CLEARLINE HEALTHCARE CONSULTING

Seven Elements Program Gap Checklist

Check your compliance program against the seven elements described in HHS-OIG's General Compliance Program Guidance.

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How to use this checklist

In November 2023 the HHS Office of Inspector General published its General Compliance Program Guidance (GCPG). It describes seven elements of an effective compliance program. The guidance is voluntary, but regulators, payers and buyers use it as a common yardstick.

For each item mark **Y** (yes, and I can show evidence), **P** (partly) or **N** (no). In the last column write the document or proof you would show a reviewer. Items marked P or N are your gaps.

> **Current as of September 2026.** The HHS-OIG General Compliance Program Guidance (November 2023) is voluntary guidance, not a regulation. The CMS overpayment rule revision took effect January 1, 2025. The HIPAA Security Rule update proposed in December 2024 was not final as of this writing. Rules change, so confirm with counsel.

1. Written policies and procedures

Item	Y/P/N	Evidence I can show
Code of conduct approved by leadership		
Compliance policies covering billing, referrals, privacy and conflicts of interest		
Policies reviewed and dated within the last 12 months		
Policies are easy for staff to find and staff sign that they read them		
Policy exceptions and updates are tracked		

2. Compliance leadership and oversight

Item	Y/P/N	Evidence I can show
Named compliance officer with a written job description		
Direct access to the CEO or owner and the board		
Compliance officer independent of billing, clinical and legal functions		
Compliance committee with cross-functional members and minutes		
Leadership or board receives reports at least quarterly		

3. Training and education

Item	Y/P/N	Evidence I can show
Training at hire and at least annually for all staff, leaders and contractors		
Role-specific modules for billing, coding, providers and front desk		
Completion tracked with dates and follow-up on overdue staff		
Training content updated when rules change		
Understanding is tested, not just attendance		

4. Effective lines of communication

Item	Y/P/N	Evidence I can show
More than one way to report a concern, including an anonymous route		
Written non-retaliation policy that staff know about		
Every report logged with date, issue, owner and outcome		
Staff know who the compliance officer is		
Questions and reports are reviewed for trends		

5. Enforcement, standards and incentives

Item	Y/P/N	Evidence I can show
Written disciplinary standards applied consistently at every level		
Compliance expectations built into job descriptions and reviews		
Positive recognition for good compliance practice		
Exclusion screening before hire and on a regular schedule		
Documented action taken when standards are broken		

6. Risk assessment, auditing and monitoring

Item	Y/P/N	Evidence I can show
Documented compliance risk assessment at least annually		
Written annual audit and monitoring work plan based on the assessment		
Routine billing and coding audits with accuracy rates tracked		
Regular checks of licenses, credentials and exclusion lists		
Results reported to leadership and used to update the plan		

7. Responding to violations and corrective action

Item	Y/P/N	Evidence I can show
Written procedure to investigate reports promptly		
Process to quantify and return identified overpayments within 60 days		
Corrective action plans with owners, due dates and follow-up		
Decision process for when to involve counsel or self-disclose		
Lessons fed back into policies, training and audits		

Your gap summary

Element	Y	P	N
1. Written policies and procedures	____	____	____
2. Compliance leadership and oversight	____	____	____
3. Training and education	____	____	____
4. Effective lines of communication	____	____	____
5. Enforcement, standards and incentives	____	____	____
6. Risk assessment, auditing and monitoring	____	____	____
7. Responding to violations and corrective action	____	____	____

Turn gaps into a 90-day plan

Gap	Owner	Due date	Proof of completion

Prioritize like this: fix oversight (element 2) and risk assessment (element 6) first. They decide who acts on everything else.

Want an independent review of your program?

Clearline's Compliance Program Effectiveness Review tests each element against evidence and delivers a prioritized remediation plan.

Learn more at clearlinehealthcareconsulting.com

Important. This guide is educational and provides general information only. It is not legal, compliance, coding, or billing advice, and it does not guarantee any financial result. Payer rules, contracts, and regulations vary and change; confirm requirements with your payer contracts, your compliance officer, or qualified counsel before acting.