

NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Compliance and Ethics Committee meeting will be held on Tuesday, September 8, 2020, immediately following the Legal Affairs and Governmental Relations Committee meeting, via WebEx. The purpose of this committee meeting is to review and consider any matters within the committee's jurisdiction.

NOTE: This public Committee meeting shall be conducted only through communications media technology in accordance with Fla. Exec. Order No. 20-193, extends Section 3 of Fla. Exec. Order 20-179, expires on October 1, 2020.

This meeting shall be open to the public who may attend by using the call-in toll number provided below:

Call-In Toll Number: (650) 479-3208

Meeting Access Code: 160 093 9958

Meeting Password: aaVJPRkQ266

For the most updated information, please check our website as schedules may change for reasons beyond our control <https://www.browardhealth.org/pages/board-calendar>

Any person who decides to appeal any decision of the District's Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.

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

COMPLIANCE AND ETHICS COMMITTEE MEETING **Immediately following the Pension and Investment Committee Meeting** **August 19, 2020**

The Compliance and Ethics Committee of the North Broward Hospital District was held on August 19, 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 10:14 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. 20-179 and Section § 120.54(5)(b)2 of the Florida Statutes. This meeting is open to the public for those who are able to attend this meeting via telephone conference call. The conference call information is currently posted on Broward Health's website. All the requirements of Florida's Sunshine Law are still in effect including the memorialization of

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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 the minutes from July 22, 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

- Two-Midnight Rule Audit, completed
 - 22% error rate resulted in a little over \$103k payback.
 - OIG Monitor requested Broward Health do an additional sample (currently in review). If the results are similar, we must do a six-year lookback and notify the OIG Monitor of the results.
- Non-Focus Arrangements Audit, in progress.
- Broward Health Medical Center's Institutional Review Board (IRB), in progress.
- Focus Arrangements Review for CIA Year 5, Q2, in progress.
 - Randomly select 40 arrangements across the following four groupings:
 - Physician leadership and call.
 - Physician leases.
 - Physician and resident employment.
 - Services (non-physician) and miscellaneous.
 - Will continue post CIA.
- Tracking and Remuneration for Employed Physician Agreements
 - Sampling 30 agreements to ensure payments were made consistent with terms of the agreement.
- BHIP/BHMC Coding Audits
 - BHIP, completed. Passed with 95% accuracy rate, established as industry best.
 - BHMC, 35% completed.
- Observation Stay/Condition Code 44 Audit, completed.

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- Draft report to be distributed in near future.
- Emergency Medical Treatment and Active Labor Act (EMTALA)
 - Gathering information to begin the review.
- SafeGuard Services Audit of Broward Health Medical Center Short Stay
 - Audit firm hired by ACHA provided report dated July 27, 2020.
 - Audit period was October 1, 2014 through March 31, 2018.
 - Preliminary determination was overpayment of \$529,313 for services not covered by Medicaid.
 - Report under review (including six-year audit period) by BHMC staff. We have 30 days to review and determine if we will appeal.

Mr. Fernandez stated that we determined there were 36 accounts inappropriately paid. Broward Health did a thorough review against the Medicaid handbook. Broward Health found only one account was paid inappropriately in the amount of \$4,500. A meeting is scheduled with outside counsel to submit findings as part of an appeals process.

- Greenberg Traurig Review of Broward Health's HIPAA Privacy Program, in compliance with federal and state regulations.
 - Report shared with ECG on August 18, 2020.
 - Pending report to be provided to Committee in near future.
- Sanction Screening
 - Submitted a proposal to the Data Governance Committee to implement an automated solution (currently manual). Pending approval.
- Enterprise Risk Assessment
 - Assessment began week of August 10, 2020.
 - Managers currently assessing risk in their areas.
 - ECG Meeting held August 18, 2020 to discuss the process.
 - Results to be used in finalizing the Compliance Work Plan FY20 and FY21, as well as an Internal Work Plan
- External Auditors
 - Meeting held August 13, 2020.
 - No related fraud, non-compliance, or illegal acts found during audit inquiries.
- Compliance Council
 - Finalizing implementation plans to include employee representation throughout the organization, clinical and non-clinical areas.
 - OIG Monitor determined this is a best practice.
- Compliance Work Plan
 - Two-year plan for Fiscal Year 2020 and Fiscal Year 2021.
 - 56 reviews in total.
 - 10 reviews in process.
 - 46 reviews pending.
- Compliance Department rebranding.

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- New tagline – Compliance is the tool. Integrity is the rule.
- New posters to be placed throughout the system.
- Video series with Gino Santorio and Brian Kozik to be made available on the internet.

7.1.2. OIG/CIA Update

- OIG Virtual Site Visit
 - Conducted week of August 10, 2020.
 - Schedule included:
 - Discussion of current program and lessons learned from the Corporate Integrity Agreement (CIA).
 - Demonstrations of C360, ServiceNow, and ComplyTrack.
 - Discussion on Enterprise Risk Management.
 - Individual interviews held with Gino Santorio/President and CEO, Alex Fernandez/SVP/Chief of Finance, Dr. Andrew Ta/Chief Medical Officer, Brian Kozik/Chief Compliance Officer, Steve Forman/Board of Commissioners Compliance Consultant, Tia Bowman/AVP Contract Administrator, and Deanna Nicolozakes/Regulatory Manager.
- Sleep Study Six-Year Look-Back Audit
 - Requested a six-month extension due to COVID-19 to repay the final amount. OIG agreed to accept a payment at the settlement signing, a second payment in three months, and a final payment at six months.
 - Final settlement amount is pending (expected to be approximately \$500k).
- Employee Certifications
 - Held meeting for Year-5 to ensure Compliance Department awareness of outstanding issues impacting federal healthcare programs.
 - Certification can begin after August 30, 2020.
 - Distributed a frequently asked questions (FAQ) guide.
- HIPAA Breaches – July
 - Five breaches reported to Monitor.
 - Impermissible disclosures of patient health information (PHI).
 - (1) Broward Health Medical Center.
 - (2) Broward Health North.
 - (1) Broward Health Community Services-Cora Banyon
 - (1) Broward Health Children’s Diagnostic
 - Root-cause analysis performed.
 - Corrective action taken.
- IRO Communications for CIA Year-5 Plan
 - Systems and transaction review required in 2019. Only transaction review required for 2020.

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- Post-Corporate Integrity Agreement (CIA) Transition Plan
 - Requested by the OIG Monitor.
 - A copy of the plan will be made available to Committee members for discussion.

7.2. Policy Approval: GA-004-012 Gifts, Gratuities and Business Courtesies (Presenter - Brian Kozik, SVP, Chief Compliance Officer)

MOTION It was *moved* by Commissioner Angier, *seconded* by Commissioner Waugh, that:

Staff Recommendation: That the Compliance and Ethics Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to approve Policy GA-004-012 Gifts, Gratuities and Business Courtesies.

Staff recommendation *carried* unanimously.

7.3. Compliance Education – presented by Steve Forman, Board of Commissioners Compliance Consultant

Mr. Forman shared his experience regarding his meeting with the OIG Monitor the week of August 10, 2020. This included Mr. Forman’s recommendation that management at all levels continue to be engaged in compliance as leaders and catalysts to encourage employees to “do the right thing.”

8. **ADJOURNMENT**

There being no further business on the agenda, the Chair adjourned the meeting at 10:54 a.m.

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

FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Observation <i>(Jan. 1, 2019 - March 31, 2019)</i> Review a sample of medical records, from BHN, to evaluate BHN's process with respect to CMS requirements for Medicare Outpatient Observation.	BHN	Lilian Eymann Ember Howell-Lopez	6/30/2019		In Process	
Coding Audits FY20-Q2 <i>(Oct. 1, 2019 - Dec. 31, 2019)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHIP. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHIP	Odalys Martinez	FY20		In Process	
Stroke Patient Coding <i>(Jan. 01, 2019 - Dec. 31, 2019) (Special Request)</i> A review of patients who underwent a Mechanical Thrombectomy ("Coiling") or received IV-tPA to determine coding accuracy and consistency.	System-Wide	Odalys Martinez	FY20		In Process	
Non-Focus Arrangements <i>(Nov. 1, 2019 - Jan. 31, 2020)</i> Review a sample of Non-Focus Arrangement contracts to verify that the internal review and approval process is working as intended.	System-Wide	Linda Lopez Eloisa Gomez	FY20		In Process	
Tracking Remuneration - Employed Physician Agreements <i>(Oct. 1, 2019 – Dec. 31, 2019)</i> A review of 30 randomly selected employed physician agreements from Compliance 360 to verify if the internal controls are in place for tracking remuneration related to employed physician agreements and if they are effective and working as designed.	System-Wide	Henry Ortiz	FY20		In Process	
Clinical Trials: Institutional Review Board ("IRB") A retrospective review of IRB policies and procedures to determine if Broward Health Policies and procedures, CFR, FDA, and CMS requirements are being met.	System-Wide	Ember Howell-Lopez Mark Green Sophie Ulysse	FY20		In Process	

Status Key

Pending = Audit has not started.

In Process = Audit in "Planning, Fieldwork, Reporting or Finalizing" stage.

Complete= Audit is final.

8/7/2020

FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Focus Arrangements CIA YR5 - Q2 <i>(Dec. 1, 2019 - Feb. 1, 2020)</i> A review of the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis and to provide a report on the results of such review to the Compliance Committee.	System-Wide	Eloisa Gomez Henry Ortiz Linda Lopez	FY20 Q4		In Process	
EMTALA: Medical Screening Examination Conduct gap analysis of current processes regarding medical screening examinations as it relates to EMTALA and regulatory requirements.	BHMC	Camila Daza Eloisa Gomez	FY20		Pending	
EMTALA: Medical Screening Examination Conduct gap analysis of current processes regarding medical screening examinations as it relates to EMTALA and regulatory requirements.	BHN	Camila Daza Eloisa Gomez	FY20		Pending	
EMTALA: Medical Screening Examination Conduct gap analysis of current processes regarding medical screening examinations as it relates to EMTALA and regulatory requirements.	BHIP	Camila Daza Eloisa Gomez	FY20		Pending	
EMTALA: Medical Screening Examination Conduct gap analysis of current processes regarding medical screening examinations as it relates to EMTALA and regulatory requirements.	BHCS	Camila Daza Eloisa Gomez	FY20		Pending	
Referral Source Arrangements & Tracking Remuneration <i>(July 1, 2020 - Dec. 31, 2020)</i> A bi-annual review of 50 referral source arrangements from the contract management system to verify all internal review and approval processes, and other referral source procedures were followed.	System-Wide	Eloisa Gomez Henry Ortiz Linda Lopez	FY21		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Referral Source Arrangements & Tracking Remuneration <i>(Jan. 1, 2021 - June 30, 2021)</i> A bi-annual review of 50 referral source arrangements from the contract management system to verify all internal review and approval processes, and other referral source procedures were followed.	System-Wide	Eloisa Gomez Henry Ortiz Linda Lopez	FY22		Pending	
Focus Arrangements CIA YR5-Q3 <i>(March 1, 2020 - May 31, 2020)</i> A review of the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis and to provide a report on the results of such review to the Compliance Committee.	System-Wide	Eloisa Gomez	FY21		Pending	
Referral Source Arrangements & Tracking Remuneration <i>(July 1, 2021 - Dec. 31, 2021)</i> A bi-annual review of 50 referral source arrangements from the contract management system to verify all internal review and approval processes, and other referral source procedures were followed.	System-Wide	Eloisa Gomez Henry Ortiz Linda Lopez	FY22		Pending	
Focus Arrangements CIA YR5 - Year in review <i>(August 31, 2019 -August 31, 2020)</i> A review of the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis and to provide a report on the results of such review to the Compliance Committee.	System-Wide	Eloisa Gomez	FY21		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
<p>Standard Operating Procedure ("SOP"). Adding and removing practitioners from Hospital-Based and Early Steps Agreements. (Date: TBD) New Standard Operating Procedure for Adding/Removing Practitioners from Hospital-Based and Early Steps Agreements was implemented 03/16/2020. The SOP established a process that Broward Health Hospitals and Children's Diagnostic and Treatment Center ("CDTC") must follow to add and remove practitioners without entering into an amendment to the agreement. This process is only applicable to these two types of agreements. Corporate Compliance will audit a random sample of 25 agreements to verified requirements of the SOP are met.</p>	System-Wide	Eloisa Gomez	FY22 Q1		Pending	
<p>Tracking Remuneration: Medical Directorship Audit (Jan. 1, 2021 - June 30, 2021) A review of 30 randomly selected medical director timesheets from ServiceNow to verify if the internal controls in place for tracking remuneration related to medical directorship agreements and if they are effective and working as designed.</p>	System-Wide	Eloisa Gomez	FY22		Pending	
<p>CARES Act (Coding & Billing) (Date: TBD) The Corporate Compliance and Ethics Department will verify the funds received were used in compliance with the requirements of the CARES Act.</p>	System-Wide	Henry Ortiz	TBD		Pending	
<p>Tracking Remuneration: Community Care Partners ("CCP") (Date: TBD) A review of 30 randomly selected fee-for-service agreements from Compliance 360 to verify if the internal controls are in place for tracking remuneration related fee-for-service arrangements and if they are effective and working as designed.</p>	System-Wide	Camila Daza	FY21		Pending	
<p>Inpatient Rehab Unit (Date: TBD) Description will be provided after POC from outside auditor.</p>	BHN	Henry Ortiz	TBD		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
<p>Uniform Data System ("UDS") Reporting Requirements (2020 UDS data reporting will take place between Jan. 1, 2021 - Feb. 15, 2021) The audit will focus on Broward Health's reporting and data collection process as it relates to the Homeless Grant and its adherence to the Program Health Center Program Compliance Manual and the UDS manual.</p>	BHMC	Ember Howell-Lopez Daniel Villavisanis	FY22 Q1		Pending	
<p>Covered Persons Screening (Date: TBD) A review of 30 randomly selected agreements from Compliance 360 that have a covered person designation to ensure contractors are completing exclusion screenings on their employees, as agreed upon in the executed agreement.</p>	System-Wide	Daniel Villavisanis Lauren Brown	TBD		Pending	
<p>Inpatient mechanical ventilation (Date: TBD) Review 30 claims to determine the reasonableness of the fee schedule prices that Medicare and beneficiaries pay for ventilation devices compared to prices on the open market to identify potential wasteful spending in the Medicare program.</p>	System-Wide	Odalys Martinez	FY21 Q4		Pending	
<p>Inpatient claims paid in excess of charges (Date: TBD) Review a sample of inpatient Medicare claims from each facility in excess of \$150,000 to verify all items or services provided were reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (the Act § 1862(a)(1)(A))</p>	System-Wide	Henry Ortiz	TBD		Pending	
<p>Outpatient claims paid in excess of charges (Date: TBD) Review a sample of outpatient Medicare claims from each facility to verify the correct HCPCS codes were reported.</p>	System-Wide	Henry Ortiz	TBD		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Clinical Trials Audit: Research Institute <i>(Date: TBD)</i> Review a percentage of patient clinical trial files of current and closed clinical trials over the past 2 years (CY 2019-2021) to determine if each patient file contains the required information for the protocol in which they are enrolled.	BHMC	Ember Howell-Lopez Mark Green Sophie Ulysse	FY22		Pending	
Coding Audits FY20-Q2 <i>(Oct. 1, 2019 - Dec 31, 2019)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHIP. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHMC	Odalys Martinez	FY21		Pending	
Coding Audits FY20-Q3 (COVID-19) <i>(Jan. 1, 2020 - March 31, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHN	Odalys Martinez	FY21		Pending	
Coding Audits FY20-Q3 (COVID-19) <i>(Jan. 1, 2020 - March 31, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHCS	Odalys Martinez	FY21		Pending	
Coding Audits FY20-Q4 <i>(April 1, 2020 - June 30, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHIP	Odalys Martinez	FY21		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Coding Audits FY20-Q4 <i>(April 1, 2020 - June 30, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHMC	Odalys Martinez	FY21		Pending	
Coding Audits FY21-Q1 <i>(July 1, 2020 - Sept. 30, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHN	Odalys Martinez	FY21		Pending	
Coding Audits FY21-Q1 <i>(July 1, 2020 - Sept. 30, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHCS	Odalys Martinez	FY22		Pending	
Coding Audits FY21-Q2 <i>(Oct. 1, 2020 - Dec. 31, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHIP	Odalys Martinez	FY22		Pending	
Coding Audits FY21-Q2 <i>(Oct 1, 2020 - Dec. 31, 2020)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHMC	Odalys Martinez	FY22		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

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Coding Audits FY21-Q3 <i>(Jan. 1, 2021 - March 31, 2021)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHN	Odalys Martinez	FY22		Pending	
Coding Audits FY21-Q3 <i>(Jan. 1, 2021 - March 31, 2021)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHCS	Odalys Martinez	FY22		Pending	
Coding Audits FY21-Q4 <i>(April 1, 2021 - June 30, 2021)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHIP	Odalys Martinez	FY22		Pending	
Coding Audits FY21-Q4 <i>(April 1, 2021 - June 30, 2021)</i> Conduct a biannual coding accuracy audit of 30 randomly selected medical records for each hospital based IP and OP coder at BHN. The biannual coding audits will assess coders compliance with Official Coding Guidelines and coding industry standards ≥ 95% accuracy rate.	BHMC	Odalys Martinez	FY22		Pending	
Business Associate Agreement ("BAA") <i>(Date: TBD)</i> Review a sample of a number (TBD) of agreements in the Contracts Management System ("C360") to determine if there an executed BAA and if it is it the most recent version of the BAA template.	System-Wide	Leslie Hernandez Sophie Ulysse	FY21		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Release of Protected Health Information ("PHI") <i>(Date: TBD)</i> Review 30 medical record releases from each facility to ensure the release has been done within the 30 days required by the Privacy Rule and our Release of PHI policy.	System-Wide	Leslie Hernandez Sophie Ulysse	FY21		Pending	
Placeholder: COVID-19 Waivers (TBD) <i>(April 1, 2021 - June 30, 2021)</i> As per the OIG "Active Work Plan Items", the OIG audits, evaluations, and inspections that are under way planned, they mention: o Use of Medicare Telehealth Services During the COVID-19 Pandemic. Responsible agency CMS o A Review of Medicare Data To Understand Hospital Utilization During COVID-19. Responsible agency CMS o Trend Analysis of Medicare Laboratory Billing for Potential Fraud and Abuse with COVID-19 Add-On Testing. Responsible agency CMS. o Reference : https://oig.hhs.gov/reports-and-publications/workplan/active-item-table.asp	System-Wide	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: COVID-19 Waivers <i>(April 1, 2020 - June 30, 2020)</i>	TBD	TBD	FY21-22		Pending	
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	

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FY2021-2022
Compliance Work Plan DRAFT

Topic	Region	Audited by:	Expected Completion Date	Actual Completion Date	Status	Results
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	
Placeholder: Enterprise-Wide Risk Assessment	TBD	TBD	FY21-22		Pending	

Key
Audit in Process
Audit is a carryover from the previous year's Work Plan
No fill: Audit is pending

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8/7/2020



COMPLIANCE REPORTING TO THE BOARD OF COMMISSIONERS

September 2020

COMPLIANCE PROGRAM STRUCTURE

1. Review resolution for Board Compliance Committee for any updating and verify meeting obligations.
2. Review Board Compliance Committees minutes to verify adequate evidence of CP support and oversight.
3. Review the Charter for the Executive Compliance Group (ECG) to see if it needs updating.
4. Review report on ECG operations from the CCO explaining the work they have been doing over the past year and plans for the coming year.

COMPLIANCE OFFICER

...

1. Report on activities, accomplishments, resource level necessary for CP effective operation.
2. Provide evidence of resources needed to manage CP effectively, including how those resources would be used
3. Answer questions regarding adequacy of resources and authority to meet CP obligations.
4. Identify highest priorities and actions taken to address them.
5. Identify any obstacles to getting the job done; and explain how they are being overcome.
6. Provide results of compliance risk assessments; ranking of risks; and how that has been determined.

WRITTEN COMPLIANCE GUIDANCE EVIDENCE TO BE PROVIDED THAT...

1. CCO and management annually reviewed Code of Conduct (“Code”) and updating as may be necessary.
2. Ensure the Code has been incorporated into corporate policies.
3. Covered Persons received and understood the Code.
4. Management publicized to all employees Code’s importance.
5. All CP and operational compliance-related policies and procedures have undergone timely reviews for updates, revisions, and rescissions.
6. All rescinded and modified policies have been maintained in file as part of document management.

COMPLIANCE COMMUNICATION

COMPIANCE HOTLINE: REPORTS EVIDENCING...

1. Duty to Report policy is up to date and included in the Code and all compliance training.
2. Maintenance of an anonymous Helpline for reporting suspected violations of the Code, policies and procedures and laws, rules or regulations.
3. The hotline is publicized widely, including posters in all facilities.
4. Non-retaliation/Non-retribution Policy is included in the Code, training and in practice.
5. Confidentiality of all reports is strictly maintained.

REPORTS ON VIOLATIONS REPORTED AND INVESTIGATED

1. Process for evaluating and responding to suspected compliance violations, along with a summary of cases investigated and their results.
2. Evidence how information is protected/secured.
3. Summary report on significant cases investigated.
4. Review the Disclosure Log to ensure it documents receipt of hotline complaints and tracks them to conclusion.
5. Evidence anonymity is offered to all callers; and those identifying themselves have been protected against retaliation.
6. Evidence prompt corrective action was taken for compliance issues raised following investigation.

REPORTS ON THE RESPONSES TO IDENTIFIED ISSUES

1. Manner by which reporting systems are monitored to verify appropriate resolution of reported matters.
2. Processes ensuring appropriate remedial measures are taken in response to identified weaknesses.
3. Evidence how Broward Health evaluates and responds to suspected compliance violations.
4. Method by which reporting systems are monitored to verify appropriate resolution of reported matters.
5. Evidence disciplinary actions taken when a Covered Person violates the Code and/or policies.

DISCLOSURE PROGRAM

REVIEW REPORTS REGARDING

1. Disclosures and notifications to outside agencies for violations for timeliness of action and how it was received.
2. Disclosures of identified overpayments that identifies what occurred, why and financial consequence.
3. Reports of the allegations set forth in every disclosure.
4. Report ensuring there were proper internal review of the allegations to ensure that proper follow-up is conducted, when appropriate.
5. Disclosures are resolved timely and corrective actions are effective.

COMPLIANCE EDUCATION AND TRAINING

REPORTS TO THE BOARD SHOULD INCLUDE EVIDENCE OF...

1. Scope of compliance-related education/training.
2. Verification that all training completed was tracked and reported through Compliance's reporting tool.
3. Training effectiveness.

EVIDENCE OF CP EFFECTIVENESS

1. Reports evidencing CP effectiveness provide supporting metrics.
2. How ongoing monitoring by program managers are controlling compliance risk areas in their operations.
3. Error rates on claims processing declining.
4. Reports from periodic independent assessments and evaluation of CP effectiveness.

CHANGING REGULATORY ENVIRONMENT

Board should be briefed (trained) at least annually on regulatory and industry regulatory and enforcement changes affecting Broward Health compliance risks and have a copy of that training included in the records, subject to review by outside parties.

CLAIMS PROCESSING ERROR RATES

- Have a report on tracking and trending data on error rates in claims processing system be provided for review.
- OIG notes in their hospital compliance guidance that one way to evidence CP effectiveness is with data that indicates reduction in error rates over time.

SANCTION SCREENING

BE PROVIDED EVIDENCE THAT....

1. Sanction Screening Policy has been reviewed and is up to date and requires screening of all Covered Persons at time of engagement and monthly thereafter; and requires immediate notification if anyone is found on this list.
2. All Covered Persons are screened against OIG LEIE before their engagement, and then on a monthly basis thereafter.
3. Monthly sanction-screening data that Covered Persons were screened, the number of potential hits that occurred, and how they were resolved.

RISK ASSESSEMENT PROCESS REPORT

1. Results from annual Risk Assessment process as to those areas warranting compliance audits.
2. Results from and status of the Annual Compliance work plan.
3. Explanation how risks are identified and ranked.
4. Results from monitoring and auditing of compliance risk areas.
5. Plans for addressing compliance risk areas in coming year.

SUMMARY/CONCLUSIONS

- The Board should continue to receive regular reports on Compliance Program Status.
- All CP elements should be covered during the course of the year.
- The Board should maintain a good understanding of the status and effectiveness of the Compliance Program.

QUESTIONS