

HOT TARGETS IN COMPLIANCE

The Risk Controls That Protect Your Patients,
Your License & Your Practice

SEE RISK

BLOCK HARM

**PROVE THE
CONTROL**

Why “Hot Targets”?

- Compliance risk concentrates around repeatable decisions providers make every day.
- A single clinical decision can create patient-safety, licensing, documentation, payer and liability consequences.
- Risk controls are the behaviors and systems that prevent, detect or reduce those exposures.
- Today we start with controls that cannot be worked around, then move through Risk Level 3, 2 and 1.
- The goal is practical: know what to do, what not to do, what to document and when to escalate.

How ClinicArmor Prioritizes Risk Controls

CRITICAL CONTROLS	STOP	Cannot be worked around. Correct and verify before the control is resolved.
RISK LEVEL 3	PROTECT	High-consequence provider and practice risk controls.
RISK LEVEL 2	PREVENT	Controls that prevent recurrence, drift and avoidable exposure.
RISK LEVEL 1	STRENGTHEN	Material controls that strengthen reliability and consistency.

The Provider Decision Rule

KNOW

Know the rule, risk and your authority.

DO

Perform the expected control.

STOP

Pause when the control is not satisfied.

DOCUMENT

Create evidence of what occurred.

ESCALATE

Route uncertainty or risk to the right person.

What We Are Covering Today

**87 CORE
CONTROLS**

33

**Critical
Controls**

8

**Risk Level 3
(non-gate)**

38

Risk Level 2

8

Risk Level 1

Risk Level Does Not Mean Optional

Risk Level tells us how much exposure a failed control can create — not whether the requirement matters.

RISK LEVEL 3

PROTECT

High-consequence exposure.
Failure can materially increase the likelihood or severity of enforcement, repayment, litigation, patient harm or professional action.

RISK LEVEL 2

PREVENT

Moderately significant controls that prevent recurrence, drift and avoidable violations from becoming patterns or systemic problems.

RISK LEVEL 1

STRENGTHEN

Material controls that improve reliability and consistency and help keep smaller deficiencies from accumulating.

LOWER RISK ≠ OPTIONAL

Many controls operationalize legal, regulatory, payer, contractual or professional obligations. The Risk Level measures the significance of control failure — not whether the obligation applies.

A Violation Does Not Have to Sink the Ship

One control failure may be identifiable, correctable and containable. Unresolved or repeated failures can compound.

1

INDIVIDUAL VIOLATION

A requirement or control is missed.

2

REPEATED PATTERN

The same failure happens again.

3

CONTROL FAILURE

The practice cannot show the control works reliably.

4

AUDIT / INVESTIGATION

The pattern attracts payer, regulator, board or legal scrutiny.

5

GREATER EXPOSURE

Repayment, penalties, litigation, discipline or other consequences may follow.

The goal is to stop a single failure from becoming a pattern — and a pattern from becoming a significant ADC or MPL event.

Risk Accumulates

ONE FAILURE

Often identifiable, correctable and containable.

Correct it. Document it. Verify it.

REPEATED FAILURE

Suggests the control is not operating reliably.

Find the root cause and prevent recurrence.

MULTIPLE CONTROL FAILURES

Can demonstrate a broader compliance-system breakdown.

Escalate, remediate and test the system.

UNRESOLVED CRITICAL FAILURE

Cannot be averaged away by controls that passed.

Correct and verify before treating the control as resolved.

Risk control is not about counting violations. It is about preventing isolated failures from becoming systemic exposure.

CRITICAL CONTROLS

The controls you cannot work around.

STOP • CORRECT • VERIFY

HOT TARGET IN PRACTICE

Hot Target 1 — Scope, Licensure & Supervision

WHAT HAPPENED?

A newly hired clinical assistant has watched another staff member perform a therapeutic procedure several times. The office is busy, so the assistant begins performing the procedure independently before competency validation and required supervision have been confirmed.

HOT TARGET RESPONSE

Hot Target 1 — Scope, Licensure & Supervision

WHAT WAS DONE WRONG?

The staff member is performing a clinical function before authority, competency and supervision requirements have been verified.

RISK-CONTROL RESPONSE

Stop the activity; verify scope, credentials, competency and required supervision before the person performs the service independently.

What do we avoid by doing this?

Hot Target 1 — Scope, Licensure & Supervision

IMMEDIATE EXPOSURE

Unlicensed or inadequately supervised care can lead to patient injury, licensing-board action, malpractice claims and payer recoupment.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: an unvalidated assistant performs a procedure, injures a patient, and the practice faces a malpractice claim plus a board investigation.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 2 — Standard of Care

WHAT HAPPENED?

A patient requests a treatment that has helped a friend. The provider agrees to perform it even though the current examination findings do not support the service and the provider has not documented a clinical rationale.

HOT TARGET RESPONSE

Hot Target 2 — Standard of Care

WHAT WAS DONE WRONG?

Patient preference and routine practice are being allowed to replace patient-specific professional judgment.

RISK-CONTROL RESPONSE

Do not proceed until the provider determines that the service is clinically appropriate, within scope and supported by the patient's findings.

What do we avoid by doing this?

Hot Target 2 — Standard of Care

IMMEDIATE EXPOSURE

Unsupported treatment can create patient-harm allegations, malpractice exposure, board complaints and payment disputes.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a patient is harmed by a service not supported by the examination, reducing the risk of a negligence lawsuit and professional-discipline inquiry.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 3 — Complete History Before the Decision

WHAT HAPPENED?

A new patient completes only part of the intake form. The provider is running behind and begins treatment without clarifying medications, prior procedures, allergies or significant comorbidities.

HOT TARGET RESPONSE

Hot Target 3 — Complete History Before the Decision

WHAT WAS DONE WRONG?

A treatment decision is being made from an incomplete clinically relevant history.

RISK-CONTROL RESPONSE

Pause the treatment decision; obtain and review the missing history and evaluate whether it changes risk, diagnosis or the plan of care.

What do we avoid by doing this?

Hot Target 3 — Complete History Before the Decision

IMMEDIATE EXPOSURE

A complete history helps prevent contraindicated care, avoidable adverse events, malpractice claims and documentation failures.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: identifying anticoagulant use before treatment prevents an avoidable complication and the resulting patient-injury claim.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 4 — Contraindications

WHAT HAPPENED?

A returning patient is scheduled for a modality used successfully several months ago. The patient reports a new medical condition, but the provider proceeds because the patient tolerated the treatment in the past.

HOT TARGET RESPONSE

Hot Target 4 — Contraindications

WHAT WAS DONE WRONG?

Prior tolerance is being treated as proof that the service remains safe today.

RISK-CONTROL RESPONSE

Stop and reassess contraindications, precautions and treatment-modifying risks before proceeding or modifying care.

What do we avoid by doing this?

Hot Target 4 — Contraindications

IMMEDIATE EXPOSURE

Current contraindication screening reduces preventable injury, emergency escalation, malpractice exposure and board scrutiny.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a new medical condition is identified before treatment, preventing a contraindicated procedure and a potentially serious adverse event.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 5 — Red Flags

WHAT HAPPENED?

A patient being treated for low-back pain reports new progressive leg weakness and difficulty controlling urination. Because the office is behind schedule, the provider delivers the planned treatment and tells the patient to call primary care if symptoms persist.

HOT TARGET RESPONSE

Hot Target 5 — Red Flags

WHAT WAS DONE WRONG?

A potentially serious red flag did not change the clinical pathway.

RISK-CONTROL RESPONSE

Stop routine care, perform the appropriate focused assessment and initiate the indicated urgent referral, diagnostic or emergency pathway.

What do we avoid by doing this?

Hot Target 5 — Red Flags

IMMEDIATE EXPOSURE

Recognizing and escalating red flags helps prevent delayed diagnosis, catastrophic patient harm, malpractice claims and licensing-board action.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: progressive weakness and bladder symptoms trigger urgent referral rather than routine care, reducing the risk of a delayed-diagnosis lawsuit.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 6 — High-Risk & Complex Patients

WHAT HAPPENED?

An older patient with multiple comorbidities, anticoagulant use and recent falls is placed into the same routine treatment pathway used for uncomplicated patients, without enhanced assessment or monitoring.

HOT TARGET RESPONSE

Hot Target 6 — High-Risk & Complex Patients

WHAT WAS DONE WRONG?

Patient complexity has not been incorporated into the risk assessment or care plan.

RISK-CONTROL RESPONSE

Identify the patient as high risk; modify assessment, monitoring and treatment, and lower the threshold for consultation or referral.

What do we avoid by doing this?

Hot Target 6 — High-Risk & Complex Patients

IMMEDIATE EXPOSURE

Risk stratification helps prevent inappropriate routine care, adverse events, poor outcomes and malpractice exposure in complex patients.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: an anticoagulated patient with recent falls receives modified care and monitoring, preventing an avoidable injury and claim.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

HOT TARGET IN PRACTICE

Hot Target 7 — Clinically Indicated Referral

WHAT HAPPENED?

A patient continues to develop neurologic findings that exceed the practice's usual management capabilities. The provider delays referral because the patient strongly prefers to continue care only at the office.

HOT TARGET RESPONSE

Hot Target 7 — Clinically Indicated Referral

WHAT WAS DONE WRONG?

Patient preference is delaying a clinically indicated referral.

RISK-CONTROL RESPONSE

Explain the concern, make the appropriate referral at the required urgency, document the decision and track follow-through.

What do we avoid by doing this?

Hot Target 7 — Clinically Indicated Referral

IMMEDIATE EXPOSURE

Timely referral helps prevent delayed diagnosis or treatment, worsening injury, malpractice claims and board complaints.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: neurologic deterioration is referred promptly, avoiding allegations that the provider delayed necessary specialty or emergency care.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 8 — Nonresponse & Deterioration

WHAT HAPPENED?

After several weeks of care, the patient's pain and functional score are worse. The provider continues the same frequency and treatment plan because the original plan authorized several more visits.

HOT TARGET RESPONSE

Hot Target 8 — Nonresponse & Deterioration

WHAT WAS DONE WRONG?

The plan is continuing despite deterioration without a meaningful reassessment.

RISK-CONTROL RESPONSE

Reassess the patient, reconsider the diagnosis and plan, and determine whether testing, modification, referral or escalation is required.

What do we avoid by doing this?

Hot Target 8 — Nonresponse & Deterioration

IMMEDIATE EXPOSURE

Reassessment helps prevent prolonged ineffective care, missed diagnoses, patient harm, payer disputes and malpractice exposure.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: worsening function triggers reassessment and referral instead of weeks of unchanged care that could support a negligence or unnecessary-care allegation.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

HOT TARGET IN PRACTICE

Hot Target 9 — Close the Loop

WHAT HAPPENED?

An MRI is ordered because of concerning symptoms. The office never receives the report, and no one follows up because staff assume the imaging center will contact the patient if something is abnormal.

HOT TARGET RESPONSE

Hot Target 9 — Close the Loop

WHAT WAS DONE WRONG?

The test was ordered but the result and follow-up were never closed.

RISK-CONTROL RESPONSE

Track the test to completion, obtain and review the result, communicate with the patient, act on findings and document closure.

What do we avoid by doing this?

Hot Target 9 — Close the Loop

IMMEDIATE EXPOSURE

Closed-loop tracking helps prevent missed abnormal results, delayed diagnosis, patient harm and failure-to-follow-up lawsuits.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: an abnormal MRI result is obtained, reviewed and acted on promptly rather than being lost until the patient deteriorates.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 10 — Adverse Events & Near Misses

WHAT HAPPENED?

A patient nearly falls after becoming dizzy following a procedure. A staff member catches the patient, no injury occurs, and the team decides not to report it because “nothing happened.”

HOT TARGET RESPONSE

Hot Target 10 — Adverse Events & Near Misses

WHAT WAS DONE WRONG?

A near miss is being dismissed instead of entering the patient-safety review process.

RISK-CONTROL RESPONSE

Protect the patient, report the event, review contributing factors, assign corrective action when indicated and verify effectiveness.

What do we avoid by doing this?

Hot Target 10 — Adverse Events & Near Misses

IMMEDIATE EXPOSURE

Event reporting and corrective action help prevent recurrence, escalating patient harm, malpractice claims and regulatory scrutiny.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a near-fall reveals a workflow hazard that is corrected before another patient falls and suffers a serious injury.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 11 — Documentation Within 48 Hours

WHAT HAPPENED?

A provider routinely leaves notes open for four or five days and later completes them from memory. The claims team submits charges before the records are finalized.

HOT TARGET RESPONSE

Hot Target 11 — Documentation Within 48 Hours

WHAT WAS DONE WRONG?

Late documentation and billing are creating record-integrity and defensibility risk.

RISK-CONTROL RESPONSE

Complete and sign records within the required timeframe; stop affected billing when the record cannot accurately support the encounter and escalate recurring delays.

What do we avoid by doing this?

Hot Target 11 — Documentation Within 48 Hours

IMMEDIATE EXPOSURE

Timely documentation helps prevent inaccurate records, claim denials, recoupments, audit findings and weakened legal defense.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a contemporaneous signed record supports the service during a payer audit or malpractice claim instead of relying on memory days later.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

HOT TARGET IN PRACTICE

Hot Target 12 — A Record for Every Encounter

WHAT HAPPENED?

A long-standing patient stops by without an appointment. The provider performs a brief examination and treatment but tells staff not to create an encounter because there will be no charge.

HOT TARGET RESPONSE

Hot Target 12 — A Record for Every Encounter

WHAT WAS DONE WRONG?

Clinical care occurred without a corresponding patient record.

RISK-CONTROL RESPONSE

Create a record for the encounter documenting the evaluation, service, response and plan as applicable, regardless of whether the visit is billed.

What do we avoid by doing this?

Hot Target 12 — A Record for Every Encounter

IMMEDIATE EXPOSURE

Documenting every clinical encounter helps prevent missing-record allegations, billing disputes, continuity failures and weakened legal defense.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: an unbilled walk-in treatment is documented, preserving evidence of what occurred if the patient later alleges injury.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

HOT TARGET IN PRACTICE

Hot Target 13 — Documentation Must Meet the Standard

WHAT HAPPENED?

A note contains copied examination text and a diagnosis code, but does not describe patient-specific findings, clinical reasoning, medical necessity or response to the service billed.

HOT TARGET RESPONSE

Hot Target 13 — Documentation Must Meet the Standard

WHAT WAS DONE WRONG?

The template and code are substituting for individualized clinical evidence.

RISK-CONTROL RESPONSE

Correct the documentation process so the record supports the patient, service, medical necessity, clinical decision and claim.

What do we avoid by doing this?

Hot Target 13 — Documentation Must Meet the Standard

IMMEDIATE EXPOSURE

Patient-specific documentation helps prevent denials, recoupments, false-claim concerns, board complaints and weak malpractice defense.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: individualized findings and medical necessity support the billed service during an audit rather than exposing the practice to repayment demands.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

HOT TARGET IN PRACTICE

Hot Target 14 — Medicare Eligibility & Enrollment

WHAT HAPPENED?

A newly credentialed provider begins treating Medicare patients. The office assumes an active state license means Medicare claims can be submitted under that provider while enrollment is still being confirmed.

HOT TARGET RESPONSE

Hot Target 14 — Medicare Eligibility & Enrollment

WHAT WAS DONE WRONG?

Professional licensure is being confused with Medicare enrollment and billing eligibility.

RISK-CONTROL RESPONSE

Verify enrollment, participation/billing privileges and required revalidation status before affected claims are submitted.

What do we avoid by doing this?

Hot Target 14 — Medicare Eligibility & Enrollment

IMMEDIATE EXPOSURE

Verifying Medicare status helps prevent improper billing, claim denials, recoupments and potential civil monetary exposure.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: claims are held until billing privileges are confirmed, preventing submission under a provider who is not yet eligible to bill Medicare.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

HOT TARGET IN PRACTICE

Hot Target 15 — Exclusions & Sanctions

WHAT HAPPENED?

The practice screened a provider when hired two years ago but has not repeated the check. A monthly screening later produces a possible OIG exclusion match, and staff decide to wait until next month to see if it appears again.

HOT TARGET RESPONSE

Hot Target 15 — Exclusions & Sanctions

WHAT WAS DONE WRONG?

Exclusion screening is being treated as a one-time task and a possible match is not being promptly investigated.

RISK-CONTROL RESPONSE

Verify the match immediately, escalate the finding and restrict affected activity as required if exclusion or adverse status is confirmed.

What do we avoid by doing this?

Hot Target 15 — Exclusions & Sanctions

IMMEDIATE EXPOSURE

Routine screening helps prevent federal-program payments involving excluded individuals, repayment demands, civil monetary penalties and program-integrity exposure.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a confirmed exclusion is identified before additional federal-program claims are submitted or paid.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 16 — Overpayments

WHAT HAPPENED?

The billing team identifies a recurring credit balance suggesting several claims may have been overpaid. Because no payer has requested a refund, the balance remains unresolved for months.

HOT TARGET RESPONSE

Hot Target 16 — Overpayments

WHAT WAS DONE WRONG?

A known potential overpayment is not being investigated, quantified or resolved.

RISK-CONTROL RESPONSE

Escalate promptly; determine scope and amount, correct and return identified overpayments as required, document the resolution and address root cause.

What do we avoid by doing this?

Hot Target 16 — Overpayments

IMMEDIATE EXPOSURE

Prompt overpayment resolution helps prevent escalating repayment liability, civil monetary exposure and potential False Claims Act risk.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a recurring overpayment is quantified, corrected and returned rather than knowingly retained after identification.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 17 — Stark / Anti-Kickback Risk

WHAT HAPPENED?

A vendor offers the provider free equipment and a revenue-sharing arrangement if the practice refers federally insured patients for the vendor's service. The provider plans to sign because several competitors use the same arrangement.

HOT TARGET RESPONSE

Hot Target 17 — Stark / Anti-Kickback Risk

WHAT WAS DONE WRONG?

A referral-linked financial relationship is moving forward without appropriate compliance/legal review.

RISK-CONTROL RESPONSE

Stop before signing or referring; disclose the arrangement and route it through the required compliance/legal review.

What do we avoid by doing this?

Hot Target 17 — Stark / Anti-Kickback Risk

IMMEDIATE EXPOSURE

Pre-review of referral-linked financial arrangements helps prevent tainted claims, repayment demands, civil penalties and, in serious cases, criminal Anti-Kickback exposure.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: a referral-linked vendor deal is stopped for legal review before remuneration is accepted or federal-program referrals are generated.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 18 — Compliance Governance

WHAT HAPPENED?

The practice has a compliance manual, but no one can identify the compliance lead, monthly monitoring is not occurring, audit findings remain open and recurring problems have no assigned corrective-action owner.

HOT TARGET RESPONSE

Hot Target 18 — Compliance Governance

WHAT WAS DONE WRONG?

The compliance program exists on paper but the controls are not operating.

RISK-CONTROL RESPONSE

Escalate to compliance leadership; assign ownership, correct the failures, verify closure and restore ongoing monitoring and auditing.

What do we avoid by doing this?

Hot Target 18 — Compliance Governance

IMMEDIATE EXPOSURE

Active compliance governance helps prevent repeat failures, unmanaged incidents, enforcement escalation and inability to demonstrate an effective compliance program.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: monitoring detects a billing pattern early, corrective action is documented, and the practice prevents the issue from expanding across hundreds of claims.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

HOT TARGET IN PRACTICE

Hot Target 19 — HIPAA Safeguards

WHAT HAPPENED?

A security review identifies shared passwords and an unencrypted device containing PHI. The findings are documented, but remediation is postponed indefinitely because no breach has occurred.

HOT TARGET RESPONSE

Hot Target 19 — HIPAA Safeguards

WHAT WAS DONE WRONG?

Known security vulnerabilities have been identified but not corrected.

RISK-CONTROL RESPONSE

Protect PHI immediately, prioritize remediation, document corrective actions and verify that the identified vulnerabilities are effectively addressed.

What do we avoid by doing this?

Hot Target 19 — HIPAA Safeguards

IMMEDIATE EXPOSURE

Security safeguards and remediation help prevent breaches, patient-notification events, OCR investigations, civil penalties and operational disruption.

IF IT BECOMES A PATTERN

If repeated or left unresolved, the failure can demonstrate that the control is not operating reliably. Example: shared credentials and an unencrypted device are corrected before a lost device exposes ePHI and triggers a reportable breach investigation.

POTENTIAL CONSEQUENCE • Patient harm • repayment / recoupment • civil penalties • board action • litigation • exclusion • criminal exposure — as applicable to the control and facts.

F

Risk-control examples illustrate plausible exposure; actual consequences depend on facts and law.

Critical Control Recap — When the Answer Is “Stop”

- Authority is uncertain.
- A red flag, contraindication or high-risk condition changes the clinical decision.
- The patient is deteriorating or needs referral.
- A test/referral loop is open.
- The record is missing, late or cannot support the service.
- Federal program status, overpayment or financial relationship creates unresolved risk.
- A known privacy/security or compliance-system failure remains uncorrected.

RISK LEVEL 3

Highest-consequence provider and practice risk controls.

PROTECT

Risk Level 3 — Protect Against High-Consequence Failure

TRAIN**INVESTIGATE****AUDIT****PROTECT PHI****CONTROL
EXPOSURE**

These controls reinforce the systems around the provider so high-risk problems are detected and corrected before they escalate.

HIGH CONSEQUENCE DOES NOT MEAN “ONLY THESE CONTROLS MATTER.”

HOT TARGET IN PRACTICE

POL-011 — Annual required workforce training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed annual required workforce training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

POL-011 — Annual required workforce training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Assign required training, document completion, remediate overdue training, and monitor ongoing completion by role.

HOT TARGET IN PRACTICE

POL-012 — Investigation and correction of compliance concerns

WHAT HAPPENED?

A staff member reports a recurring compliance concern. The issue is discussed informally, but no formal investigation, owner, deadline, or closure evidence is created.

HOT TARGET RESPONSE

POL-012 — Investigation and correction of compliance concerns

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement a documented incident/CAPA process with escalation, root-cause review, owners, deadlines, evidence of closure, and effectiveness verification.

HOT TARGET IN PRACTICE

POL-017 — Outstanding government program repayment obligations

WHAT HAPPENED?

The practice learns of an unresolved government-program repayment obligation. No one confirms the amount, status, responsible owner, or resolution timeline.

HOT TARGET RESPONSE

POL-017 — Outstanding government program repayment obligations

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Investigate repayment obligations, quantify affected amounts, follow applicable refund/overpayment requirements, and document corrective controls.

HOT TARGET IN PRACTICE

POL-025 — Periodic documentation auditing

WHAT HAPPENED?

A sample review identifies recurring documentation gaps, but the practice treats each chart as an isolated issue and does not trend, correct, or re-audit the control.

HOT TARGET RESPONSE

POL-025 — Periodic documentation auditing

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Establish a risk-based audit schedule, define sample methodology and pass thresholds, document findings, and verify corrective action.

HOT TARGET IN PRACTICE

POL-045 — Annual HIPAA workforce training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed annual hipaa workforce training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

POL-045 — Annual HIPAA workforce training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Complete annual HIPAA training for all required workforce members, document completion, and remediate overdue personnel.

HOT TARGET IN PRACTICE

POL-054 — Business Associate identification and agreements

WHAT HAPPENED?

A new vendor is given access to patient information to support operations. The practice has not confirmed Business Associate status or completed the required agreement.

HOT TARGET RESPONSE

POL-054 — Business Associate identification and agreements

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Inventory vendors with PHI access, determine BA status, execute required BAAs, and maintain an ongoing vendor-review process.

HOT TARGET IN PRACTICE

POL-056 — Minimum necessary / role-based PHI access

WHAT HAPPENED?

A workforce member receives broad EHR access that exceeds the information needed for the person's role. The access remains unchanged because it is convenient.

HOT TARGET RESPONSE

POL-056 — Minimum necessary / role-based PHI access

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Define role-based minimum-necessary PHI access, configure access appropriately, review permissions periodically, and document exceptions.

HOT TARGET IN PRACTICE

POL-059 — Exposure control / bloodborne pathogens

WHAT HAPPENED?

After a sharps exposure, staff are unsure where the exposure-control plan is located and begin improvising the response rather than following the established pathway.

HOT TARGET RESPONSE

POL-059 — Exposure control / bloodborne pathogens

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement and audit the exposure-control plan, PPE, bloodborne-pathogen, cleaning, waste, and workforce-safety procedures.

RISK LEVEL 3

Risk Level 3 — Train the Workforce

DO THIS

Follow the defined control before proceeding.

DO NOT DO THIS

Do not treat the requirement as optional or informal.

DOCUMENT THIS

Document the decision, action taken and evidence of completion.

STOP / ESCALATE

Ensure required Do not rely on prior Completion Required training is annual compliance employment, records, dates, overdue, and HIPAA training professional school curriculum, incomplete or not is completed and or informal attendance and documented. documented. reminders as follow-up for evidence of current missed training. training.

POL-011 • POL-045

RISK LEVEL 3

Risk Level 3 — Investigate Compliance Concerns

DO THIS

Follow the defined control before proceeding.

DO NOT DO THIS

Do not treat the requirement as optional or informal.

DOCUMENT THIS

Document the decision, action taken and evidence of completion.

STOP / ESCALATE

Investigate Do not dismiss Concern, intake A concern suggests concerns, concerns because date, investigation, patient harm, determine facts and the source is findings, decision, billing risk, correct confirmed informal or because corrective action retaliation, problems according no external and closure. repeated behavior to policy. complaint has or a broader occurred. pattern.

POL-012

RISK LEVEL 2

Moderately significant controls that prevent recurrence, drift and avoidable exposure.

PREVENT

Risk Level 2 — Prevent Recurrence, Drift & Avoidable Exposure

STANDARDIZE

MONITOR

REASSESS

**CORRECT
DRIFT**

**PREVENT
RECURRENCE**

These controls keep individual deficiencies from becoming repeated patterns, systemic failures, or avoidable practice exposure.

MODERATE RISK DOES NOT MEAN OPTIONAL — THESE CONTROLS PREVENT DRIFT FROM BECOMING A PATTERN.

HOT TARGET IN PRACTICE

POL-004 — Compliance program update process

WHAT HAPPENED?

A payer or regulatory requirement changes, but the practice continues using an older compliance policy because no one owns the update process.

HOT TARGET RESPONSE

POL-004 — Compliance program update process

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Establish a scheduled process to review and update compliance policies for legal, regulatory, payer, and operational changes.

HOT TARGET IN PRACTICE

POL-006 — Ongoing compliance awareness training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed ongoing compliance awareness training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

POL-006 — Ongoing compliance awareness training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement recurring compliance awareness education and document completion and follow-up for identified knowledge gaps.

HOT TARGET IN PRACTICE

POL-009 — Compliance enforcement and disciplinary policy

WHAT HAPPENED?

Two similar compliance violations are handled differently because the practice does not consistently apply its written enforcement and disciplinary process.

HOT TARGET RESPONSE

POL-009 — Compliance enforcement and disciplinary policy

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Create and consistently apply a written compliance enforcement and progressive-discipline process tied to documented expectations and corrective action.

HOT TARGET IN PRACTICE

POL-010 — New-hire compliance training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed new-hire compliance training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

POL-010 — New-hire compliance training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Assign required training, document completion, remediate overdue training, and monitor ongoing completion by role.

HOT TARGET IN PRACTICE

POL-016 — Competitor fee / price discussion controls

WHAT HAPPENED?

At a local professional meeting, another practice owner begins discussing specific fees and planned price changes. The provider stays in the conversation and contributes details.

HOT TARGET RESPONSE

POL-016 — Competitor fee / price discussion controls

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Prohibit inappropriate competitor pricing discussions; educate leadership and staff on antitrust-sensitive communications.

HOT TARGET IN PRACTICE

POL-018 — Ownership-interest disclosure

WHAT HAPPENED?

A provider has a financial ownership relationship that could intersect with referrals or business decisions, but the relationship has not been formally disclosed or reviewed.

HOT TARGET RESPONSE

POL-018 — Ownership-interest disclosure

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document relevant ownership/control interests, evaluate disclosure and conflict requirements, and update governance records.

HOT TARGET IN PRACTICE

POL-019 — Partnership-interest disclosure

WHAT HAPPENED?

A provider enters a partnership interest connected to healthcare operations, but the practice does not document or review the relationship for potential conflicts or compliance implications.

HOT TARGET RESPONSE

POL-019 — Partnership-interest disclosure

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document relevant ownership/control interests, evaluate disclosure and conflict requirements, and update governance records.

HOT TARGET IN PRACTICE

POL-020 — Officer/director interest disclosure

WHAT HAPPENED?

A provider serves as an officer or director in another healthcare-related entity. The relationship is not disclosed through the practice's conflict-review process.

HOT TARGET RESPONSE

POL-020 — Officer/director interest disclosure

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document relevant ownership/control interests, evaluate disclosure and conflict requirements, and update governance records.

HOT TARGET IN PRACTICE

POL-021 — Operational/managerial control disclosure

WHAT HAPPENED?

A provider has operational control in an outside entity that intersects with practice business. The relationship is not disclosed or evaluated.

HOT TARGET RESPONSE

POL-021 — Operational/managerial control disclosure

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document relevant ownership/control interests, evaluate disclosure and conflict requirements, and update governance records.

HOT TARGET IN PRACTICE

POL-029 — Good Faith Estimate process

WHAT HAPPENED?

A self-pay/uninsured patient receives care without the practice consistently following its Good Faith Estimate process. The gap is discovered only after a billing complaint.

HOT TARGET RESPONSE

POL-029 — Good Faith Estimate process

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement the applicable Good Faith Estimate workflow, patient notice/consent process, documentation, and website/posting requirements.

HOT TARGET IN PRACTICE

POL-030 — Discount controls

WHAT HAPPENED?

A provider authorizes an informal discount for one patient without applying the practice's written discount criteria or documenting the reason.

HOT TARGET RESPONSE

POL-030 — Discount controls

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Review discount practices and written policy for payer, AKS, fee-splitting, and state-law compliance; correct unsupported discounts.

HOT TARGET IN PRACTICE

POL-031 — Financial hardship policy

WHAT HAPPENED?

A patient reports financial hardship. Staff waive amounts inconsistently without using a written hardship policy or documenting eligibility.

HOT TARGET RESPONSE

POL-031 — Financial hardship policy

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement a written financial-hardship policy with objective eligibility criteria, application documentation, approval, and consistent application.

HOT TARGET IN PRACTICE

POL-032 — Single fee schedule

WHAT HAPPENED?

The practice uses different undisclosed fee amounts for similar services depending on payer or circumstance, without a controlled fee-schedule process.

HOT TARGET RESPONSE

POL-032 — Single fee schedule

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Establish and maintain a consistent fee schedule; document lawful exceptions and periodically audit actual charges and discounts.

HOT TARGET IN PRACTICE

POL-033 — Patient responsibility collection

WHAT HAPPENED?

Copays and deductibles are routinely left uncollected for selected patients without documented policy-based exceptions.

HOT TARGET RESPONSE

POL-033 — Patient responsibility collection

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement consistent collection of patient responsibility with documented hardship/exception processes and periodic billing audits.

HOT TARGET IN PRACTICE

POL-034 — ABN process

WHAT HAPPENED?

A Medicare service may not be covered, but the ABN process is completed late or inconsistently and the record does not support a valid advance notice.

HOT TARGET RESPONSE

POL-034 — ABN process

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Train staff on proper ABN use and timing; audit Medicare records to confirm ABNs are used only when appropriate and completed correctly.

HOT TARGET IN PRACTICE

POL-036 — Written employment policy

WHAT HAPPENED?

A workforce issue arises, but managers apply expectations differently because the practice's employment policies are incomplete or outdated.

HOT TARGET RESPONSE

POL-036 — Written employment policy

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Develop/update the employee handbook and employment policies; distribute them, obtain acknowledgments, and review them for state/federal requirements.

HOT TARGET IN PRACTICE

POL-040 — Periodic performance reviews

WHAT HAPPENED?

A recurring performance problem continues for months because expectations, feedback, and corrective steps were never documented through a formal review process.

HOT TARGET RESPONSE

POL-040 — Periodic performance reviews

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement periodic documented performance reviews tied to role expectations, competency, compliance, and corrective action where needed.

HOT TARGET IN PRACTICE

POL-046 — Patient amendment-request policy

WHAT HAPPENED?

A patient requests an amendment to the record. Staff are unsure how to route, evaluate, document, and respond to the request.

HOT TARGET RESPONSE

POL-046 — Patient amendment-request policy

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement a written HIPAA amendment-request procedure with timelines, documentation, approvals/denials, and record-integrity controls.

HOT TARGET IN PRACTICE

POL-048 — Notice of Privacy Practices

WHAT HAPPENED?

The practice's Notice of Privacy Practices is outdated and does not reflect current privacy practices or required patient information.

HOT TARGET RESPONSE

POL-048 — Notice of Privacy Practices

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Update and distribute the Notice of Privacy Practices as required; document acknowledgment and required public posting.

HOT TARGET IN PRACTICE

POL-049 — Timely records release

WHAT HAPPENED?

A valid records request sits unresolved because ownership for release, verification, and tracking is unclear.

HOT TARGET RESPONSE

POL-049 — Timely records release

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement a records-release workflow with authorization verification, applicable timelines, secure transmission, and release-log monitoring.

HOT TARGET IN PRACTICE

POL-051 — Secure texting / messaging controls

WHAT HAPPENED?

A provider sends patient information through an unapproved messaging channel because it is faster than the approved secure workflow.

HOT TARGET RESPONSE

POL-051 — Secure texting / messaging controls

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement secure messaging/texting standards, approved platforms, PHI safeguards, workforce training, and monitoring.

HOT TARGET IN PRACTICE

POL-055 — Annual OSHA training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed annual osha training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

POL-055 — Annual OSHA training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Complete required OSHA training, document completion, and remediate overdue staff or provider education.

HOT TARGET IN PRACTICE

POL-057 — Written OSHA safety policies and postings

WHAT HAPPENED?

Required OSHA education or safety controls are treated as an annual checkbox, and staff cannot explain the actual practice response when a hazard occurs.

HOT TARGET RESPONSE

POL-057 — Written OSHA safety policies and postings

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Develop/update OSHA safety policies and required postings; assign responsibilities and validate implementation.

HOT TARGET IN PRACTICE

POL-058 — Annual OSHA hazard assessment

WHAT HAPPENED?

Required OSHA education or safety controls are treated as an annual checkbox, and staff cannot explain the actual practice response when a hazard occurs.

HOT TARGET RESPONSE

POL-058 — Annual OSHA hazard assessment

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Complete and certify the annual hazard assessment; implement corrective actions and retain supporting documentation.

HOT TARGET IN PRACTICE

POL-060 — Equipment and modality maintenance

WHAT HAPPENED?

A treatment device remains in use even though preventive maintenance or safety checks are overdue and documentation is incomplete.

HOT TARGET RESPONSE

POL-060 — Equipment and modality maintenance

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Maintain equipment cleaning, inspection, testing, calibration, preventive maintenance, and training records; remove unsafe equipment from service.

HOT TARGET IN PRACTICE

POL-061 — Radiation exposure monitoring / x-ray competency

WHAT HAPPENED?

A staff member assists with x-ray procedures without current competency verification or required exposure-monitoring controls.

HOT TARGET RESPONSE

POL-061 — Radiation exposure monitoring / x-ray competency

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Verify required x-ray credentials, radiation-safety monitoring, dosimetry, equipment controls, and documentation under applicable state requirements.

HOT TARGET IN PRACTICE

PS-002 — Timely Patient Communication

WHAT HAPPENED?

A patient reports worsening symptoms in a portal message. The message remains in a general inbox without timely clinical review or escalation.

HOT TARGET RESPONSE

PS-002 — Timely Patient Communication

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Establish response-time standards and escalation for clinically significant patient communications; monitor delayed or missed responses.

HOT TARGET IN PRACTICE

PS-003 — Evidence-Informed Care

WHAT HAPPENED?

A provider continues a familiar treatment approach despite new patient findings that call for reconsideration of the clinical rationale.

HOT TARGET RESPONSE

PS-003 — Evidence-Informed Care

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Require clinical decisions to reflect current evidence, clinical expertise, patient-specific findings, and documented rationale.

HOT TARGET IN PRACTICE

PS-005 — Medication / Supplement History

WHAT HAPPENED?

A medication or supplement change is not captured before treatment, so a clinically relevant risk is missed during the visit.

HOT TARGET RESPONSE

PS-005 — Medication / Supplement History

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document and periodically update medications, OTC drugs, supplements, allergies, and other products that may affect treatment safety.

HOT TARGET IN PRACTICE

PS-006 — Patient Grievance Process

WHAT HAPPENED?

A patient complaint is handled verbally and closed informally. The concern, response, trend, and follow-up are not documented.

HOT TARGET RESPONSE

PS-006 — Patient Grievance Process

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Maintain a documented complaint/grievance process with intake, review, response, escalation, resolution, and trend monitoring.

HOT TARGET IN PRACTICE

PS-007 — Missed Appointment / Care Coordination Follow-Up

WHAT HAPPENED?

A higher-risk patient misses a clinically important follow-up. No one evaluates whether outreach or care-coordination follow-up is needed.

HOT TARGET RESPONSE

PS-007 — Missed Appointment / Care Coordination Follow-Up

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Implement follow-up standards for missed visits or interrupted care when clinical risk warrants outreach, reassessment, referral, or discharge planning.

HOT TARGET IN PRACTICE

PS-013 — Informed Consent

WHAT HAPPENED?

A procedure is performed with a signed form in the chart, but the consent process is incomplete or not updated after material circumstances change.

HOT TARGET RESPONSE

PS-013 — Informed Consent

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Obtain and retain documented informed consent before applicable services and re-consent when material circumstances change.

HOT TARGET IN PRACTICE

PS-016 — Device / Product Clinical Use Controls

WHAT HAPPENED?

A device is used on a patient without confirming current instructions, contraindications, staff competency, or maintenance status.

HOT TARGET RESPONSE

PS-016 — Device / Product Clinical Use Controls

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Verify patient selection, device/product status, instructions for use, competency, maintenance, contraindications, and adverse-event response.

HOT TARGET IN PRACTICE

PS-017 — Individualized Treatment Plan

WHAT HAPPENED?

The treatment plan is largely copied forward even though the patient's findings, goals, and response have changed.

HOT TARGET RESPONSE

PS-017 — Individualized Treatment Plan

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document a patient-specific plan based on diagnosis, findings, goals, risks, and response to care; update when status changes.

HOT TARGET IN PRACTICE

PS-018 — Consent Discussion

WHAT HAPPENED?

The record contains a consent signature but does not show a meaningful discussion of material risks, benefits, alternatives, or patient questions.

HOT TARGET RESPONSE

PS-018 — Consent Discussion

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Document material risks, expected benefits, alternatives, no-treatment/referral options, patient questions, and voluntary decision-making.

HOT TARGET IN PRACTICE

PS-019 — Care Coordination

WHAT HAPPENED?

Two clinicians are involved in the patient's care, but responsibility for follow-up, communication, and next steps is not clearly assigned.

HOT TARGET RESPONSE

PS-019 — Care Coordination

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Define and document handoffs, co-management, referrals, follow-up responsibilities, and communication across involved providers.

HOT TARGET IN PRACTICE

PS-023 — Patient-Safety Training

WHAT HAPPENED?

A required training cycle closes, but several workforce members—including one provider—have not completed patient-safety training. The practice continues normal operations without documenting follow-up.

HOT TARGET RESPONSE

PS-023 — Patient-Safety Training

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Provide role-based patient-safety education and document competency where performance affects patient safety.

HOT TARGET IN PRACTICE

PS-024 — Medical Necessity / Maintenance Care

WHAT HAPPENED?

Care continues on the same schedule even though the record no longer clearly distinguishes active medically necessary treatment from maintenance or wellness care.

HOT TARGET RESPONSE

PS-024 — Medical Necessity / Maintenance Care

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Differentiate medically necessary care from maintenance/wellness care and document clinical rationale, goals, expected benefit, and reassessment.

RISK LEVEL 1

Material controls that strengthen reliability and consistency.

STRENGTHEN

HOT TARGET IN PRACTICE

POL-039 — EEOC-compliant hiring practices

WHAT HAPPENED?

A manager asks interview questions that are not job-related and could create an appearance of discriminatory hiring practices.

HOT TARGET RESPONSE

POL-039 — EEOC-compliant hiring practices

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Review hiring practices for applicable nondiscrimination requirements and train hiring personnel on compliant recruiting/interview processes.

HOT TARGET IN PRACTICE

POL-041 — I-9 employment eligibility documentation

WHAT HAPPENED?

The practice discovers missing or incomplete employment-eligibility documentation after an employee has already been working for several months.

HOT TARGET RESPONSE

POL-041 — I-9 employment eligibility documentation

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Complete and retain required employment-eligibility documentation and correct missing or incomplete I-9 records.

HOT TARGET IN PRACTICE

POL-042 — Wage and salary compliance

WHAT HAPPENED?

A role changes duties and hours, but the practice does not reassess wage, overtime, or classification requirements.

HOT TARGET RESPONSE

POL-042 — Wage and salary compliance

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Review applicable federal/state employment requirements, update policies/postings, and document implementation with HR or counsel as needed.

HOT TARGET IN PRACTICE

POL-043 — State sick-time requirements

WHAT HAPPENED?

The practice continues using an old leave policy after state requirements change, creating inconsistent sick-time administration.

HOT TARGET RESPONSE

POL-043 — State sick-time requirements

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Review applicable federal/state employment requirements, update policies/postings, and document implementation with HR or counsel as needed.

HOT TARGET IN PRACTICE

POL-044 — Required workplace posters

WHAT HAPPENED?

Required workplace notices are outdated or missing after a change in applicable employment requirements.

HOT TARGET RESPONSE

POL-044 — Required workplace posters

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Review applicable federal/state employment requirements, update policies/postings, and document implementation with HR or counsel as needed.

HOT TARGET IN PRACTICE

POL-050 — EHR certification / CHPL validation

WHAT HAPPENED?

The practice changes an EHR module but does not confirm whether applicable certification or CHPL information remains current.

HOT TARGET RESPONSE

POL-050 — EHR certification / CHPL validation

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Verify the EHR/HIT product status and maintain documentation supporting current certification or applicable technology requirements.

HOT TARGET IN PRACTICE

PS-015 — Timely Access

WHAT HAPPENED?

A patient reports symptoms that may require prompt assessment, but scheduling treats the request as routine and no triage or escalation occurs.

HOT TARGET RESPONSE

PS-015 — Timely Access

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Establish access and triage processes appropriate to clinical urgency; document escalation when delays may create risk.

HOT TARGET IN PRACTICE

PS-025 — Ethics / Professional Boundaries

WHAT HAPPENED?

A longstanding patient relationship becomes increasingly informal, and a boundary concern is dismissed because the provider believes the patient is comfortable.

HOT TARGET RESPONSE

PS-025 — Ethics / Professional Boundaries

WHAT WAS DONE WRONG?

The practice allowed a known control requirement to drift without timely verification, documentation, or escalation. This turns a correctable deficiency into evidence that the control may not be operating reliably.

RISK-CONTROL RESPONSE

Define, train, and enforce ethical conduct and professional-boundary expectations; document concerns and corrective action.

Now Apply the Controls

When something does not look right, use the same four-step response every time.

1

PAUSE

Stop long enough to recognize the risk before continuing.

2

IDENTIFY THE CONTROL

Determine which requirement or risk control applies.

3

ACT

Correct, escalate, refer, report, or contain the issue as required.

4

DOCUMENT

Record what happened, what was done, and how the issue was resolved.

The goal is early recognition, appropriate escalation, and prevention — not fear.

RISK LEVEL 1

Risk Level 1 — Employment Reliability

DO THIS

Follow the defined control before proceeding.

DO NOT DO THIS

Do not treat the requirement as optional or informal.

DOCUMENT THIS

Document the decision, action taken and evidence of completion.

STOP / ESCALATE

Maintain compliant Do not treat Required forms, A legal requirement hiring, employment workforce policy is uncertain or the eligibility, compliance as acknowledgments, practice changes wage/salary, sick-unrelated to the wage/leave records employment time and posting healthcare and postings as structure. practices. compliance applicable. program.

POL-039 • POL-041 • POL-042 • POL-043 • POL-044

Risk Level 1 — Strengthen Reliability & Consistency

CLARIFY

STANDARDIZE

REINFORCE

DOCUMENT

**STRENGTHEN
RELIABILITY**

These material controls make compliant behavior more consistent, repeatable, and demonstrable across everyday practice operations.

LOWER RISK DOES NOT MEAN OPTIONAL — RELIABLE CONTROLS KEEP SMALLER DEFICIENCIES FROM ACCUMULATING.

Six Rules to Carry Into Practice

- If scope or authority is uncertain — STOP.
- If the patient presents a red flag — ESCALATE.
- If the patient is not responding — REASSESS.
- If documentation does not support the service — DO NOT BILL IT until clarified.
- If a known compliance or safety gap exists — CORRECT IT and VERIFY the fix.
- If you are uncertain — ASK BEFORE YOU ACT.

**SEE RISK.
BLOCK HARM.
PROVE THE CONTROL.**

**Protect the Patient.
Protect the Provider.
Protect the Practice.**

ClinicArmor™ Risk Control

Questions?

Thank you!