

## 2020 Corporate Compliance Report

This report highlights specific compliance areas and respective actions taken throughout calendar year 2019 and provides recommendations for enhancements to compliance efforts for 2020. 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 2019 with enhanced efforts to employ electronic delivery to increase the ease and administrative burden in ensuring that staff had access and up to date delivery of key training. New employees received continued to receive training during new employee orientation as part of the onboarding process. Additional offerings will be added in 2019 with planned additions in 2020. A new platform provided by Healthicity offers a system for up to date training implemented via a portal that is easy to use and maintains and tracks employee participation. New programs that were added included Workplace Sexual Harassment; OSHA and Workplace Safety, Bloodborne Pathogens and two Medicare Training sessions for providers. The platform will also allow for the development and delivery of customized, in-house directed training to be easily delivered to employees. The Training Plan is hereby incorporated by reference herein.
- 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. Further efforts to increase the access and availability of Risk Management training will be continued in 2020.
- Enhancements to the Center's system for collection, reporting and management of compliance issues is still under development with improvements to the reviews solicited from search engine optimization efforts on the Center website and integration of the Patient Portal to a dedicated contact point for patients, employees or others to report issues. As planned, we have integrated this data with patient satisfaction survey data and begun to look for opportunities to build in a robust component into the peer review process. Improved communication/training with full implementation to be completed in the fourth quarter of 2020.

### Billing Compliance, Financial Audits & Contract Review

During 2019, the following compliance activities took place.

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

As part of the plan for enhanced monitoring of potential billing and coding errors or omissions that had been identified as a need, an outside review was conducted in first quarter of 2019 to review the criteria for various E/M visit codes. The review included consideration of 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 is planned with the providers.

In 2020, another periodic coding and billing review is planned to ensure that billing processes have been consistent with the changeover to a new EMR system that occurred in the 4<sup>th</sup> quarter of 2019 and some changes in the structure of the billing department leadership.

## **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 5 providers have completed all requirements and have gained approval, but access has not yet been implemented. The remainder of the provider staff are in process.
- 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.

- (3) Inadvertent Protected Health Information Disclosures
  - Two employees were known to have accessed patient charts/information without a sufficient need to access that information. Both employees were re-educated on proper handling of information and warned of the consequences of inappropriate accessing of patient information.
  - A new feature of the EcW EMR system allows for additional monitoring of users accessing files that they should not access can be established to track such access. PSAC lists have been established to prevent access to certain classes of charts, requiring an employee to demonstrate a valid reason for such access if it should occur.
  - One employees gave information to one patient that contained information of another patient due to a lack of checking to ensure that the appropriate paperwork was handed out. The incorrect information was destroyed by the patient that received it. Employees were cautioned to take better care to double check paperwork handed out to ensure that the paperwork is given to the appropriate person.

## **Review of Insurances**

This section provides a comprehensive overview of all insurance coverage the agency has in effect. Identification of additional Identity Theft coverage was deemed necessary for our Board members and was added to the mix of coverages. No other areas of inadequate coverage were identified.

- Physical Assets and Property Coverage
- General Liability
- Professional Liability to include the addition of Liability Coverage for the Pharmacy
- Worker's compensation/Unemployment
- Business Operational Coverage (Disaster Recovery)
- Umbrella Coverage
- CyberRisk Coverage
- Additional coverages added included Auto Insurance for Mobile Care Unit and Automobile

### **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.
- Safety/Workers Compensation claims (5)
  - No repetitive issues – 1 slip(trip) and fall; 2 puncture wounds (dental instruments); 1 contusion (pallet) and 1 abrasion (lunchroom chair)
  - 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 in 3<sup>rd</sup> Quarter of 2019.
- ALICE training was completed for all staff at 471 location. Additional training is planned for the administrative offices.
- Implementation of the 2019 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. In conjunction with the Safety Committee, ALICE training was completed for all staff at 471 location. Additional training is planned for the administrative offices.
  - QA/QI developed a new peer review tool for medical provider chart reviews. In the 4<sup>th</sup> quarter of 2019, results demonstrated an 85% or better compliance rate in quality and documentation standards. Results were shared with individual providers during their annual evaluations in January 2020 and in subsequent monthly provider meetings.
  - Annual fire drill was completed in 4<sup>th</sup> quarter of 2019 and Safety Committee conducted a debrief and additional training on the Emergency Preparedness Plan and Internal Emergency Response.
  - The Safety Committee developed an educational presentation on the Center's Emergency Preparedness Plan (EPP) in February 2020. This presentation will be shared with all department managers and the presentation will be shared with staff during 2020.

- A Hazard Vulnerability Assessment was completed in the third quarter of 2019 (8/19) and will be completed again annually in the third quarter of 2020.
- Several mock medical emergency drills were performed with the internal emergency response team in 2019 (2/7, 6/12 & 10/31). So far in 2020, one drill was completed (1/31) with others planned.
- Ongoing monitoring of two problem areas was conducted through Quarter 4 of 2019 including Medication reconciliation and uncontrolled diabetes. These areas will continue to be monitored in 2020 to reach the optimum outcomes that have been determined as achievable goals.
- The ongoing Risk Analysis helped to forecast and manage the impact of the COVID-19 coronavirus pandemic beginning early in 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. Many of these processes involved educating staff and patients on use of PPE (Protective Personal Equipment) and infection control procedures (handwashing, social distancing, etc.)
  - Thus, the goals for Risk Management for 2020-21 will include:
    - Ongoing training and vigilance in the proper use of PPE (donning and doffing) to ensure protection of staff,
    - Ongoing training and review of procedures for handling respiratory complaints and educating patients on self-quarantine and other coronavirus related issues.
    - Development of telehealth processes and infrastructure to support the needs of patients that may not be seeking health in-person due to the risk or perceived risk of exposure.
    - Development of resources as needed to support patients, with testing or other services during the course of the pandemic.

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

- No known complaints have been recorded with the potential for further risk of loss or administrative action.
- No pending legal actions

### **Summary of Recommendations:**

Of the areas targeted for review in 2019, all but two were completed and enhancements added that sought to improve prevention and mitigation of risks subject to regulatory or administrative compliance requirements. For 2020, those areas will be monitored for continuous improvement. Goals for 2020 also include the following targeted opportunities:

1. 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 recertification process for providers.
2. (Carryover Goal) Complete a HIPAA review and risk assessment to ensure that appropriate and existing process are effective for mitigating the risk of violations and inadvertent disclosures are prevented.
3. (New Goal) Identify and develop tools to manage the impact of the COVID-19 coronavirus pandemic for continuation of deployment of efforts to minimize exposure within the Center and our patient population along with necessary, perhaps permanent changes in processes for the future to promote response to such conditions.