



ANNUAL REPORT FY 2019-2020

San Francisco Department of Public Health
Office of Compliance and Privacy Affairs

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EXECUTIVE SUMMARY

The Office of Compliance and Privacy Affairs (OCPA) had to adapt to a changing environment as we endeavored to implement our department-wide compliance plan during fiscal year 19-20, while simultaneously addressing the COVID-19 public health emergency. In response, OCPA adapted its operations to address the needs of DPH, while continuing to protect the integrity of the Department.

Expansion of the Compliance Program

The focus at the start of fiscal year 19-20 was to expand OCPA's compliance program to cover all DPH service areas and to establish a reporting mechanism to DPH Executive Staff on compliance activities. To accomplish that goal, we established a dedicated compliance program for the Population Health Division early in the fiscal year, and the DPH Executive Compliance Committee in December 2019. That Committee's objectives are to ensure the integrity of the Department's clinical and business activities by reviewing the effectiveness of the compliance program, evaluate and guide the department's response to changing regulations, and assess the department's exposure to risk.

Revised Audit Protocol for Behavioral Health Programs

Throughout fiscal year 19-20, OCPA looked to revise and streamline its auditing program for our Behavioral Health clinics and community partners. We developed streamlined audit tools for mental health and substance use disorder programs focused on maintaining the integrity of the Mental Health Plan. To accomplish this, we worked to develop an audit protocol with objective measures, and with defined error-rate thresholds. As we move into fiscal year 20-21, we will begin our audit cycle with these updated protocols, and we will be better able to inform the Mental Health Plan of the compliance risks in its network of providers.

*OCPA's mission is to ensure integrity in
DPH business and clinical operations.*

Increased Privacy Monitoring

With the implementation of EPIC, OCPA also focused on leveraging increased reporting tools to monitor for inappropriate access to patient records. To achieve this, throughout fiscal year 19-20 we implemented daily reviews of employee access to records identified as confidential or sensitive. This daily review allowed us to conduct timely investigations to determine if the access was appropriate.

Looking Ahead to FY 20-21

As we move into fiscal year 20-21, OCPA will focus its efforts on the department's COVID-19 response by providing guidance and oversight on the various funding mechanisms provided for COVID-19 to ensure all claims for reimbursement are allowable and meet Federal and State requirements. In addition, we will implement a compliance program for the Ambulatory Care division.

Margaret Rykowski
Chief Integrity Officer

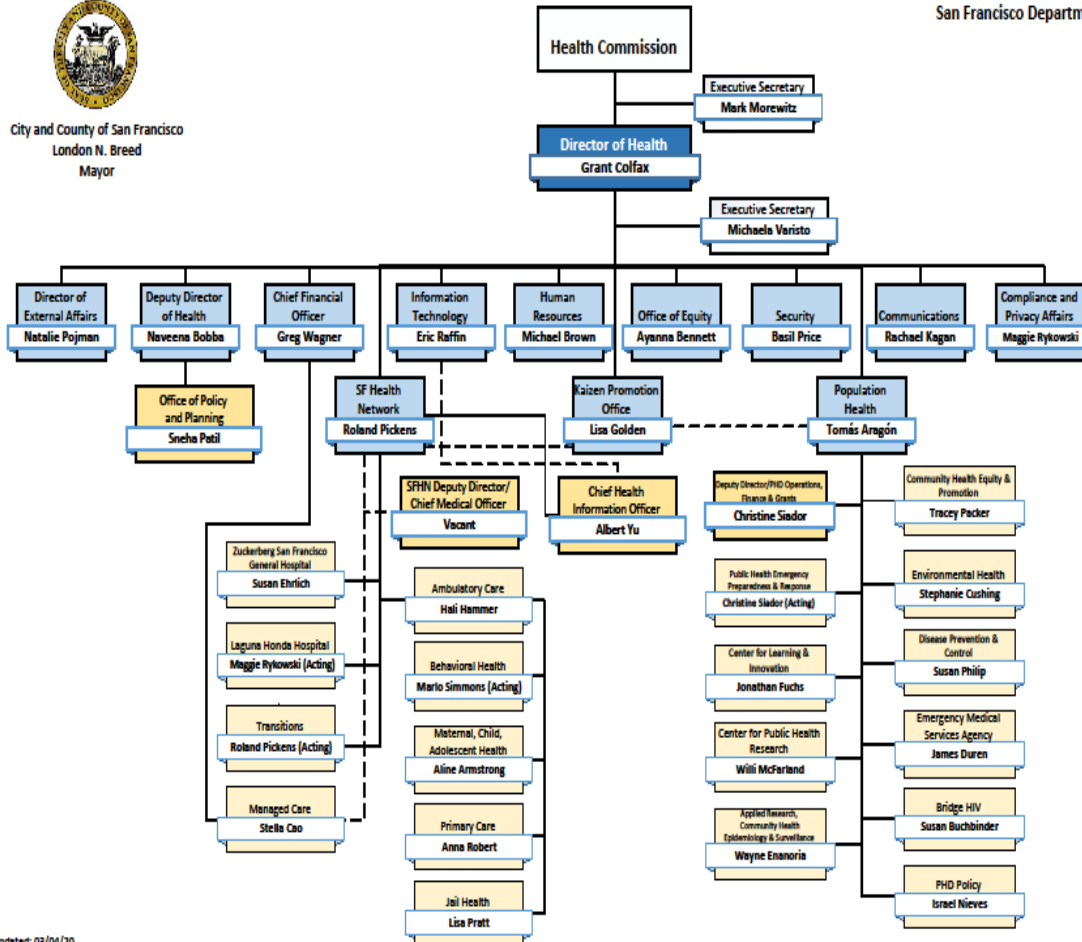
September 1, 2020

ORGANIZATIONAL CHARTS

DPH Organizational Chart FY 19-20

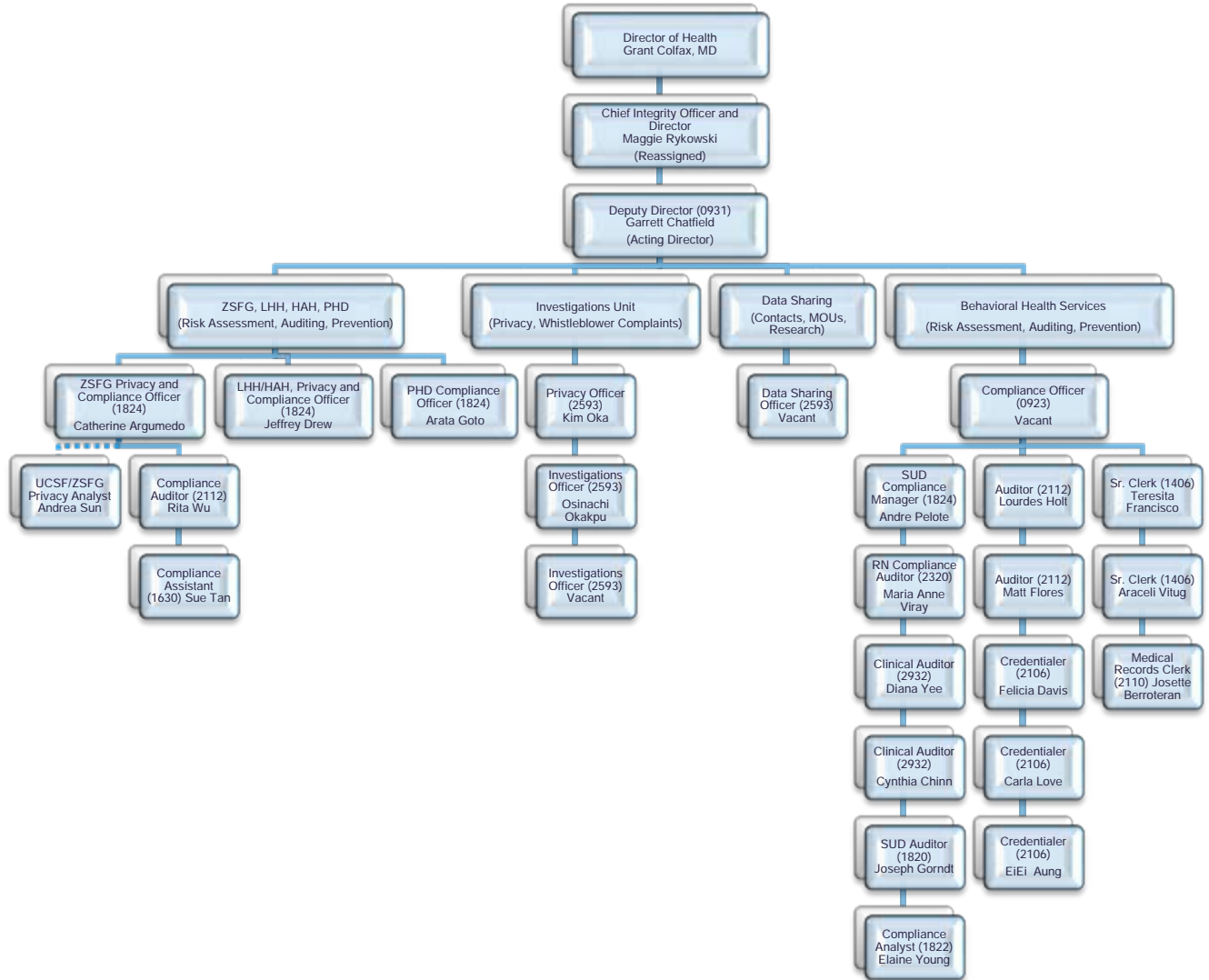


San Francisco Department of Public Health
Grant Colfax
Director of Health



Last Updated: 03/04/20

OCPA Organization Chart FY 19-20



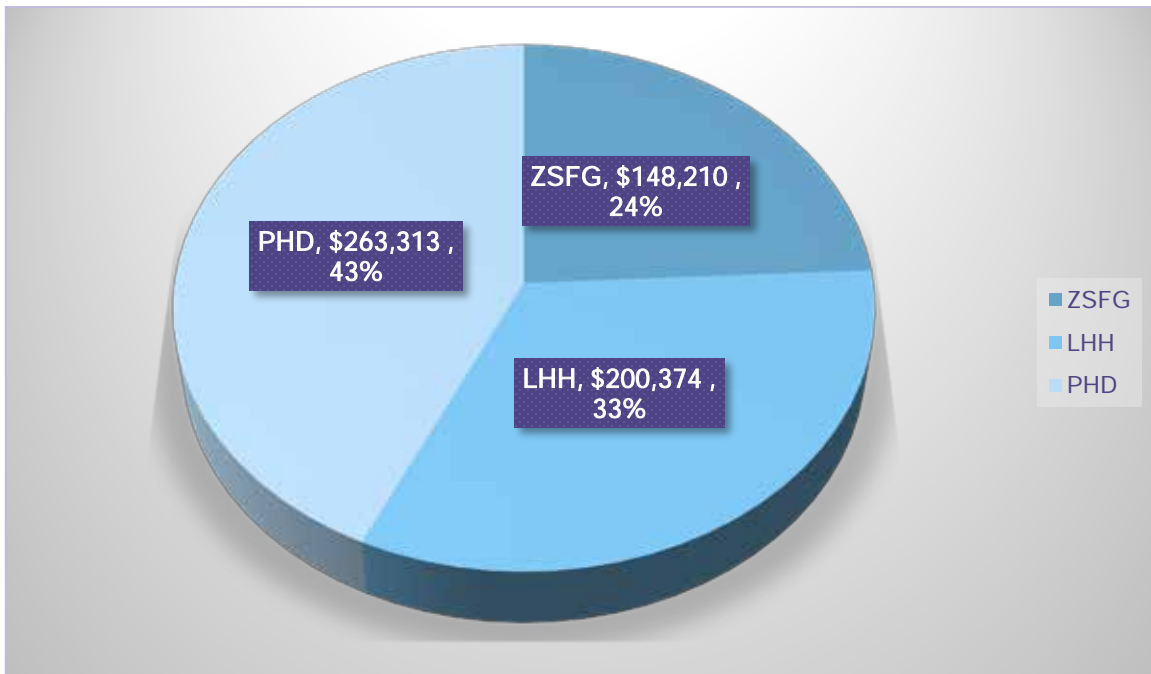
COMPLIANCE PROGRAM

Overview of Program

The Compliance Program ensures that DPH and its workforce conduct operations and activities ethically; with the highest level of integrity, and in compliance with regulatory requirements. The goal of the program is to practice and promote good behavior, and avoid conduct that may cause financial or reputational harm to DPH. OCPA partners with department managers to identify and manage risks; provide education and training to staff and providers, and integrate compliance into the daily operations of DPH.

Compliance Fines and Paybacks – Fiscal Year 19-20

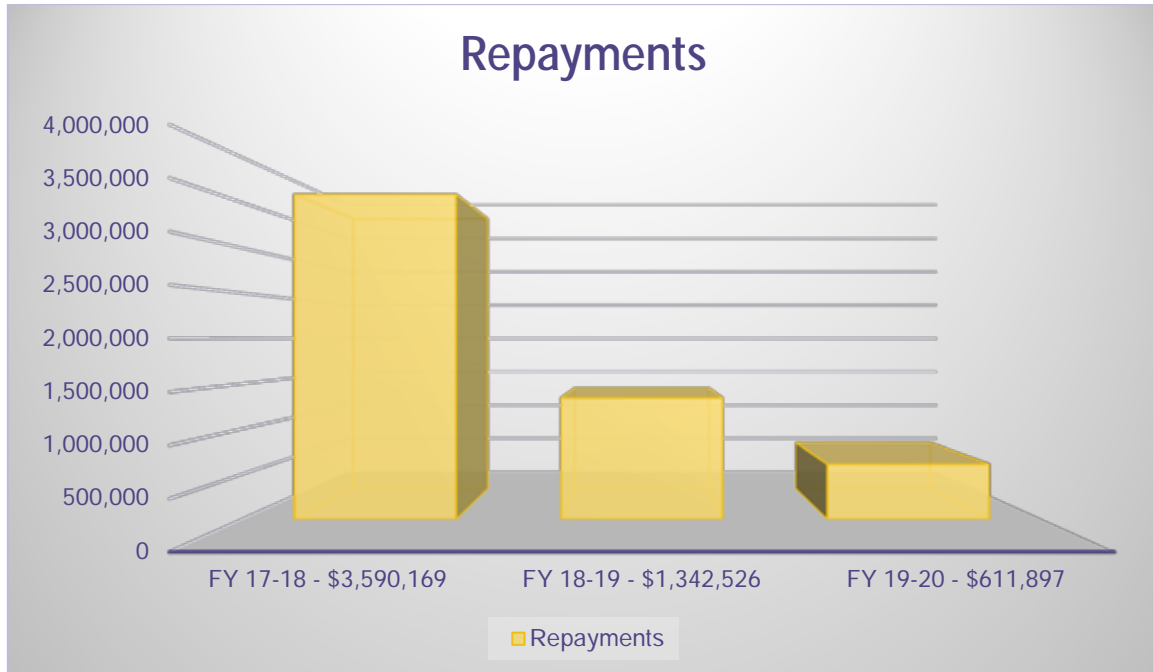
- DPH did not pay any compliance-related fines to regulators.
- DPH returned \$611,897 as a result of external and internal audits.



- ZSFG returned \$148,210 to Medicare
- LHH returned \$200,374 to various payers
 - \$19,431 was returned to CDPH after a survey finding
 - \$74,906 was returned after an internal coding review
 - \$106,037 was returned after an internal chart review
- PHD returned \$263,313 to DHCS after an internal compliance review

Year-to-Year Comparison

Over the last three fiscal years, we have seen a year-over-year decline in the amount of money DPH has returned to payers for disallowed claims. As we expand the compliance program, we hope to continue this trend by our active monitoring of claims/documentation to prevent the submission of claims with errors.



Monitoring Activity

OCPA actively works with various DPH divisions to monitor identified risk areas. Risk areas are assessed each year by conducting risk assessments. Areas of greatest concern are included on an annual work plan so improvement is reported and monitored.

Risk Area Monitoring FY 19-20	
Division	Top Areas Monitored for Compliance
ZSFG	<ul style="list-style-type: none"> • Outpatient Rehab Documentation • IV Infusion Start/Stop Time • Provider Orders - Wounds
LHH	<ul style="list-style-type: none"> • MDS Accuracy • Signature Timeliness • Coding Accuracy
PHD	<ul style="list-style-type: none"> • Medicare Provider Enrollment • 340B Program • Research Time and Effort Reporting

Risk Areas Identified for FY 20-21

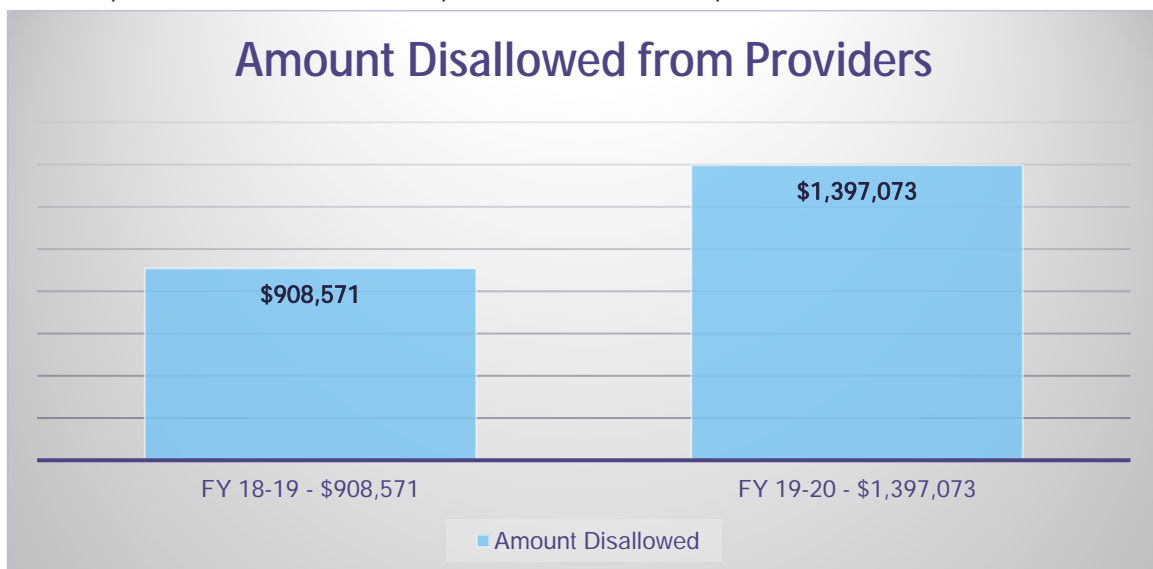
For fiscal year 20-21, several areas of risk have already been identified. These risk areas will be monitored for compliance to regulatory requirements after internal controls are in place. Risk areas are assessed and adjusted throughout the year.

Risk Area Monitoring FY 20-21	
Division	Top Risk Areas Identified
ZSFG	<ul style="list-style-type: none"> COVID Response Claims/Relief Fund Accuracy Observation Services Two-Midnight Rule
LHH	<ul style="list-style-type: none"> COVID Response Claims/Relief Fund Accuracy Cloning of Provider Notes MDS/PDPM Accuracy
PHD	<ul style="list-style-type: none"> COVID Response Claims/Relief Fund Accuracy Medi-Cal Provider Enrollment Cloning of Provider Notes

Behavioral Health Services Compliance – Mental Health Plan

The Behavioral Health Service (BHS) compliance program is tasked with ensuring Mental Health Plan integrity with our contracted and civil service providers. To accomplish this, we perform scheduled provider audits to ensure they meet plan requirements related to documentation and claims. The audit findings indicate which claims the providers are not entitled to be paid by DPH and the amount of DPH's recoupment from the providers.

- In FY 19-20 BHS Compliance conducted 19 provider audits¹
- 18 of the providers had an error rate of over 5%
- DPH disallowed \$1,397,073 from plan providers due to claim errors
- Amount disallowed increased by 53% from FY 18-19 even though fewer providers were audited
 - OCPA responded by revising the audit protocol to increase the number of audits, implement corrective actions plans, and conduct follow-up audits to measure improvement²



¹ BHS Compliance audits were suspended in March 2020 through the end of the fiscal year due to the COVID public health emergency.

² FY 18-19 BHS Compliance conducted 50 provider audits.

PRIVACY PROGRAM

Overview of Program

The Privacy Program's purpose is to ensure the confidentiality, integrity, and availability of all Protected Health Information (PHI) that DPH creates, receives, maintains or transmits. OCPA works with all service lines to protect against any anticipated threats or hazards to the security or integrity of PHI and confidential data. OCPA works to engage and educate staff at all levels to protect patients' privacy by providing practical tips on privacy protection.

Fines for Privacy Violations

- During fiscal year 19-20, DPH did not pay any fines related to privacy breaches.



Privacy Incidents

OCPA investigates all known privacy incidents. Privacy investigations may determine that a reportable breach has occurred. All reportable breaches are reported to either the California Department of Public Health (CDPH), the California Department of Health Care Services (DHCS), and the Office of Civil Rights (OCR) depending in which DPH division the reportable breach occurred.

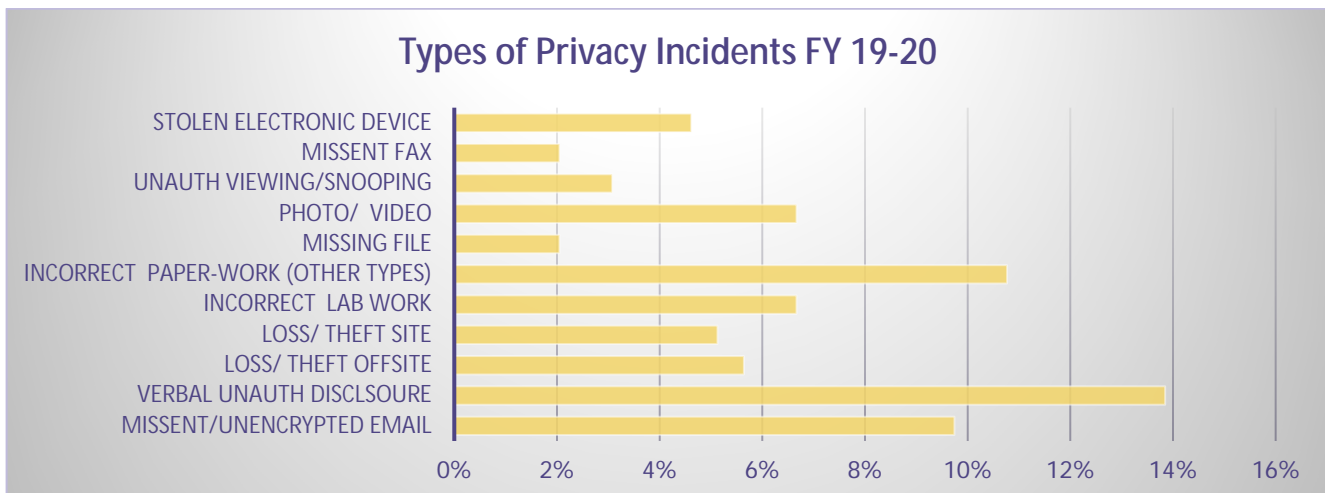
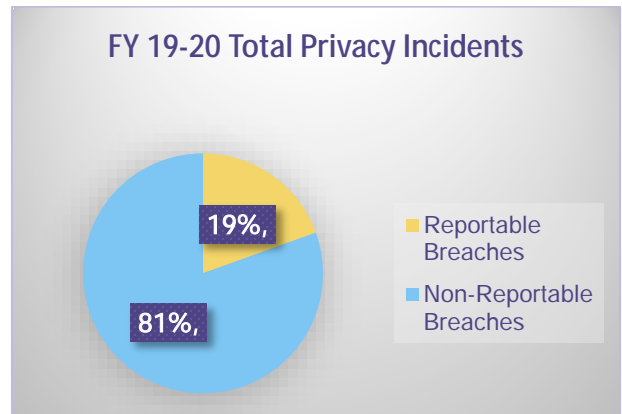
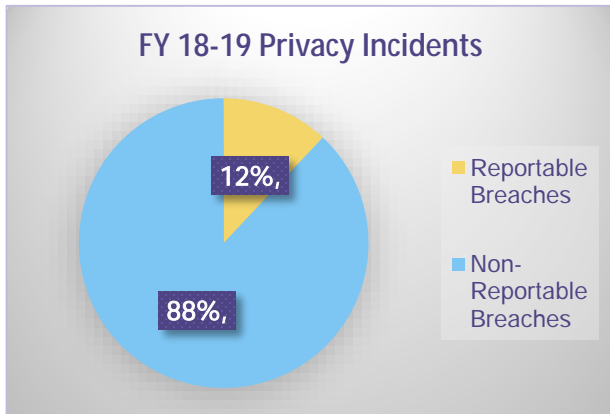
- The chart below shows that ZSFG had the highest percentage of total incidents and the highest number of reportable breaches.

Number of Privacy Incidents FY 19-20				
Location	Reportable Breaches	Non-Reportable Breaches	Total Incidents	% Location
ZSFG	20	93	113	58%
LHH	7	16	23	12%
BHS	2	3	5	2.5%
DPH - Other	4	24	28	14%
CBO	3	18	21	11%
Business Associate	2	3	5	2.5%
Total	38	157	195	100%

- The chart below compares the two most recent fiscal years. For both years, the highest number of incidents occurred at ZSFG.

Comparison FY 18-19 and 19-20 - Number of Privacy Incidents								
Location	Reportable Breaches		Non-Reportable Breaches		Total Incidents		% Location	
	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20	FY 18-19	FY 19-20
ZSFG	7	20	83	93	90	113	47%	58%
LHH	3	7	35	16	38	23	20%	12%
BHS	6	2	15	3	21	5	11%	2.5%
DPH - Other	2	4	18	24	20	28	10%	14%
CBO	3	3	8	18	11	21	6%	11%
Business Associate	2	2	10	3	12	5	6%	2.5%
Total	23	38	169	157	192	195	100%	100%

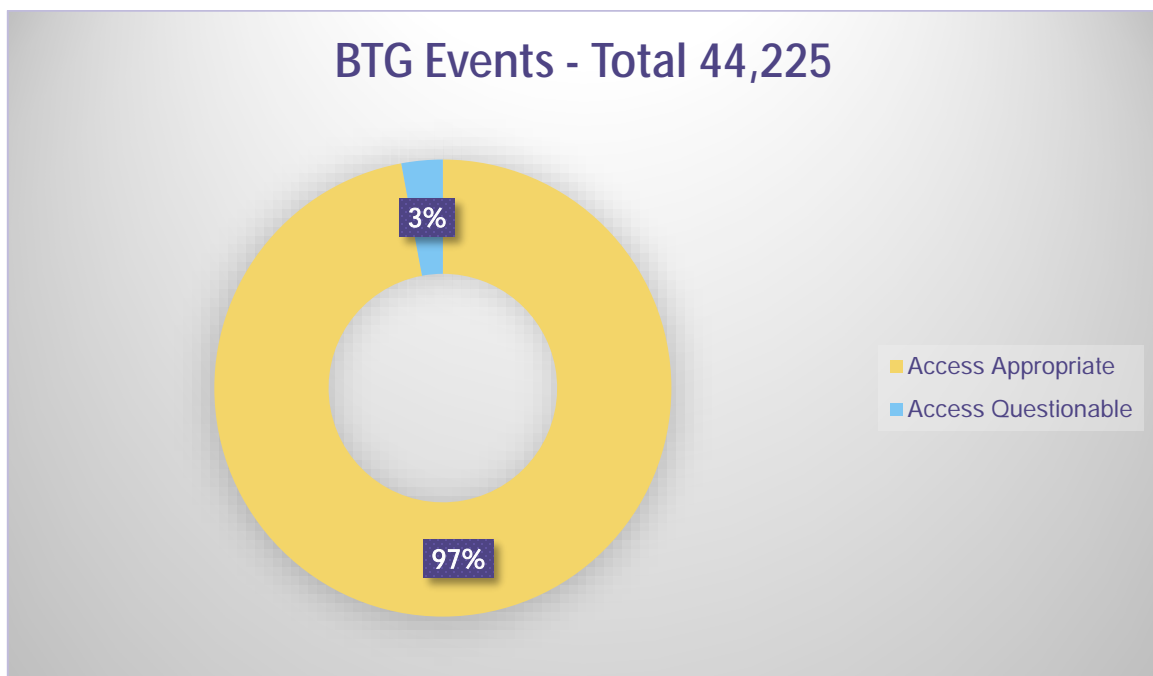
- The number of reportable breaches increased from FY 18-19, while the number of total incidents remained approximately the same.



Employee Access Monitoring - EHR

Break-the-Glass (BTG) is an EPIC tool that allows providers to mark records as confidential or sensitive. When marked as such, employees who are not identified as part of a patient's care team must "break the glass" before entering a record by identifying who they are and the reason for viewing the record. OCPA began monitoring these BTG events shortly after EPIC was implemented throughout DPH. Monitoring of BTG events may require additional investigation where access is questionable.

- The number of daily BTG events range from about 150 to 300 per day
- Total number of events reviewed (since beginning in Oct. 2019) is 44,225
- Total number of events that required investigation is 1,289
- There were no reportable breaches discovered after investigation of questionable access events

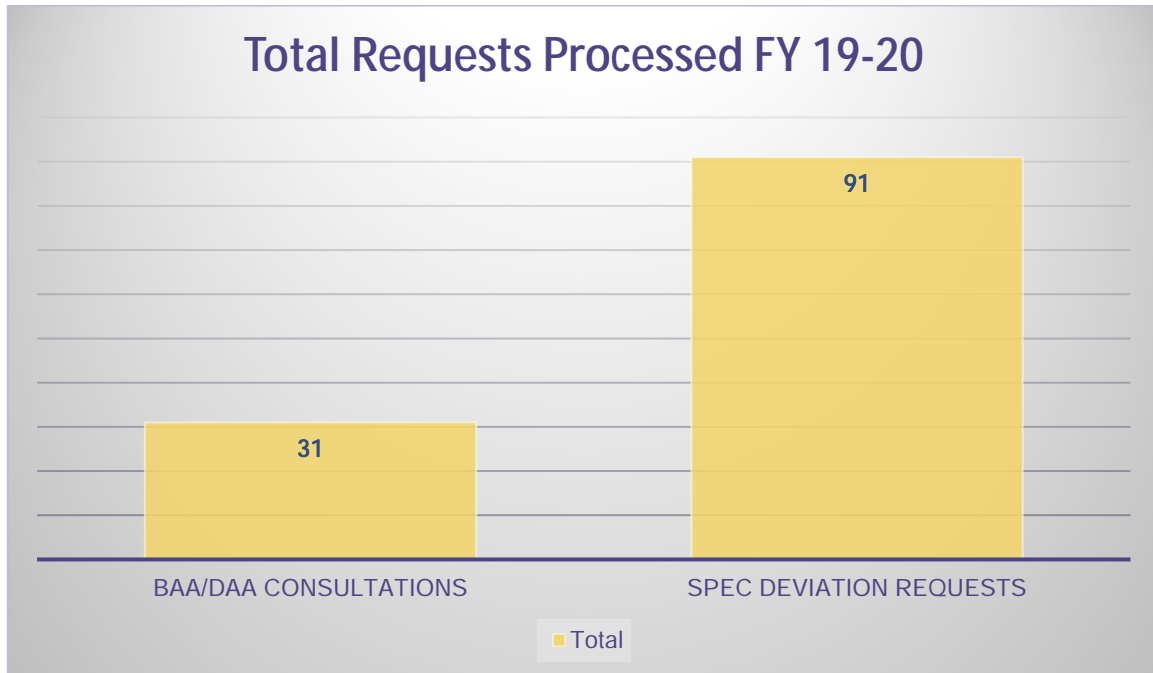


Data Sharing

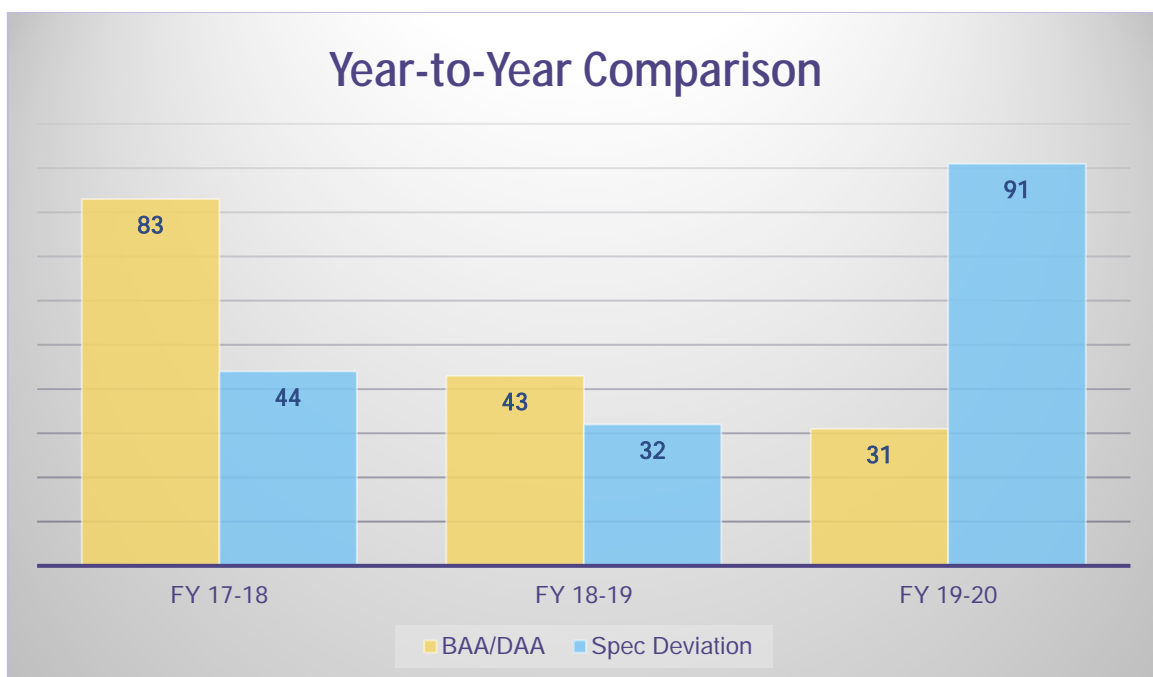
OCPA manages and oversees the data sharing program for DPH as part of its privacy program. Data sharing agreements allow for DPH to legally share PHI with vendors and partners, as well as other relevant City agencies to coordinate care and services. To do this, we work closely with Contracts, IT Security, and the City Attorney's Office to protect DPH's interests, and to define the scope and use of our PHI. Our data sharing work includes:

- Working with vendors to establish and approve data access agreements and business associate agreements
- Approve specification deviation (spec deviation) requests for software, encryption bypass, and use of third party email
- Assure adequate checks are completed before sharing PHI related to data security, privacy, and business need
- Assist with the continuum of care to allow for the shared data of our clients

In fiscal year 19-20, OCPA provided consultations for 31 business associate agreements (BAA) and data access agreements (DAA); and 91 spec deviations requests.



Over the last three fiscal years we have seen a decrease in the number of requests for data access and business associate agreements. This is attributed to the work to approve BAAs and DAAs in preparation of EPIC implementation in late 2019. The increase in spec deviation requests for fiscal year 19-20 is attributed to an increase in requests for software access.



WHISTLEBLOWER PROGRAM

OCPA conducts investigations of whistleblower referrals from the Office of the Controller, as well as any complaints received directly by DPH. OCPA conducts the investigation, and provides a report that either substantiates the allegation with a corrective action, or does not substantiate the allegation. One referral may contain multiple allegations that require investigation, and all allegations are investigated. Whistleblower complaints and findings are confidential.

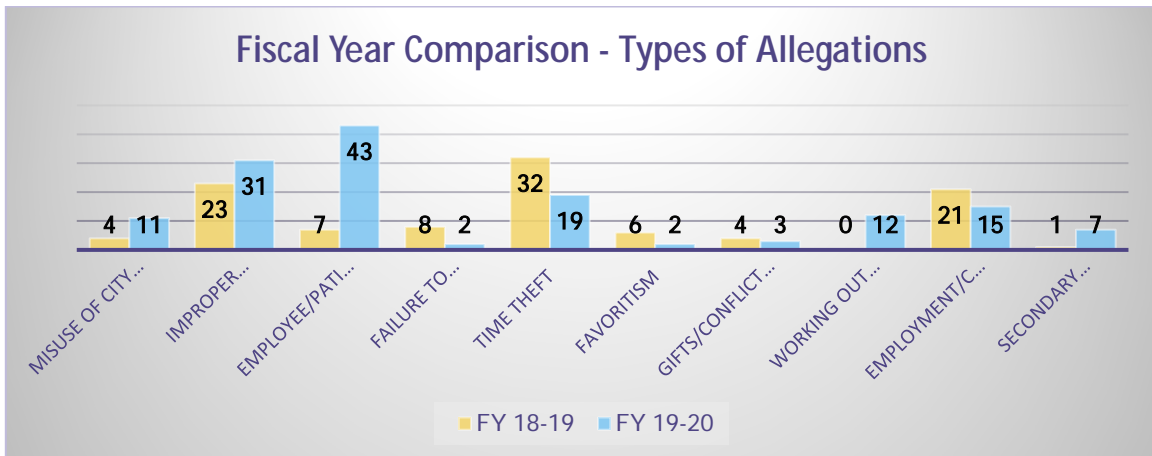
In fiscal year 19-20, OCPA received 96 referrals which contained 145 separate allegations. The top three allegations investigated were:

- Employee/Patient Safety
- Improper Conduct
- Time Theft

Comparing the types of allegations from FY 18-19 to FY 19-20, the increase in employee/patient safety investigations is due to the COVID public health emergency.

Breakdown of Allegations Investigated FY 18-19	
Misuse of City Resources	4
Improper Conduct	23
Employee/Patient Safety	7
Failure to Address Employee Concerns	8
Time Theft	32
Favoritism	6
Gifts/Conflict Interest	4
Working Out of Class	0
Employment/Civil Service Issues	21
Secondary Employment	1
Total	106

Breakdown of Allegations Investigated FY 19-20	
Misuse of City Resources	11
Improper Conduct	31
Employee/Patient Safety	43
Failure to Address Employee Concerns	2
Time Theft	19
Favoritism	2
Gifts/Conflict Interest	3
Working Out of Class	12
Employment/Civil Service Issues	15
Secondary Employment	7
Total	145



EDUCATION AND OUTREACH

OCPA requires that all DPH employees and partners complete and annual privacy and compliance training. In addition, we publish bi-monthly newsletters both for privacy and compliance that address topics relevant to employee's daily work.

During fiscal year 19-20, we began work replacing an outdated website and developing our DPH SharePoint website to provide a central resource for DPH employees to locate compliance and privacy policies and regulatory resources. As we move into fiscal year 20-21, we hope to continue our development of this site by providing a FAQ section and a COVID-specific resource section.

SharePoint Site:

Office of Compliance & Privacy Affairs ☆ Not following

+ New Page details Published 6/24/2020

Welcome To
Office of Compliance & Privacy Affairs

COVID-19 PRIVACY INFORMATION Policies and Procedures

Compliance & Privacy News + Add

COVID-19 COMPLIANCE INFORMATION
Here's the latest compliance guidance regarding COVID-19. Have...

Anonymous & Confidential Hotline
(855)729-6040
Compliance.privacy@sfdph.org

CODE OF CONDUCT

The DPH Code of Conduct has evolved over the last two fiscal years to become the comprehensive guide for DPH employees that it is today. In fiscal year 19-20, OCPA worked with the Office of Health Equity to expand the Code of Conduct to include language reflecting DPH's culture of respectful behavior. By including this into DPH's Code of Conduct, DPH established that respectful behavior is a core value and expectation for all its employees. The Code of Conduct is included in the annual compliance and privacy training and all employees must acknowledge that they have read it and will adhere to it in their daily work.

LOOKING FORWARD

Since OCPA's inception in 2015, the program has become more comprehensive year-over-year and has strived to be a partner and resource for DPH's clinical and business operations. As DPH moves into fiscal year 20-21, OCPA will work to assist DPH as it responds to the unprecedented demands of the COVID-19 public health emergency, and continue its work to reach all DPH service areas.

