

**2018 System Corporate Responsibility Work Plan**

RISK AREA		DESCRIPTION OF RISK AND REVIEW	TYPE	RISK ASSESSMENT FEEDER	TIMEFRAME
<b>A) Compliance Work Plan Priorities</b>					
1	Waiver of Patient Responsibility	Waiving cost-sharing amounts without conducting an individualized financial needs assessment causes potential CMP and Anti-kickback risk. CR will audit the utilization of certain write-off codes to determine if there is supporting documentation for the write-off, consistent with SSM policy.	Audit	OIG Self Disclosure Notice	Q2
2	Epic Instance Merge	Risk that certain workflows to support compliant documentation, coding and billing were not transferred/built appropriately during the EPIC Instance Merge. CR will select certain processes/controls that were the subject of a significant compliance issue and validate that those processes/controls are functioning as intended after the Instance Merge.	Validation Review	New/Changing Process Risk	Q3
3	PET Scan Billing	Compliance with National and Local Coverage Determinations is required to bill for PET Scans. The NCDs for this test were recently updated by CMS. CR will sample claims with PET Scan charges and audit the medical record for compliance with the coverage determinations.	Coding and Billing Audit	Report on Medicare Compliance / NCD guidance	Q3
4	Physician Service Contracts with Performance Incentives	Risk related to measuring and paying for performance incentives to physician groups such as Emergency Department, Anesthesia and Radiology. CR will sample physician group agreements containing performance incentives and review management processes over the monitoring of such performance.	Sample contract review	Risk Assessment Interviews	Q4
5	Tracking Physician Perquisites	Insufficient processes for tracking and monitoring physician perquisites can result in overpayments to physicians above the allowable amount in the Stark exception. CR will convert an existing guidance document into a formal system policy and recommunicate expectations to stakeholders.	Policy Development and Communication	Risk Assessment Interviews	Q2
6	Regulatory Change Management	A regulatory change management process should provide comprehensive identification and interpretation of emerging compliance risks arising from regulatory updates. This requires the coordination of many departments and includes shared accountability. To begin the process of development such a system, CR will develop a communication plan of accountability for regulatory change awareness and CR's associated role in that process.	Communication Plan	Effectiveness Assessment	Q3
7	Epic Functionality Supporting Compliant Documentation	Certain EPIC workflows designed to make documentation among care teams more efficient create compliance risks (e.g. "make me the author" and dictation disclaimers). CR will work with IHT and Medical Informatics Committee to provide guidance to additional controls that can be implemented to reduce risk of noncompliance.	Guidance Development	New/Changing Process Risk	Q3-Q4
8	Cardiac Pace Makers	Compliance with National and Local Coverage Determinations is required to bill for cardiac pace makers. CR will conduct a sample review pace maker claims for compliance with the coverage determinations.	Coding and Billing Audit	Industry Risk	Q1
9	ACO Compliance	Accountable Care Organizations are required to have compliance programs and operate under a set of policies and procedures. In 2017, CR completed an assessment of the ACO compliance program and as a result, developed an ACO Compliance Policy and created a list of policy recommendations to be implemented by the ACO operations leaders. In 2018, CR will review implementation of the policies and re-assess the overall ACO compliance program.	Policy and Training Development, re-assessment	Industry Risk	Q4
10	Right Heart Catheterization with Biopsy	The OIG has identified problematic billing practices wherein providers inappropriately append the 59 modifier on a heart biopsy to unbundle it from the heart cath procedure, causing higher reimbursement. CR will sample claims and conduct an audit to ensure appropriate documentation, coding and billing.	Coding and Billing Audit	OIG Work plan	Q2
11	Joint Venture Compliance Review	Joint Ventures operate under separate governance than wholly owned entities and depending on the agreement and percentage of ownership, the responsibility for compliance oversight varies. In 2017, CR obtained an inventory of Joint Ventures and began discussing oversight obligations with the transactions team. In 2018, CR will partner with the transaction team to assess compliance program oversight against regulatory requirements and governance expectations.	Audit	Carryover from 2017 CR plan	Q1

12	Telehealth Billing	Billing requirements for telehealth are being developed and refined at both CMS and state levels. CR will compile the various regulations and provide guidance to entities engaged in telehealth services. CR will also assess billing practices in locations offering telehealth to ensure compliant processes are in place.	Guidance and process development	SSM Strategic Plan; OIG Monthly Work Plan	Q1-Q2
13	HCC Risk Scoring and Coding	Hierarchical Condition Category (HCC) coding is a type of risk scoring that is used in determining reimbursement benefits for a Medicare Advantage Plan, which uses ICD diagnostic codes as the primary indicators of the member's health status. As such, there is incentive to best capture the "sickness" or severity of your patient mix in order to maximize reimbursement from CMS. Providers are often enrolled in gain-sharing agreements with Medicare Advantage plans and are thus equally as incentivized to maximize HCC coding efforts. CR will identify the ICD codes with the highest potential for affecting the HCC risk score and select a sample to audit for appropriate documentation, coding and billing.	Audit	Strategic Plan (growth); Industry Risk	Q3
14	Service Agreements with Contingency Based Payment terms	Some service agreements, particularly revenue cycle enhancement projects, are designed such that the vendor gets paid on performance, and specifically their ability to identify revenue opportunities. Payments must incentivize the vendor to identify both positive and negative opportunities. CR will monitor known agreements, such as HPS/Himagine, to ensure compliant approaches are used to manage the process.	Monitor quarterly	Risk Assessment Interviews	Q3
15	Coding Review Process for Highly Compensated Physicians	Under SSM's current physician compensation policy, the higher a physician is paid above the 90th percentile, the more diligence is required in justifying the comp. CR will develop and implement a coding and documentation review component, which will include coding analytics and benchmarking, as well as chart review.	Process Development	Risk Assessment Interviews	Q1
<b>B) Privacy Work Plan Priorities</b>					
1	Physician Practice EMR Donation	In some instances, SSM enables independent physician practices to manage their daily operations and record management systems using our EPIC environment. CR will evaluate the oversight of the privacy and security safeguards of those practices and their ability to adhere to the due diligence attestations.	Process Review	Risk Assessment Interviews	Q2-Q3
2	Individual Breach Notification	For privacy and security incidents involving inappropriate access or disclosure, a breach analysis is performed to assess whether the incident is a reportable breach under the HIPAA Breach Notification Rule. In certain types of incidents, variation in this analysis has been identified. CR will engage expert and external resources to provide training and advise on the breach analysis process, using the scenarios susceptible to variability as a guide.	Training	Feedback from Privacy Specialists	Q1
3	Bi-annual HIPAA Walkthrough	Every two years, CR facilitates a system-wide "HIPAA Walkthrough" whereby department managers across the organization evaluate their workspace and workforce in key HIPAA Privacy areas. This process elevates privacy awareness and communicates leading practices to the front line employee. Privacy Specialists provide guidance in the form of tip sheets to department management to be use for "just-in-time" training with staff.	Communication	Programmatic Activity	Q2-3
4	Minimum Use Data and Inappropriate Use Monitoring	The current data access monitoring system (Fair Warning) provides some reports, however, based on recent events and industry research, this kind of service does not seem to be utilized at the fullest. In 2018 we will evaluate, select, and implement improvements over the current state.	Process/Service Review	Recent Breach RCA	Q1
5	Release of Information (ROI) Policy and Process	Moving to a consolidated instance of EPIC presents an opportunity to systematize disparate processes. Facilitated HIM, Legal, and CR working sessions to ensure process consistency and documentation including policies, definition of designated record set, processes, etc.	Process and Policy Review	New/Changing Process Risk	Q3-4

6	Registration Training / Overlay Prevention	Significant time and resources are currently utilized to correct registration errors that match patients with an incorrect medical record. Risk can be mitigated and resources conserved through the evaluation of current training activities, potential training enhancements, and increased accountability for registration errors.	Training / Enforcement / Monitoring After	Risk Assessment Interviews	Q2-Q3
7	Vendor Oversight	Implement annotated BAA to support legal evaluation of BAA revisions, develop and implement process workflow to ensure that all vendors complete initial risk screening. Continue requiring high risk vendors to complete periodic self-assessments. Develop third party management policy to institutionalize changes.	Process and Policy Review	Effectiveness Assessment	Ongoing
8	Privacy Risk Management Plan	Develop policy describing the various risk management activities that are performed throughout the year to identify, evaluate, prioritize, mitigate, and monitor privacy risks.	Policy Development	Recent Breach RCA	Q1
9	Review Major Breach Corrective Actions	Review all major breach recommendations and evaluate that all recommendations remain in effect.	Monitor	Programmatic Activity	Q2
<b>C) Program Effectiveness Focus Areas</b>					
1	Compliance Training	In 2017, the System Office began redesigning its approach to ongoing training, and in particular reduced the number of online courses in the LMS and introduced seasons of learning. In 2018, CR will evaluate existing compliance training and streamline content as well as identify alternative ways to deliver necessary training material.	Project Management	Pwc Effectiveness Assessment	Q1-Q2
2	Policy and Guidance Updates	In 2017, CR identified all compliance and privacy policies that needed reviewed, prioritized the list and began working on updating them. In 2018, CR will finish updating policies and communicate with stakeholders, as needed.	Project Management	OIG Compliance Program Guidance (CPGs)	Q1
3	Information Security Compliance	Utilizing the newly created Privacy and Security Oversight Committee (PSOC), we will facilitate the development of an adequate oversight structure for the HIPAA Privacy and Security Rules, an in particular focus on redesigning an enterprise-wide security risk assessment and risk mitigation plan.	Process Development	Recent Breach RCA	Q1-Q4
4	Proficiency Testing for CR analysts	Ten CR staff make up the physician coding audit program for the system. In 2018, we will have an independent review of each auditors' proficiency and follow a defined improvement plan for any auditor performing below acceptable standards.	Audit	Risk Assessment Interviews	Q2
5	CR Program Effectiveness	Using the 2017 PwC assessment as a guide, identify certain elements to evaluate in greater detail in 2018.	Process Review	OIG Compliance Program Guidance (CPGs)	Q1-Q2
<b>D) Follow-up Audits</b>					
1				Prior year results	TBD
2				Prior year results	TBD
3				Prior year results	TBD