**Conducting Compliance Self-Audits: Sample Policy and Procedure**[[1]](#footnote-1)

# Policy.

As part of its efforts to implement an effective Compliance Program, *[Health Center Name]* (“Health Center”) will periodically conduct self-audits of its operations, including its coding and billing practices and its written policies and procedures, to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program.

**Procedure.**[[2]](#footnote-2)

**1. Purpose.** *Health Center* will periodically conduct self-audits to determine whether it is operating in compliance with legal, regulatory, and other applicable requirements, as well as with its written standards and policies and procedures and to assess the effectiveness of its Compliance Program.

**2. Staffing.** The Compliance Officer will designate members of *Health Center*’s Staff Compliance Committee, clinical, and administrative staff, and/or will retain outside auditing personnel to conduct periodic self-audits of its day-to-day operations, focusing on *Health Center*’s risk areas. Persons conducting the self-audit should have knowledge of the laws, regulations, and other requirements pertaining to the audited practices and should be familiar with their application. Self-audits should be adequately staffed to ensure accurate and complete results.

**3. Covered areas.** Self-audits conducted by *Health Center* will include, but not be limited to, a review of the following areas:

* Coding and billing;
* Written policies and procedures;
* Compliance Program; and
* Other clinical and/or business practice areas that merit concern as identified by the Compliance Officer based on guidance from the Department of Health and Human Services, Office of Inspector General, and/or other federal and/or state regulatory and enforcement agencies, prior audits, accreditation reviews, and other assessments.

All periodic self-audits should be performed according to *Health Center*’s written policies and procedures governing audits of its coding and documentation, billing, and other business practices, or as specifically prescribed by the Compliance Officer.

**4. Timing.** Self-audits covering coding and billing, written policies and procedures, and *Health Center*’s Compliance Program will be conducted at least once each year under the direction of the Compliance Officer and in accordance with the procedure and methodology prescribed by the Compliance Officer.

**5. Documentation.** Staff and outside auditors conducting a self-audit pursuant to this policy and procedure will, at the time of the self-audit, prepare written documentation of the audit activities performed including:

* area being audited
* purpose of the audit
* audit start and end date
* persons conducting the audit
* selected audit methodology
* sample size
* results of the audit
* recommended corrective/preventive action, if any

**6. Reporting.** *Health Center* audit staff and/or outside auditors will report self-audit findings to the Compliance Officer.

**7. Role of the compliance officer.** The Compliance Officer, with the assistance of the audit staff, will oversee and, as appropriate, participate in the self-audit functions performed pursuant to this policy and procedure and, for each such audit, will promptly review the self-audit results.

Consistent with *Health Center*’s written policies and procedures for addressing perceived problem areas, the Compliance Officer will determine appropriate follow-up measures, if any, for addressing deficiencies and weaknesses detected in the course of a routine compliance self-audit. The Compliance Officer will prepare a report for *Health Center*’s CEO and, as appropriate, the Compliance Committee of the Board on the self-audit findings and on the status of any follow-up corrective and/or preventive measures.

**This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and health center management, federal and state laws and regulations, and applicable accrediting and review organizations.**

**Responsible parties:**

### Signature Date

### Executive Director

Signature Date

1. The Authors of these materials include attorneys at the law firm of Feldesman Tucker Leifer Fidell LLP. The sample documents offer general guidance based on federal law and regulations and do not necessarily apply to all health centers under all facts and circumstances. Further, these materials do not replace, and are not a substitute for, legal advice from qualified legal counsel. [↑](#footnote-ref-1)
2. Authors’ note: Using the following sample as a guide, health centers should tailor the procedure to reflect their own health center’s processes and operations. [↑](#footnote-ref-2)