

North Broward Hospital District Board Of Commissioners
1700 Northwest 49th Street, Suite #150, Ft. Lauderdale, 33309

COMPLIANCE AND ETHICS COMMITTEE MEETING Immediately following the Pension and Investment Committee Meeting JULY 22, 2020

The Compliance and Ethics Committee of the North Broward Hospital District was held on July 22, 2020, immediately following the Pension and Investment Committee meeting, via WebEx video conference.

1. NOTICE

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Nancy W. Gregoire at 11:46 a.m.

3. COMMITTEE MEMBERS

Present:

Commissioner Nancy W. Gregoire, Chair
Commissioner Christopher T. Ure, Vice Chair
Commissioner Ray T. Berry
Commissioner Stacy L. Angier
Commissioner Marie C. Waugh

Senior Leadership

Additionally Present:

Gino Santorio/President/Chief Executive Officer, Alan
Goldsmith/Chief Administrative Officer, Alex
Fernandez/Chief Financial Officer, Linda
Epstein/Corporate General Counsel, Jerry Del Amo/Deputy
General Counsel

4. GOVERNOR'S EXECUTIVE ORDER ANNOUNCEMENT

General Counsel delivered the Governor's Executive Order for the record, as seen below.

“This public board committee meeting is being conducted through communications media technology in accordance with the Governor's Executive Order No. 20-69, as extended by the Governor's Executive Order No. 20-150 and section § 120.54(5)(b)2 of the Florida Statutes. This meeting is open to the public, and the public may attend this meeting via telephone conference call. The conference call information is currently posted on Broward Health's website. All

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requirements of the Florida Sunshine Law are still in effect, including the memorialization of minutes. While not a requirement under Florida law, we will attempt to record this meeting and post it on Broward Health's website for the public and for those who may not be able to attend this live telephone conference.”

5. PUBLIC COMMENTS

None.

6. APPROVAL OF MINUTES

Staff Recommendation: That the Compliance and Ethics Committee of the North Broward Hospital District approve minutes dated June 17, 2020.

Staff recommendation *carried* without dissent.

7. TOPIC OF DISCUSSION

7.1. Chief Compliance Officer Report – presented by Brian Kozik, SVP, Chief Compliance Officer

7.1.1. Compliance Department Updates – presented by Brian Kozik, SVP, Chief Compliance Officer

Mr. Kozik reported on the status of audits that occurred in the past month, as listed below. He noted that the sub-committee leaders were in attendance to provide a brief overview of their areas of focus.

- Two-Midnight Rule Audit, completed.
 - 22% error rate resulted in a \$103k payback.
 - Subsequent audit in progress per OIG Monitor. If results are similar or worse, extrapolation against the bigger population will be required.
- Non-Focus Arrangements Audit, in progress.
 - Objective is to review sample contracts.
 - Verify internal controls, approval processes, and payment processes working as designed.
 - Review, 65% complete.
- Broward Health Medical Center's Institutional Review Board (IRB), in process.
 - Objective is to walk through FDA checklist to ensure IRB is functioning as designed and in compliance with Medicare and Medicaid service regulations.
- Focus Arrangements Review for CIA Year 5 Q2, in progress.
 - December 2019 through February 2020.

MINUTES

NORTH BROWARD HOSPITAL DISTRICT

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- Objective to ensure internal review and approval processes and procedures were properly followed.
- Randomly select 40 arrangements across the following four groupings:
 - Physician leadership and call.
 - Physician leases.
 - Physician and resident employment.
 - Services (non-physician) and miscellaneous.
- Tracking and Remuneration audit for Employed Physician Agreements, in progress.
 - Objective to review payments made during review period and verify internal controls were effective and consistent with terms of agreement.
 - Randomly sample 30 agreements.
- Coding Audit for Q2, in progress at Broward Health Imperial Point.
- Observation Stay/Condition Code 44 Audit, complete.
 - When Hospital Utilization Review Committee changes physician's order for inpatient status to outpatient due to lack of certain criteria.
- SafeGuard Services Audit of Broward Health Medical Center Short Stay Claims to Medicaid, completed.
 - Closing meeting held.
 - Audit report pending due to Covid-19 pandemic.
- Greenberg Traurig Review of Broward Health's HIPAA Privacy Program, in process.
 - All policies and questionnaires requested, completed.
 - HIM on-site visit, completed.
 - Preliminary findings indicate Broward Health is in compliance with the rules and regulations for HIPAA.
- Conflict of Interest Survey, completed.
 - Plan for review in progress.
 - Any need for a corrective action plan, perceived conflict, or actual conflict will be addressed.
- Two Year Audit Plan, in progress.
 - Objective is to present draft plan in August (tentative).
 - Only open item will be Enterprise Risk Assessment.
- Compliance Work Plan – Fiscal Year 2020 Status
 - 29 reviews in total.
 - 14 reviews, completed.
 - 8 reviews, in progress.
 - 7 reviews pending commencement – to determine how many will roll over to the new year.
- Staffing
 - Adlin Tuya, Regional Compliance Manager (BHMC), transferred to the Legal department.

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- Chris Cuellar, Regional Compliance Manager (BHCS/BHIP), took a position with Jackson Memorial Hospital.
- Mark Green replaced Chris Quaya as Regional Compliance Manager (BHCS/BHIP).
- Camila Daza, from Contracting department, transferred to Compliance.
- Lucia Urbina-Pizano, promoted to Executive Director.

7.1.2. OIG/CIA Update (Presenter - Brian Kozik, SVP, Chief Compliance Officer)

- Annual Report Year 4
 - OIG response submitted on May 28, 2020.
- Sleep Study 6 year look back audit, requested by Monitor due to high error rate.
 - OIG self-disclosure protocols this week, if accepted.
 - Final settlement pending. \$1.168m previously paid back.
- HIPAA Breaches – June.
 - Two breaches reported to Monitor.
 - Impermissible Disclosures of patient PHI.
 - (1) Broward Health Medical Center.
 - (1) Broward Health Imperial Point.
 - Root-cause analysis performed.
 - Corrective action taken.
- IRO Communications for CIA Year 5 Plan
 - Confident systems review not needed but will launch transaction review.
 - Review cannot commence until August 31, 2020.
 - Completion target date is November 3, 2020.
- Post Corporate Integrity Agreement (CIA) Transition Plan
 - Steve Forman and General Counsel collaborating on plan.
 - Expert outside counsel engaged to review plan.
- Mandatory Compliance Training, completed.
 - Only outstanding completions are employees on family leave.

7.2. Executive Compliance Committee – Sub-Committee Report

7.2.1. IRO Plan of Correction – presented by Linda Epstein, General Counsel

- System and Transaction Review
 - 59 items identified to strengthen our processes and procedures related to focus arrangements.
 - Executive Compliance Group (ECG) subcommittee charged to oversee that the abovementioned items are addressed and incorporated into the processes.
 - Status
 - 5 pending.

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- 3 substantially complete.
- 51 completed.

7.2.2. Disclosures/HIPAA/COI – presented by Dr. Ana Calderon Randazzo, Executive Director, CDTC

- Open disclosures
 - April 2019 – 173 open disclosures.
 - Current – 76 open disclosures.
 - 46% decrease year-over-year (YOY).
 - Percentage of open disclosures between 90 days and over two years.
 - April 2019 – 50%.
 - Current – 28%.
 - 0 opened over two years.
 - 2 opened between one and two years.
- HIPAA
 - 47% of disclosures are HIPAA disclosures.
 - 79% of HIPAA are impermissible (e.g. misdirected facts).

7.2.3. Training – presented by Mark Sprada, VP, Strategy and Clinical Operations

- CIA Education Plan in Review
 - Specific to Corporate Integrity Agreement.
 - CIA YEAR 5 eLearning Module Assignment.
 - General compliance and ethics training and code of conduct.
 - Human Resource tracks required groups, start/stop dates, and types of training.
 - Finalized CIA Year 5 Completion Report as of June 25,2020.
 - Only 92 employees did not complete training due to FMLA or DL. Training to completed within one week of return to work.
 - CIA Year 5 Specialized Training/Arrangements Training.
 - August 21, 2020 due date.
 - Expect remaining 236 employees (primarily managers) to complete training.
 - Proposed Future Training Opportunities.
 - Billing/Coding Compliance.
 - Set awareness expectations.
 - Physician Focused Training.
 - Implement continuing medical education credit awards.
 - Opportunities Identified by Enterprise Risk Assessment.
 - Training opportunities.

7.2.4. Sanction Screening – presented by Barry Gallison, Corporate Director, Risk and Quality

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- Risk Analysis – October through December 2019.
 - Five risk points.
 - Policy screenings.
 - HR agency/temporary staff.
 - Patient prescriptions from a non-credentialed physician provider (e.g. lab work, x-ray).
 - Vendors.
 - Contracts.
 - Data streams.
 - Biggest risk is making the manual process more automated.
 - Submitting a form to the Data Governance Committee to allow for all of these different streams to go from manual to automated for better reporting to our outside screening agency.
 - No risks identified in last four months related to Medicare or Medicaid patients.
 - One risk issue in April for a commercial payor related to the patient access process.

- 7.2.5. Auditing/Monitoring/Risk Assessment – presented by Alex Fernandez, CFO
 - ECG meeting: presented high-risk areas identified last year.
 - Audit and Monitoring Committee
 - Presented physician billing/coding practices and internal controls for quality.
 - Presented on cardiac rehabilitation unit and internal controls at BHMC.
 - Risk Assessment
 - Risk Assessment led by Zari Watkins, Executive Director, Corporate Services:
 - Reduced list of questions over last year.
 - Will be more focused on relevant risk, including COVID-19 and social injustice.
 - Removed OIG work plan questions and will audit independently of risk assessment.
 - Time table set.
 - Continue to review open audits for compliance and internal audit. Drafted audit resolution to ensure staff are following up on audit requirements.

- 7.2.6. Code of Conduct/Policies – presented by Denise Moore, VP, Corporate Communications and Marketing
 - New Committee Members
 - Gerry del Amo, Deputy General Counsel.
 - Adlyn Tuya, Associate General Counsel.
 - Mark Green, Compliance Manager.

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- All compliance policies will have been reviewed for annual review as required by the CIA.
 - Six policies currently presented at ECG.
 - Fair Market Value and Commercial Reasonableness.
 - Referral Source Contracting Policy.
 - Deficit Reduction Act.
 - Conflict of Interest.
 - Actions and Events Reportable to OIG.
 - Record Retention, Storage and Disposal.
- Compliance Marketing
 - Continue to communicate policy changes through internal digital newsletter.
 - Collaborate with General Counsel's office to evaluate which policies will be presented to the Board for approval.

7.3. Compliance Education – presented by Brian Kozik, SVP, Chief Compliance Officer

Mr. Kozik gave a training on the Principles of Federal Prosecution of Business Organizations and how it relates to the effectiveness and what prosecutors look for in a compliance program.

8. **ADJOURNMENT**

There being no further business on the agenda, the Chair adjourned the meeting at 12:34 p.m.

Respectfully submitted,
Commissioner Marie C. Waugh, Secretary/Treasurer