims submission | Compliance Billing Policy |
| Medicaid and/or Medicare cost reporting | Cost Reporting Policy |
| Kickbacks, inducements and self-referrals | Kickbacks, Inducements, and Self-Referrals Policy |
| Creation and retention of records | Compliance Records Policy |
| HIPAA   * + Privacy policies   + Security risk analysis   + Security policies   + Breach notification policies   + Privacy Officer & Security Officer   + Business associate agreements | If purchased from MPA:   * + - * + Privacy Manual         + Security Policies         + Security Risk Analysis Tool         + Breach Notification Manual         + HIPAA & Social Media |
| Industry-specific risks (e.g. Medicare part D plan selection for SNFs) | Medicare Part D Plan Selection Policy  Anti-Supplementation Policy |
| **Distribute Compliance Program Policies and Procedures (annually & at hire\*)** | |
| * Employees \* * Leadership/Owner/Board * Contractors \* * Volunteers \* * Students * The Public (via website) | Compliance Program Policy  Acknowledgment Form  Training & Education Policy |
| **Train and Educate** | |
| New employee compliance training | Compliance Training PowerPoint  Compliance Training Quiz |
| Mandatory annual compliance training \*\* | Compliance Training PowerPoint  Compliance Training Quiz  Employee Survey |
| Leadership/Owner/Board compliance training | 12 written compliance education handouts for your Board and Compliance Committee  *Board training available.* |
| Risk area training: Establish annual calendar | Training & Education Policy |
| Monthly education/compliance tips | Monthly Compliance Moments |
| Annual Compliance Week | Compliance Week Handbook |
| Training the Compliance Officer \* | *Compliance Officer e-course and live training available.* |
| Training contractors, volunteers, and students | Compliance Tip Sheet |
| **Auditing and Monitoring** | |
| Develop a compliance auditing plan that covers the actions of employees, contractors, and volunteers \* | Compliance Triage Worksheet  Compliance Program Policy  *Plus auditing calendar/plan developed by each organization.* |
| Develop auditing and monitoring tools for each risk area:   * + QAPI   + Resident rights and safety   + Employee screening   + Billing and claims submission   + Cost reporting   + Kickbacks, inducements and self-referrals   + Creation and retention of records   + HIPAA Privacy, Security & Breach Notification   + Medicare part D plan selection for SNFs   + PEPPER   + High-volume services   + Other risks applicable to your organization | MPA’s audit tools:   * QAPI Manual * Resident Rights & Safety * Employee & Contractor Screening * Billing and Claims Submission * Cost Reporting * Kickbacks, Inducements, and Self-Referrals * Creation & Retention of Records * HIPAA Privacy Manual, Security Policies, Breach Notification Manual, Social Media Policy * Medicare Part D Plan Selection * PEPPER is addressed in the Billing and Claims Submission audit * High-Volume services: to be determined by each organization; some areas covered in the Billing and Claims Submission audit * Other risks applicable to your organization: to be determined by each organization |
| Assign levels of risk to each risk area | Compliance Triage Worksheet |
| Develop an auditing and monitoring calendar for the upcoming year | Compliance Triage Worksheet |
| Assign responsibility | Compliance Triage Worksheet |
| Develop a reporting mechanism for audit results (i.e. compliance dashboard) | Compliance Performance Dashboard |
| **Review Annually** | |
| Conduct annual review of compliance program to identify strengths and weaknesses \* | This checklist  *See also OIG Compliance Program Guidance, DOJ guidance, and Phase 3 compliance requirements.*  *MPA provides the compliance program annual review as an additional service.* |
| Anonymous employee surveys | Employee Survey  *MPA provides anonymous employee surveys with comparison to MPA’s database as a service* |
| Anonymous Compliance Committee surveys | Compliance Committee Survey  *MPA provides Compliance Committee surveys with comparison to MPA’s database as a service* |
| Identify areas where compliance can be advanced further | *Compliance Committee meetings process.* |
| Celebrate progress and improvements | *To be determined by each Compliance Officer.* |
| Establish Compliance Plan for the next year | *To be determined by each organization based on the compliance program annual review.* |
| **Stay Current** | |
| Monitor new regulations, OIG guidance and enforcement trends | MPA’s blog  Monthly Compliance Newsletter (if subscribed)  Subscribe to updates from: CMS, OIG, OCR |
| Review OIG Work Plan, reports and publications | Monthly Compliance Newsletter (if subscribed); OIG.hhs.gov |
| Incorporate relevant updates into compliance program \*   * + Annual review findings \*   + Changes in laws and regulations \*   + Lessons learned | *Your organization’s process.* |
| Disseminate updates to relevant staff | Compliance Committee Agenda & Minutes Form |
| Monitor and maintain culture of compliance | Monthly Compliance Moments  *Compliance Flashcards also available* |