

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

COMPLIANCE AND ETHICS COMMITTEE MEETING
Immediately following the Finance Committee Meeting
Wednesday, September 8, 2021

The Compliance and Ethics Committee Meeting of the North Broward Hospital District was held on September 8, 2021, immediately following the Finance Committee Meeting, at the Broward Health Corporate Spectrum Location, 1700 NW 49th Street, Suite 150, Fort Lauderdale, Florida 33309.

1. **NOTICE**

Notice and Agenda, titled EXHIBIT I and EXHIBIT II, are attached to the official meeting book archived at the Board of Commissioners' Office. Supporting documents, if applicable, are attached to these minutes, titled EXHIBIT III. 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 T. Berry at 3:04 p.m.

3. **ROLL CALL**

Present:

Commissioner Jonathan K. Hage
Commissioner Christopher J. Pernicano
Commissioner Levi G. Williams Jr.
Commissioner Marie C. Waugh
Commissioner Stacy L. Angier
Commissioner Ray T. Berry, Vice Chair

Not Present:

Commissioner Nancy W. Stamper, Chair

Senior Leadership

Additionally Present:

Shane Strum, President, Chief Executive Officer
Alan Goldsmith, 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 MINUTES**

Without objection, Vice Chair Berry approved the minutes, dated May 19, 2021.

Motion *carried* without dissent.

6. TOPIC OF DISCUSSION

6.1. Chief Compliance Officer Report (Presenter – Brian Kozik, Chief Compliance and Privacy Officer)

Mr. Kozik reported that the FY 2021 Work Plan consisting of twenty (20) audits were completed and included the following:

- Contracting review
- Documentation review
- Coding/billing review
- Policy adherence

The Agency for Health Care Administration (AHCA) Updates:

- AHCA performed a two-year audit of short stay claims for the period October 1, 2014 – March 31, 2018. Which reported that the District was overpaid \$529,313.38K and assessed a \$35K penalty. Mr. Kozik noted that working with HIM and Finance the District had pre-approval for subject claims. District filed an appeal through an external counsel; to date, awaiting a hearing date.
- Office of Inspector General (OIG) – Effective for inpatient admissions on or after September 1, 2020, eligible for 20% MS-DRG weighted claim for patients with positive COVID-19 laboratory test performed using only viral testing (i.e., molecular or antigen) documented in patients' medical record. Broward Health Medical Center (BHMC) received request for one (1) patient audit. Subsequently, BHMC submitted request to the OIG on May 10, 2021. BHMC received acknowledgment from the OIG of receipt. Noted that date, no further communication has been received from the OIG.
- AHCA requested that Broward Health North (BHN) perform a self-audit of Medicaid claims from July 1, 2015 through September 30, 2015. Broward Health North conducted a self-audit of twenty-two (22) claims and sent a letter to AHCA on June 18, 2021 indicating the self-audit was completed and no errors were identified. Awaiting a response.
- AHCA requested that Broward Health Coral Springs (BHCS) perform a self-audit of Medicaid claims from August 17, 2016 through August 17, 2021 of four (4) Medicare claims regarding claims that totaled \$24,691.44 that appeared to be in excess of AHCA's liability. Broward Health North conducted a self-audit of four (4) claims and sent a letter to AHCA by September 7, 2021 due date indicating the self-audit was completed and no errors were identified. Awaiting a response.
- AHCA contracted Health Management Systems, Inc. (HMS) to perform Medicaid recovery activities. HMS audited seventeen (17) Broward Health Medical Center (BHMC) claims with payments totaling \$181,298,46 that appeared to be in excess of AHCA's liability. BHMC conducted a self-audit of seventeen (17) claims and sent a letter to AHCA by due date indicating the self-audit was completed and no errors were identified. Awaiting a response.

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- Florida Department of Agriculture and Consumer Services (FDACS) – Broward Health Medical Center received a consumer services complaint in a letter dated May 24, 2021 filed by a patient who received preventative mammogram and ultrasound services. The patient claims they were billed and placed in collections, though the services were 100%-covered service under their insurance during the period of December 2019 through January 2021. The patient never provided proof in relation to their claim. FDACS advised BHMC Regional Compliance Officer District only required to notify the FDACS if the complaint was addressed, which was submitted.

HIPAA Breaches

- Impermissible Disclosures of Patient Health Information (PHI):
 - June 2021 = Three (3); Investigated, corrective action plan completed & closed.
 - (2) Broward Health North
 - (1) Broward Health Coral Springs
 - July 2021 = Two (2); Investigated, corrective action plan completed & closed.
 - (1) Broward Health Medical Center
 - (1) Broward Health Imperial Point
 - August 2021 = Two (2); Investigated, corrective action plan completed & closed.
 - (1) Broward Health Medical Center
 - (1) Children's Diagnostic and Children's Center

External 340B Program Audit

- Status: Completed.
- Objective: Evaluation for external vendor, Comprehensive Pharmacy Services, to evaluate compliance with the 340B Program.
- Audit Period: January 1, 2020 – June 30, 2020.
- Result: Best practice recommendations were made to enhance compliance.
- Corrective action/plan: Management agreed to take the necessary corrective action and, the action is being tracked and reported at the quarterly 340B Program Compliance Committee.

Conflict of Interest Annual Survey

- 820 surveys sent via Compliance 360.
- 46 reviewed to determine if a management plan was required; some responders were contacted for additional information.
- Preparing 31 management plans.

Risk Process

- Status: Completed. Various Senior Leaders have been assigned high risk areas. Each Senior Leader has been assigned a date and time to report at the Auditing/Monitoring Risk subcommittee on the status of action to mitigate the risk.

Compliance Metrics

- Status: Completed. With the assistance of the CEO's throughout the system, monthly compliance metrics have been revised/finalized and are now being reported monthly. The metrics will be re-assessed annually.

6.2. Compliance Work Plan: Fiscal Year 2022

Mr. Kozik advised the following regarding the Fiscal Year '22 Compliance Work Plan

- Initially (35) approved audits scheduled
- Subsequently (17) audits removed
- Currently (4) new audits added
- New total resulting in (22) audits

The following are the seventeen (17) audits removed:

- Inpatient Claims Paid in Excess of Charges – Inpatient claims are paid by DRG and fee schedule is set.
- Outpatient Claims Paid in Excess of Charges –Currently monitored by the Department and scrubbers at the billing/coding level.
- Inpatient Rehabilitation Unit at BHN –Outside consultant recently completed a review.
- Six (6) placeholders related to COVID-19 Waivers – If an audit need is identified, it can be added back to the plan and the Committee will be informed.
- Six (6) placeholders related to Enterprise Risk Management –If any additional risks identified during the fiscal year it can be added to the plan and the Committee will be informed.
- Telehealth Claims – BH Physician Group currently monitoring all telehealth claims prior to billing. They presented their work to date a recent Auditing and Monitoring subcommittee meeting.
- Uniform Data System Reporting Requirements – Internal Audit is currently completing their healthcare for the homeless audit and will be covering this subject.

The following four (4) audits added:

1. Tracking Remuneration: Grants
 - Status: On-hold. Internal Audit conducted grant audits and to avoid any duplication this audit was put on hold.

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- Objective: To review randomly selected grants from the contract management system to verify if the internal controls for tracking remuneration related to grants are effective and working as designed.

- 2. Physician Compensation
 - Status: In process.
 - Objective: Review of physicians that have multiple arrangements in the Contract Management System to verify the aggregate compensation across the arrangements are within fair market value and commercially reasonable.

- 3. Hospital
 - Status: In process.
 - Objective: Review of encounters will be completed to verify compliance with 45 CFR Subsection 164.508. Hospitals are required to have patients sign consent forms at the time of registration and, prior to discharge.

- 4. Infusion Therapy
 - Status: In process.
 - Objective: Review of a random sample of medical records/claims of patients who received infusion therapy in the Emergency Department to determine if compliance with documenting infusion therapy.

Mr. Kozik noted that of the twenty-two (22) audits the following are currently active:

- Coding Audits FY 2021 – Q1 – Broward Health Coral Springs – Billing/Coding
 - Status: In process.
 - Objective: Conduct a biannual coding accuracy audit of randomly selected medical records for each hospital-based inpatient and outpatient coder. The biannual coding audits assess coder compliance with official coding guidelines and coding industry standards.
 - Accuracy/Error rate: Inpatient coding accuracy rate is 98.11%. Outpatient coding accuracy is 98.49%.
 - Result: No identified overpayments.
 - Corrective action/plan: Education plan completed.

- Coding Audits FY 2021 – Q1 – Broward Health North – Billing/Coding
 - Status: Final report issued.
 - Objective: Conduct a biannual coding accuracy audit of randomly selected medical records for each hospital-based inpatient and outpatient coder. The biannual coding audits assess coders compliance with official coding guidelines and coding industry standards.
 - Audit Period: Quarter 1 Fiscal Year 2021
 - Accuracy/Error rate: Inpatient accuracy rate is 96.74%. Outpatient coding accuracy is 96.12%.

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- Result: No overpayments identified.
- Corrective action/plan: Coding education completed.

- Covered Persons Screening – Focused Contracting Review
 - Status: Final report issues.
 - Objective: Review randomly selected arrangements 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 arrangement.
 - Result: Less than 1% error rate.
 - Corrective action/plan: Management agreed to take corrective action.

- EMTALA: Medical Screening Examination – Regulatory
 - Status: Final Report issued.
 - Objective: Review current processes in the Emergency Department and other areas, as it relates to EMTALA and regulatory requirements.
 - Result: As a result of our on-site visit he reported one deficiency related to signage. During our document review of 30 patient transfers we found no deficiencies.
 - Corrective action/plan: Management agreed to take corrective action on the signage during our audit.

6.3. Annual Report: Compliance Activity

The annual report of activity was provided to the committee via the Board Portal in advance of the September 8, 2021 meeting.

The report summarizes Compliance Department activity and accomplishments for FY 2021.

6.4. Compliance Budget for Fiscal Year 2022

Mr. Kozik gave an overview of the FY 2022 Compliance Department budget.

A discussion on the budget focused on ensuring sufficient staff to complete the work plan. At this time the budget was not final therefore, no vote taken by Committee to approve the budget as presented by Mr. Kozik

7. ADJOURNMENT

There being no further business on the agenda, the Vice Chair adjourned the meeting at 3:45 p.m.

Respectfully submitted,
Commissioner Christopher J. Pernicano, Secretary/Treasurer