
Annual Compliance Work Plan – Calendar Year 2018

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 2018. 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

Information Privacy

All LCHD/CHC employees, volunteers, temporary staff, and students/interns will receive new HIPAA Privacy training in 2018. Source and method of training TBD.

AHIMA Medical Coder/Biller Apprenticeship

A business need was identified for reorganization of the Charge Passing function to an expanded Coding function. After much data analysis, LCHD/CHC identified a need to streamline workflows and maximize efficiencies to improve the quality of documentation, decrease denials, and increase revenue. A need was also identified for an increased training capacity which would be achieved by adding coding and documentation knowledge to system training. Increased capacity is intended to help support and improve provider coding and documentation accuracy. Six staff, four from the HIM-Coding department and two from the Central Billing Office, were enrolled in the American Health Information Management Association (AHIMA) Medical Coder/Biller Apprenticeship. The goal is for immersion training and readiness for an examination to occur by the end of 2018. That is followed by on-the-job training and certification in 2019.

Coding Quality Improvement Efforts

As demonstrated through the efforts to enhance the Coding staff, LCHD/CHC acknowledges a need for ongoing improvements to the quality of coding completed by providers. The following activities will be fully developed and refined in 2018:

- Formal, updated Coding training for all new providers.

- Ongoing, targeted training for individual providers based on audit results and data analysis from the Charge Passing function.
- Timely, ongoing training based on any new services provided and code updates or changes.

Provider Off-boarding

The Health Information Management (HIM) department runs reports monthly to monitor pending Provider Approval Queue (PAQ) requiring signatures as well as outstanding tasks assigned to providers by Coding staff. A need has been identified to increase monitoring efforts and coordination of designated time to close out all pending documentation and coding needs prior to a provider's departure. This will help to assure a complete medical record and improve the ability to receive proper payments. Interventions include:

- Increased communication between Human Resources, Clinical Operations, and HIM regarding departing providers.
- Coordination between Lead Providers, Practice Managers, HIM, and the NextGen team regarding setup of delegate access to monitor PAQ items and tasks as well as blocking of provider schedules, if needed, to close out pending items.

HIPAA/HITECH Audit and Technology Systems Security Testing

Testing by contracted consultants identified vulnerabilities in certain technology systems. These vulnerabilities may result in compromised dependability of certain systems or expose certain systems to threats by parties attempting to interrupt our operations or inappropriately access data. Interventions include:

- Coordination with County IT to assure hardware and software installations and maintenance addressing identified vulnerabilities or areas for improvement.
- Increased communication between Human Resources, Clinical Operations, and HIM regarding departing staff.
- Develop policies and procedures to provide timely and routine review of information system activity, designation of reviewers, and expectations for escalation of suspicious activity.

Quarterly Coding Audits

Beginning in 2018, all providers (MD, APN) will be audited on a quarterly basis. The current goal is 80% coding accuracy. By 3rd Quarter 2018, the expectation is to increase the goal to an industry standard of 95% accuracy.

The current interventions being deployed to meet this goal include:

- Coding Specialists being assigned to specific sites and provider teams.
- Quarterly audits performed by Coding Specialists and reviewed with Lead Providers, Practice Managers, and the individual provider audited.
- Individual provider education provided by Coding Specialists based on audit results.

340B Pharmacy Program Audits

Continue and complete Phase 2 of the program evaluation/audit process in coordination with the 340B HRSA medication program consultant expert. Institute a plan for an annual external audit of the 340B program pharmacy partner which is now a requirement of the federal program and will be included in this Phase 2 action plan. Also engage a consultant to assure that LCHD/CHC conducts appropriate internal monitoring of the pharmacy partner. Initiate any necessary procedural or policy changes as a result of the review.

Financial Audits

Perform at least two internal control audits of financial sub-systems and cash handling processes. This will likely include the Energov permitting system and the Animal Control system.

Grant Compliance Training

Existing training content is reviewed on a regular basis and new topics added as needed. A topic identified for more formal content includes grant management compliance. The Grants Program Manager will prepare a grant compliance training for new grant project managers and annual refresher training.

Incident Management System

Following the implementation of the incident management system pending in March 2018, assess trends related to information privacy, information and system security, and coding accuracy. Develop action plans to reduce risks or fill identified needs.

Performance Indicators

Develop strategy to maintain or increase the percentage of staff who state they know what is expected of them when it comes to compliance requirements as indicated by the results of the quarterly perception surveys.

Compliance Program document review

Conduct a review of the current Compliance Plan summary and update to reflect the full intended scope and industry expectations, gaining BOH approval of revisions for 2019.

Learning Management System

As part of the pursuit by County Human Resources to implement a new Human Resource and Payroll Information System, we expect to have access to a Learning Management System. To clearly and effectively manage the expected periodic training and education of all staff, we intend to use the Learning Management System to develop a structure to provide training and education to staff based on their role. By this effort, we expect to put staff in the position to understand their responsibilities to uphold key aspects of our overall compliance efforts, while not training staff on topics which are not relevant for their role or which do not need to be provided with the same frequency.