

## 2022 Corporate Compliance Report

This report highlights specific compliance areas and respective actions taken throughout calendar year 2021 and provides recommendations for enhancements to compliance efforts for 2022. The timeline for this report has shifted to align many of the efforts with the Corporation's fiscal year.

### Compliance Training

- Staff training was provided in 2021 with enhanced efforts to employ electronic delivery through Relias to increase the ease and administrative burden in ensuring that staff had access and up to date delivery of key training. New employees continued to receive training during new employee orientation as part of the onboarding process. Additional offerings were added in 2021 with planned additions in 2022.
- A full complement of Risk Management related training topics was continued as a part of the activities of provider staff at regular meetings with some identified as required and others as optional to include Medicare fraud, waste, and abuse and Alice training.
- Integration of patient reviews and enhancements in the delivery of patient satisfaction surveys continues to seek a more robust data.

### Billing Compliance, Financial Audits & Contract Review

During 2021, the following compliance activities took place.

- Periodic Insurance Company Audits
- Annual Certified Audit
- Vendor Contract Review

In 2021, the previous plan for another periodic coding and billing review was delayed and now is targeted as an objective for 2022. This audit will ensure that billing processes have been consistent and certify that the changeover to a new EMR system that occurred in the 4<sup>th</sup> quarter of 2019 and changes in the personnel of the billing department did not create any issues. As part of this plan this outside reviews planned for in the second quarter of 2022 will review the criteria for various E/M visit codes. The review will again consider the differences between level III and IV visits as well as the criteria for new patients versus established patients. Then based on the outcomes, further education and periodic review may be planned with the providers.

## Licensing & Accreditation Reviews

The following licensing and accreditation reviews occurred during the reporting period.

- Patient Centered Medical Home Accreditation
- Federal Tort Claims Act Deeming
- UPMC Community Privileging for sharing of medical record access. To date, most active providers, except recent hires, have completed all requirements and have gained approval. This effort is an ongoing process and requires re-certification and updates as credentials change or are updated.
- Meaningful Use
- Child Abuse/FBI clearances were updated on all affected employees that were subject to renewal based on licensing requirements.

## Compliance Violations

Known compliance violations that have occurred during the reporting period are identified below.

- (2) Inadvertent Protected Health Information Disclosures  
The primary occurrences of these inadvertent disclosure related to office staff releasing the incorrect information to a patient caused by carelessness in checking the correct name of the patient to whom, in most cases, a visit summary, was released. In most instances, the paperwork was retrieved or destroyed and the patient to whom the information related to was notified. The Compliance Officer re-educated and counseled with each employee on the need to take care when handing information to a patient to ensure the correct patient received the right information.

## Review of Insurances

This section provides a comprehensive overview of all insurance coverage the agency has in effect.

- Physical Assets and Property Coverage
- General Liability
- Professional Liability to include the addition of coverage for the Jersey Shore practice and Express Care.
- Worker's compensation/Unemployment
- Business Operational Coverage (Disaster Recovery)
- Umbrella Coverage
- CyberRisk Coverage: Review has raised a potential lack of Content Liability controls. Further research and potential policy development is added as a goal in 2022.
- Additional Coverages to include Identity Theft (Board Members) and Auto Policy for delivery and Staff use vehicles.

## Additional Compliance & Risk Management Activities

- All employees undergo a rigorous pre-employment screening process
- Office of the Inspector General screens are completed on all employees and daily monitoring is to be accomplished by a contracted service, ProviderTrust. In addition, vendor monitoring is also done by this service. An ongoing audit of the database continues to ensure all information is up to date.
- Safety/Workers Compensation claims (9)
  - Repetitive issues – 5 Finger stick and 3 body strains and 1 Knee pain
  - Safety Committee meets monthly to review conditions and take corrective action as needed.
- Eastern Alliance came to the Center to complete annual safety committee training on November 17, 2021. Certification of the Safety Committee was completed and obtained on December 31, 2021.

Implementation of the 2021 initiatives of Risk Management Plan was successful and included some of the following outcomes:

- Monitoring of incident reports for repetitive indicators was completed and corrective action was identified as appropriate.
- Annual fire drill was completed on 12/27/2021.
- The Safety Committee rolled out education on bomb threats and infant abduction and training was completed by department managers with a child abduction drill held in July 2021. Staff responded well with some areas for improvement.
- A safety section was added to the company intranet that contains safety information, safety data sheets (SDS) and safety committee meeting minutes and information.
- Updates and annexes were added to the Emergency Preparedness Plan to include specific hazards and conditions.
- In the third quarter, all staff received training on the Rapid Response Team (RRT) which included the purpose, how to call for the team, and the team processes. The RRT also received training on new documentation forms and processes. The RRT was called to 3 medical emergencies that quarter alone.
- A Hazard Vulnerability Assessment was completed in the third quarter of 2021 and will be completed again annually in the third quarter of 2022.
- Risk Management priorities were focused on employee training and education relating to the ongoing challenges of COVID-19, associated infection control measures, CDC and local Department of Health guidance and PPE effectiveness.
- The ongoing Risk Analysis helped to forecast and manage the impact of the COVID-19 coronavirus pandemic continuing through the year with the resultant rapid deployment of efforts to minimize exposure within the Center and necessary changes in process. Following the guidelines of the PA Department of Health (PADOH) and Centers for Disease Control (CDC) mitigation efforts were prioritized to protect employees, patients, and visitors.

Thus, the goals for Risk Management for 2022 will include:

- Infant abduction
- Fire Preparedness
- Bomb Threat Preparedness.

### **Patient Rights, Grievances (patient and employee), and Legal Issues**

- One complaint was placed of record with the Employee Practices liability policy related to the alleged violation of religious discrimination stemming from the enforcement of the vaccine mandate policy. A formal complaint has been filed with the Pennsylvania Human Rights Commission. The insurer has assumed its obligation to defend such charge.
- A Notice of Quality Deficiency was issued relating to a necessary remedial action required by a provider. Remediation plan was completed and documented improvement in provider's processes. Incident triggering remedial action appears to have been resolved to avoid action by the patients affected.
- To better protect River Valley Health and Dental's sensitive information, and to comply with the Health Insurance Portability and Accountability Act (HIPAA), HIPAA One conducted an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of the electronic protected health information it holds. This assessment was initially performed on Nov 22, 2021, through Jan 5, 2022, and will be updated annually by the organization. The assessment was performed with Bradley Trudell, Max Houseknecht Jr., Dave Strassner and Karla Sexton. The participants used their knowledge of River Valley Health and Dental's operations, their expertise in the IT, security and healthcare fields, and interviews with other River Valley Health and Dental's employees to perform the risk assessment. The team used its intelligence, guided by experience, to evaluate the likelihood of man-made threats. Thereafter a remediation plan was created, and completion of the plan is a goal for its completion by the end of 2022.
- On March 30, 2021, a Notice of Data Security Incident from CaptureRX, a 340 B partner, was received related to a breach of their 340 data which potentially could have affected River Valley patients. River Valley exercised its right to have CaptureRx notify our patients and to take action to notify, as appropriate, any federal or state regulators. All notices were made, and issue has been resolved. A notice filing was wade under our Cyber Risk Policy.
- No pending legal(court) actions

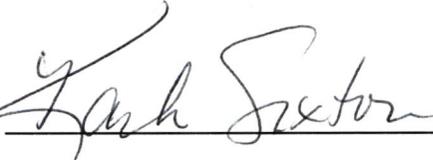
### **Summary of Recommendations:**

Of the areas targeted for review in 2021, most are areas which continue to be a priority for 2022 and will continue to be monitored for continuous improvement. These goals include the following targeted opportunities:

1. (Carryover Goal) Continue to build upon the peer review process to support improvement in the quality and consistency of the delivery of services by providers and support the documentation for the mandatory two-year recredentialing process for providers. In addition, efforts are planned to ensure that the current state of documentation is complete in preparation for the next HRSA operational site visit.

2. (Carryover Goal) Complete update of HIPAA policies identified as needing improvement because of the risk assessment to ensure that appropriate and existing process are effective for mitigating the risk of violations and inadvertent disclosures are prevented.
3. Content Liability Controls may be inadequate. Review of the programs in place for manage intellectual property rights will be considered along with systems for responding to controversial, offensive, or infringing content or violating a third party's privacy rights will be undertaken in 2022.

Submitted: \_\_\_\_\_



Date: 3/16/2022

Karla Sexton, Compliance Officer