



Annual Report FY 20-21

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

October 19, 2021



Areas of Responsibility

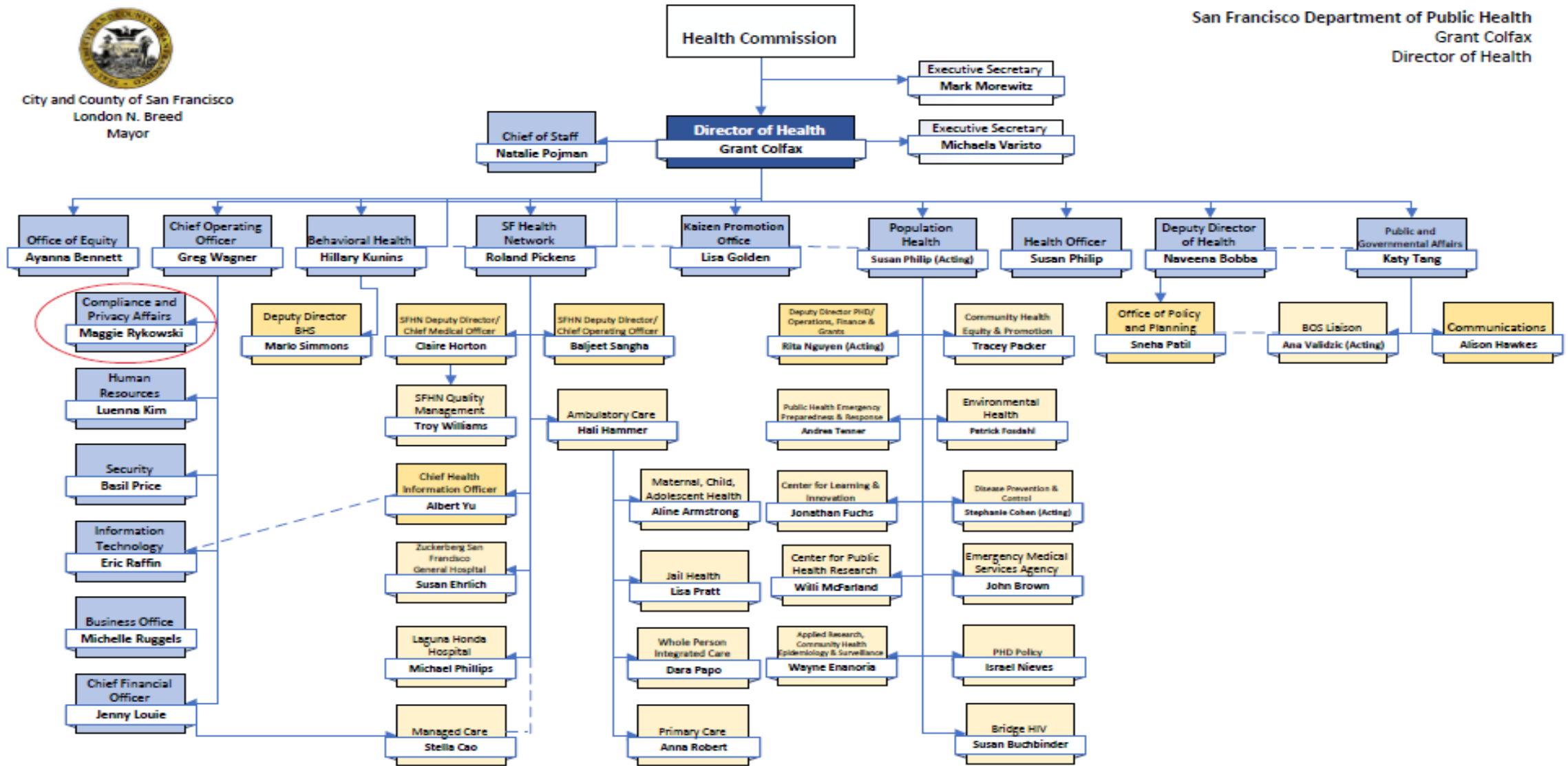
OCPA is responsible for mitigating potential financial and reputational harm for the San Francisco Department of Public Health. OCPA does this through its four main areas of focus:

- Protecting patient privacy
- Compliance with governmental payer regulations
- Ensuring legal sharing of DPH data with its partners
- Whistleblower Investigations



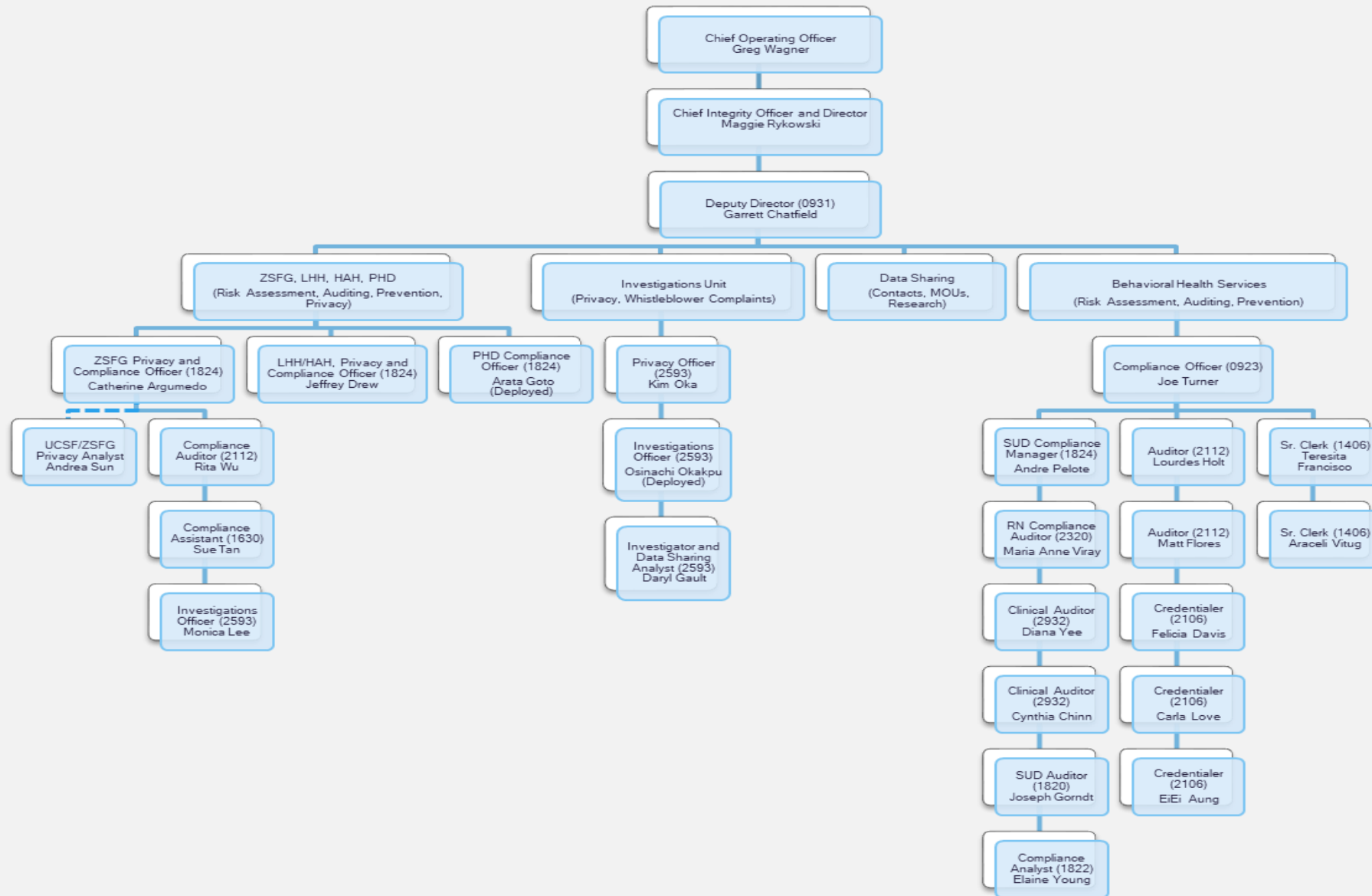
City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax
Director of Health



Last Updated: 06/16/2021

DPH Organization Chart FY 20-21



OCPA Organization Chart FY 20-21

Compliance Program

Overview, Disallowances, and Fines

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.



Disallowances

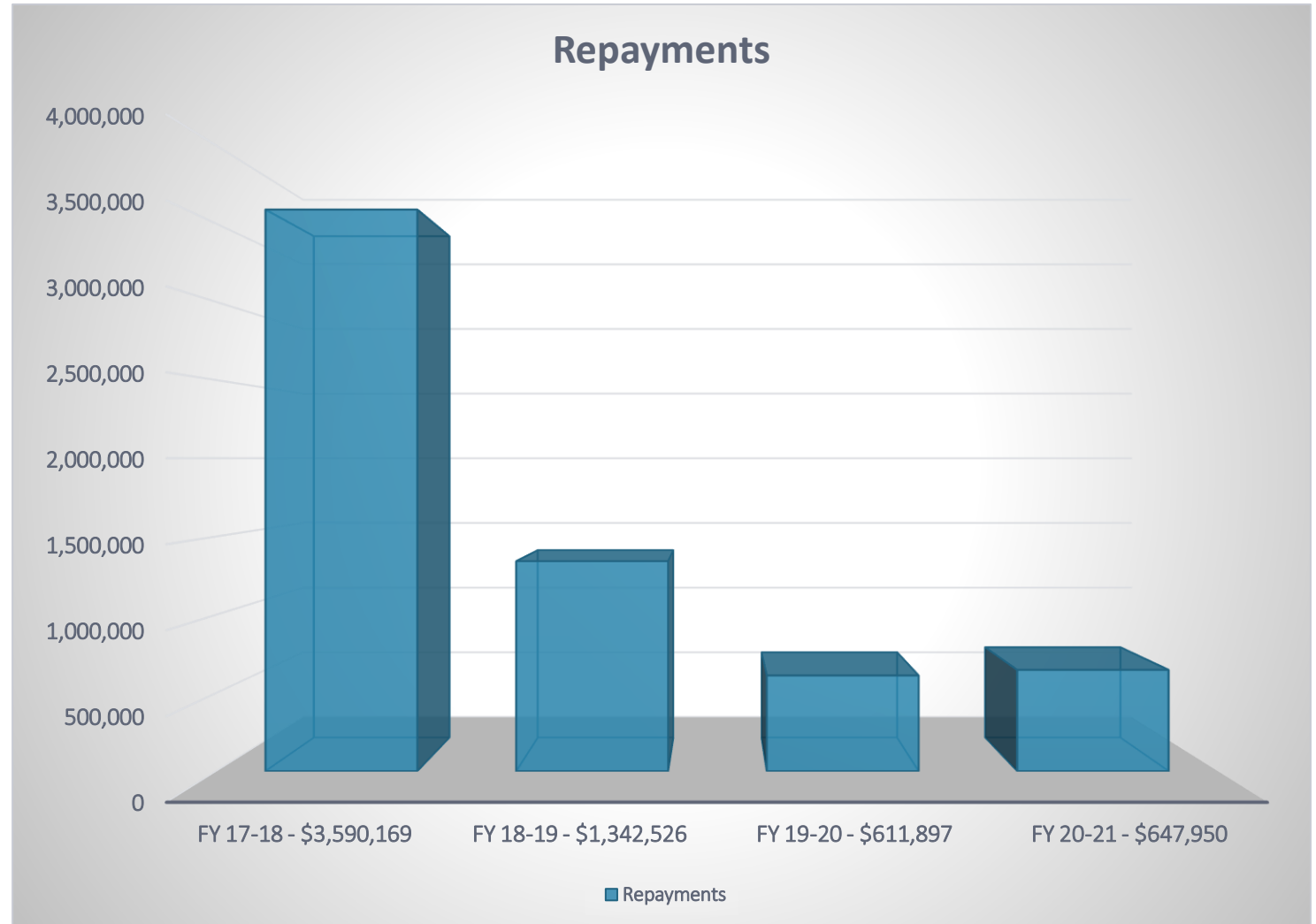
- DPH returned \$647,950 in disallowed claims as a result of external and internal audits.

Compliance Fines

- DPH paid \$82,521 in compliance-related penalties to regulators.

Year-to-Year Comparison

- Over the prior three fiscal years, we saw a year-over-year decline in the amount of money DPH has returned to payers for disallowed claims. The amount returned in FY 20-21 held steady from FY 19-20.



Monitoring Activity FY 20-21

- 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 20-21	
Division	Top Areas Monitored for Compliance
ZSFG	<ul style="list-style-type: none">• Observation Services• Coding Accuracy• Two-Midnight Rule
LHH	<ul style="list-style-type: none">• MDS Accuracy• Cloning of Monthly Notes• Coding Accuracy
PHD	<ul style="list-style-type: none">• Medicare Provider Enrollment• 340B Program• Research Time and Effort Reporting

Risk Areas Identified for FY 21-22

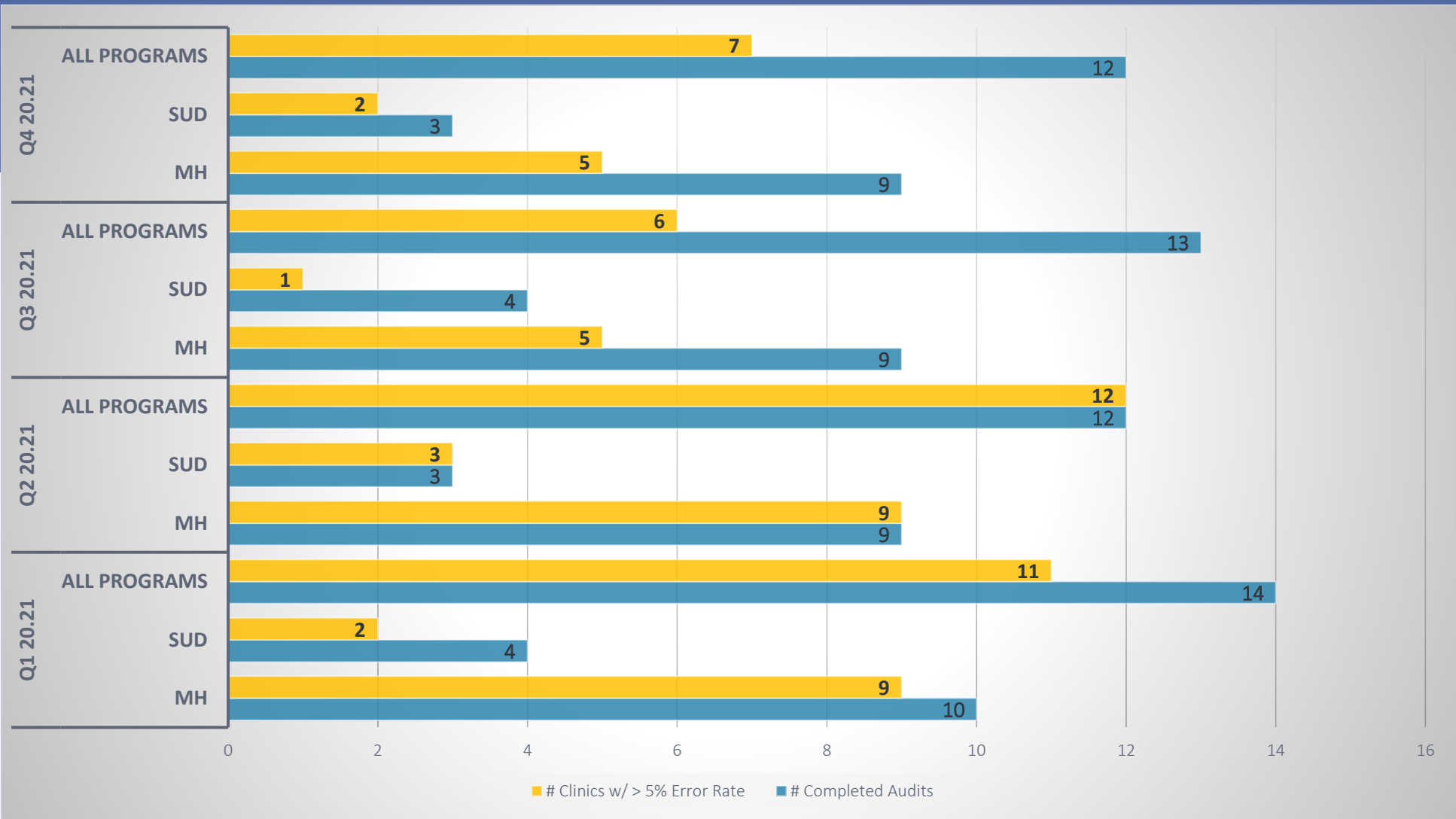
- For fiscal year 21-22, several areas of risk have already been identified. These risk areas will be monitored for compliance to regulatory requirements after internal controls are in place. Risk areas are assessed and adjusted throughout the year.

Risk Area Monitoring FY 21-22	
Division	Top Risk Areas Identified
ZSFG	<ul style="list-style-type: none">• Telehealth Services (During COVID-19)• Observation Services• Two-Midnight Rule
LHH	<ul style="list-style-type: none">• Monitoring and Assessing Trends of Psychotropic Drugs• Rehab Notes Documentation• MDS/PDPM Accuracy
PHD	<ul style="list-style-type: none">• E-Prescription Mandate Implementation• Video Directly Observed Therapy• E/M Documentation and Coding

Behavioral Health Services – Mental Health Plan



- In FY 20-21 BHS Compliance conducted 51 provider audits
- In total, 36 of the providers had an error rate of over 5%
- Clinics with error rates exceeding 5% were required to develop a corrective action and monitoring plan to address the deficiencies.



Triennial Audit – Department of Health Care Services

- Every three years, the Department of Health Care Service (DHCS) conducts an oversight review of each county's Mental Health Plan (MHP) to determine compliance with federal and state regulations as well as the terms of the contract for Specialty Mental Health Services (SMHS). San Francisco County's Triennial Review occurred in October 20 - 22, 2020. DHCS's findings were issued on March 26, 2021.
- OCPA Behavioral Health Compliance Unit oversees the Program Integrity section in the System Review and the entire Chart Review. The Triennial focuses on two main components:
- The System Review evaluates the MHP's performance and examines the MHP's program and system operation to verify that medically necessary services are provided to Medi-Cal beneficiaries.
- The Chart Review is an examination of the medical records of twenty Medi-Cal beneficiaries that are receiving SMHS.

	2020	2017
Number of Claims Reviewed	536	552
Number of Claims Disallowed	41	103

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 20-21

- During fiscal year 20-21, DPH did not pay any fines related to privacy breaches.

Privacy Incidents FY 20-21

- This chart shows the number of privacy incidents by location.

Number of Privacy Incidents FY 20-21				
Location	Reportable Breaches	Non-Reportable Incidents	Total Incidents	% Location
ZSFG	19	99	118	56%
LHH	6	33	39	19%
BHS	1	9	10	4%
DPH - Other	3	22	25	12%
CBO	2	15	17	9%
Total	31	178	209	100%

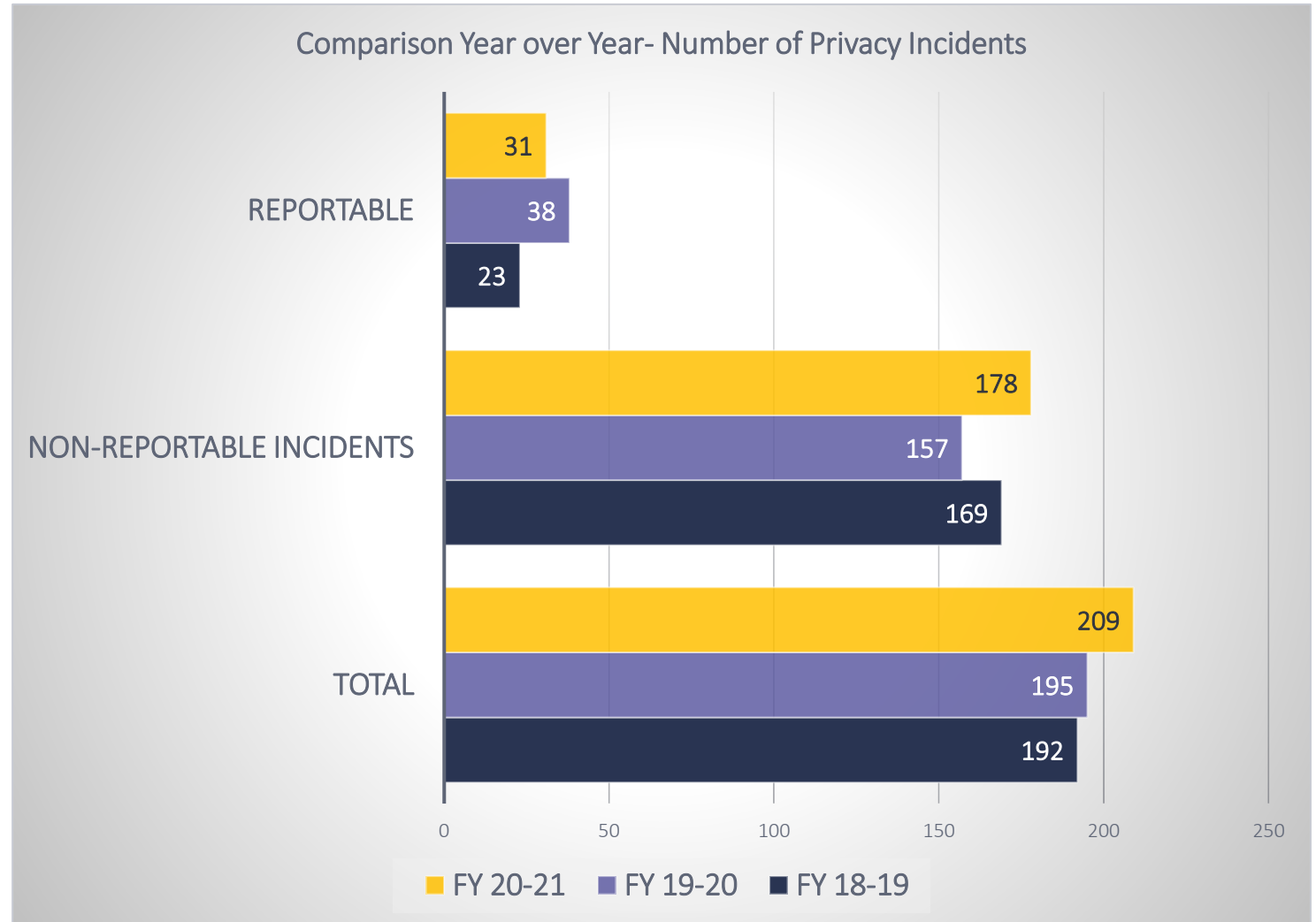
Year-over-Year Comparison

- The chart compares the three most recent fiscal years.

Comparison Year over Year- Number of Privacy Incidents									
Location	Reportable Breaches			Non-Reportable Incidents			Total Incidents		
	FY 18-19	FY 19-20	FY 20-21	FY 18-19	FY 19-20	FY 20-21	FY 18-19	FY 19-20	FY 20-21
ZSFG	7	20	19	83	93	99	90	113	118
LHH	3	7	6	35	16	33	38	23	39
BHS	6	2	1	15	3	9	21	5	10
DPH - Other	2	4	3	18	24	22	20	28	25
CBO	5	5	2	18	21	15	23	26	17
Total	23	38	31	169	157	178	192	195	209

Year-over-Year Comparison

- The number of reportable breaches decreased in FY 20-21 from FY 19-20, while the number of total incidents increased.

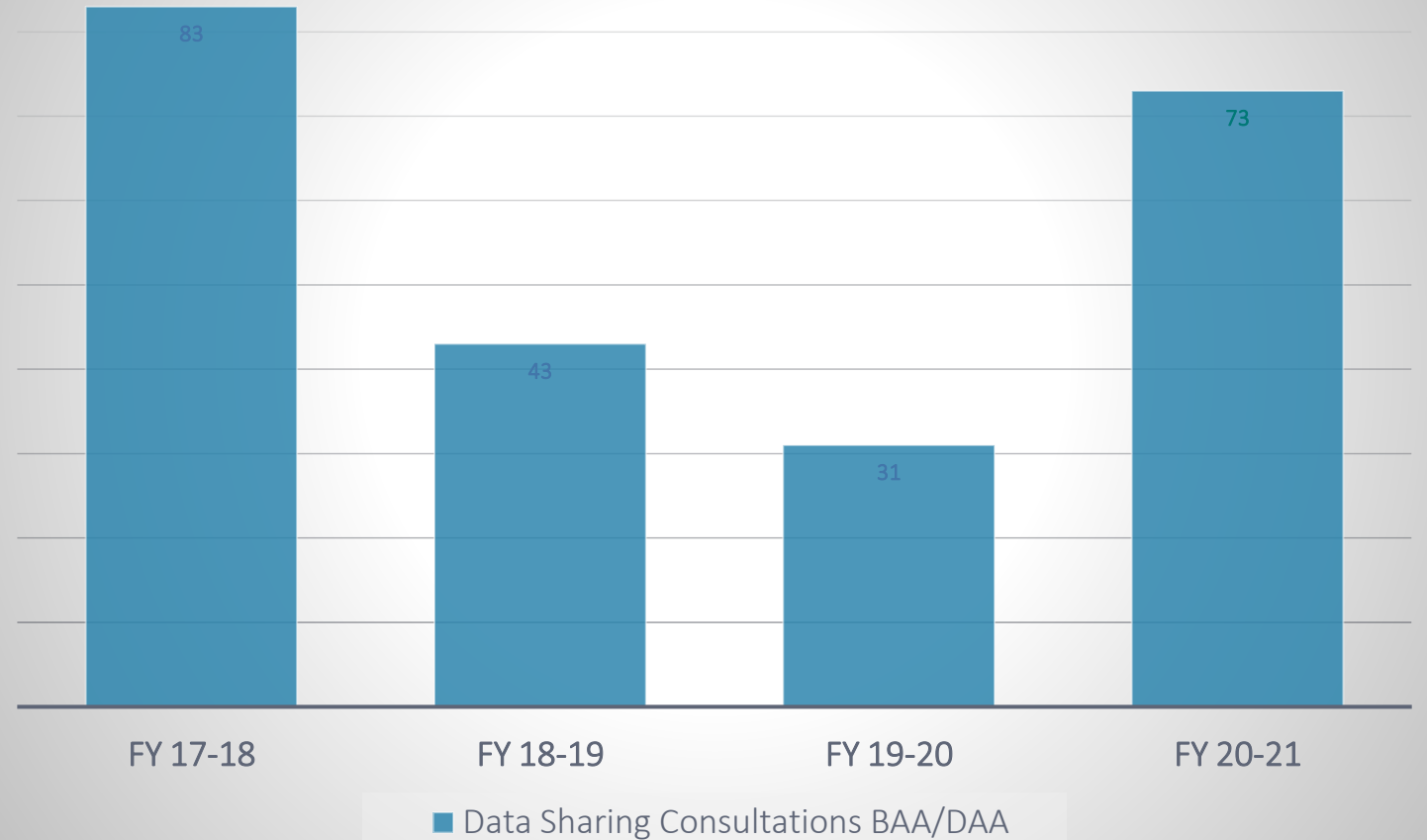


Data Sharing

Data Sharing Highlights from FY 20-21

- COVID Related Data Sharing
- Worked with MADI and CCC Planning Section to determine appropriate de-identification/aggregation of data for public disclosure. Guidance on appropriate sharing of data with CBOs and community partners for vaccination outreach efforts.
- Research Study Monitors
- Increased requests for remote access of research study monitors.

Year-to-Year Comparison



Whistleblower Program and Hotline

- The Office of the Controller Whistleblower Program receives complaints regarding deficiencies in governmental services, wasteful governmental practices, misuse of City funds, and improper activities by City employees and officials.
- The Office of the Controller Whistleblower Program refers complaints involving DPH to OCPA for investigation. In FY 20-21, 80 Whistleblower Program complaints involving DPH were investigated and closed. OCPA also investigated and closed 9 additional whistleblower complaints that were filed directly with DPH.



- OCPA also maintains a Hotline where individuals can directly file complaints or concerns regarding privacy incidents, compliance matters, employee conduct, questions about the annual training, and any other matter of concern.
- During FY 20-21 the Hotline received 622 calls on various matters.

Education and Outreach

- OCPA requires that all DPH employees and partners complete 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.
- Changes for 2021 included:
 - Updated to address COVID-19 related issues.
 - Training split into two parts.
 - First part – training and completion certificate.
 - Second part – Code of Conduct and Confidentiality Statement.
- During fiscal year 20-21, OCPA introduced a new training to educate DPH's staff on their obligations under the department's Statement of Incompatible Activities. This training provided guidance on activities that conflict with City duties, conflicts of interest, gift restrictions, and use of City resources.

San Francisco Department of Public Health

Statement of Incompatible Activities Training

2021



FY 21-22 Areas of Focus

- As we move into fiscal year 21-22, OCPA will focus its efforts on addressing the staffing needs facing the division to provide the needed oversight of all areas of the department for both the Compliance and Privacy programs.
- OCPA will also enact improvements identified through the Privacy risk assessment through a privacy work plan. OCPA will operationalize the improvements identified in the risk assessment.
- OCPA is also committed to working to address existing racial inequities during FY 21-22 through its Equity Workgroup.