



**Healthcare  
Compliance  
Certification  
Professionals**

“Medicare Audit Readiness”



## **Medicare Program Compliance Questionnaire**

*For Owners, CEOs, CFOs, and Executive Leadership Staff*

Prepared by Hospice Compliance Certification Professionals (HCCP)

# Medicare Certification Readiness Questionnaire

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## Organizational and Licensing Information

1. Legal name of the organization:
2. Type of facility (e.g., hospital, SNF, home health agency, hospice):
3. Facility National Provider Identifier (NPI):
4. Is the organization currently licensed by the state?  
☐ Yes ☐ No  
- If yes, please provide license number and expiration date:
5. Has the organization previously been Medicare certified?  
☐ Yes ☐ No  
- If yes, provide the CMS Certification Number (CCN):

## Governance and Administrative Oversight

6. Does the facility have an active governing body or board?  
☐ Yes ☐ No
7. Is there a designated Administrator or CEO?  
☐ Yes ☐ No  
- Name and credentials:
8. Are there written organizational policies and procedures in place?  
☐ Yes ☐ No
9. Is there an internal compliance program aligned with CMS standards?  
☐ Yes ☐ No

## Staffing and Credentialing

10. Are all clinical staff licensed and credentialed per state law?  
☐ Yes ☐ No
11. Are background checks completed for all employees and contractors?  
☐ Yes ☐ No
12. Is there a Medical Director or Clinical Supervisor in place?  
☐ Yes ☐ No  
- Provide name, license, and qualifications:
13. Does the organization provide staff training on HIPAA and Medicare compliance?  
☐ Yes ☐ No

## Patient Rights and Services

14. Are patient rights documented and provided to patients?  
☐ Yes ☐ No
15. Are informed consent policies in place?  
☐ Yes ☐ No
16. Are language interpretation and ADA accommodations available?  
☐ Yes ☐ No
17. Does the organization have a grievance and resolution policy?  
☐ Yes ☐ No

## Clinical Operations

18. Are care plans developed, reviewed, and updated regularly?  
☐ Yes ☐ No
19. Are services coordinated across all providers and disciplines?  
☐ Yes ☐ No
20. Are patient assessments documented and retained in clinical records?  
☐ Yes ☐ No
21. Do clinical records meet Medicare documentation standards?  
☐ Yes ☐ No

## Infection Control and Safety

22. Is there a written infection control program?  
☐ Yes ☐ No
23. Are infection control practices aligned with CDC/CMS guidelines?  
☐ Yes ☐ No
24. Has the facility conducted recent emergency preparedness drills?  
☐ Yes ☐ No
25. Is there an active emergency preparedness plan that includes CMS all-hazards provisions?  
☐ Yes ☐ No

## Quality Assurance and Performance Improvement (QAPI)

26. Is there a QAPI program in place as required by CMS?  
☐ Yes ☐ No
27. Are performance indicators monitored and reported regularly?  
☐ Yes ☐ No
28. Are findings from audits and complaints integrated into quality improvement efforts?  
☐ Yes ☐ No

## Financial and Billing Readiness

29. Does the facility use a certified electronic health record (EHR) system?

☐ Yes ☐ No

- System name:

30. Are billing practices in compliance with Medicare billing regulations?

☐ Yes ☐ No

31. Is there an internal audit or claims review process in place?

☐ Yes ☐ No

32. Have staff been trained in Medicare coverage and coding guidelines?

☐ Yes ☐ No

## Survey Readiness and Documentation

33. Has the organization conducted a mock Medicare survey?

☐ Yes ☐ No

34. Are documentation and records available for surveyor review upon request?

☐ Yes ☐ No

35. Is there a designated contact person for survey coordination?

☐ Yes ☐ No

- Name and contact info: