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## **Annual Compliance Work Plan – Calendar Year 2018**

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### **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.

**Complete and Ongoing:** Deployed a training module and are in the process of computer-based delivery for over 800 LCHD employees. To date, over 620 staff have completed the training. We are in contact with the remaining staff to assure their completion. Also, we have included a process to allow interns, temporary staff, and similar non-employee resources access to this and other required training.

### **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.

**Complete and Ongoing:** Four staff, two from the HIM-Coding department and two from the Central Billing Office have continued participation in the Apprenticeship program and have officially been transitioned to the On-the-

Job learning portion of the program. One of the four staff has gotten the CCA (Certified Coding Associate) credentials which has enabled us to streamline workflows and maximize efficiencies within the Coding department. We are monitoring and supporting those still working toward the CCA credential.

### 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. **Complete:** Provider training materials have been updated to include separate PowerPoint trainings for General Medical, Psychiatry and Women's Health which are presented to all new MD's and APN's.
- Ongoing, targeted training for individual providers based on audit results and data analysis from the Charge Passing function. **Complete and Ongoing:** Ongoing, targeted training for individual providers based on audit results and data analysis from charge passing continues as well as training based on new services or code updates.
- Timely, ongoing training based on any new services provided and code updates or changes. **Complete and Ongoing:** Topic specific training materials have been developed as well regarding coding Developmental Screenings, BMI, Factors Influencing Health Status and Contact with Health Services, and FY19 ICD-10-CM code changes.

We have seen success and improvement for each of the items above and will be developing more specific measures in 2019 to quantify these efforts where possible.

### 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.

**Complete:** HIM receives communication from the Medical Staff Office regarding departing medical or psychiatric providers. Upon notification of departing providers, HIM sets up delegate access as appropriate and runs PAQ as well as task reports and distributes to Lead Providers and Practice Managers. Ongoing efforts will continue in the areas of departing Behavioral Health providers and Clinical Operations to provide assurance of task and PAQ completion prior to departure.

### 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.

**Complete:** Comprehensive HIPAA/HITECH Assessment was conducted by an independent consultant. Their report has been received and reviewed with the Executive Team. Next steps include action on suggested areas for improvement. These include formalization of policies to reflect current practice and refinement of risk management efforts.

### 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 3<sup>rd</sup> 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.

**Complete:** The Coding Specialists have been assigned to specific providers to audit and provide ongoing education as needed. Quarterly audit results have been shared with the Lead Providers, Practice Managers and the Medical Director. The Coding Specialists' meet with providers whom accuracy rate is below 80% for review of audit results and targeted training. The average coding accuracy rate amongst all providers (MD's and APN's) has gone up from 73% in Q1 to 80% in Q2, 81% in Q3 to 86% in Q4.

### 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.

**Complete:** Phase two of the 340B program evaluation and auditing process was initiated. Based on requirements from the Health Resources Services Administration (HRSA), the services of an external 340B consultant were secured and an audit was completed for 2018. All organizational policies related to the 340B program were reviewed. A process for monitoring the pharmacy partner was identified. While all internal audits were found to be in compliance with requirements, an additional internal audit was also instituted to provide a more in-depth comparison of 340B prescribing and dispensing practices.

### 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.

**Complete:** Completed May 2018 on the Energov and Animal Control (Chameleon) systems. Staff used this experience to develop the template for consistent application in future system audits.

### 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.

**Complete:** The Grants Manager developed and delivered training to all program staff responsible for managing and reporting on grant requirements. The training content was developed based on the results of a survey to assess the knowledge base of all parties. This was completed in May 2018 with 31 staff. New staff are trained as needed.

### 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.

**Complete:** The Incident Management System is now not seen as repository for Coding issues. Those items are better recognized and addressed through the coding audit and education process described above. The Incident Management System can be used to document information privacy and security incidents. No trend analysis has been conducted on these as the volume is small. Individual investigations and responses have occurred as needed.

### 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.

**Complete:** As measured by responses on the quarterly Perception Survey, the number of staff who state they know what is expected of them when it comes to compliance requirements increased from 86.5% in 2017 to 90.5% in 2018. The strategy included: 1) a change in the messages that have been delivered in staff meetings by the Compliance Officer and 2) a schedule which allowed the Compliance Officer to personally attend meetings and speak to approximately 700 staff. This strategy also resulted in a nearly 10% increase in the number of staff who report knowing the Compliance Officer.

### 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.

**Complete:** The Compliance Program description document has been revised and is to be presented to the Board of Health for approval in the February meeting.

### 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.

**Complete:** The County has delayed implementation of the UltiPro (Payroll and HR) System which is to include a new Learning Management System (LMS). It now appears that the new LMS will not be implemented until late 2019 at the earliest and more likely 2020. LCHD/CHC offered to lead the implementation of this feature and partially fund any required consultant assistance if it would accelerate the implementation. This offer has not been accepted at this time.