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CORPORATE COMPLIANCE POLICY AUDIT & CROSSWALK

RISK AREA AND/OR RECOMMENDATION	NAME OF POLICY[s] WHERE ADDRESSED	DATE REVIEWED	COMMENTS
QUALITY OF CARE			
Sufficient Staffing			
Inadequate staffing levels or insufficiently trained (inadequate clinical expertise) or insufficiently supervised staff providing medical, nursing, and related services			
Comprehensive Care Plans			
Lack of comprehensive assessments of each resident's functional capacity and a comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs			
Lack of an interdisciplinary and comprehensive approach to developing care plans			
Lack of involvement of attending physician in resident care			
Medication Management			
Failure to properly prescribe, administer and monitor prescription drug usage			
Failure to provide appropriate medication management staff training			
Failure to employ or obtain the services of a licensed pharmacist to provide consultation on all aspects of the provision of pharmacy			

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services in the facility			
Appropriate Use of Psychotropic Medications			
Inappropriate use of psychotropic medications as chemical restraints and unnecessary drug usage			
Resident Safety **Promoting Resident Safety**			
Lack of policies and procedures to prohibit mistreatment, neglect, and abuse of residents			
Failure to thoroughly investigate and report incidents to law enforcement			
Resident Interactions			
Failure to properly screen and assess, or the failure of staff to monitor, residents at risk for aggressive behavior			
Staff Screening			
Ineffective recruitment, screening, and training of care providers			
Lack of a comprehensive staff screening system			
EMPLOYEE SCREENING			
Investigate the background of employees by checking with all applicable licensing and certification authorities to verify that requisite			

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licenses and certifications are in order			
Require all potential employees to certify that they have not been convicted of an offense that would preclude employment in a nursing facility and that they are not excluded from participation in the Federal health care programs			
Require temporary employment agencies to ensure that temporary staff assigned to the facility have undergone background checks that verify that they have not been convicted o an offense that would preclude employment in the facility			
Check the OIG's List of Excluded Individuals/Entities and the GSA's list of debarred contractors to verify that employees are not excluded from participating in the Federal health care programs			
Require current employees too report to the nursing facility if, subsequent to their employment, they are convicted of an offense that would preclude employment in a nursing facility or are excluded from participation in any Federal health care program			
Periodically check the OIG GSA websites to			

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verify the participation/exclusion status of independent contractors and retain on file the results of that query			
RESIDENT RIGHTS			
Discriminatory admission or improper denial of access to care			
Verbal, mental or physical abuse, corporal punishment and involuntary seclusion			
Inappropriate use of physical or chemical restraints			
Failure to ensure that residents have personal privacy and access to their personal records upon request and that the privacy and confidentiality of those records are protected			
Denial of a resident's right to participate in care and treatment decisions			
Failure to safeguard resident's financial affairs			
SUBMISSION OF ACCURATE CLAIMS			
Duplicative billing			
Insufficient documentation			
False or fraudulent cost reports			
Improper assessing, reporting, and evaluation of resident case-mix data			
Inaccurate reporting of case-mix data to the Federal Government			

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Improper utilization or overutilization of therapy services			
Ineffective screening for excluded individuals and entities			
Lack of policies and procedures for removal of excluded individuals and entities			
Failure to provide restorative and personal care services necessary to allow residents to attain and maintain their highest practicable level of functioning			
Billing for restorative and personal care services not rendered as claimed (either not provided or so wholly deficient that they amounted to no care at all)			
Inappropriate and insufficient treatment and services to address residents' clinical conditions, including pressure ulcers, dehydration, malnutrition, incontinence of the bladder, and mental or psychosocial problems			
Failure to accommodate individual resident needs and preferences			
Failure to provide an ongoing activities program to meet the individual needs of all residents			
BILLING AND COST REPORTING			
Submitting claims for items or services not			

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ordered			
Knowingly billing for inadequate or substandard care			
Submitting claims to Medicare Part A for residents who are not eligible for Part A coverage			
Billing for items or services not actually rendered or provided as claimed.			
Submitting claims for equipment, medical supplies and services that are medically unnecessary			
Duplicate Billing.			
False Cost Reports.			
Credit Balances – failure to refund.			
Providing misleading information about a resident's medical condition on the MDS or otherwise providing inaccurate information used to determine the RUG assigned to the resident			
Upcoding the level of service provided			
Billing for individual items or services when they either are included in the facility's per diem rate or are of the type of item or service that must be billed as a unit and may not be unbundled			
Billing for residents for items or services that are included in the per diem rate or otherwise			

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covered by the third-party payor			
Billing for visits to patients who do not require a qualifying service.			
Altering documentation or forging a physician signature on documents used to verify that services were ordered and/or provided			
Failing to maintain sufficient documentation to support the diagnosis, justify treatment, document the course of treatment and results, and promote continuity of care			
THE FEDERAL ANTI-KICKBACK STATUTE, INDUCEMENTS AND SELF-REFERRALS			
Routinely waiving coinsurance or deductible amounts without a good faith determination that the resident is in financial need, or absent reasonable efforts to collect the cost-sharing amount			
Agreements between the facility and a hospital, home health agency, or hospice that involve the referral or transfer of any resident to or by the nursing home			
Soliciting, accepting or offering any gift or gratuity of more than nominal value to or from residents, potential referral sources, and other individuals and entities with which the nursing			

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facility has a business relationship			
Conditioning admission or continued stay at a facility on a third-party guarantee of payment, or soliciting payment for services covered by Medicaid, in addition to any amount required to be paid under the State Medicaid plan			
Arrangements with vendors that result in the nursing facility receiving non-covered items [such as disposable adult diapers] at below market prices or no charge, provided the facility orders Medicare-reimbursed products			
Soliciting or receiving items of value in exchange for providing the supplier access to residents' medical records and other information needed to bill Medicare			
Joint ventures with entities supplying goods or services			
Swapping and price reductions			
OTHER RISK AREAS			
Arrangements between a nursing facility and a hospital under which the facility will only accept a Medicare beneficiary on the condition that the hospital pays the facility an amount over and above what the facility would receive through PPS			

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Financial arrangements with physicians, including the facility's medical director			
Improperly limiting a beneficiary's freedom of choice in the Medicare Part D program			
HIPAA PRIVACY AND SECURITY RULE			
Electronic transactions governed by HIPAA fails to comply with Privacy Rule			
Disclose protected health information ("PHI") to the individual who is the subject of the PHI or HHS under certain circumstances			
Nursing facilities' tailored privacy and security plans and procedures fails to comply with all applicable provisions of the Privacy and Security Rule			
Standards for the use and disclosure of PHI with and without patient authorization			
Provision pertaining to permitted and required disclosures			
CREATION AND RETENTION OF RECORDS			
All records and documentation [e.g., billing and claims documentation] required for participation in Federal, State, and private health care programs, including the resident assessment instrument, the comprehensive plan of care and all corrective actions taken in response to			

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surveys			
All records, documentation, and audit data that support and explain cost reports and other financial activity, including any internal or external compliance monitoring activities			
All records necessary to demonstrate the integrity of the nursing facility compliance process and to confirm the effectiveness of the program			
Secure information in a safe place			
Maintain hard copies of all electronic or database documentation			
Limit access to such documentation to avoid accidental or intentional fabrication or destruction of records			
Conform document retention and destruction policies to applicable laws			

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OIG Supplemental Guidance for NFs
Risk Areas: 2000 v. 2008

2000	2008
Quality of care **Resident's rights** **Employee Screening** **Vendor Relationships** **Billing & Cost Reporting** **Record Keeping** **Documentation**	**Quality of Care** A. Sufficient Staffing B. Comprehensive care plans C. Medication Management D. Appropriate use of psychotropic medications E. Resident safety
	Submission of accurate claims A. Proper Reporting of Resident Case-Mix by SNFS B. Therapy Services C. Screening for excluded individuals and entities
	The Federal Anti-Kickback Statute A. Free Goods and Services B. Service Contracts C. Discounts D. Hospices E. Reserved Bed Payment
	Other risk areas A. Physician self-referrals B. Anti-supplementation C. Medicare Part D
	HIPAA Privacy and Security Rules

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