**TELEHEALTH COMPLIANCE ASSESSMENT FORM**

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| --- | --- |
| Organization |  |
| Person Completing Assessment: |  |
| Title of Person Completing Assessment: |  |
| Date Assessment Completed: |  |
| Notes: |  |

 **Area 1: Written policies and procedures**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 1.1 | Do you have a written policy(s) and procedure(s) that describe compliance expectations for telehealth? |[ ] [ ]   |  |
| 1.2 | Have you implemented the operation of telehealth compliance program? |[ ] [ ]   |  |
| 1.3 | Do you have a written policy and procedure that provides guidance to employees on dealing with potential telehealth compliance issues? |[ ] [ ]   |  |
| 1.4 | Do you have a written policy and procedure that provides guidance on how to communicate telehealth compliance issues to appropriate compliance personnel? |[ ] [ ]   |  |
| 1.5 | Do you have a written policy and procedure that provides guidance on how potential telehealth compliance problems are investigated and resolved? |[ ] [ ]   |  |

**Area 2: Designate an employee vested with responsibility**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 2.1 | Has a designated employee been vested with responsibility for the day-to-day operation of the telehealth compliance program? |[ ] [ ]   |  |
| 2.2 | Are the designated employee’s duties clearly defined? |[ ] [ ]   |  |
| 2.3 | If the designated employee’s telehealth compliance duties are combined with other duties, are the telehealth compliance responsibilities satisfactorily carried out? |[ ] [ ]   |  |
| 2.4 | Is there a “subject matter expert” outside of the designated employee with oversight of telehealth compliance? |[ ] [ ]   |  |
| 2.5 | Does the “subject matter expert” have qualifications satisfactory to be an “expert”? |[ ] [ ]   |  |
| 2.6 | Does the designated employee periodically report directly to the governing body on the activities of the telehealth compliance program? |[ ] [ ]   |  |

**Area 3: Training and education**

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| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 3.1 | Is training and education provided to all affected employees on telehealth compliance issues and the telehealth compliance program operation? |[ ] [ ]   |  |
| 3.2 | Is telehealth compliance training offered periodically? |[ ] [ ]   |  |
| 3.3 | Is telehealth compliance training part of orientation for affected new employees? |[ ] [ ]   |  |
| 3.4 | Are education/training sessions evaluated for effectiveness? |[ ] [ ]   |  |

**Area 4: Communication lines to the responsible telehealth compliance position**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 4.1 | Are there lines of communication to the designated employee referred to in item 2.1 that are accessible to all employees to allow telehealth 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 all governing body members to allow telehealth compliance issues to be reported? |[ ] [ ]   |  |
| 4.3 | Is there a method in lace for anonymous and/or confidential good faith reporting of potential telehealth compliance issues as they are identified? |[ ] [ ]   |  |

**Area 5: Disciplinary polices to encourage good faith participation**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 5.1 | Do disciplinary policies exist to encourage good faith participation in the telehealth compliance program by all affected individuals?*For purposes of Area 5, “affected individuals” shall mean those persons who are required to receive training and education under Element 3 above.* |[ ] [ ]   |  |
| 5.2 | Are there policies in effect that articulate expectation for reporting compliance issues for all affected individuals? |[ ] [ ]   |  |
| 5.3 | Are there policies in effect that articulate expectations for assisting in the resolution of telehealth 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 | Is there a policy on non-intimidation and/or non-retaliation for good faith participation in the telehealth compliance program, including but not limited to reporting potential issues, investigation issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials? |[ ] [ ]   |  |
| 5.8 | Are all telehealth compliance-related disciplinary policies fairly and firmly enforced? |[ ] [ ]   |  |

**Area 6: A system for routine identification of telehealth compliance risk areas**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 6.1 | Do you have a system in place for routine identification of telehealth compliance risk areas specific to your provider type? |[ ] [ ]   |  |
| 6.2 | Do you have a telehealth compliance work plan and goals? |[ ] [ ]   |  |
| 6.3 | 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? |[ ] [ ]   |  |
| 6.4 | Do you have a system in place for evaluation of potential or actual non-compliance as result of self-evaluations and audits identified in 6.3? |[ ] [ ]   |  |
| 6.5 | Do you have a system in place to mitigate the telehealth compliance risks identified in 6.1? |[ ] [ ]   |  |
| 6.6 | Do you have a designated individual assigned to oversee any necessary mitigation or corrective actions identified in 6.5? |[ ] [ ]   |  |

**Area 7: A system for responding to telehealth compliance issues**

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| --- | --- | --- | --- | --- | --- |
| # | Description | Yes | No | Evidence of Compliance or action requiredInclude specific references to documents that support and “Yes” response | Additional Notes |
| 7.1 | Is there a system in place for responding to telehealth compliance issues as they are raised? |[ ] [ ]   |  |
| 7.2 | Is there a system in place for investigating potential telehealth compliance problems? |[ ] [ ]   |  |
| 7.3 | Is there a system in place for responding to telehealth compliance problems as identified in the course of self-evaluations and audits? |[ ] [ ]   |  |
| 7.4 | Is there a system in place for correcting telehealth 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 telehealth compliance issues to Federal agencies, if necessary? |[ ] [ ]   |  |
| 7.7 | Is there a system in place for refunding Medicare/Medicaid overpayments? |[ ] [ ]   |  |
| 7.8 | Is there a process for notifying the governing body of any potential violations? |[ ] [ ]   |  |