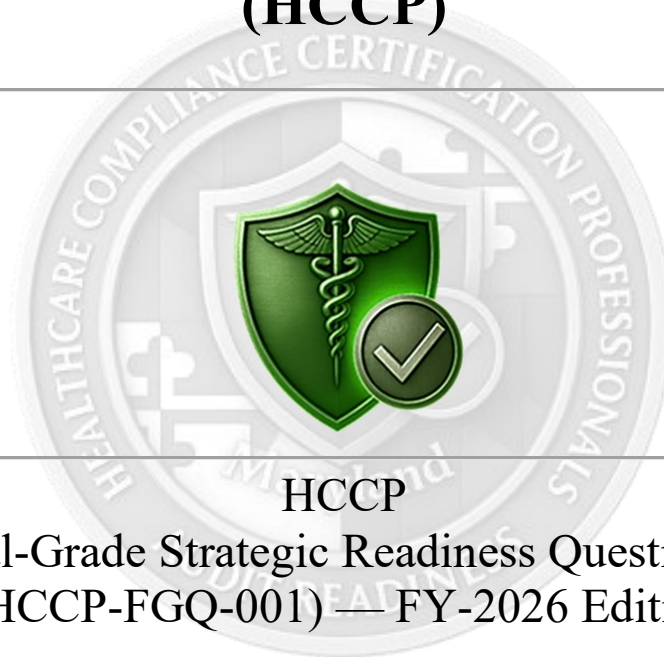# Healthcare Compliance Certification Professionals (HCCP)

HCCP
Federal-Grade Strategic Readiness Questionnaire (HCCP-FGQ-001) — FY-2026 Edition

For Medicare, Medicaid, Managed Care, Private Pay, and High-Scrutiny Providers

HCCP Internal Doctrine – Website Use Only

HCCP Federal-Grade Strategic Readiness Questionnaire

Introduction

The HCCP Federal-Grade Strategic Readiness Questionnaire (HCCP-FGQ-001) is designed to help Medicare, Medicaid, Managed Care, and other high-scrutiny providers evaluate their operational defensibility through a federal lens. Unlike traditional compliance checklists, this instrument assesses whether your organization can withstand CMS audit replay, HIPAA scrutiny, Medicaid inspection, legal justification requirements, and leadership accountability standards now shaping the national enforcement environment.

This questionnaire does *not* produce a score; instead, it illuminates areas where federal expectations exceed current organizational readiness — the precise gaps driving nationwide audit failures.

Instructions

1. Answer each item honestly, based on current operations — not intentions or planned improvements.
    Federal agencies evaluate the present state, not what providers hope to achieve.
2. If you are unsure about a response, mark "Unsure."
    Uncertainty itself indicates a readiness gap requiring leadership attention.
3. For any "No" or "Unsure" response, document a brief explanation or example.
    This strengthens downstream analysis and accelerates corrective action.
4. This tool should be completed by leadership teams, not a single individual.
    Include: Compliance, Nursing, Medical Director, Quality, Health Information, Billing/RCM, and Executive Leadership.
5. Protect this document.
    It contains operational insights that may expose internal vulnerabilities. HCCP recommends maintaining it as a confidential internal risk-assessment record.
6. Submit your completed form securely to HCCP if you desire a federal-grade review and corrective roadmap.

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I. Executive Accountability & Governance Stability

1. Do you have full visibility into how CMS, Medicaid, and HIPAA are operationalized daily?

☐ Yes   ☐ Partially   ☐ No
Reference: 42 CFR §418/§484/§438; OIG Executive Accountability Guidance

2. When was your last *federal-grade* readiness review?

☐ < 12 months   ☐ 12–24 months   ☐ Never
Reference: CMS Program Integrity Manual (PIM), Ch. 3–4

3. If CMS/UPIC arrived tomorrow, do you know your top vulnerabilities?

☐ Yes   ☐ Unsure   ☐ No
Reference: UPIC Audit Protocols; SSA §1936

4. Do you maintain a defensibility strategy for revenue, licensing, and leadership?

☐ Yes   ☐ Partially   ☐ No
Reference: 42 CFR §488.24; 42 U.S.C. §1320a-7

II. Clinical Defensibility & Eligibility Integrity

5. Can clinicians justify eligibility for every active patient (not just describe care)?

☐ Yes   ☐ Sometimes   ☐ No
Reference: 42 CFR §418.22; §440; MAC Eligibility Denial Criteria

6. Does your documentation withstand federal replay, not just internal review?

☐ Yes   ☐ Sometimes   ☐ No
Reference: CMS PIM §3.2.3.4

7. Are clinicians trained in defensibility writing vs. descriptive charting?

☐ Yes   ☐ Partially   ☐ No
Reference: MLN Documentation Guidance; HIPAA §164.316(b)

III. Operational Infrastructure & Workflow Control

8. Are policies aligned to defend against CMS/Medicaid extrapolation?

☐ Yes   ☐ Partially   ☐ No
Reference: 42 CFR §455.15/§455.23; CMS PIM Ch. 8

9. Are workflows consistent across teams, disciplines, and locations?

☐ Yes   ☐ Mostly   ☐ No
Reference: 42 CFR §482/§484; OIG Compliance Program Guidance

10. Do you have real-time oversight to detect compliance gaps before citations?

☐ Yes   ☐ Partially   ☐ No
Reference: 42 CFR §488.26; CMS SOM Requirements

IV. Compliance & Cybersecurity Integration

11. Is HIPAA integrated with compliance and clinical governance (not siloed)?

☐ Yes   ☐ Somewhat   ☐ No
Reference: HIPAA §164.308(a)(1)(i); OCR Enforcement Patterns

12. Has your HIPAA SRA been completed within the last 12 months?

☐ Yes   ☐ In progress   ☐ No
Reference: HIPAA §164.308(a)(1)(ii)(A); OCR/ONC SRA Guidance

13. Have PHI exposure risks been assessed as part of CMS audit readiness?

☐ Yes   ☐ Partially   ☐ No
Reference: HIPAA §§164.308–312; 45 CFR §164.400–414

V. Revenue Protection & Claims Defensibility

14. Can every billed service be justified with defensible rationale?

☐ Yes   ☐ Mostly   ☐ No
Reference: 42 CFR §424.5(a)(6); MAC LCD Guidelines

15. Have you received ADR, TPE, RAC, or UPIC activity in the past 24 months?

☐ No   ☐ Yes — resolved   ☐ Yes — unresolved
Reference: CMS TPE Manual; RAC SOW

16. Would your current error rate fall below federal extrapolation thresholds?

☐ Yes   ☐ Unsure   ☐ No
Reference: 42 CFR §405.370–378; CMS Sampling Rules

VI. Culture, Leadership Stress & System Stability

17. Do leaders show confidence operating at audit-ready level?

☐ Yes   ☐ Improving   ☐ No
Reference: OIG 7 Elements; CMS CoP Leadership Standards

18. Has compliance pressure contributed to staff turnover or instability?

☐ No   ☐ Some   ☐ Significant
Reference: HHS Workforce Stability Findings; CoP §418.100(d)

19. Do leaders feel they are maintaining systems manually rather than structurally?

☐ No   ☐ Sometimes   ☐ Yes
Reference: OIG System Failure Reports; CMS Findings

VII. Strategic Risk Threshold

20. Could you produce all requested records within 48 hours of a CMS/UPIC demand?

☐ Yes   ☐ Possibly   ☐ No
Reference: CMS PIM §3.2.3; UPIC Immediate Requests

21. Do you have a federal-grade partner capable of defending you in the first 24 hours of an audit event?

☐ Yes   ☐ Considering   ☐ No
Reference: ALJ Decisions; OIG Third-Party Compliance Guidance

Closing Statement

This questionnaire is designed to help healthcare organizations identify operational and regulatory vulnerabilities that may affect Medicare, Medicaid, and HIPAA readiness. It does not constitute legal advice or a formal audit. Instead, it provides a federal-grade readiness perspective aligned with HCCP doctrine.

Treat this document as confidential internal material. Access should be limited to senior leadership and compliance officials. When completing this assessment, do not reference or include any Protected Health Information (PHI) or Personally Identifiable Information (PII). Only describe processes, structures, and organizational readiness.

For organizations requesting a federal-grade review, submit a sanitized copy through secure channels only.

Data Handling Notice

Do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in this document.

All submissions must be sanitized and will be treated as confidential under HCCP's proprietary assessment doctrine.

Point of Contact — HCCP Federal-Grade Readiness Division

(Submit sanitized documents only.)

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