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## **Annual Compliance Work Plan – Calendar Year 2016**

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### **Purpose and Organization**

The Lake County Health Department and Community Health Center Compliance Program Work Plan (Work Plan) describes activities in support of the Agency's Compliance Plan during the calendar year 2016. It is used to provide a structured approach to implementing ongoing activities such as compliance program audits as well as "one time" projects intended to improve processes or program results. The Work Plan is organized to support the seven elements of a Compliance Plan.

### **Written Policies, Procedures and Standards**

#### **Policies Work Plan for Calendar year 2016**

1. Review and update the Agency policies and procedures for alignment with required new managed care training content – (Q3 2016) **Complete**. The agency has worked actively this year to complete a comprehensive review and update of all policies. The focus of activity from managed care companies has been the completion of training on general compliance as well as fraud, waste, and abuse. There is no requirement of managed care companies which conflicts with agency policy or which the agency did not already have in place.
2. Review existing policies and determine the need to develop a Code of Conduct – (Q3 2016) **In Process**. A Draft Code of Conduct has been written and been through initial review by a committee. Additional revisions are pending for review by the working committee, Executive Team, and Board of Health.
3. Review and update the health information privacy and security policies and procedures based on results of contracted consultant or funder audits – (Q3 2016) **Complete**. Through independent knowledge and research, as well as any comments by external parties, this was completed through HIM Manager/Privacy Officer Shalina Richie and IT Director/Security Officer Doug Kasamis.
4. Review and redesign the Policy and Procedure Intranet Page for clarity across the functional areas of focus and to further differentiate between policies, procedures, and forms. - (Q4 2016) **Complete**. Comprehensive review and revision of technology solution to track and distribute policies is complete. A team met throughout the year to review the design of the system and make decisions on functionality. Rollout is pending for March 2017

### **Designation of a Compliance Officer and Compliance Committee**

1. For Compliance Plan year 2016, assess the implication of the new organizational structure on compliance activities and adjust to engage relevant committees. – (Q2 2016) **Complete**. The new organizational structure maintained the role of the Directors as the Compliance Committee to continue their involvement in policy or issue discussions as needed. A separate committee was formed to more regularly discuss compliance issues with the Compliance Officer. This Compliance, Privacy, Security group (CPS Group) includes the Finance Officer, IT Director/Security Officer, HIM Manager/Privacy Officer, and Medical Coding Manager.
2. Establish and publish related committee meeting schedules for the next year. - (Q4 2016) **Complete**. CPS Group meetings are held each month. Other group meetings, including those to discuss the results of coding and billing audits are as needed and not currently on a set schedule. The new managers in support of the coding and billing functions may establish regular meetings

### **Effective Training and Education**

#### **Develop/update training for the following compliance topics**

1. Develop/update training on the following compliance topics for all staff either as new employees or annually thereafter:

- Agency Compliance Plan (Q1 2016) **Complete**
  - Health Information Privacy and Security (Q1 2016) **Complete**
  - Fraud, Waste, and Abuse (Q1 2016) **Complete**
  - Medicaid and Managed Care programs overview (Q1 2016) **Complete**
  - Cultural Competency and Disability Literacy (Q2 2016) **In Process**
  - Health, Safety, and Welfare (Q2 2016) **Pending due to revised annual requirements from Managed Care Organizations**
2. Develop/update program-specific training on the following compliance topics unique to staff roles:
    - Person Centered Practice, Care Coordination, Interdisciplinary Team (Q2 2016) **Complete**
    - Independent Living and Recovery (Q2 2016) **Pending due to revised annual requirements from Managed Care Organizations**
    - Mental Health Crisis Intervention (Q2 2016) **Pending due to revised annual requirements from Managed Care Organizations**
    - Procurement Policies **Pending and delayed due to Materials Manager retirement**
    - Financial Policies **Completed as needed, including targeted training regarding Insurance and Financial Agreement**
    - Health Information Privacy and Security (Q3 2016 based on information security audits) **Complete** - The HIPAA policies were all updated and distributed via a HIPAA memo sent out through DocRead to verify staff receipt. The Notice of Privacy Practices (NPP) was also updated along with the Consent for Treatment. Onsite trainings were held which covered the system use and content of both forms. The September issue of Health Matters included an article from HIM which covered updates to the NPP and Consent for Treatment. Information security module included in Compliance training for all staff. Conducted first agency disaster recovery plan conference room test.
  3. Pending the establishment of a Code of Conduct, prepare and distribute to all staff – (Q3 2016) **In Process. Likely distribution to be in Q2 2017**

### **Communication between Compliance Officer and Employees**

#### Communications Work Plan for Calendar year 2016

1. Develop and deploy survey of compliance program awareness as part of the existing quarterly Perception Survey. (in the quarter following adoption of Compliance Plan performance measures) **In Process. Due to the temporary suspension and revision of agency performance measures initiative to have a key performance indicators focus, work on Compliance measures was delayed. They exist in draft form and will be completed for ongoing monitoring in Q1 2017. In spite of the delay to finish metrics, questions on compliance were included in the Q4 Perception Survey.**
2. Compliance Officer will attend meetings of at least ten sites or staff meetings. (Q4 2016) **Complete. Attended fifteen staff meetings with approximately 300 staff. Additional communication efforts included articles from the Compliance Officer and sent to staff in all six editions of the Health Matter newsletter.**

### **Enforcement of Standards through Disciplinary Guidelines**

#### Enforcement Standards Work Plan for Calendar year 2016

1. Develop consistent expectations and response on documentation standards for employee violations. **Complete. This was accomplished through coordination with the HR Director and follow-up on EthicsPoint reports with quarterly summaries shared with Director team as needed**
2. Develop guidance regarding use of the new performance appraisal tool and Competency Model in support of Compliance Plan. (Q3 2016) **Pending – This process will be undertaken in the 2017 appraisal cycle to benefit from information learned through the first use of the new appraisal tool in 2016**

## **Internal Monitoring and Auditing**

### Monitoring and Auditing Work Plan for Calendar year 2016

1. Develop Performance Measures for the Compliance Program (Q2 2016) In Process. Due to the temporary suspension and revision of agency performance measures initiative to have a key performance indicators focus, work on Compliance measures was delayed. They exist in draft form and will be completed for ongoing monitoring in Q1 2017.
2. Work with coding and billing managers in Finance to monitor and evaluate the effectiveness of contracted service and associated reports on provider coding accuracy. (Q3 2016) Complete – Plan in place to develop capacity for monthly audits through LCHD staff and contractual staff.
3. With guidance from external partner, review and update policies and procedures pertaining to our management of the 340B prescription drug program and contracted pharmacy. (Q3 2016) Complete. Phase 1 Complete which included the receipt of consultant comments and ongoing conversation with them to improve existing tools and controls. Phase 2 is pending and will focus more on the development of guidelines and reports to assure contracted pharmacy compliance with 340B requirements since they are acting on our behalf.

## **Response to Violations and Development of Corrective Actions**

### Response and Corrective Action Plan for Calendar year 2016

- The Compliance Officer will assess options and implement a log to track response and corrective actions to allegations of wrongdoing. (Q4 2016) Assessment complete/Solution in process. The existing EthicsPoint system captures and allows for ongoing tracking of most issues. Recent incidents regarding potential privacy violations suggest that an additional tool may be helpful. A centrally housed spreadsheet with access by key staff may provide for privacy, security, billing, or coding issues to be documented and tracked for needed follow-up. A future safety-oriented incident management system might also provide the functionality needed.