Annual Compliance Work Plan – Calendar Year 2022

Purpose and Organization

The Lake County Health Department and Community Health Center (LCHD/CHC) Compliance Program Work Plan (Work Plan) describes activities in support of the Agency's Compliance Plan during the calendar year 2021. It is used to provide a structured approach to implementing ongoing activities such as compliance program audits and training as well as "one time" projects intended to improve processes or program results.

The Work Plan addresses one or more aspects of the following seven elements of an effective compliance program:

1) Written Policies, Procedures, and Standards
2) Designation of a Compliance Officer and Compliance Committee
3) Effective Training and Education
4) Developing Effective Lines of Communication
5) Auditing and Monitoring
6) Enforcing Standards Through Well-Publicized Disciplinary Guidelines
7) Response to Violations and Development of Corrective Actions

External Documentation and Coding Audit

Pending the process that is currently in motion to select a consultant (referring to late 2021), the agreement should be completed in Q1 so the project can begin in March 2022. Consultant will conduct a gap analysis to determine provider baseline for documentation and coding. The resulting analysis and report will lead to recommendations for training, system changes, and other operational adjustments. This is intended to help position LCHD to receive additional managed care incentives and operate in a value-based reimbursement model.

> **Complete:** External consultant (First Class Solutions – FCS) conducted their review, focusing on Physical Health medical provider documentation and opportunities for improvements. Their report recommended operational changes, led to revised training efforts for all staff, and then included focused training to address key findings. FCS reviewed Managed Care Organization contracts to see if there are incentive opportunities and recommended adjustments to the training model and content. They recommended we negotiate standard contract language to make is easier for us to administer and which would also result in more incentive payments. Their findings on vaccination documentation, coding, and billing required retraining and the correction of processes and documentation with involved providers. Additional recommendations led to changes related to telehealth services to help assure proper documentation in support of those billed services.

Internal Coding Audits

Perform internal coding audits on provider selected E/M (Evaluation and Management) codes to ensure compliance with best practice. Though the audits have become routine, the shift of this activity to Finance may produce opportunities for adjustments or suggest changes in policies, operations, and training.

> **Complete:** This item was originally written assuming the activities would be completed by LCHD/CHC staff. LCHD/CHC decided to change from the intended process and have the audits conducted by outside parties. The process to engage an outside consultant resulted in a contract with Coding Aid. Coding Aid will complete the provider training and audit compliance of new providers. Coding Aid also provides training for identified

needs of internal coding staff. Coding Aid will also assess and recommend any changes in responsibilities for internal staff.

<u>Refresh the HIPAA Privacy and Security Training</u>

As part of LCHDs purchase of a new Learning Management System (LMS), additional HIPAA Privacy and Security training modules are now available. A plan will be developed for leveraging those modules in a continuous HIPAA Privacy and Security awareness campaign.

> **<u>Complete</u>:** During the first half of the year, the intended use of the Relias LMS courses was deemed a viable option to complete this activity. The efficient implementation of Relias depends on assistance from County Information Technology to provide regular data files for system maintenance. We did not receive the needed data files and continue to pursue help from County IT to achieve a successful implementation. To meet the required training under HIPAA, the contracted solution used in 2021 was renewed and provided to staff. We still believe that the Relias system will provide robust and efficient options for regular HIPAA Privacy and Security training. Until County IT provides the needed data file, the Relias system will be implemented and maintained via a manual process. This is to occur by February 2023.

<u>HIPAA Sanctions Policy and Grid</u>

Complete the HIPAA Sanctions Policy and associated grid to be used to determine level of severity of HIPAA Privacy/Security incidents and associated levels of severity of disciplinary action. There is a draft available which needs to reach approved status and be implemented for use in 2022.

> **<u>Complete</u>:** The policy and associated grid were completed, approved, and became active in March 2022.

<u>Develop Data Recovery Strategies for Cloud Services</u>

Create a plan for leveraging our cloud presence to provide greater availability of services in case of an emergency or disaster. Develop a strategy for multiple replications of data to assure our data loss is minimal in the case of disaster recovery.

> **<u>Ongoing</u>:** A small scale example of this solution has been developed. Conversation was had with County IT to solve identified challenges. As of late in 2022, work was continuing with County IT to establish a secure connection between our Grand Avenue Data Center and our offsite cloud storage firm.

<u>Grant Funded Equipment Audit</u>
Though only required every other year, conduct an inventory of all grant-funded equipment including computers which is required by grantors. Based on knowledge gained in 2021 audit, complete any required improvements and verify that the desired impact was sustained.

> **<u>Complete</u>:** The Assistant Finance Manager conducted an audit of computers and related technology and communications hardware. He worked with designated Health Department Information Technology staff to inventory relevant equipment and review use of a system implemented for this purpose. Items which had not previously been entered to the new system were likely the result of staff turnover at the time of implementation or the use of a legacy system. Upon final review and discussion about equipment subject to the inventory audit, there were no outstanding incidents of non-compliance with policies and procedures.

Client Custodial Policy Audit

Conduct an audit of the Client Custodial Account adherence to internal policies and procedures as well as to Social Security rules and regulations. The results that are pending from the completed Social Security audit will inform next steps on this routine audit process.

> **Complete:** The referenced information pending from the Social Security audit resulted in a change to allow an increase in the threshold for the amount required for submission of receipts. The regular reviews are ongoing and no adverse findings have been identified.

Assess Policy Management System

Continue to assess funding options through ARPA. As needed, consider funding options for existing systems with an alternative to include consideration of internal resources.

> **Ongoing:** There did not appear to be an ability to pursue funding with ARPA funds. Internal assessment of gaps, needs, and options suggested consideration of pending or existing internal systems, including Relias and DocRead. Neither of these systems would address all needs and the decision has been to continue using the existing system and pursue alternatives. In addition to policies, there is an identified need for a broader document management function, including procedures and forms. At the end of 2022, a demonstration was pending with a company to provide a new solution through services offered with an existing county vendor. A solution implementation in 2023 is expected.