

OIG Compliance Checklist

Office of Inspector General — Healthcare Fraud & Abuse Prevention

Medical Billing & Practice Management | Version 1.0

What is OIG Compliance? The Office of Inspector General (OIG) is a U.S. government agency that fights healthcare fraud and abuse. Every medical practice should follow OIG guidelines to avoid large fines, loss of Medicare/Medicaid enrollment, or even criminal charges. This checklist helps you check if your practice is doing the right things.

SECTION 1 — Written Compliance Program

Every practice should have a written plan that explains how it will follow healthcare laws.

☐	We have a written compliance program that is approved and signed by leadership. <i>A compliance program is a set of written rules and procedures that help your practice follow the law.</i>
☐	Our compliance program is reviewed and updated at least once a year.
☐	We have a Compliance Officer (or assigned person) who is responsible for the program. <i>This person does not have to be a lawyer. It can be a manager or senior staff member.</i>
☐	Our compliance program covers billing, coding, documentation, and patient privacy.
☐	New employees are told about our compliance program during onboarding.
☐	All staff sign a form saying they have read and understand the compliance rules.
☐	We have a written Code of Conduct that all employees must follow.

SECTION 2 — OIG Exclusion Screening

You cannot employ or do business with anyone who is excluded from Medicare and Medicaid.

☐	We screen all new employees against the OIG List of Excluded Individuals/Entities (LEIE) before hiring. <i>Go to: oig.hhs.gov/exclusions to search the list. It is free.</i>
☐	We screen all current employees against the OIG LEIE list every month. <i>If an excluded person works for you and treats a Medicare/Medicaid patient, you can be fined.</i>
☐	We screen all vendors, contractors, and business partners against the OIG LEIE list. <i>This includes billing companies, IT vendors, and anyone you pay who touches patient care.</i>
☐	We keep records of all OIG screening results with dates.
☐	We screen against the SAM.gov (System for Award Management) exclusion list as well. <i>Some payers require SAM.gov screening in addition to OIG.</i>
☐	We have a process to immediately remove an excluded person from patient care duties.

SECTION 3 — Billing & Coding Compliance

Incorrect billing — even by accident — can be considered fraud. Check these items carefully.

☐	We never bill for services that were not actually provided. <i>This is called 'billing for services not rendered' and is one of the most common types of healthcare fraud.</i>
☐	We never 'upcode' — meaning we do not use a higher billing code just to get more money. <i>Example: Billing a 99215 (complex visit) when the documentation only supports a 99213 (simple visit).</i>
☐	We never 'unbundle' codes when a single bundled code should be used. <i>Example: Billing separately for procedures that Medicare requires to be billed together as one code.</i>
☐	We do not bill for services that are not medically necessary. <i>A service is medically necessary when a doctor orders it because the patient actually needs it.</i>
☐	We check the National Correct Coding Initiative (NCCI) edits before submitting claims.
☐	We have a process to review and fix denied claims without just re-submitting the same wrong code.
☐	We never alter documentation to support a billing code after the service was provided.
☐	Diagnosis codes (ICD-10) match the services billed on every claim.
☐	We do not use diagnosis codes that are not supported by the medical record.

SECTION 4 — Anti-Kickback & Stark Law

These laws prevent illegal payments and improper financial relationships in healthcare.

☐	We do not pay anyone (doctor, staff, vendor) to refer patients to our practice. <i>Paying for referrals is called a 'kickback' and is illegal, even if it seems like a normal business deal.</i>
☐	We do not receive payment or gifts in exchange for referring patients to other providers.
☐	We do not have ownership or financial relationships with entities that we refer patients to — unless an exception applies. <i>This is covered by the Stark Law. Exceptions exist but must be carefully documented.</i>
☐	All financial relationships with physicians are documented in written contracts.
☐	Physician compensation is based on fair market value — not on the number of referrals.
☐	We have reviewed our vendor contracts to confirm they do not include improper incentives.
☐	Our compliance officer reviews any new business arrangement before it starts.

SECTION 5 — Training & Education

Staff who understand the rules are less likely to make costly mistakes.

☐	All new employees receive compliance training within 30 days of being hired.
☐	All staff receive compliance refresher training at least once a year.
☐	Billing and coding staff receive specific training on fraud and abuse prevention.
☐	Training completion records are kept for at least 6 years.
☐	Providers receive training on proper documentation requirements.
☐	Staff are trained on how to report suspected fraud or compliance issues.

SECTION 6 — Auditing & Monitoring

Regular checks help you catch problems before the government does.

☐	We conduct internal billing audits at least once a year. <i>An audit means reviewing a sample of claims and medical records to make sure they match and are correct.</i>
☐	We keep records of all audits and what problems were found.
☐	We have a plan to fix problems found during audits.
☐	We track our claim denial rate and investigate unusual spikes.
☐	We monitor for any patterns that might look like fraud (e.g., the same code billed every single visit).
☐	We have a process for self-reporting billing errors and making voluntary refunds. <i>Voluntarily paying back overpayments — called a 'self-disclosure' — can reduce penalties.</i>
☐	We review the OIG Work Plan every year to understand what areas the government is focused on. <i>The OIG Work Plan is published at oig.hhs.gov and lists what types of billing they will audit.</i>

SECTION 7 — Reporting & Open Door Policy

Employees must feel safe reporting problems without fear of punishment.

☐	We have a hotline, email, or other anonymous way for staff to report concerns.
☐	Staff know they will not be punished for reporting a compliance concern in good faith.
☐	Reports of fraud or abuse are investigated promptly and documented.
☐	We have a non-retaliation policy in writing that all employees receive.
☐	Leadership reviews compliance reports at least quarterly.
☐	We know how to report suspected fraud to the OIG if required.

Compliance Review Sign-Off

Reviewed By:	Title:	Date:
Compliance Officer Signature:		Next Review Date: