



February 7, 2022

NOTICE

The Kaweah Delta Health Care District Board of Directors will meet in an Audit and Compliance Committee meeting at 1:00 PM on Monday, February 14, 2022 in the Kaweah Health Support Services Building - Granite Conference Room {520 W. Mineral King Ave., Visalia}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Audit and Compliance Committee meeting immediately following the 1:00 PM meeting on Monday, February 14, 2022 in the Kaweah Health Support Services Building – Granite Conference Room {520 W. Mineral King Ave., Visalia} pursuant to Government Code 54956.9(d)(2).

All Kaweah Delta Health Care District regular board and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <https://www.kawahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Michael Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio
Board Clerk
Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
<http://www.kawahhealth.org/about/agenda.asp>

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS AUDIT AND COMPLIANCE COMMITTEE

Monday, February 14, 2022

Kaweah Health Support Services Building – Granite Conference Room
520 West Mineral King Ave, Visalia, CA 93291

ATTENDING: Directors; Mike Olmos (Chair) & Garth Gipson; Gary Herbst, CEO; Malinda Tupper, VP Chief Financial Officer; Keri Noeske, VP Chief Nursing Officer; Rachele Berglund, Legal Counsel; Ben Cripps, VP Chief Compliance & Risk Officer; Amy Valero, Compliance Manager; Michelle Adams, Executive Assistant

OPEN MEETING – 1:00PM

Call to order – Mike Olmos, Audit and Compliance Committee Chair

Public / Medical Staff participation – Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.

1. **Written Reports** – Committee review and discussion of written reports

- 1.1 [Compliance Program Activity Report](#) – Ben Cripps
- 1.2 [Audit and Compliance Program Mission and Purpose](#) – Ben Cripps
- 1.3 [Annual Compliance Plan 2021 and 2022](#) – Amy Valero

2. **Verbal Reports**

- 2.1 Compliance Program – Provide an update on the status of Compliance Program activity – Ben Cripps
- 2.1 Internal Audit Activity Update – Provide an update on the status of the Internal Audit Program activity – Ben Cripps

3. **Approval of Closed Meeting Agenda** – Kaweah Health Specialty Clinic Conference Room – immediately following the open meeting

- o Conference with Legal Counsel – Anticipated Litigation
Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (4 cases)
– Ben Cripps and Rachele Berglund (Legal Counsel)

Adjourn Open Meeting – Mike Olmos, Audit and Compliance Committee Chair

February 14, 2022 - Audit and Compliance Committee

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Mike Olmos – Zone I
Secretary/Treasurer

Lynn Havard Mirviss – Zone II
Vice President

Garth Gipson – Zone III
Board Member

David Francis – Zone IV
President

Ambar Rodriguez – Zone V
Board Member

MISSION: Health is our Passion. Excellence is our Focus. Compassion is our Promise.

CLOSED MEETING – Immediately following the 1:00PM open meeting

Call to order – *Mike Olmos, Audit and Compliance Committee Chair*

1. **Conference with Legal Counsel - Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (8 cases) – *Ben Cripps and Rachele Berglund (Legal Counsel)*

Adjourn – *Mike Olmos, Audit and Compliance Committee Chair*

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting
Ben Cripps, Vice President & Chief Compliance and Risk Officer
November 2021 through January 2022

EDUCATION

Live Presentations

- Compliance and Patient Privacy – New Hire
- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- Supervisor’s Meeting – Kaweah Health Medical Group
- False Claims Act – Kaweah Health Medical Group Supervisors Meeting

Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- How to report noncompliance
- Complying with Medicare Signature Requirements

PREVENTION AND DETECTION

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk
- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Health; issues identified communicated to area Management for follow-up and education
- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to

identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting

- **Centers for Medicare and Medicaid Services (CMS Final Rule)** – Review and distribution of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Home Health and Hospice, and Physician Fee Schedule (PFS) policy and payment updates; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk

OVERSIGHT, RESEARCH & CONSULTATION

- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications
- **KD Hub Non-Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users; the annual renewal process with the new Compliance 360 workflow is currently in process
- **Covid-19 Incident Response** – Participation in Section Chief Meetings to advise on regulatory matters and to ensure ongoing compliance; ongoing oversight and review of Covid-19 regulatory review and response
- **Operational Compliance Committee** – Consultation, oversight, and prevention; in July 2020, the Compliance Department created the Operational Compliance Committee comprised of six (6) high-risk departments including Patient Accounting, Health Information Management, Revenue Integrity, Case Management, Patient Access and Clinical Documentation Improvement (CDI) Department, and Kaweah Health Medical Group; meetings are held monthly to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments; Compliance developed and implemented the use of departmental dashboards designed to develop focused goals and measure effectiveness of the program; Kaweah Health Medical Group (KHMG) provided each departmental group specific monthly audit plans to conduct within their area and report their findings back to the Operational Compliance work group for discussion
- **Medicare Conditions of Participation (CoP) with Discharge, Transfer Notifications** – Oversight and consultation; participation in review and assessment of regulatory guidance concerning the current electronic medical record (EMR); new CoP's require hospitals to allow patients to consent to electronic notifications to be sent to the provider of their choice; a work plan was established to satisfy the requirement until the EMR system upgrade can take place; the Compliance Department is monitoring the progress and implementation of the work plan; System testing and go-live was completed on December 7th.

- **Business Associate Agreements** – Oversight; working with Materials Management to transition management of Business Associate Agreements to allow for improved tracking, monitoring, and reporting
- **EMS Article** – Research and consultation; researched the accuracy of EMTALA laws and regulations based on an EMS Article sent to Kaweah Health; the Compliance Department determined the article to be accurate at face value, but confirmed Medicare’s acknowledgement for flexibility in the way in which the regulation is interpreted and enforced
- **Mammogram Issue** – Oversight, research, and consultation; Concern was raised that diagnostic mammograms were being conducted without a proper order; regulations were reviewed and concluded that a radiologist may convert an order for a screening to a diagnostic mammogram when findings indicate the need to do so in certain circumstances; information provided to Department and Coding Leadership
- **Psychology Assistants at Rural Health Clinics (RHC)** – Consultation; worked with the Rural Health Clinics to review billing regulations for psychology assistants in the RHC setting; research determined that psychology assistants may not bill in the RHC setting, as they are not one of the four (4) qualified behavioral health providers
- **Newborn Live Birth Reporting** – Research and consultation; worked with Health Information Management (HIM) and Quality Departments to review quality reporting data for newborns; research identified missing accounts; data was corrected and resubmitted
- **Cardiothoracic Surgery Clinic** – Consultation; worked with the Consulting Services team and Clinic Leadership to establish the new Kaweah Health Cardiothoracic Surgery Clinic; Compliance support included the submission of Medicare and Medi-Cal enrollment applications, creation and execution of the Exclusive Provider Agreement, and advisement/counsel on billing regulations

AUDITING AND MONITORING

- **Cardiac Cath Lab Audit** – An external coding review of twenty (20) Cardiac Cath Lab professional fee records was completed to evaluate the accuracy of ICD-10-CM diagnosis codes, CPT procedural codes, and Modifier codes for ProFee services; the audit noted a CPT code accuracy rate of 93%; the results of the review have been shared with HIM and Cath Lab Leadership
- **Facility Outpatient Ambulatory Surgery Coding** – An external coding review of twenty-five (25) facility outpatient ambulatory surgery records were completed to evaluate accuracy of ICD-10-CM diagnosis codes, CPT procedure codes, and modifiers; the audit noted a CPT Code accuracy rate of 100%; the results of the review have been shared with HIM and Surgery Leadership
- **Inpatient Rehabilitation Coding Audit** – An external review of five (5) inpatient rehabilitation records were reviewed to evaluate the accuracy of ICD-10-CM diagnoses, etiology assignment, impairment group assignment, and tiered comorbidities; the audit noted

a coding accuracy of 99%; the results of the review have been shared with HIM and Rehab Leadership

- **COVID-19 Primary Diagnosis, Secondary Pneumonia Audit** – An external review of fifty (50) inpatient COVID-19 records were completed to evaluate the accuracy of the Diagnosis Related Group (DRG) assignment, ICD-10-CM diagnosis codes, ICD-10- and PCS procedure codes; the audit noted a DRG coding accuracy rate of 100%; the results of the review have been shared with HIM Leadership
- **Modifier 50 Audit** – A review of thirty (30) encounters with multiple service dates was completed to evaluate compliance with Medicare (and coding) billing regulations for Modifier 50 and the PO Modifier; the review noted a 100% accuracy rate for Modifier 50 and a 90% accuracy rate for the PO Modifier; the three (3) errors were reviewed with Patient Accounting Leadership and affected claims were corrected and reprocessed
- **Physician Non-Monetary Compensation** – A review of calendar year 2021 non-monetary physician gifts was completed to evaluate compliance with Annual Federal Limits and Kaweah Delta Policy; the audit noted a 100% compliance rate; the results of the review were shared with Medical Staff Office Leadership
- **Physician Reappointments and Office of Inspector General (OIG) Exclusion List** – A review of thirty (30) randomly selected physician credentialing reappointments were compared to the OIG list of Excluded Individuals and Entities (LEIE) and the System for Award Management; compliance confirmed that none of the physicians included in the sampling population were identified on the LEIE; and thus, not excluded from participation in the Medicare Program

AUDIT AND COMPLIANCE COMMITTEE

MISSION AND PURPOSE: To promote an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules, and regulations and provide oversight of the structure and operation of the Compliance and Internal Audit Programs.

To assist Kaweah Health's Board of Directors in fulfilling its responsibility for the oversight and governance of Compliance Program Administration, Kaweah Health's Audited Financial Statements, systems of internal controls over financial reporting, operations, and audit processes, both internal and external.

Kaweah Health's Board of Directors is committed to full implementation of effective Compliance and Internal Audit Programs. Creating and reinforcing compliance and a system of appropriate internal controls is a priority of the Board of Directors, Chief Executive Officer, Compliance and Internal Audit Leadership, and Senior Management.

AUTHORITY: The Compliance and Audit Committee has the authority to conduct or authorize investigations into matters within The Committee's scope of responsibilities, retain independent counsel, consultants, or other resources to assist in investigations and audits, seek information it requires from employees or external parties, and to meet with Kaweah Health Officers, consultants, or outside counsel as needed.

COMPOSITION: The Compliance and Audit Committee is comprised of the following Members:

- Board Members (2) – The Board President or Secretary/Treasurer and Board Member Appointee
- Senior Leadership – Chief Executive Officer, Chief Financial Officer, and Chief Nursing Officer
- Legal Counsel/Compliance Advocate – Rachele Berglund
- Vice President & Chief Compliance and Risk Officer
- Internal Audit Manager
- Compliance Manager

MEETINGS: The Committee shall meet at regularly scheduled intervals, with the authority to convene additional meetings as necessary. The Committee is authorized to request attendance from members of Management or others to provide information that would be relevant to The Committee.

The Committee may meet in executive session when necessary and permissible by applicable laws.

SPECIFIC RESPONSIBILITIES:

1. Review developments of the Compliance and Internal Audit Programs to enable The Committee to make recommendations to the Board of Directors when appropriate
2. Provide oversight as needed to ensure that the Compliance and Internal Audit Programs effectively facilitate the prevention and/or detection of violations of law, regulations, and Kaweah Health policies
3. Ensure autonomy and review resources assigned to the Compliance and Internal Audit Programs to assess their adequacy relative to the program's effectiveness
4. Ensure annual review of the Office of Inspector General's Work Plan and other relevant resources to identify potential risk areas and assess their impact on Kaweah Health
5. Monitor physician contracts and payments made to physicians to ensure appropriateness and compliance with laws and regulations
6. Convene the Executive Fair Market Value Committee, a sub-Committee of the Compliance Committee, as necessary to ensure that physician contracts are established within fair market value
7. Review the Compliance and Internal Audit Annual Plans, activities, staffing and structure; ensure that the Vice President and Chief Compliance and Risk Officer's (or designee(s)) access to information, data and systems is not restricted or limited in any way
8. Select or dismiss independent accountants responsible for completing Kaweah Health's Financial Statement and Retirement Plan Audits (subject to approval by the Kaweah Health Board of Directors); review and approve fees paid to independent accountants; approve or disapprove consulting services provided by independent accountants to ensure independence and objectivity
9. Meet with the independent accountants prior to, during, and after the annual audit to evaluate, understand and report to the Board on the various aspects and findings of the audit as follows:
 - a. Audit scope and procedural plans
 - b. Significant areas of risk and exposure and management's actions to minimize them
 - c. Adequacy of Kaweah Health's internal controls, including computerized information system controls and security
 - d. Significant audit findings and recommendations made by the independent accountants

- e. The annual Audited Financial Statements, related Footnotes Disclosure, and the Independent Accountant's Report thereon
 - f. The independent auditor's qualitative judgments about the appropriateness, not just the acceptability, of accounting principles and financial disclosures and how aggressive (or conservative) the accounting principles and underlying estimates are or should be
 - g. Serious difficulties or disputes with management encountered during the course of the audit
10. Reviews and evaluates management's written response to the independent accountants' management letter. Instructs the Internal Audit Leadership to confirm complete implementation of any Management action required by external auditor's management letter
 11. Review legal and regulatory matters that may have a material effect on the organization's financial position, financial statements, and/or reputation
 12. Monitor effectiveness and timeliness of responses to identified issues
 13. Monitor education, training, and preventive activities
 14. Review and evaluate the effectiveness of the Kaweah Health Compliance and Internal Audit Programs
 15. Recommend, review, and approve revisions to the Compliance Program's Code of Conduct and Compliance Policies Manual
 16. Report Committee actions and recommendations to the Kaweah Health's Board of Directors

Presented to the Compliance and Audit Committee on February 14, 2022 for approval.

Kaweah Delta Health Care District		
Compliance Program Work Plan		
Calendar Year 2021		
Tasks and Activities	Responsible Party	Comments
Compliance Oversight and Management		
Review Risk Assessment Process and Cycle	Amy	In Progress
2021 Compliance Program Dashboard	Amy	Complete
Re-implementation of ACE Program	Lisa/Amy	Complete
Operational Compliance Committee Development for Departments / Clinics	Lisa/Amy	Ongoing
Complete comprehensive review of the Compliance Program - Program Effectiveness Tool	Amy	In Progress
Compliance Plan Assessments - Benchmarking	Amy	Complete
Review Effectiveness of Reporting and Investigation Process	Amy/Violet	Ongoing
Implement Leadership Attestation Process for High Risk Areas EOY 2021	Ben	To be completed EOY 2021
Comprehensive Review of all Privacy Policies	Ben/Amy	In Progress
Compliance Policy Review and Updates (as necessary)	Lisa/Amy	Complete
Develop Attorney-Client Privilege Policy/ search for legal	Ben	Amy: check in w Ben for delegation
Develop Overpayment Policy	Ben	Amy: check in w Ben for delegation
Affiliated Entities:		
Develop Compliance Program for KHMG	Lisa	Complete
Develop Operational Compliance Program for KHMG	Amy/Lisa	Complete
Develop Compliance Program for Sequoia Health and Wellness Centers (SHWC)	Tammy	On Hold
Comprehensive Policy Review/Management - Revision and Implementation	Lisa	In Progress
Forms Review and Standardization	Amy	Ongoing
Policy Implementation and Review	Amy	Ongoing
STARK and Anti-Kickback Oversight:		
Medical Staff Non-Monetary Compensation Review	Lisa	Complete
Physician Payment Testing Review (annual)	Sarah	Ongoing
Physician Contracts Billing and Collection Audits (external)	Sarah	Ongoing
Physician Contract Compliance Audits	Sarah	Complete
Physician Reappointments	Lisa	Complete
Fair Market Value Oversight:		
Update and Distribute Medical Director Rates / Grid	Sarah	Complete
Contract Renewals and Amendments / FMV Analysis	Sarah	Ongoing
Licensing and Certification:		
Annual Hospital License Renewal	Lisa	Complete
Hospice and Home Health License Renewal	Lisa	Complete
New Licensures (as necessary)	Lisa	Ongoing
SHWC FQHC Designation/Other FQHC Sites	Lisa	Complete / On Hold
Medicare/Medical Enrollment	Lisa	Ongoing
Kaweah Health Rebranding	Lisa	Complete
Reporting:		
Investigate and Respond to Reported Concerns (Internal and Confidential Compliance Line Calls and Reports)	All	Ongoing
Employee Reporting and Whistleblower Protection Education	All	Ongoing
Reviews and Audits:		
Internal:		
Audit Review/Risk Assessment & Timeline	Lisa/Amy	Complete
3-Day Payment Window	Lisa	
CARF Rehabilitation Charge Audit	Lisa	In Progress
Registration Audit of Outside Clinics	Lisa	Complete
Qualified Medicare Beneficiary Program Billing Review (OA Indicator)	Lisa	Complete
Physician Reappointments	Lisa	Complete
Review of Advanced Beneficiary Notices and Processes	Lisa	Complete
Medicare Secondary Payer (Claims and Questionnaire)	Lisa	Complete
Telehealth	Lisa	Pending review
Outpatient Prospective Payment System and Physician Fee Schedule (CQ/CO Modifiers)	Lisa	Move to 2022
Permanent Cardiac Pacemakers (KX Modifier)	Lisa	In Progress
High Dollar Radiology Tests (OIG)	Lisa	
End Stage Renal Disease (ESRD) AKI Billing (Code 84)	Lisa	
Modifier 50	Lisa	In Progress
Patient Status (OIG WP 9)	Lisa	Complete
End Stage Renal Disease (ESRD) Standing Orders Submitted beyond 12 Months	Lisa	Complete
Charge Audit	Lisa	Complete
OIG Audit - Patient Accounting	Lisa	2022 - Large undertaking
Admit Source D	Lisa	Complete
Home Health/Home Infusion Pharmacy - New Payment Methodology	Lisa	Lisa to follow-up w/ Chris
External: MRA/PPS/AAPC		
Audit 1 - Emergency Room with Procedures	Lisa	Complete
Audit 2 - Kaweah Health Medical Group E/M Coding Review	Lisa	Complete
Audit 3 - E/M Outpatient Services	Lisa	Complete
Audit 4 - COVID-19: Inpatient Audit: DRG 870-872 Sepsis with and without U07.1 as secondary dx (25 cases) / Covid-19, U07.(bronchitis) 1 as Primary DX (25 cases)	Lisa	Complete

Kaweah Delta Health Care District		
Compliance Program Work Plan		
Calendar Year 2021		
Tasks and Activities	Responsible Party	Comments
Audit 5 - Ambulatory Surgery (25 cases) Cardiac Cath Lab (25 cases); Inpatient Rehab (5 cases)	Lisa	Complete
Audit 6 - Internal Auditor/Coder Specific; KHMGE/M Coders	Lisa	In Progress
Patient Privacy:		
Daily FairWarning Access Audits	Violet	Ongoing
Federal and State Breach Reporting/Plan of Correction	Violet	Ongoing
Patient Privacy Walkthrough (All Campuses)	Violet/Amy	Ongoing
Business Associate Agreement Review	Sarah/Tammy	Ongoing
Develop ZixCorp Email Encryption Monitoring Process	Ben	Ongoing
Review Health Information Management Release of Information and Disclosure Process	Amy/Violet	Complete
Review eFax number/assignments & review of process - ISS delegation	Amy/Violet	Ongoing
Update/Renewal of Non-Employee User Access Forms and Education	Amy/Violet	In Progress
Develop process/training materials for non-employees accessing KDMF systems	Violet	In Progress / nearing completion
Student Compliance & Privacy Training	Amy/Violet	In Progress
Photo Identification in Cerner	Amy/Violet	Complete
Create Privacy Manual (include policies and forms)	Amy/Violet	In Progress
Privacy & Compliance Training Video	Amy/Ben	
Education:		
New Hire Employee Orientation - Day 1	Ben	Ongoing
Temporary/Volunteer/Non-Employee Orientation	Ben	Ongoing
New Manager Orientation	Amy	Ongoing
GME Resident Orientation	Ben	Ongoing
Nursing Education: Patient Privacy Potpourri	Ben	Ongoing
Monthly Communi-K Articles/Publications	Amy/Lisa	Ongoing
Board Education - Board and Compliance Committee Topics	Amy/Lisa	Ongoing
Area Specific Education:		
Health Information Management (HIM)	All	Ongoing
Patient Accounting	All	Ongoing
Patient Access	All	Ongoing
Case Management	All	Ongoing
Sequoia Surgery Center	All	Ongoing
Hospital Guild	All	Ongoing
Sequoia Health and Wellness Centers - Family Medicine Center	All	Ongoing
Prevention and Monitoring:		
Service Line Review of Medi-Cal Bulletins and Local Coverage Determinations	Tammy	Ongoing
Coordination of RAC/Governmental Audits	Lisa	Ongoing
Review / Assign / Distribute Monthly Governmental Payer Bulletins (Monthly)	Tammy	Ongoing
OIG Exclusion List Attestations (Physician / Vendors) (Quarterly)	Tammy	Ongoing
Complete Quarterly Review and Summary of PEPPER Report (Quarterly)	Lisa	Ongoing
Annual Sign Review	Violet	Complete
Prepare 2021 Plan Year Risk Assessment; Review of 2021 CMS Final Rule	Tammy	In Progress
Review OIG Work Plan Monthly (Monthly)	Tammy	Ongoing
Verisys Monitoring non-credentialed Providers	Tammy	Ongoing
Monitor Corrective Action Activities of Compliance Log Issues	Amy/Lisa	Ongoing
Inpatient Medicare Claims (Exhausted Part A Benefits)	Ben	
Department Review of Billing Manuals / Local Coverage Determinations (LCDs)	Tammy/Lisa	Ongoing
Evaluate Compliance Resources throughout the Organization	Ben/Amy	Ongoing
Research and Consultation:		
New & Existing Regulations	All	Ongoing
Patient Privacy	All	Ongoing
Mental Health	All	Ongoing
Consent / EMTALA	All	Ongoing
Ethics	All	Ongoing
New Service Lines	All	Ongoing
Committee Participation / Oversight:		
Accreditation and Regulation Committee	Ben	Ongoing
Case Management Committee	Ben	Ongoing
Bioethics Committee	Ben	Ongoing
Quality Counsel	Ben	Ongoing
Institutional Review Board	Ben	Ongoing
340b Leadership Committee	Ben	Ongoing
HIM Committee	Ben	Ongoing
Risk Monitoring:		
Physician Documentation – Lack of correct and compliant elements for the documents - Signing, Completion, Missing Elements. Operational Compliance Monitoring	Lisa/Amy	Ongoing
Frequency of use of Code 44 related to patients moved from Inpatient Status to Observation	Lisa/Amy	Ongoing

Kaweah Delta Health Care District Compliance Program Work Plan Calendar Year 2022		
Tasks and Activities	Responsible Party	Comments
Compliance Oversight and Management		
Complete comprehensive review of the Compliance Program - Program Effectiveness Tool / Risk Assessment	Amy	
Develop Overpayment Policy	Amy	
Operational Compliance Committee Expansion: Radiology	Amy/Lisa	
Operational Compliance Committee Expansion: Laboratory	Amy/Lisa	
Operational Compliance Committee Expansion: Pharmacy	Amy/Lisa	
Operational Compliance Committee Expansion: Rural Health Clinics	Amy/Lisa	
Operational Compliance Committee Expansion: Urgent Care & SHWC	Amy/Lisa	
Operational Compliance process restructure	Lisa	In an effort to add more departments into the Operational Compliance committee, a process restructure needs to take place due to Compliance Department oversight (bandwidth/time). Instead of monthly meetings with every department, may move for more of a subject-matter related meeting for groups that are already established. More to come.
KHMG Compliance Program continued development to include:		
Develop Audits	Amy/Lisa	
Forms Review and Standardization	Amy/Lisa	
Policy cleanup and standardization (alignment with KH)	Amy/Lisa	
STARK and Anti-Kickback Oversight:		
Physician Payment Testing Monitoring (annual)	Sarah/Tammy	
Physician Contracts Billing and Collection Audits (external)	Sarah	1 or 2 audits a year per each group. Ensure selection of CPT code is compliant.
Physician Contract Compliance Audits (IQ Surgical, Precision Psychiatry)	Sarah/Tammy	
Physician Reappointments	Tammy	
Physician Time Study Database Research	Sarah/Tammy	
Develop efficiencies in physician payment processing such as: streamling approval process, payment request verification & automation, medical director reporting	Sarah/Tammy	
Implement a physician contract onboarding team for new providers	Sarah	Work with Recruitment to create better onboarding processes
Streamline processes related to and utilization of Compliance 360	Sarah/Tammy	
Provider recruitment agreement acknowledgment form and onboarding process improvement	Tammy	
Licensing and Certification:		
MediCare & Medi-Cal Facility Enrollment Manual	Lisa	This does not exist yet. The employee who managed this process prior to Compliance did not have any training or guidance documents. Development of such will be critical for future enrollment.
Reviews and Audits:		
PENDING: Awaiting Audit Risk Assesment to be complete in February	Lisa	
Patient Privacy:		
Business Associate Agreement: Update	Amy	Update of the actual agreement document
Business Associate Agreement process reform	Tammy	To include collection of ALL BAA's within the district and ensure they are housed in C360
Develop ZixCorp Email Encryption Monitoring Process	Amy	What is going out that should have been encrypted that is not encrypted. Protocol or process in place.
New process for Non-Employee User Access Forms and Education	Violet	
Develop process/training materials for non-employees accessing KHMG systems (includes Scribes)	Amy/Violet	Lawson system access request. If they are not a user it would prompt compliance to send the confidentiality paperwork.
Student Compliance & Privacy Training	Violet	
Create Privacy Manual (include policies and forms: Policy Tech)	Violet	
Create Internal Privacy Processes Manual	Violet	
Development & implementation of focused privacy re-education and process improvement for departments with habitual privacy incidents	Violet	Trend privacy-related incidents and create process to work more closely with departments that continue to have breaches. This will include potential process re-development in terms of misdirected information, etc.
Privacy & Compliance Training Video	Ben/Amy	
Education:		
Nursing Education: Patient Privacy Potpourri	Ben/Amy	
Compliance Program re-branding: Develop "Compliance Star" of the month; branded articles circulating throughout the organization	Amy	
Compliance Today Article	Amy	
Leadership Team Ted Talks	Ben	
Physician Contract Training with Directors	Sarah	
Development of Four Corners Report	Ben	
Department rounding of high-compliance risk departments; one per month	Amy/Sarah	Pt Accounting, Pt Access, Case Management, CDI, Revenue Integrity, HIM, Radiology, Lab, Pharmacy, RHCs, Urgent Cares/SHWC, KHMG
Area Specific Education: Visit Departments 1-2 Times a Year/ 1-3 hours per year		OIG requires 1-3 hours of Compliance education annually
Health Information Management (HIM)	Amy	
Patient Accounting	Amy	

Kaweah Delta Health Care District Compliance Program Work Plan Calendar Year 2022		
Tasks and Activities	Responsible Party	Comments
Patient Access	Amy	
Case Management	Amy	
Revenue Integrity	Amy	
CDI	Amy	
Sequoia Surgery Center	Amy	
Sequoia Health and Wellness Centers - Family Medicine Center	Amy	
Kaweah Health Medical Group	Amy	
Laboratory	Amy	
Radiology	Amy	
Pharmacy	Amy	
Rural Health Clinics	Amy	
Urgent Care Clinics	Amy	
Prevention and Monitoring:		
Preventive Compliance Bulletins on NetLearning	Michelle	
Service Line Review of Medi-Cal Bulletins and Local Coverage Determinations/Department Review of Billing Manuals / Local Coverage Determinations (LCDs)	Tammy	
Inpatient Medicare Claims (Exhausted Part A Benefits)	Lisa	
Create Internal Data Mining Report (PEPPER)	Amy	
Monitor COVID Regulatory changes: CARES Act Funding, Healthcare Requirements	Amy	