Annual Compliance Work Plan – Calendar Year 2019

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

Develop plan and schedule to do internal audits of grant reimbursements

The Grants team within the Finance Department prepares and submits all grant reimbursements for the agency. This is a new centralized function and a need has been identified to develop a plan and schedule internal audits of all grant reimbursements. This will help to assure accurate data is being submitted to all grantors as well as compliance to all grant rules and regulations. The benefits include:

- Increased coordination between the Grants team, Finance audit team, and the grant program manager.
- Better preparation for external grant audits

Internal audits of Cash Handling Policies and Procedures

For several years the Finance Department has done internal audits of the Cash Handling Policies and Procedures throughout the agency.

The current interventions being deployed to meet this goal include:

- The accountant assigned to this role will randomly select a clinic or program that collects cash to audit.
- The accountant will review and observe the program or clinics operating procedures against the agency wide policy and procedure to assure compliance.
- The final results are reviewed with the Program Coordinator, Practice Manager and Office Manager.
- Education is provided to the appropriate staff for any audit findings.
- A final report is given to the Director of Finance, Business Unit Director and Corporate Compliance Officer.

Audit of the integration between the Oracle Projects & Grants module and the UltiPro payroll system

The county has purchased a new Payroll and Human Resources system, UltiPro. Since the payroll is currently done within the Oracle system a need has been identified that an external computer interface will have to be developed. Since the two systems are separate, it will be very important to assure all data is accurately interfaced to the Projects & Grants module. The interventions include:

- Reviewing the prototype of information coming from UltiPro.
- Setting up a test project to validate the prototype.
- Reviewing the live data as part of the parallel testing.
- Setting up an ongoing data audit every pay period to assure the accuracy of the salary information charged to the grants.

Develop the audit schedule for the 340B program

We continue to improve our procedures for monitoring and responding to identified issues to assure compliance with the 340B requirements. A consultant has performed a review of our internal processes and procedures and provided feedback. This consultant also performed an external audit of our 340B partners. Anticipated next step activities include:

- A need has been identified for recurring internal audits and an annual external audit of our 340B program.
- Based on consultant guidance and advice, we will assign resources and develop a schedule to assure the internal processes vetted by the consultant are being followed.
- This guidance will also aid us to assure that program level activities are consistent across areas where different benefits of the 340B program are utilized. These efforts will focus within the TB and Family Planning programs and the Ryan White grant.
- Continue to contract with a consultant to do the external 340B audit of our partners to assure contractual and regulatory compliance.

Behavioral Health Provider Off-boarding

The Health Information Management (HIM) department runs reports monthly to monitor outstanding tasks assigned to Behavioral Health 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, Behavioral Health, and HIM regarding departing providers.
- Coordination between Behavioral Health Coordinators, HIM, and the NextGen team regarding setup of delegate access to monitor task inboxes as well as blocking of provider schedules, if needed, to close out pending items.

Quarterly Coding Audits

Since the beginning of 2018, all medical and women's health MD's and APN's have been audited on a quarterly basis. The current goal is 80% coding accuracy. For 2019, we're increasing the goal to an industry standard of 95% accuracy.

The current interventions being deployed to meet this goal include:

- Coding Specialists being cross-trained on various specialties; Medical, Women's Health, Psychiatry, Dental.
- Quarterly audits performed by Coding Specialists and reviewed with Lead Providers, Practice Managers.
- Results reviewed with providers whom are below 95% accuracy. Individual provider education provided by Coding Specialists based on audit results.

Laboratory Coding and Billing process

Several needs have been identified regarding the Quest Laboratory coding and billing process including:

- Streamline the Quest laboratory denial review and response process including access to Quest's portal for working electronic inquiries (e-Trailers) related to coding, payors or patient demographics.
- Review of the Quest contract with revision to the reimbursement methodology for private pay patients.
- Additional NextGen system training for providers and Quest staff.
- Additional diagnosis training for providers to meet medical necessity and coverage guidelines.

AHIMA Clinical Documentation Improvement Specialist (CDIS) Apprenticeship

A need has been identified for increasing current Coding/HIM staff's knowledge base in the area of Outpatient Clinical Documentation Improvement. Activities in support of this need include:

- Lake County Health Department is seeking certification from the Department of Labor as a registered apprenticeship site for the Clinical Documentation Improvement Specialist (CDIS) Apprenticeship through the American Health Information Management Association (AHIMA).
- LCHD has mentorship capacity for 1-2 CDIS apprentices.
- The apprentice(s) would be tasked with promoting Clinical Documentation Improvement efforts throughout the organization.

Implementation of Supplemental Electronic Data Interchange (EDI) with Managed Care Organizations

Supplemental data is patient-specific information shared electronically with managed care organizations that impacts Healthcare Effectiveness Data and Information Set (HEDIS) measures and improves care coordination.

The benefits of EDI include:

- Transmits medical information real time
- Tracks which services are complete
- Is PHI secure
- Limits onsite visits to complete chart reviews

Separate the Risk Management Program from Contingency Plan

During the 2018 HIPAA Assessment, it was the opinion of the audit consultant that we carried a High Residual Risk due to not keeping a separate Risk Management Program. Our current Program is embedded within the Contingency Plan.

- The Risk Management components of the Contingency Plan will be separated from the Contingency Plan.
- This Risk Management Program will be specific to IT.
- The Contingency Plan will be specific to the rest of the Health Department operations and will be updated accordingly.

Backup and Restore of Datacenter infrastructure

The MIS Team has regularly completed procedures to backup and restore our infrastructure. The backup and restore process/procedures have changed with the implementation of the new Datacenter hardware. We have identified a need to formalize these activities through new and revised policies and procedures.

Complete a Disaster Recovery (DR) Exercise

Industry best practice suggests the value of conducting disaster recovery exercises to demonstrate the ability to conduct regular operations following a disaster. There is a critical need to assure access to the NextGen system in support of patient care. We see the need to exercise our staff, policies, and procedures in an exercise simulating an eMedApps outage. The exercise will include:

- Develop exercise script for both EHR and eMedApps staff.
- Production NextGen database will be brought down.
- DR NextGen database will be brought up to active support of the operation.
- Several different workstations will connect to the DR database for testing of correctness and completeness of data.
- After action debrief and report will be created and acted upon to improve readiness.

HIPAA/HITECH Assessment

Security consultants will conduct internal control audits as specified by NIST, FISMA, and other specialized frameworks. Consultants will identify vulnerabilities which could result in compromised dependability of certain systems or expose certain systems to threats by parties attempting to interrupt our operations or inappropriately access data. Through this assessment:

- LCHD will work with security consultants to reduce the number of vulnerabilities found.
- Findings may include hardware/software updates specific to County IT infrastructure, in which case LCHD will work directly with County to remediate.
- Remediation for findings specific to LCHD hardware/software will be managed and reported on as necessary.

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.

Compliance Metric Development and Regular Review

Metrics allow for additional monitoring and improvement efforts in support of an effective Compliance Program. With HRSA's Office of the Inspector General, the Health Care Compliance Association has developed a resource guide titled *Measuring Compliance Program Effectiveness*. For the past two years, we have gathered data regarding staff knowledge and activities in support of the Compliance Program. The Compliance Officer will work with the Compliance/Privacy/Security Group to select additional key metrics in development of a dashboard of compliance activities.