Annual Compliance Work Plan Summary – 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

Complete and Ongoing:

The Grants and Finance Teams met, established a process to conduct audits as described, and began these audits by June 2019. In 2019, thirty-nine grant audits were completed consistent with the established process, resulting in no findings for corrections of data submitted to grantors. These audits included 103 reimbursement reports. This is now part of a regular operational expectation.

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 discussed 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.

Complete and Ongoing:
Sites were selected and audits conducted by the Assistant Finance Manager and Senior Accountant. Recommendations resulting from the audits were referred to the appropriate parties for corrective actions. Identified issues, whether for individual occurrences or apparent patterns, have resulted in procedural changes to improve compliance and mitigate risk.

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:

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

Incomplete:
This item will be carried over. As of 12/31/2019, the UltiPro implementation has been delayed by the County team with agreement from the Health Department. There is no clarity on the process to be followed and no system to test at this point. The Health Department is poised to assist in the development and testing of this critical functionality when needed.

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.

Complete and Ongoing:
The Finance Officer compared the recommendations from the consultant to the existing procedures used when staff audits the results from external partner transactions. Finance and Clinical Compliance staff met to review the existing internal audit process. Identified areas for changes or improvements have been discussed with those responsible. These areas included improved accuracy and attention to detail by contracted pharmacy, revised flow and improvement of tools used by the Clinical Compliance staff, and support from Information and Technology staff to provide tools in support of more comprehensive auditing of medication dispensing records.

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.

Complete and Ongoing:

HR and HIM determined the most efficient process to provide timely notice that providers are leaving the agency so actions can be taken to assure their documentation is complete. Human Resources sends Health Information Management Off-boarding Notifications upon notice of a Behavioral Health staff member leaving employment.

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.

Complete and Ongoing: Still a goal, but the volume of charts currently audited internally does not allow for the percentage targeted. Needs to be a larger sample size. Otherwise, ALL providers would need to have a meeting and education. Modified communication outreach through email for those in a lower range to point out their status, but not require the more formal education. Below 80%: face-to-face. Above 80% receives email status. Coding Specialists have been cross-trained on various specialties and an external coding audit is planned for FY20.

Laboratory Coding and Billing process

Complete and Pending as described below:

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. Completed as stated with activities split between Central Billing Office and Health Information Management staff
- Review of the Quest contract with revision to the reimbursement methodology for private pay patients. Completed as stated. Revised language was drafted and submitted and is being reviewed by Quest.
- Additional NextGen system training for providers and Quest staff. Training was completed as stated
- Additional diagnosis training for providers to meet medical necessity and coverage guidelines. Software purchased to implement medical necessity checks in NextGen to meet this need. Implementation is pending.

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.

Complete:
There are two staff in the CDIS Apprenticeship. In addition, two staff are participating in the Profee Coder Apprenticeship

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

Ongoing:
While progress has been made, efforts to provide supplemental information to Illinicare have stalled. This is primarily due to changes on the MCO's end with staff turnover and technology changes as they begin to merge with WellCare. We continue to have communications with their staff. In November, we were able to generate a supplemental file but were unable to test that file due to data quality challenges. We plan to carry this over into 2020 and continue working to provide the supplemental data.

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.

Ongoing:
This item was not completed, but is ongoing. With the departure of the IT Director and MIS Manager, this effort will require work into 2020. Several policies are in development. Once those are completed, there will be an

ability to complete this objective so the Risk Management Program can reference appropriate policies and provide clear guidance as problem areas and opportunities for improvement are identified.

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 and Ongoing:
Revised back-up policies for the organization have been completed and will be entering review in Q1 2020. We will continue to monitor back-ups and assure they are in compliance with this new policy. In addition, we implemented upgraded technology that enable rapid back-up and restore to our Libertyville disaster recovery center.

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.

Pending:
A new disaster recovery and data retention policy has been drafted and will enter review cycle in Q1 2020. Today, much of our critical environment (e.g., NextGen) is outside of disaster recovery. As such, an exercise of our DR capabilities was not appropriate. We are working with our vendor (eMedApps) and County Enterprise IT to resolve the remaining issues preventing NextGen for being included in our disaster recovery plans. Once complete, we will exercise our disaster recovery operations (expected Q3 2020).

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.

Complete and Ongoing:
This assessment has been completed, report and recommendations received, and actions taken to address identified areas for improvement. Work continues to address needed policies and procedures

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 (LMS). To clearly and effectively manage the expected periodic training and education of all staff, we intend to use the LMS 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.

Pending:
With the delayed implementation and ongoing assessment of the UltiPro system, there are several options for future use of a LMS. These include: continued use of Oracle, quick conversion to the UltiPro LMS upon implementation, or the pursuit of a separate system to manage the range of items we need to track. As of the end of 2019, we are making reasonable use of the BOSS features to meet most needs. Once a final decision is made on UltiPro, we can determine next steps and not expend time on something that will not be implemented.

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.

Ongoing:
The *Measuring Compliance Program Effectiveness* guide contains hundreds of suggested metrics and best practices. These generally range across administrative, financial, clinical, technology, privacy, and human resources practices. Upon review, it's apparent that the LCHD already follows and complies with many of these. Because so many of our existing activities already reflect these metrics and best practices, we believe there is value to determine how best to assemble, display, and assess the value of this activity before adding specific metrics. This may result in a type of dashboard where measured activities are displayed.