
Annual Compliance Work Plan – Calendar Year 2023

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 2023. 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

An external coding consultant was selected to assist with a gap analysis. This analysis informs the establishment of a provider baseline for documentation and coding. The consultant will also provide training on new codes for the coming year. An initial coding training was conducted for all medical providers in January 2023 for the new codes. A similar training will be conducted in March for all psychiatrists for the new codes and based on an analysis of their individual documentation. Coding audits will be conducted by the external coding consultant after training is complete to determine if additional one on one training is needed.

Complete: Psychiatrist training was completed as planned. Samples of results from that same group were reviewed and informed the decisions on follow-up one-on-one training. The one-on-one training was also completed as described. This cycle of review and training is now a routine part of operations with the consultant.

Develop Data Recovery Strategies for Cloud Services

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 data replications to ensure our data loss is minimal in the case of disaster recovery. These efforts may include the implementation of a specialized solution (known as an air-gapped solution) that is protected from ransomware. Where possible, align our backup architecture with the Lake County Enterprise Information Technology department.

Ongoing: In collaboration with Lake County Enterprise Information Technology, Health Informatics and Technology has devised a strategy to enhance service availability, particularly during emergencies, disasters, and security incidents. This has been achieved by implementing an airgap solution, which effectively isolates our network from critical data systems. We have leveraged Wasabi Hot Cloud Storage, an off-site storage solution, for this purpose. Adhering to our contingency planning policy, we are actively refining our business continuity and recovery plans.

Grant Funded Equipment Audit

Conduct an inventory of all grant-funded equipment. Complete any required improvements and verify that the desired impact was sustained.

Complete: This audit was completed as described. No problematic issues were identified, and no corrective action plan was required.

Assess Policy Management System

This item is carried over from the 2022 Work Plan. Near the end of 2022, we became aware of an option to consider for a policy system provided as a new offering through an existing technology partner. A demonstration was provided by the company and initial cost proposals are under review. A more detailed review of the functionality will be completed with a larger group of interested staff to fully vet the viability of the solution. If viable and agreeable pricing can be reached, we expect to move forward by mid-2023. Otherwise, this review will provide us with an understanding of system features which can be used to assess alternatives. A system selection and implementation in 2023 is expected.

Ongoing: The involved team identified that a system through an existing technology partner was viable and suits our needs. After work to proceed with an agreement and approve funding, the project began mid-year. As of January 2024, a core team has completed training and worked to:

- Upload users and set a process for regular updates.
- Upload all policies and make them searchable.
- Establish security groups and assign users to them.
- Create the Review and Approval workflows to target only those who need to work on reviewing policies.

We continue to work through the implementation plan. Ongoing work includes the revision of the document guiding the management of policies and the development of a plan to roll the system out to all users. The go-live is expected in Q2 of 2024.

Refine the processes for on/off-boarding personnel and equipment.

The processes related to staff and contractors starting and stopping work on behalf of LCHD/CHC require actions to help assure the security of our data. Some proposed areas of activity include: 1) Identifying gaps and improvements which may negatively affect information security 2) Implement process changes that create efficiencies in these processes and close identified gaps 3) Ensure there are clearly defined roles and responsibilities for the processes. This will include the development and implementation of role-based access for security compliance. 4) Provide tracking tools to enable more insight on system use and access. This type of review is a best practice expectation for information security under HIPAA.

Ongoing: Much work was done to assess and improve the technology onboarding process. Identified gaps are being addressed through efforts to assign role-based responsibilities. System capabilities in this effort were not a priority for County IT. A new ticketing system is in development and the pending implementation will address many of the gaps for onboarding. Improvements for offboarding of technology have also occurred, but not been a primary focus of the effort.

Training

Assure the development of more formal process for the deployment of required training and the tracking of timely completion consistent with the organizational expectations for key compliance topics.

Complete: The Relias system was implemented early in the year as the platform for distribution and management of assigned courses. The system enables the creation of cyclical training calendars and role-based learning paths. The system supports the regular distribution, review, and follow-up of reports on course completion. The use of this information will now become part of ongoing operations. This includes a need to assure flex and other contingent staff complete the assigned training in a timely manner. The system has been a key to helping support the county-wide requirements for timely, targeted training on cybersecurity awareness.

Computer Equipment Inventory Audit

Staff shall conduct an internal audit of computer equipment to determine adherence of internal policies and procedures and to verify the tracking processes of the equipment are in place. Complete any required improvements and verify that the desired impact was sustained.

Complete: This audit was completed as described. No problematic issues were identified, and no corrective action plan was required.

Gift Card Audit

Conduct an audit of Gift Card purchases to determine adherence to internal policies and procedures as well as to any grant rules and regulations regarding the use of Gift Cards. Complete any required improvements and verify that the desired impact was sustained.

Complete: This audit was completed as described. No irregularities were identified. Consistent with requirements from external parties, changes were made to the tracking process and changes to the policy completed.

Inventory/Asset Mgmt System/Solution

Assess current needs for inventory and asset management system solutions. Currently, equipment and assets are tracked in different systems. This occurs, in part, due to the evolution of grant-funded equipment tracking requirements and the growth in technology and specialized equipment used in daily operations. In addition, the tracking of supplies inventories is decentralized. Through analysis of current systems, identification of improvements needed to closely monitor location and use, and potential benefits to improve operations, this initiative will determine if one or more software systems is needed to resolve identified needs. Then, systems solutions will be pursued and implemented.

Ongoing: The assessment for inventory management solutions was completed. Systems used for grants management and emergency response will continue as is. The AccuShelf system is being used for central inventory at BMB. All designated program staff can see and manage inventory kept within BMB. This model will help to identify procedures to follow in next steps to provide central inventory management for key items across multiple sites. Once the project is complete to scan and dispose of old records stored at BMB, that storage space can be repurposed for the central inventory effort in 2024. HIT is in the process of implementing FreshService and will be tracking IT assets through that system.