



Annual Report FY 19-20

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

September 1, 2020



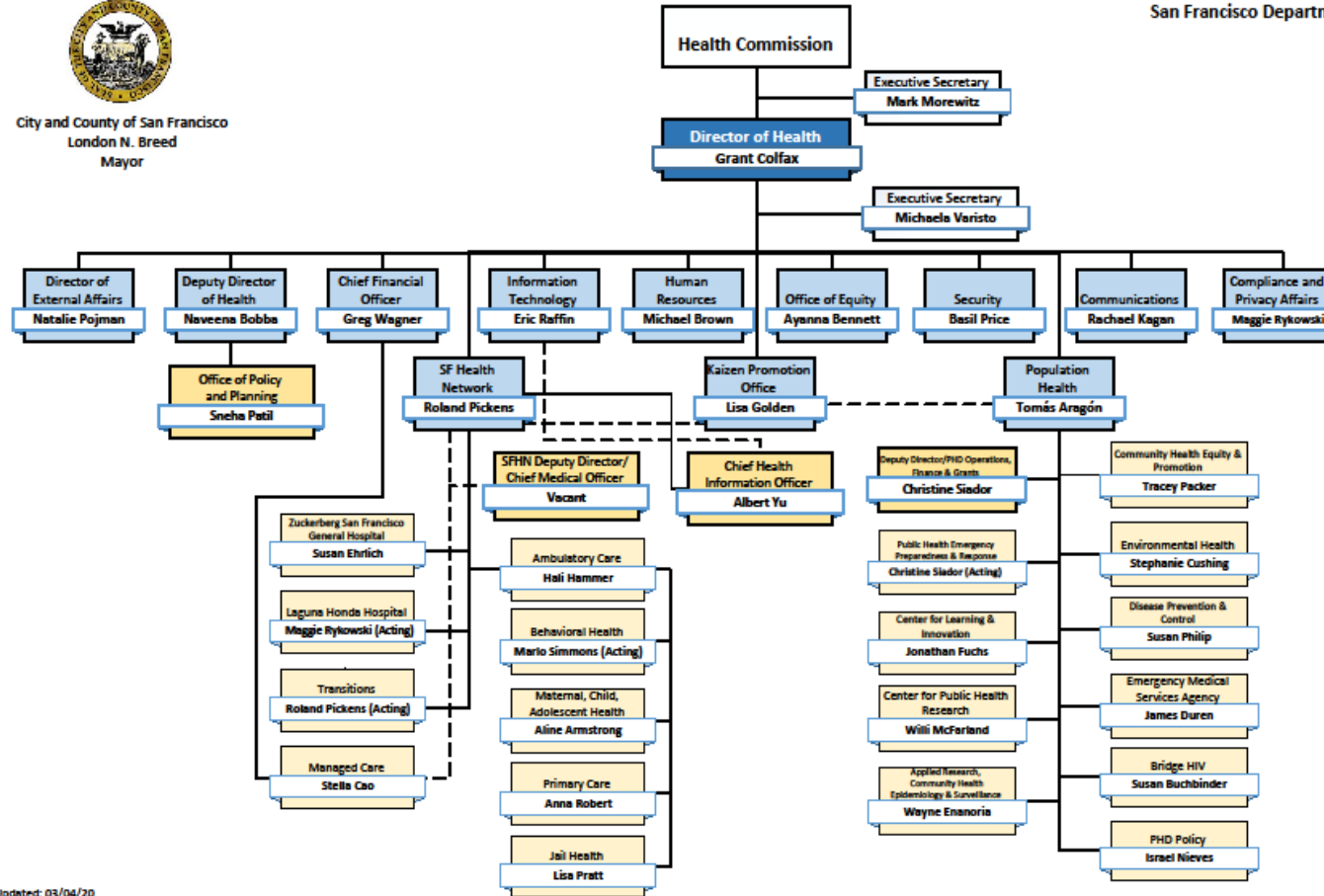
Executive Summary Fiscal Year 19-20

- Expansion of the Compliance Program
- Revised Audit Protocol for Behavioral Health Programs
- Increased Privacy Monitoring



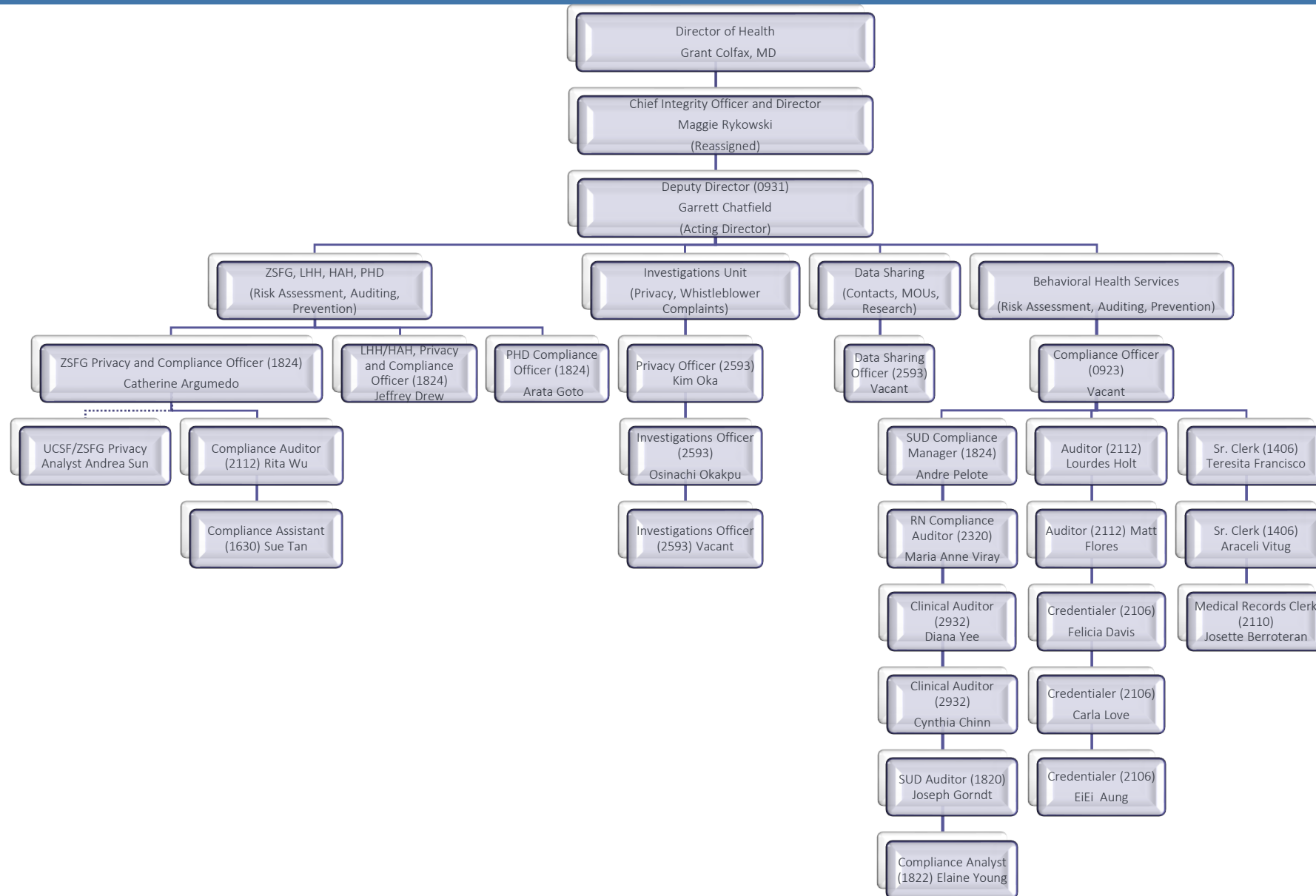
City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax
Director of Health



Last Updated: 03/04/20

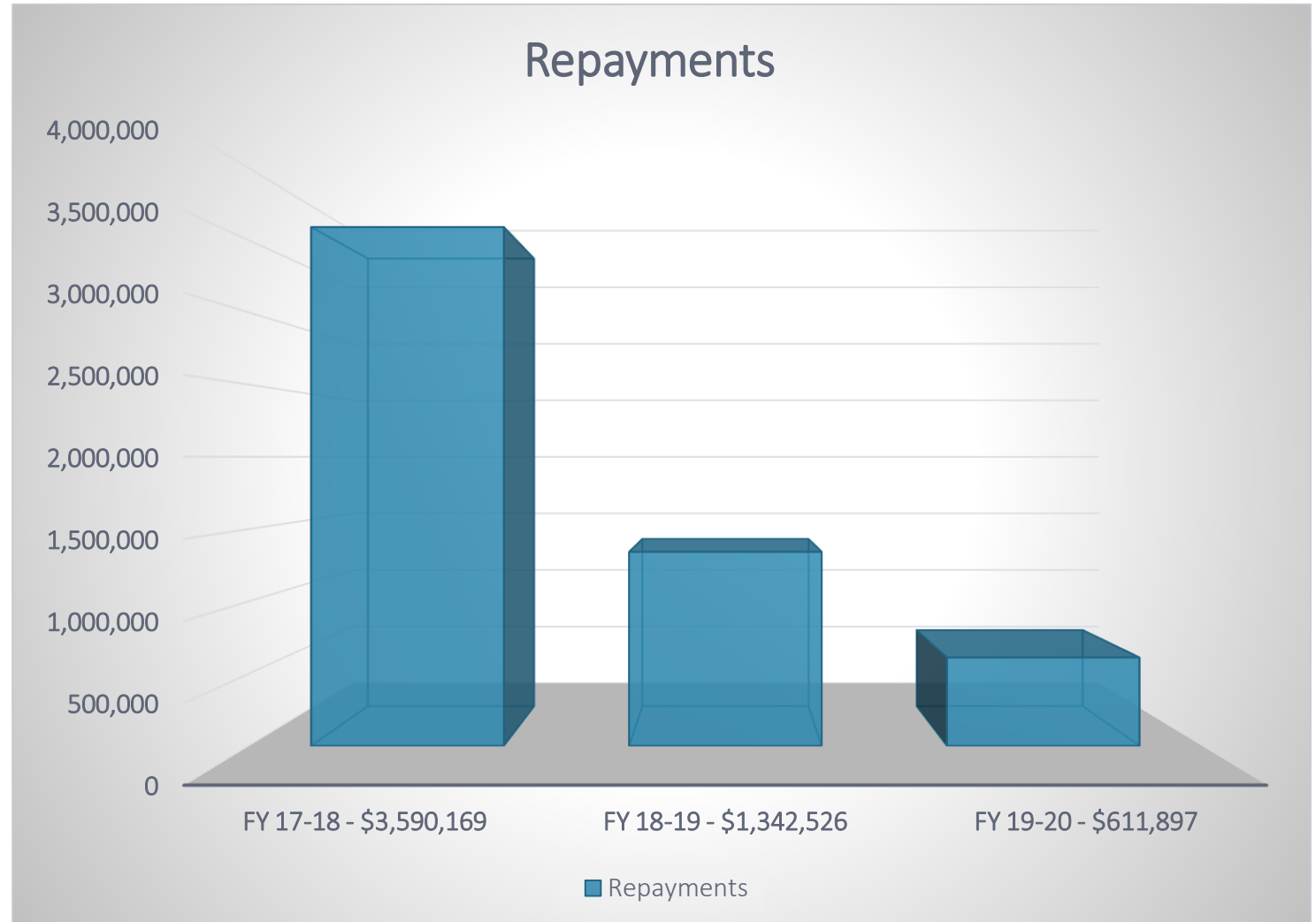
DPH Organization Chart FY 19-20



OCPA Organization Chart FY 19-20

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 FY 19-20

- 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

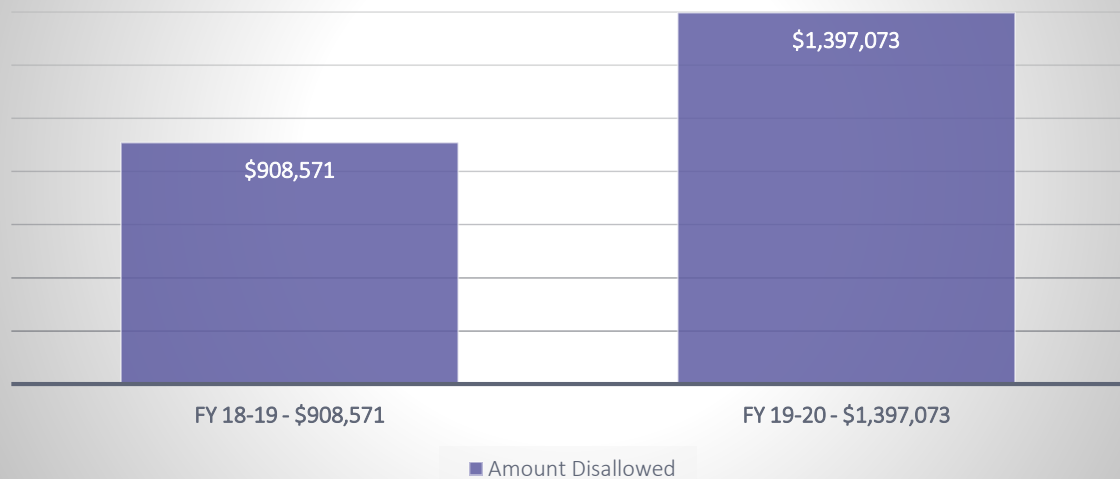
- For fiscal year 20-21, several areas of risk have already been identified. These risk areas will be monitored for compliance to regulatory requirements after internal controls are in place. Risk areas are assessed and adjusted throughout the year.

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 – Mental Health Plan



Amount Disallowed from Providers



- In FY 19-20 BHS Compliance conducted 19 provider audits
- 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 improvement
- BHS Compliance audits were suspended in March 2020 through the end of the fiscal year due to the COVID public health emergency.
- FY 18-19 BHS Compliance conducted 50 provider audits.

Privacy Program

Overview and Fines

- 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.



Fines FY 19-20

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

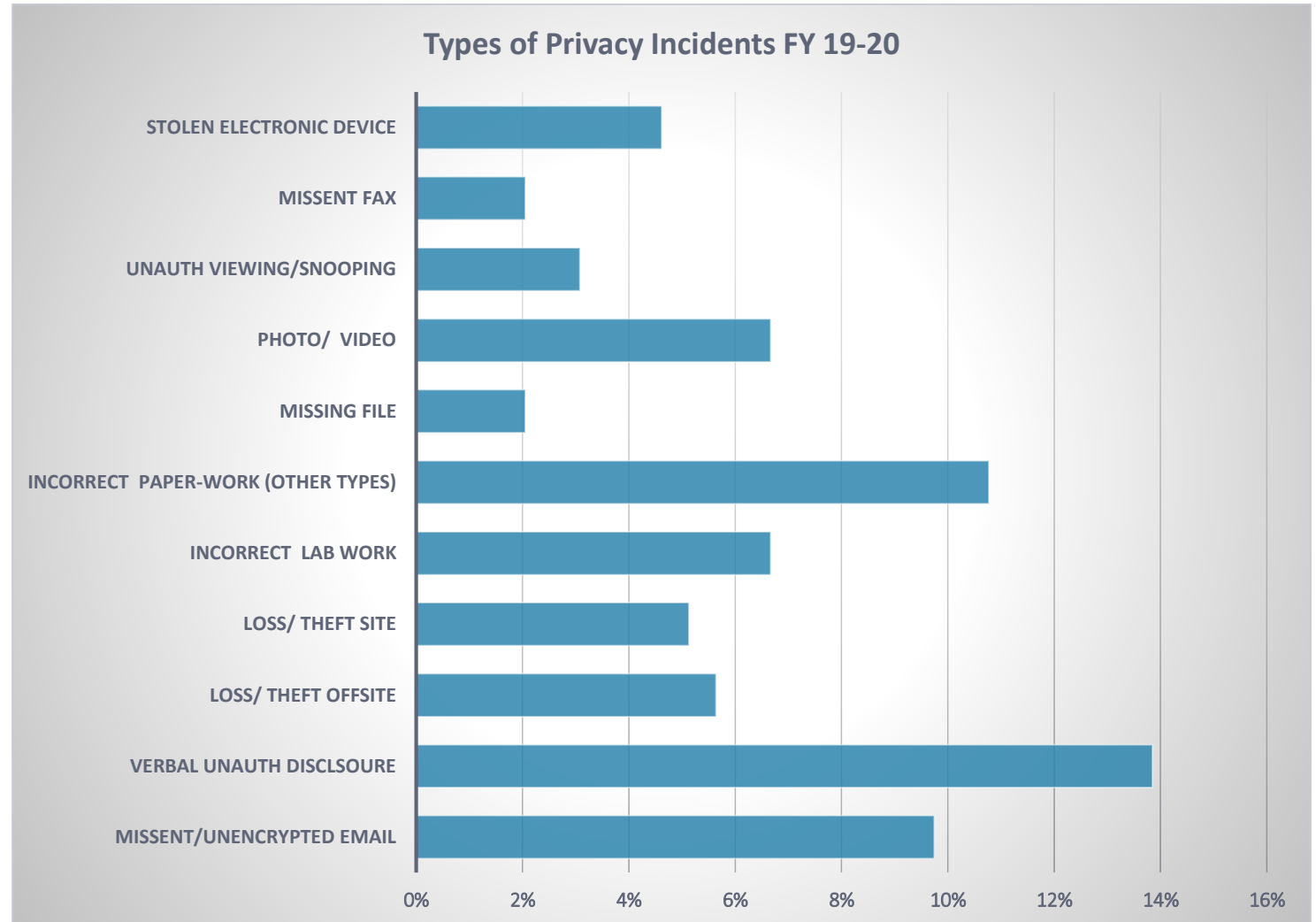
Privacy Incidents FY 19-20

- 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 Dept. of Public Health, the California Department of Health Care Services, and the Office of Civil Rights depending in which DPH division the reportable breach occurred.

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%

Types of Privacy Incidents FY 19-20

- In fiscal year 19-20 the top three types of incidents involved:
 - Unauthorized Verbal Disclosure of PHI
 - Health Information Given to Another Patient (E.g. After Visit Summary)
 - Unauthorized Photos/Videos

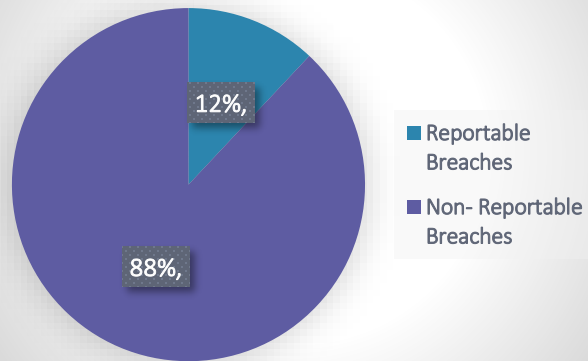


Year-to-Year Comparison

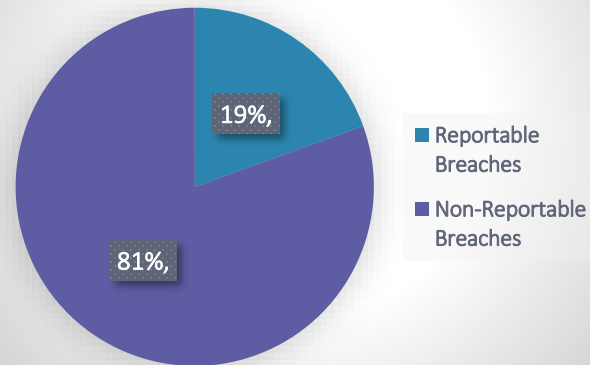
FY 18-19

FY 19-20

FY 18-19 Privacy Incidents



FY 19-20 Total Privacy Incidents



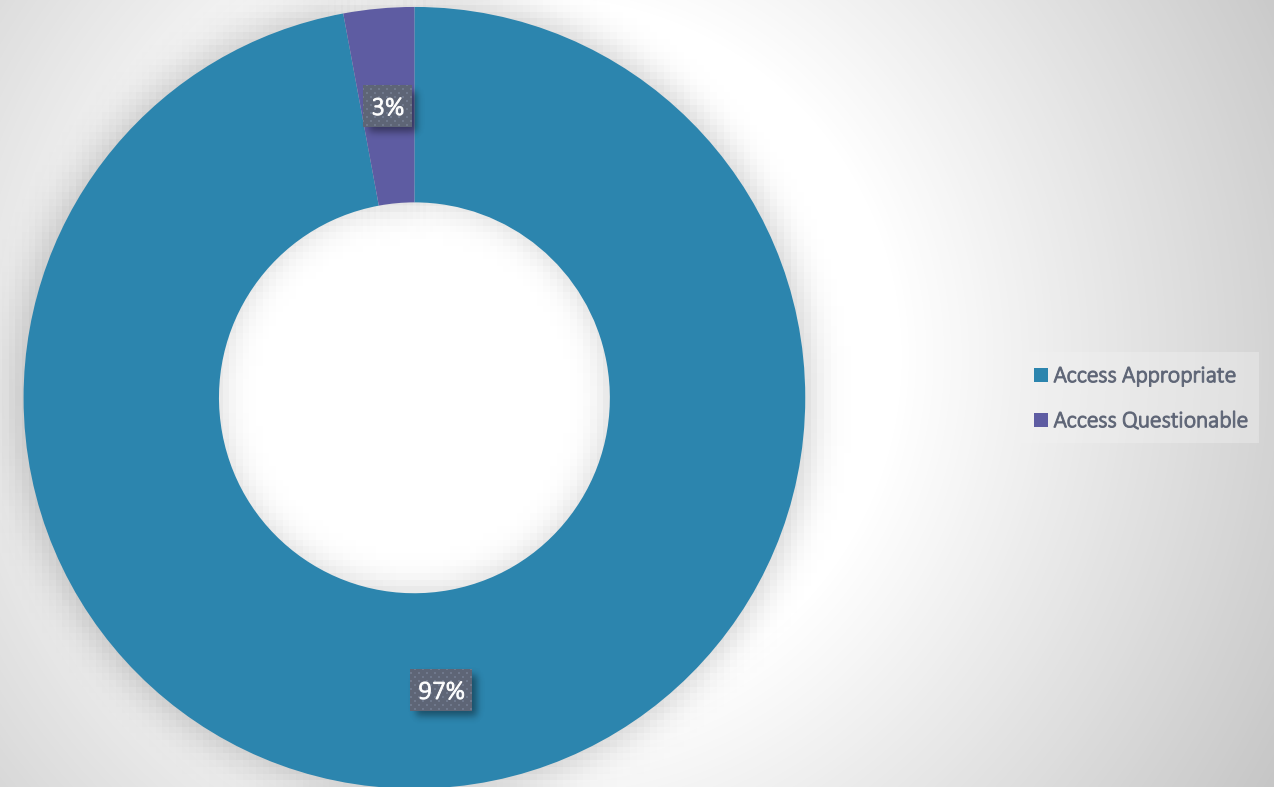
Comparison FY 18-19 and 19-20 - Number of Privacy Incidents

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%
BAA	2	2	10	3	12	5	6%	2.5%
Total	23	38	169	157	192	195	100%	100%

Employee Access Monitoring - EHR

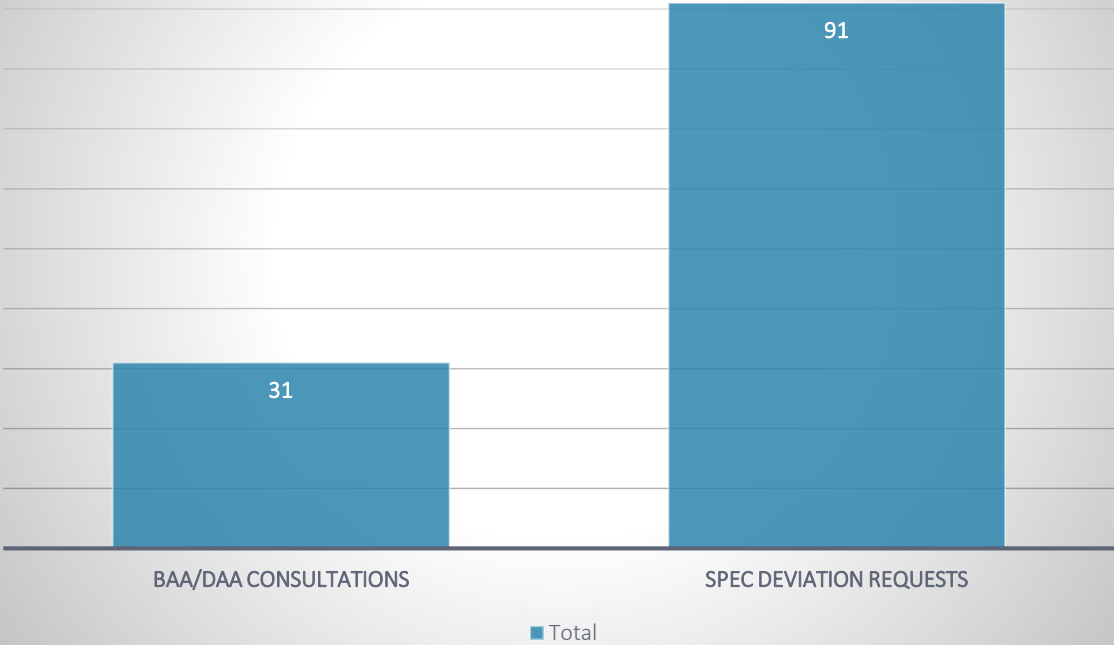
- The number of daily BTG events range from about 150 to 300 per day
- Total number of events reviewed (since beginning in Oct. 2019) is 44,225
- Total number of events that required investigation is 1,289
- There were no reportable breaches discovered after investigation of questionable access events

BTG Events - Total 44,225



Data Sharing

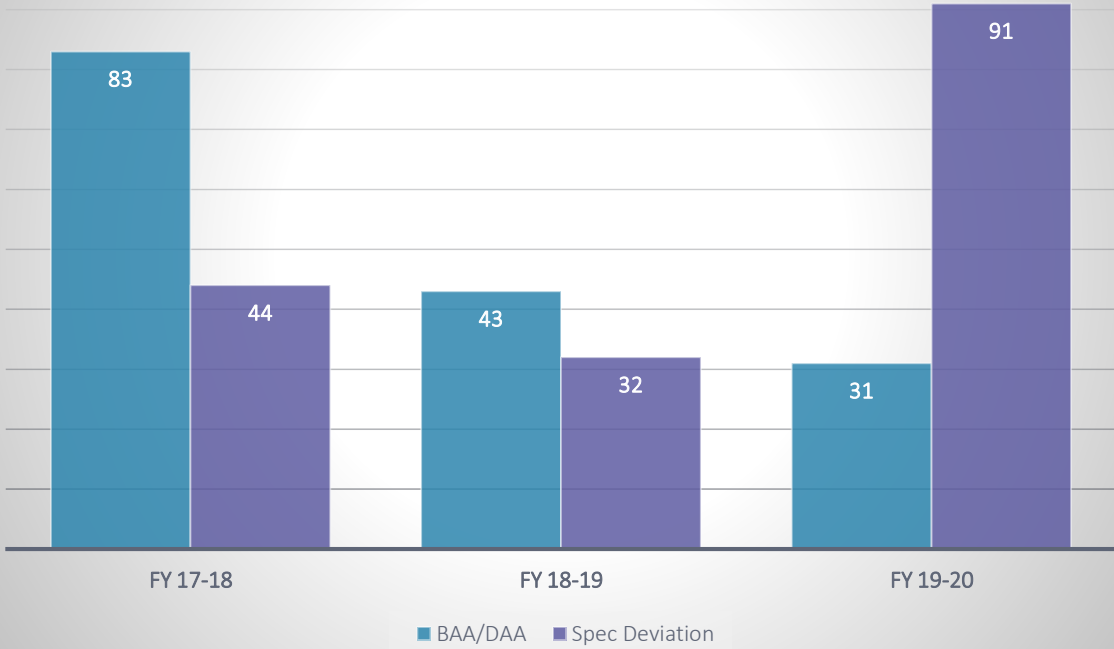
Total Requests Processed FY 19-20



FY 19-20

Year-to-Year Comparison

Year-to-Year Comparison



Whistleblower Program

- OCPA conducts investigations of whistleblower referrals from the Office of the Controller, as well as any complaints received directly by DPH.
- 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

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

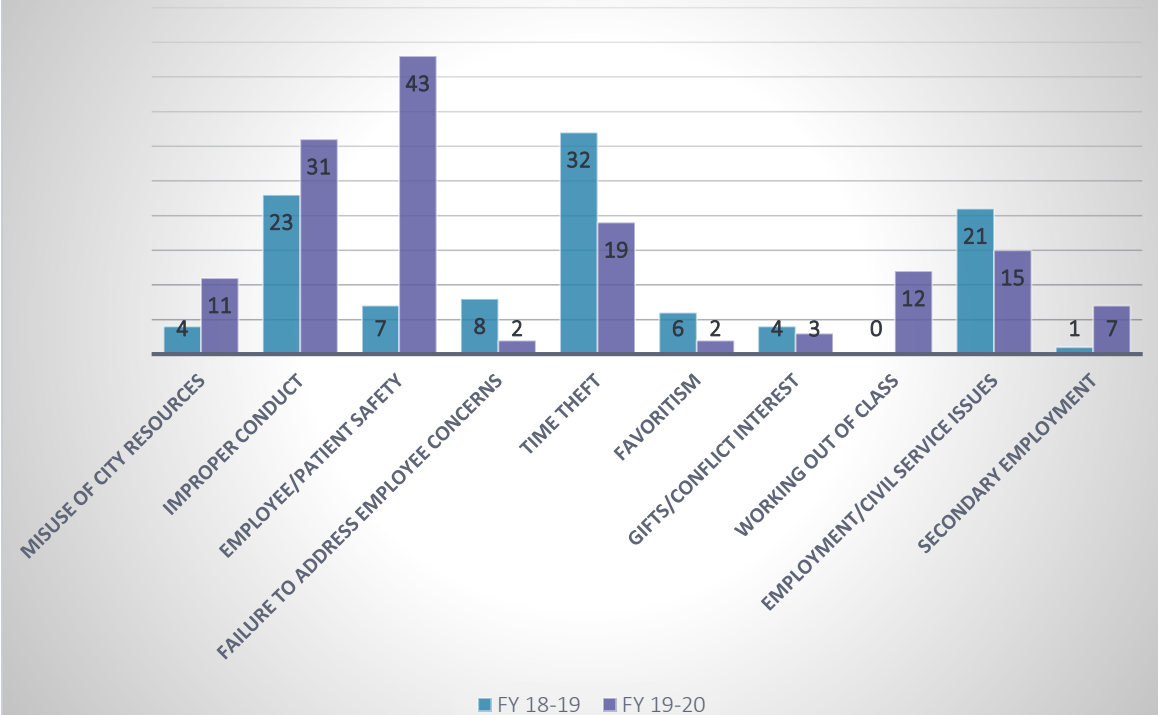
Year-to-Year Comparison

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

FY 18-19


Year-to-Year Comparison


Fiscal Year Comparison - Types of Allegations





Education and Outreach

- OCPA requires that all DPH employees and partners complete an 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.


 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.

9.3 Respectful Behavior

Respect is an essential part of DPH culture. When respect is not demonstrated between employees, workplace conflict is created which decreases the ability of staff to deliver high quality service. When disrespect is shown to community members, it undermines the ability for the public to access DPH services. DPH employees engaging in disrespectful behavior may be subject to disciplinary action.

Employees are required to treat co-workers, patients, and members of the public with courtesy and respect, and to maintain collaborative relationships. Employees are prohibited from displaying disrespectful behaviors, such as behaviors that a reasonable person would find offensive, embarrassing, alienating, or humiliating in the workplace, whether deliberately or unintentionally.

Examples of disrespectful behaviors include, but are not limited to:

- Derogatory communication, malicious gossip or any language that a reasonable person would find to be degrading, intimidating, coercive or bullying to another individual or group of individuals
- Insults, slurs, jokes or any language that implies a negative characteristic
- Profanity
- Blocking normal movement, offensive gestures, unwelcome touching or shoving
- Threats or assault
- Slamming or throwing objects
- Yelling

Managers are responsible for their own conduct, and for keeping the workplace free of inappropriate conduct by their direct reports. Disrespectful manager conduct would also include unwarranted or malicious employment actions such as denial of training opportunities, employee leaves, removing job functions as a retaliatory measure, or creating a sense of alienation or isolation are unacceptable.

Expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of existing policies or procedures, or questioning potentially unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and manner and with the aim of improving the work environment. It is the responsibility of all employees to demonstrate respect for their colleagues and the community we serve. Failure to do so undermines the mission of the Department of Public Health and will be taken seriously.

Looking Ahead to Fiscal Year 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.
- OCPA will also begin to expand its compliance activities into Ambulatory Care so that all DPH services lines received the necessary oversight to safeguard against fraud, waste, and abuse.