

North Broward Hospital District Board of Commissioners
1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316

COMPLIANCE AND ETHICS COMMITTEE MEETING
Immediately following the Audit Committee Meeting
Wednesday, January 25, 2023

The Compliance and Ethics Committee Meeting of the North Broward Hospital District was held at the Broward Health Sports Medicine Building, 1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316.

1. **NOTICE**

Official notice is attached to these minutes, titled EXHIBIT I. Agenda of this meeting is attached to the minutes, titled EXHIBIT II. Supporting documents, if applicable, are attached to these minutes, titled EXHIBIT III. These exhibits are presented for consideration of the Committee.

2. **CALL TO ORDER**

There being a quorum present, the meeting was called to order by Vice Chair Ray Berry at 3:00 p.m.

3. **COMMITTEE MEMBERS**

Present:

Commissioner Jonathan K. Hage (via TEAMS)
Commissioner Levi G. Williams, Jr.
Commissioner Christopher J. Pernicano
Commissioner Stacy L. Angier
Commissioner Ray T. Berry, Vice Chair

Not Present:

Commissioner Paul C. Tanner
Commissioner Nancy W. Stamper, Chair

Senior Leadership

Additionally Present:

Shane Strum, President, Chief Executive Officer
Alan Whaley, EVP, Chief Operating Officer
Alex Fernandez, SVP, Chief Financial Officer
Linda Epstein, Corporate General Counsel

4. **PUBLIC COMMENTS**

Vice Chair Berry opened the floor for public comments, in which there were none.

5. **APPROVAL OF MEETING MINUTES**

- 5.1. Approval of Compliance and Ethics Committee Meeting minutes dated October 19, 2022

Without objection, Chair Stamper approved the minutes, dated October 19, 2022.

Motion *carried* without dissent.

6. TOPIC OF DISCUSSION

6.1. Chief Compliance Officer Report (Presenter – Deborah Hall, Interim Chief Compliance & Privacy Officer)

➤ **FY22 Compliance Audit Update**

Ms. Hall reported the below as quarterly update to the last Compliance and Ethics Committee meeting held on October 19, 2022:

Audits Completed (4):		
	Audit Name	Objective
1.	EMTALA – All Facilities (4)	A comprehensive review of internal processes in each facilities Emergency Department, as well as a review of records from the transfer log to determine compliance with EMTALA guidelines was conducted via site visits, interviews with stakeholders, and a review of randomly selected records from the transfer log(s).
2.	Coding Audits All Facilities	A comprehensive review each Coding Specialist to ensure the coding accuracy rate is above the industry standard of 95% and in compliance with ICD-10-CM, ICD-10-PCS, CPT codes and applicable CMS regulations.
3.	Hospital General Consent – All Facilities (4)	A review of compliance with policies and procedures related to obtaining general consents as part of the patient access / registration process.
4.	Annual Physician Compensation and Medical Directorship	These audits represented the annual requirements for review of specific medical directorship files and the physician compensation as selected for review in FY22.

Ms. Hall noted that all of the following FY22 Compliance Workplan Audits have been completed:

Closed Audits:

- Referral Source Arrangements & Tracking Remuneration
- EMTALA – All Facilities (4)
- Hospital General Consent – All Facilities (4)
- Covered Persons Screening
- Physician Compensation
- Tracking Remuneration: Medical Directorship Audit
- Coding FY21-Q1 - BHCS

- Coding FY21-Q1 - BHN
- Coding FY21-Q2 - BHIP
- Coding FY21-Q2 - BHMC
- Coding FY21-Q3 - BHCS
- Coding FY21-Q3 - BHN
- Coding FY21-Q4 - BHIP
- Coding FY21-Q4 – BHMC

➤ **Open Incidents**

Ms. Hall reported cumulative Open Incidents which totaled 20. Noted a new process was initiated where the Compliance Hotline is going to be solely handled and dispositioned by our new resource on the compliance team to ensure adherence to timely turnaround times and closure of unsubstantiated allegations. Noted, the highest method of reporting stems from the Hotline.

➤ **Annual Conflict of Interest**

Ms. Hall provided an update of the Annual Conflict of Interest (COI) Assessment with deadline of September 30, 2022, in which a total of 61 Management Plans are pending and overdue from various departments. It was confirmed that the process is being automated and a collaboration is in place with IT Department to identify additional enhancements that can be implemented for FY23 process.

➤ **Privacy Update**

Ms. Hall shared that Impermissible Disclosures continues to be the highest area of disclosures for the District. Noted, additional one-on-one training in place with areas impacted by substantiated cases and providing a comprehensive set of individualized training across all system locations on rotation.

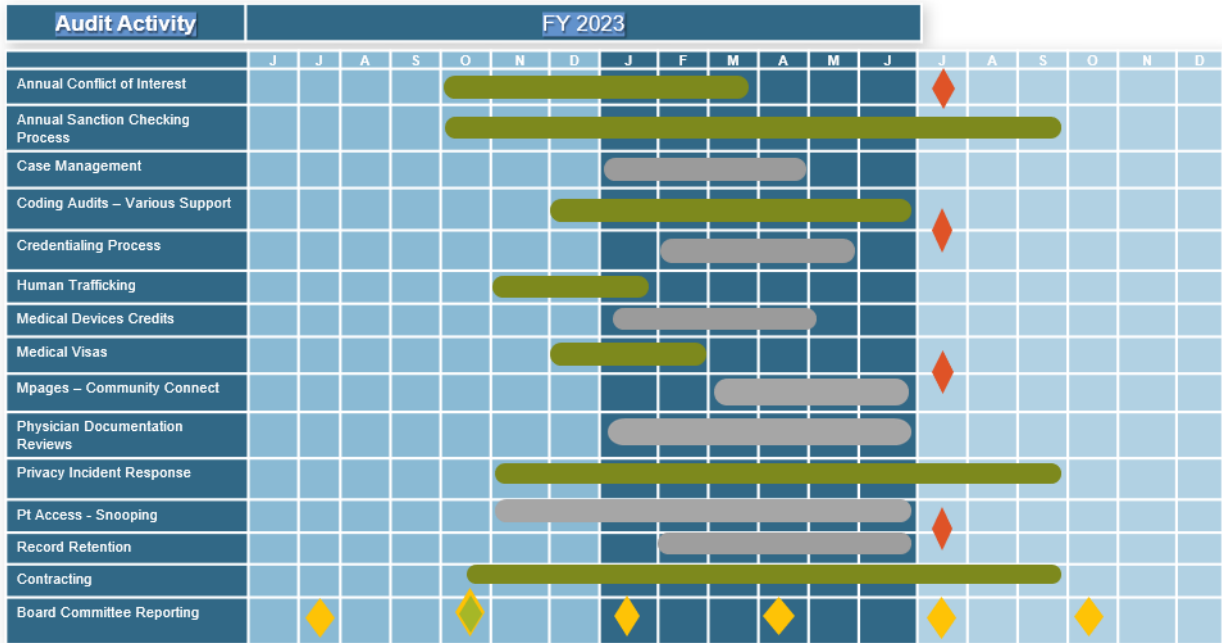
➤ **HIPAA Breaches**

- Total of 36 investigations for the period of September – November 2022.
 - 7 were substantiated; 26 unsubstantiated; and 3 are in progress.
- 3 BHCS were impermissible disclosures (patient bill, collections letter, prescription).
- 3 HealthPoint: 2 impermissible disclosures (prescriptions) and, 1 patient ID error.
- 1 BHMC: substantiated for impermissible disclosure related to prescription.

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6.2. Fiscal Year 2023 Compliance Work Plan (Presenter – Deborah Hall, Interim Chief Compliance & Privacy Officer)

Ms. Hall shared the FY23 Corporate Compliance Work Plan:



For further detail, related slides are available within the January 2023 Compliance and Ethics Committee Meeting book on the Board of Commissioners’ webpage.

7. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 3:18 p.m.

Respectfully submitted,
Commissioner Paul C. Tanner, Secretary/Treasurer