

DOCUMENT #6

New York State Office of Medicaid Inspector General Bureau of Compliance



Effectiveness Review Tool-Documentation Review Checklist

Taken from Compliance Alert 2011-06

Sample	Documentation requested for each sample	Comments
•	and/or Area	
Employee Records	 Copy of xx employee records confirming the employee received the code of conduct. Copy of xx employee records confirming the employee received initial compliance training. Copy of xx employee records confirming the employee received annual compliance training. 	
Educational Training	 Copy of Education Training material utilized for compliance training upon hire and annually. Copy of any additional compliance related training that has occurred outside of the training done upon hire and annually. Copy of the participant's sign in sheet. Copy of the pre-test and post-test results. 	
Compliance Logs and Investigations	Copy of xx compliance hotline calls/logs including, but not limited to how the complaint was: Received Recorded Investigated	

	• Resolved
	Further action taken
Employee	Copy of xx employee disciplinary or
Disciplinary	termination records to include, but not
Records	limited to: • Date of incident
	Nature of the allegationSteps taken
	Information revealed during
	investigation
	• Findings
	Outcome and resolution
	Corrective action plan, if warranted
Compliance	Copy of xx internal audits documentation
Risk Areas/	to include, but not limited to:
Internal Audits	Who Initiated audit (organization vs.
Audits	outside agency)
	Scope and MethodFindings
	Recommendations
	Corrective action plan
	Continued follow up plan, if warranted
	If the issue involved an overpayment,
	when was it reported, explained and
	repaid to OMIG
External	Copy of xx external audits documentation
Audits	to include, but not limited to:
	Who Initiated audit (organization vs. outside agency)
	Scope and Method
	• Findings
	Recommendations
	Corrective action plan
	Continued follow up plan, if warranted
	If the issue involved an overpayment,
	when was it reported, explained and
	repaid to OMIG

Reports of	Copy of xx reports of intimidation and
Intimidation	retaliation to include, but not limited to:
and	Date of incident
Retaliation	Nature of the allegation
	Steps taken
	Information revealed during
	investigation
	• Findings
	Outcome and resolution
Quality of	Copy of xx quality of care investigations/
Care	reports to include, but not limited to:
Complaints /	Date of incident
Mandatory	Nature of the allegation
Reporting	Steps taken
	Information revealed during
	investigation
	• Findings
	Outcome and resolution
	If the issue involved an overpayment,
	when was it reported, explained and
	repaid to OMIG

Based on review of the above, additional documentation may be requested. Please provide any additional documentation which would assist the reviewers in evaluating your compliance program. The requested sample numbers will vary depending on Provider type and size.

Acknowledgement: The NYS Office of the Medicaid Inspector General acknowledges the assistance of the Centers for Medicare & Medicaid Services (CMS) in making available a similar tool that CMS uses when it conducts compliance assessments of private entities it contracts with to offer health and drug plans in the Medicare program.