A. Element 1: Establish Policies, Procedures and Controls						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Review and Update Existing Compliance Policies	All compliance policies reviewed for effectiveness, accuracy, and relevance.	Quarter I	Policy and procedure revisions as necessary brought to PCEO, ACC, Policy, Committee, and BOD for approval	CCPO, Legal	Most policies reviewed and revised in 2012. Others need to be reviewed and any new policies developed.	Coincides with 2011 Recommendation-- Implemented but ongoing part of compliance plan
2. Conduct HIPAA Privacy Policy and Procedure Audit to complete Meaningful Use Requirements	Work with HHSC Security Officer and RCOs to review existing HIPAA policies in conjunction with OCR Audit Protocol	Quarter IV (2012) - Quarter I	Policy and procedure revisions as necessary brought to PCEO, ACC, Policy, Committee, and BOD for approval	CCPO, RCOs, HHSC Security Officer, Legal, Regional and Corporate IT staff as necessary.	Procurement for vendor underway. Target start date is February 2013 with completion by July 1, 2013.	Coincides with 2011 Recommendation--Risk Assessments are ongoing but meaningful use is new.
3. Revise HHSC Code of Conduct	Review current COC, solicit input and comments, revise, and present draft to PCEO, RCEOs, HR Directors, RCOs, and Legal for comment and review.	Quarter I-II-- Review and draft	Adoption of new COC by HHSC BOD	CCPO with input and review by RCOs, PCEO, RCEOs, Legal Staff. HR responsible for union consultation process.	Examples of other Codes gathered and input from RCOs gathered.	Coincides with 2011 Recommendation--But specific emphasis on Code of Conduct is new.

4. Review financial policies and procedures for compliance with financial guidance from compliance and internal audit "best practices"	Work with IA, Revenue Cycle Director, RCOs, and CFOs to review existing policies and practices. Conduct needs assessment/gap analysis.	Quarter II-III	Revision of existing policies and procedures. Establishment of new financial policies as needed	Revenue Cycle Director with CCPO, IA, Legal, CFOS, HHSC CFO.	Not yet completed. Limited review conducted. Credit Balance policy review begun.	Coincides with 2011 Recommendation--Not fully implemented for error rates, denial management, reporting mechanisms, RAC.
5. Assess benefits, costs, needs for online compliance monitoring package	In conjunction with possible outside review of compliance program, assess various compliance IT suites that monitor, document, and prepare reports for compliance program.	Quarter II-III	Possible recommendation for software compliance monitoring program.	CCPO with RCOS	Not yet begun.	2011 recommendation accepts that new resources in compliance may be needed.

B. Element 2: Exercise Effective Compliance and Ethics Oversight						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. CCPO to meet with each Regional Board to present HHSC Compliance Program Update and Training	Schedule through RCEO and BOD Chair	All Regional Boards will be visited by December 2013	HHSC System Compliance Overview and highlights of Regional challenges and strengths	CCPO and RCOs	HHSC Board confirmed directive. Meetings need to be scheduled for 2013.	Coincides with 2011 Recommendation of regional risk assessment and updates to regional boards. Confirmed by BOD direction in 2012.
2. CCPO to work with each Regional Compliance Program to review respective region's compliance program.	CCPO to visit each region and conduct review of existing program in alignment with 7 key OIG elements for effective compliance	Quarter II-III	Report of strengths and challenges for each region for HHSC and Regional BODs, RCEOs, and PCEO.	CCPO and RCOs	Review done in 2012. Complete review with recommendations to Regional Board and RCEO to be done.	New emphasis of 2011 recommendation for ongoing risk assessments
3. Review Job Descriptions and duties of CCPO and RCOs	Obtain examples of JDs for COs at various levels. Compare and work with HR to align with recommendations for change as necessary.	Quarter I	New Job Descriptions as necessary. Recommendations for scope changes as appropriate.	Regional and Corporate HR, CCPO, RCOs.	Initial review in 2012. Complete review to be completed in 2013.	2011 recommendation was for full time compliance officers in each region, reporting to RCEO, ongoing training support--not fully implemented
4. Review Exclusions and Sanction Check Policy for providers and review/revise as necessary	Review current policy in light of best practices for exclusion checks	Quarter I	Revised policy and practices	CCPO, RCOs, Procurement, Legal, HR	Review begun. Initial advice and "best practice" information gathered. New Policy to be developed.	New

C. Element 3: Maintain a process to receive complaints and adoption of procedures to protect complainants						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Evaluate HHSC Compliance with Language access including Title VI and HRS.	Conduct assessment of current practice. Assess compliance with 5% minimum standard in HRS. Determine need for increased language access services.	Quarter I-III	Recommendations as needed for changed services.	CCPO and RCOs, Legal	Review of past plan completed. New assessment needed.	New
2. Promote HHSC Hotline throughout HHSC facilities	Continue developing marketing messages and signage for facilities	Quarter I-IV	Call volume will be monitored and reported to ACC.	CCPO, RCOs, HHSC Corporate Marketing Designer.	Initial promotion completed. Continued marketing efforts needed.	New
3. Review systemwide risk management program plan	Work with new Corporate Risk Manager to look at existing practices and recommend changes.	Quarter III-IV	Possible changes in plan and operational assessment of regional needs	Corporate Risk Manager, Regional Risk Managers, Legal, CCPO	Risk Management plan is completed but new position not yet filled.	New

D. Element 4: Communicate and Educate Employees on Compliance and Ethics programs						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Implementation of online education and training	HHSC Corporate Contract Manager to complete RFP and successful vendor selected and implementation of service.	Quarter IV (2012) and Quarter I	New online education services and programs available for HHSC staff (including physicians).	HHSC Corporate Contract Manager, Corporate IT with Regional IT as needed, CCPO, and RCOs. HR as necessary.	RFP to be completed by January 2013 with request for funding to HHSC BOD.	Coincides with 2011 Recommendation--Not Implemented
2. Increase presence of compliance information on HHSC websites	Work with HHSC Corporate Webmaster to add content.	Quarter I	Updated BAA, compliance educational materials, policies, etc. accessible on Web	CCPO with HHSC Webmaster	Underway with new HHSC website. Continued addition of appropriate materials needed.	New
3. Deliver annual training to HHSC Corporate Board and HHSC Corporate Office	Annual training, Code of Conduct verification, and Conflict of Interest forms completed with HHSC BOD members and HHSC Corporate Staff	Quarter I--HHSC BOD and Quarter II--for Corporate Office Staff	Education completed by all BOD members and HHSC Corporate Staff. Conflict of Interest forms completed. Code of Conduct verification received from all parties.	CCPO	Completed in February 2012. Will be scheduled for February 2013.	Ongoing--Standard Part of Compliance Plan
4. Review education and training process of each region's staff and regional board	Work with RCOs to assess current education and training practices. Assessment in conjunction with anticipated new online education system.	Quarter III	Report of educational and training practices to PCEO, RCEOs, and ACC.	CCPO and RCOs	Not yet started.	New

E. Element 5: Monitor and Audit Programs for Compliance Effectiveness						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Review costs and sources for independent review of system compliance program	Gather preliminary information on expected scope, benefits, and costs.	Quarter I-II	Recommendation to PCEO for inclusion in FY14 Corporate Office Budget.	CCPO	Initial quotes received. To be discussed with PCEO for FY14 inclusion.	New
2. Review HHSC coding process for efficiency and effectiveness	Work with Internal Audit to develop process for review	Quarter IV (2012) and Quarter I	Recommendations from IA and CCPO for coding changes to improve accuracy, effectiveness, and compliance	Internal Audit and CCPO with HIM and regional coding managers as necessary.	Not yet started	New
3. Conduct meaningful use assessment to ensure compliance with Stage 1 and Stage 2	Work with HHSC Security Officer, MU Regional Contacts, and IT contractor to conduct MU assessment	Quarter IV (2012) and Quarter I	Report on MU assurances to meet CMS Attestation requirements	CCPO, Regional Meaningful Use contacts, HHSC Security Officer, EmERGE Steering Committee, CIO.	Underway. Attestation by October 30, 2013 needed.	New
4. Monitor implementation of effective credit balance policies and practices	Develop new credit balance policies and procedures and assess implementation effectiveness	Quarter IV (2012) and Quarter I-IV	Lowering of existing credit balances and improved practices to meet 60-day repayment requirement.	Revenue Cycle Director, HHSC CFO, HHSC Operations Director, CCPO	Policy revision underway. Other recommendations need follow-up.	Coincides with 2011 Recommendation--Not Implemented

5. Review physician practice management practices	Review policies, practices, and compliance with physician practice issues such as contracts, FMV, timesheets, pay practices.	Quarter IV	Report to PCEO, RCEO, ACC, and BOD with necessary corrective actions.	CCPO and RCOs. Legal	Review of practices for compliance issues conducted in 2012. Additional review and new policies/revisions to be completed.	Coincides with 2011 Recommendation-- Physician Practice Audit review conducted in 2012. This would expand scope and review operational practices.
6. Review Regional Program for Evaluating Payment Patterns Electronic Reports (PEPPER) to identify target areas for review and audit.	Obtain PEPPER reports, review, discuss with management, prepare response for review and audit of target areas	Quarter IV (2012) and Quarter I, II	Target areas identified, reviews and audits implemented.	CCPO, RCOs, IA, Finance at Corporate and Regional levels.	Not yet started	New
7. Review Business Associate Agreements and compliance with HIPAA in Business Associates	Select random number of BA and audit, survey, review for HIPAA policies and practice compliance	Quarter III	Report to PCEO, RCEO, ACC, and BOD with necessary corrective actions.	CCPO, Legal, RCOs, IA, Procurement	Not yet started	New
8. Review CDM accuracy	Work with finance to assess accuracy of CDM in conjunction with EMR roll out	Quarter I	CDM revised as necessary. Outside review if appropriate	CFOs, HHSC Finance, CCPO	Recommendation made to CFO to review CDM systemwide prior to "go live" with EMR.	New

F. Element 6: Ensure Consistent Promotion of the Program and Enforcement of Violations						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Work with Human Resources to develop guidelines and policies for consistent and published discipline	Obtain best practices from other hospital systems. Review against HHSC.	Quarter I-IV	Development of new guidelines and policies for discipline. Union consultation as necessary.	Corporate HR with Regional HR, CCPO, Legal, and RCOs as necessary.	Initial HIPAA guidelines developed and distributed but new effort to develop new policies/practices needed.	Coincides with 2011 Recommendation--Not Implemented
2. Work with Human Resources to maintain records and reports of discipline actions for compliance violations	Review current practices and logs. Develop new practices as necessary	Quarter I-IV	Development of new practices for documenting discipline issues related to compliance	Corporate HR with Regional HR, CCPO, Legal, and RCOs as necessary.	Events recorded in the HHSC Compliance Log but follow-up and review needed to determine effectiveness.	Coincides with 2011 Recommendation--Not Implemented

G. Element 7: Respond Appropriately to Incidents and Take Steps to Prevent Future Incidents						
Objective	**Process**	**Timeline**	**Expected Outcome**	**Responsible Parties**	**Current Status**	**Relationship to 2011 Board Adopted Recommendations**
1. Develop process through Hotline Compliance Log for reporting on investigation timelines and outcomes	Review compliance log and assess need for reporting changes.	Quarter I	New reporting format as necessary	CCPO, RCOs, and Corporate IT as necessary.	Completed, revised, but will review again with ACC and PCEO to determine effectiveness.	Coincides with 2011 Recommendation--New Log implemented. Review of effectiveness of report will be new.