

**REGULAR BOARD MEETING
4:00 p.m., April 24, 2024**

The Board of Commissioners Regular Board Meeting of the North Broward Hospital District was held at the Broward Health Sports Medicine Building, 1601 S. Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316.

1. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Christopher J. Pernicano at 4:04 p.m.

2. ROLL CALL

Present:

Commissioner Stacy L. Angier
Commissioner Ray T. Berry
Commissioner Nancy W. Stamper
Commissioner Jonathan K. Hage, Secretary/Treasurer
Commissioner Paul C. Tanner, Vice Chair
Commissioner Christopher J. Pernicano, Chair

Senior Leadership

Additionally Present:

Shane Strum, President, Chief Executive Officer
Alan Whaley, EVP, Chief Operating Officer
Alisa Bert, VP, Interim Chief Financial Officer
Linda Epstein, Corporate General Counsel

3. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chair Pernicano.

4. PUBLIC COMMENTS

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

5. APPROVAL OF MEETING MINUTES

Approval of Regular Board Meeting Minutes dated March 27, 2024

Without objection, Chair Pernicano approved the minutes, dated March 27, 2024.

Motion *carried* without dissent.

6. INTRODUCTIONS / RECOGNITIONS

- 6.1. BHMC, Distinguished Physician Award, Dr. Ivan Puente, Trauma
(Presenter – Dr. Sunil Kumar)

7. **MEDICAL STAFF CREDENTIALING** (Presenter - Janice W. Benggio, Director, Medical Staff)

- 7.1.) Broward Health North
- 7.2.) Broward Health Imperial Point
- 7.3.) Broward Health Coral Springs
- 7.4.) Broward Health Medical Center

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

The Board of Commissioners of the North Broward Hospital District approves Medical Staff Credentialing Reports, as presented.

Motion *carried* unanimously.

8. **CHIEF MEDICAL STAFF UPDATES**

Medical staff updates were given by the following Chiefs of Medical Staff. Said reports highlighted each of the facilities' objectives, events, and awards received over the past month.

- 8.1.) Broward Health Coral Springs - Dr. Tatiana Pestana
- 8.2.) Broward Health Medical Center - Dr. Sunil Kumar
- 8.3.) Broward Health Imperial Point - Dr. Fernando Narvaez
- 8.4.) Broward Health North - Dr. Evan Boyar

Dr. Kumar and Dr. Boyar expressed their appreciation and gratitude to the Board of Commissioners and Leadership for the support they received during their role as Chief of Medical Staff. They each spoke highly of their successors and expressed their confidence in their newly appointed positions.

9. **PRESENTATIONS**

- 9.1. CEO Update (Presenter - Shane Strum, President, Chief Executive Officer)

Mr. Strum presented his full monthly report, highlighting the five pillars (Quality, Service, People, Growth, and Finance) of the organization and the progress at each of the facilities.

The following videos were shared:

- WSVN Channel 7 News reported the celebration and ribbon cutting of the new Community Resource Center / Broward Healthpoint Maternity Care Center in Lauderdale Lakes, FL.
- Eleventh Annual Amazon Broward Health Foundation Ball raising funds and awareness for Healthcare throughout the community and all of Broward County.

10. CONSENT AGENDA

10.1. Approval of the Interim Financial Statement for the month of March 2024

10.2. Approval of the newly revised Call Coverage Policy, Policy No. GA-004-500, which is attached hereto and incorporated herein as **Exhibit A** and supersede and terminate all previous versions of the Call Coverage Policy, as well as any other inconsistent policy or procedure governing call coverage.

10.3. BHPG, Approval to enter into an Employment Agreement with Dr. Ryan Harris Sobel to provide Otorhinolaryngology/Head and Neck Surgery Clinical Services and Oncology Medical Director Services at Broward Health.

10.4. BHPG, Approval to enter into an Amendment to the Employment Agreement with Dr. Ridwan Lin to provide Interventional Neurology Clinical Services, Interventional Neurology Medical Director Services, and GME Core Faculty Services at Broward Health.

10.5. BHPG, Approval to enter into an Employment Agreement with Dr. Celso Agner to provide Interventional Neurology Clinical Services, Comprehensive Stroke Program Services, and GME Core Faculty Services at Broward Health.

10.6. BHPG, Approval to enter into an Employment Agreement with Dr. Christopher C. Roberts to provide Neurosurgery Services at Broward Health.

10.7. BHPG, Approval to enter into an Employment Agreement with Dr. John Henry Cain to provide Neurosurgery Services at Broward Health.

10.8. BHPG, Approval to enter into an Employment Agreement with Dr. Daniel Robert Klinger to provide Neurosurgery Services at Broward Health.

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

The Board of Commissioners of the North Broward Hospital District approved items 10.1 through 10.8 on the Consent Agenda.

Motion *carried* unanimously

11. DISCUSSION AGENDA

There were no items listed on the Discussion Agenda for this meeting.

12. COMMENTS BY COMMISSIONERS

Closing comments were given by the Commissioners.

WALK-ON MOTION Was *moved* by Commissioner Berry, *seconded* by Commissioner Hage, that:

The Board of Commissioners of the North Broward Hospital District approves to begin a campaign with three (3) million dollars from the existing budget, to update the Broward Health Medical Center Emergency Department.

Motion *carried* unanimously

13. NEXT REGULAR BOARD MEETING

The next regularly scheduled Board of Commissioner's Meeting will be held on Wednesday, May 29, 2024, at 4:00 p.m. at the Broward Health Sports Medicine Building, 1601 S. Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316.

14. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 4:42 p.m.

Respectfully submitted,
Commissioner Christopher J. Pernicano, Chair

NORTH BROWARD HOSPITAL DISTRICT

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Suite 110
Fort Lauderdale, FL 33309
954.473.7100
BrowardHealth.org

Exhibit A

Policy No. GA-004-500
Call Coverage Policy

Status **Active** PolicyStat ID **15355619**



Origination 11/2017
Last Reviewed 03/2024
Effective 03/2024
Last Revised 03/2024
Next Review 03/2025

Sponsor Barry Gallison:
Vice President,
Clinical Quality &
Risk Management
Section GA-General Manuals
General
Administrative

GA-004-500 Call Coverage Policy

SCOPE

The Board of Commissioners hereby establishes this Policy which is applicable to all hospitals of the North Broward Hospital District d/b/a Broward Health (“Broward Health”).

PURPOSE

The purpose of this Policy is to establish a framework for Broward Health’s Hospitals and Emergency Departments, consistent with EMTALA, pertaining to the establishment of Call Coverage Panels, Call Coverage Schedules, and the inclusion of Qualified Physicians on Call Coverage Panels to provide emergent medical examinations, stabilizing treatment, care, inpatient consultations, observation consultations, and specialty urgent and emergency consultations for patients who may be presenting with an Emergency Medical Condition.

DEFINITIONS

For purposes of this Policy, the terms and acronyms below shall have the following meanings ascribed to them wherever they appear in this Policy, regardless of whether they are capitalized, unless (a) the context in which they are used clearly requires a different meaning; or (b) a different definition is prescribed for a particular section of this Policy. Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise. When the context requires, the gender of all words and acronyms includes the masculine, feminine, and neuter, and the number of all words and acronyms includes the singular and plural.

“**Broward Health**” means the fictitious name of the North Broward Hospital District, a special tax district established by the Florida legislature, and all of its departments, divisions, units, and wholly owned entities and subsidiaries.

“**Broward Health Hospital**” means all the hospitals of Broward Health that are licensed under ch. 395, Fla. Stat.

“**Call Coverage**” means the responsibility of a Qualified Physician to be available for patients presenting at a Broward Health Hospital or Emergency Department (without being scheduled, when the attending physician is unavailable, or when a consult is needed by the treating provider) on an as-needed basis during a specific time period (e.g., 24 hours) to provide medically appropriate services for such patients presenting with routine, high-risk, or other Emergency Medical Conditions.

“Call Coverage Agreement” means the written contract between, as applicable, Broward Health and:

a) a non-employed Qualified Physician to provide Call Coverage; (b) a physician group or contracted medical group to provide Qualified Physicians to perform Call Coverage; or (c) an employed Qualified Physician to provide Call Coverage as delineated in such employed Physician’s Employment Agreement.

“Call Coverage Panel” means a panel of Qualified Physicians who are eligible and participating in Call Coverage in a particular Specialty/Subspecialty for a Broward Health Hospital or Emergency Department.

“Call Coverage Request” means a request by a Physician to a Broward Health Hospital or Emergency Department to consider the Physician for inclusion on a Call Coverage Panel.

“Call Coverage Schedule” means the up-to-date list of Qualified Physicians scheduled to provide Call Coverage.

“Concurrent Call Coverage” means the concurrent and simultaneous Call Coverage of a Qualified Physician at or in two (2) or more Broward Health Hospitals, Specialties, or Call Coverage Panels.

“Emergency Department” means a dedicated emergency department as defined in 42 C.F.R. § 489.24 and includes hospital-based off-campus emergency departments.

“Emergency Medical Condition” shall have the same meaning ascribed to such term under 42 C.F.R. § 489.24.

“EMTALA” means the Emergency Medical Treatment & Labor Act, 42 U.S.C. § 1395dd, and its implementing regulations including, without limitation, 42 C.F.R. § 489.24.

“Federal Anti-Kickback Statute” means 42 U.S.C. § 1320a-7b(b), and its implementing regulations.

“FMV” means fair market value.

“Physician” shall have the same meaning ascribed to such term under 42 U.S.C. § 1395x(r).

“Medical Staff Bylaws” means the Bylaws of the Medical Staff of Broward Health, in effect, and as amended from time to time.

“Medical Staff Rules and Regulations” means the Rules and Regulations of the Medical Staff of Broward Health, in effect, and as amended from time to time.

“MSO” means the Medical Staff Office of the applicable Broward Health Hospital.

“On-Call Physician” means the Qualified Physician who is scheduled to provide Call Coverage Services to a Broward Health Hospital or Emergency Department.

“Qualified Physician” means the appropriately credentialed and privileged Physician who meets the criteria to serve on a Call Coverage Panel.

“Regional CEO” means the regional chief executive officer of the applicable Broward Health Hospital.

“RMO” means the regional chief medical officer of the applicable Broward Health Hospital.

“Specialty/Subspecialty” means a branch or sub-branch of medical practice focused on a defined group of patients, diseases, skills, philosophy, or areas of medicine.

“Stark Law” means 42 U.S.C. § 1395nn, and its implementing regulations.

“Trauma Center” means a Broward Health Hospital approved and certified by the Florida Department of Health (in accordance with Fla. Admin. Code R. 64J-2.011-2.014) via a Certificate of Approval to operate as a Level I, Level II, or Pediatric Trauma Center.

“Trauma Center Standards” means the regulatory requirements and standards applicable to Trauma Centers as published in DH Pamphlet (DHP) 150-9, January 2010, Trauma Center Standards.

POLICY

All Broward Health Hospitals and Emergency Departments shall establish Call Coverage Panels, in accordance with EMTALA and other federal and state law, which are necessary to ensure sufficient Call Coverage services are available to meet the needs of the Broward Health Hospital's community in accordance with the resources available at the applicable Broward Health Hospital. The creation of Call Coverage Panels and Call Coverage Schedules and the inclusion of Qualified Physicians in such Call Coverage Panels and on Call Coverage Schedules shall be consistent with the procedures outlined in this Policy and in accordance with applicable federal and state law including, without limitation, EMTALA and § 395.1041, Fla. Stat. Qualified Physicians serving on a Call Coverage Schedule shall be available for patients presenting with Emergency Medical Conditions to provide necessary treatment and stabilization of such patient or to consult with the patient's treating Physician or other health care provider.

PROCEDURE

A. Determination of Call Coverage Need and Creation of Call Coverage Panels

1. Establishment of Call Coverage Panels. In order to meet the needs of Broward Health's patients and to comply with applicable regulatory requirements, the Regional CEO (or designee) of each Broward Health Hospital or his or her designee shall establish Call Coverage Panels which are necessary to ensure sufficient Call Coverage services are available to meet the needs of the Broward Health Hospital's community in accordance with the resources available at the applicable Broward Health Hospital. The final decision regarding the creation, modification, or elimination of a Call Coverage Panel rests solely with the Regional CEO (or designee) based on what is in the best interests of the applicable Broward Health Hospital, the applicable Broward Health Hospital's patients, and the needs of the applicable Broward Health Hospital's community in accordance with the resources available at the applicable Broward Health Hospital.
2. Determination of Need and Structure of Call Coverage Panels. When determining whether a Call Coverage Panel is necessary and how the Call Coverage Panel should be structured, the Regional CEO (or designee) may consider the following non-exclusive factors:
 - a. Whether the Call Coverage Panel is necessary to ensure sufficient Call Coverage services to meet the needs of the Broward Health Hospital's community in accordance with the resources available at such Broward Health Hospital;
 - b. Whether the Call Coverage Panel is required as a condition of licensure, accreditation, or under federal or state law;
 - c. The level of trauma and emergency care afforded by the Broward Health Hospital;
 - d. The frequency with which the particular Specialty/Subspecialty's services are required;
 - e. The number of Qualified Physicians (as defined below) available in the Specialty/Subspecialty;
 - f. Whether there are regulatory or accreditation limitations to the structure or composition of the Call Coverage Panel; and
 - g. Whether such Call Coverage Panel should be open to all Qualified Physicians on the Broward Health Hospital's Medical Staff or limited to only employed Physicians and/or one (1) or more contracted groups based on the Broward Health Hospital's needs or for the maintenance and improvement of quality patient care.

3. FMV and Commercial Reasonableness Reports. Prior to the implementation of a Call Coverage Panel, the Regional CEO (or designee) shall contact the appropriate department of Broward Health responsible for obtaining FMV and Commercial Reasonableness Reports to facilitate the acquisition of such Report for the Call Coverage Panel. The Regional CEO (or designee) shall furnish all necessary information to enable the necessary parties to obtain an FMV and Commercial Reasonableness Report for all Call Coverage Panels.
4. Listing of Broward Health Hospital Call Coverage Panels. As part of the establishment of Call Coverage Panels, the Regional CEO (or designee) shall ensure that the MSO of the applicable Broward Health Hospital maintains a current list of created Call Coverage Panels.

B. Establishment of Call Coverage Schedules

1. Creation of the Call Coverage Schedule. A Call Coverage Schedule of Qualified Physicians (as defined below) scheduled to provide Call Coverage shall be maintained for each Broward Health Hospital. The Call Coverage Schedule shall be kept up to date, have the On-Call Physician's full name (a simple reference to the name of a physician group is prohibited), include the direct telephone or pager of the On-Call Physician, and must accurately reflect the current privileges of the Physician scheduled to provide Call Coverage. Each Specialty/Subspecialty within a Broward Health Hospital may have only one (1) Call Coverage Panel, which shall include Call Coverage for Specialty/Subspecialty inpatient, urgent, and emergency consultations as required by the Broward Health Hospital, Emergency Department and, as applicable, the Trauma Center. The manager of the MSO or his or her designee shall be responsible for establishing, posting, and distributing the monthly Call Coverage Schedule, which such Call Coverage Schedule shall be made available to the relevant departments in the Broward Health Hospital no later than thirty (30) days in advance of the month for which the Call Coverage Schedule applies.
2. Coordination of the Call Coverage Schedule. The MSO of the Broward Health Hospital, when establishing the monthly Call Coverage Schedule, shall ensure that all Physicians on the Call Coverage Schedule are "Qualified Physicians" and, if a non-employed Physician, have a current Call Coverage Agreement. Further, the MSO shall ensure that the On-Call Physician is not scheduled to provide Call Coverage for more than one Specialty/Subspecialty and/or at another Broward Health Hospital on the same day unless there is an established Concurrent Call Coverage rate for the Call Coverage Panel that is FMV and commercially reasonable, Concurrent Call Coverage is contemplated in the On-Call Physician's Call Coverage Agreement, the provision of Concurrent Call Coverage was preapproved by the Regional CEOs (or designees) of all affected Broward Health Hospitals, and Concurrent Call Coverage is not otherwise prohibited under federal or state law, the Trauma Center Standards (for Trauma Center Call Coverage), or accreditation standards. The MSO shall notify the other affected Broward Health Hospitals if the MSO is aware that a Physician is providing Concurrent Call Coverage at two (2) or more Broward Health Hospitals. No Physician shall be permitted to change the Call Coverage Schedule, including removing himself or herself from the Call Coverage Schedule or placing himself or herself on the Call Coverage Schedule, without prior written authorization of the MSO.
3. Call Schedules for Off-Campus Emergency Departments. A Call Coverage Schedule for a Broward Health Hospital-based off-campus Emergency Department shall be maintained by the Broward Health Hospital affiliated with such Emergency Department in the same manner as provided herein.
4. Determination of Qualified Physicians. The Regional CEO (or designee) shall determine the qualifications necessary to be deemed a Qualified Physician and to participate in a Call Coverage Panel. In making such determination, the Regional CEO (or designee) may solicit input from the RMO for the Broward Health Hospital, the Quality Department, the Chief of Staff of the Broward Health Hospital, the applicable Department or Section Chair for the Broward Health Hospital, and any other individual the Regional CEO deems appropriate. Only those Physicians who are members

of the Medical Staff in good standing, appropriately credentialed and privileged, and who possess the requisite training or certification in the clinical Specialty/Subspecialty (e.g., board certification for trauma Call Coverage), as determined appropriate by the Regional CEO (or designee) may be deemed “Qualified Physicians.” The requirements to be deemed a Qualified Physician shall only be based on federal and state licensure requirements, accreditation body standards, Trauma Center Standards, and/or what is in the best interest of the Broward Health Hospital, Broward Health, the community, and the continuity and quality of patient care, and shall not otherwise violate any federal or state law including, but not limited to, the Federal Anti-Kickback Statute, the Stark Law, EMTALA, and § 395.1041, Fla. Stat.

5. Call Coverage Requests. Physicians who wish to serve on a Call Coverage Panel shall submit a Call Coverage Request to the Broward Health Hospital’s MSO. The MSO shall collate all Call Coverage Requests and provide them to the Regional CEO (or designee) to determine, based on the established criteria for inclusion on the requested Call Coverage Panel, whether a Physician applicant is eligible to serve on the Call Coverage Panel and is otherwise a Qualified Physician. If the Regional CEO (or designee) determines a Physician is not a Qualified Physician or otherwise ineligible to participate in a particular Call Coverage Panel, the reasons for the denial shall be communicated to the Physician applicant.
6. Listing of Qualifications and Qualified Physicians. To the extent there exists a list of Specialty- and Subspecialty-specific criteria applicable to a Call Coverage Panel for a Physician to be deemed a Qualified Physician, such list shall be maintained at the Broward Health Hospital’s MSO.

C. Backup Plans

1. Back-up Plans and Transfers. Each Broward Health Hospital shall have in place a written plan for transfer and/or backup Call Coverage by a Qualified Physician of the same Specialty/Subspecialty for situations in which a particular Specialty/Subspecialty is not available or the On-Call Physician cannot respond due to circumstances beyond the Physician’s control. The Broward Health Hospital shall ensure that the Emergency Department and appropriate staff are familiar with the Broward Health Hospital’s back-up plans and procedures.
2. Elective Surgeries or Other Therapeutic or Diagnostic Procedures While On-Call. An On-Call Physician scheduled to provide Call Coverage at a Broward Health Hospital who has scheduled an elective surgery or other therapeutic or diagnostic procedure during the same time period the On-Call Physician is scheduled to provide Call Coverage (to the extent permitted under the Physician’s Call Coverage Agreement and to the extent not prohibited under the Trauma Center Standards for Trauma Centers) shall assist the applicable Broward Health Hospital and MSO to obtain backup Call Coverage or implement another backup plan in the event the On-Call Physician is called while performing elective surgery or other therapeutic or diagnostic procedure and is unable to respond to an on-call request within a reasonable time. The Broward Health Hospital shall ensure that the Emergency Department and appropriate staff are familiar with the backup procedures and any backup arrangement for an On-Call Physician performing elective surgery or other therapeutic or diagnostic procedures. No On-Call Physician providing trauma Call Coverage may provide elective surgery or other therapeutic or diagnostic procedures if such elective surgery or procedures being performed during trauma Call Coverage are prohibited under the Trauma Center Standards.
3. Simultaneous and Concurrent Call. On-Call Physicians are permitted to provide Concurrent Call Coverage at more than one (1) Broward Health Hospital unless otherwise prohibited under the Trauma Center Standards or other applicable law or accreditation standards. Concurrent Call Coverage in more than one Specialty/Subspecialty and/or at multiple Broward Health Hospitals may only be provided consistent with this Policy, the Physician’s Call Coverage Agreement, and federal and state law (e.g., must be FMV, commercially reasonable, etc.). Any Physician providing

Concurrent Call Coverage must notify the applicable Broward Health Hospital and MSO if such On-Call Physician is in a situation where the On-Call Physician is unable to respond to an on-call request within a reasonable time due to the On-Call Physician's Concurrent Call Coverage at another location or for another Specialty/Subspecialty so that the Broward Health Hospitals where the On-Call Physician is providing Call Coverage can obtain backup Call Coverage or implement another backup plan. The Broward Health Hospitals shall ensure that the Emergency Department and appropriate staff are familiar with the backup procedures and any backup arrangement for an On-Call Physician providing Concurrent Call Coverage. No On-Call Physician providing trauma Call Coverage may provide Concurrent Call Coverage if Concurrent Call Coverage during trauma Call Coverage is prohibited under the Trauma Center Standards.

D. Response to Calls and Responsibilities of On-Call Physicians

1. Responses to the Emergency Department. Physicians who provide Call Coverage for the Emergency Department shall respond to requests by telephone in thirty (30) minutes or less unless a shorter time frame is specified in the Physician's Call Coverage Agreement. In that time the Emergency Department provider shall continue management of the patient. When the scheduled On-Call Physician responds via telephone, an initial plan of care through shared decision making will be implemented. When requested by the Emergency Department Physician or other practitioner who examined or treated the patient, or if otherwise necessary based on the circumstances, the On-Call Physician shall be physically on site at the Broward Health Hospital in sixty (60) minutes (unless a shorter time frame is clinically indicated or specified in the Physician's Call Coverage Agreement) to perform a physical examination, provide further orders, and/or recommend additional Specialty/Subspecialty consultants.
2. Inpatient and Emergency Consultations. On-Call Physicians are expected to—and shall—be available for inpatient and emergency consultations, and, if called, such Physician(s) shall respond in an appropriate and timely manner as clinically indicated.
3. Disputes over Physical Presence. The Emergency Department Physician or other practitioner who has personally examined a patient, in consultation with the On-Call Physician, shall determine whether an individual's condition requires the On-Call Physician to come into the Broward Health Hospital and physically examine the patient. In the event of a dispute regarding whether an On-Call Physician must present to the Broward Health Hospital to physically examine a patient, the determination of the Emergency Department Physician or other practitioner who has personally examined the individual and is currently treating the individual shall control.
4. On-Call Physician Responsibilities. On-Call Physicians shall render appropriate and quality care to patients consistent with such Physicians' Call Coverage Agreement, Broward Health's Policies and Procedures, the Medical Staff Bylaws, and the Medical Staff Rules and Regulations, including, without limitation, Article III.D. of the Medical Staff Rules and Regulations governing a Physician's examination and treatment of patients presenting to the Emergency Department.
5. Failure to Respond. If the responsible Physician who is scheduled to provide Call Coverage fails to respond, Broward Health personnel shall follow Broward Health Policy No. NUR-001-003, Chain of Command, to report such non-compliance with this Policy. Failure to appropriately respond as provided in this Policy may result in corrective action, including applicable action under federal and state law and licensing bodies; the terms of the Physician's Employment Agreement or Call Coverage Agreement, as applicable; Broward Health's Enforcement of Disciplinary Standards Policy, Policy No. GA-003-238 for employed Physicians; and applicable adverse action under the Medical Staff Bylaws and Rules and Regulations. Such corrective action may include, without limitation, termination of the Physician's Call Coverage Agreement and/or Employment Agreement,

termination of other contractual relationships with Broward Health, removal from the Call Coverage Panel, and/or other adverse actions to such Physician's Medical Staff membership and clinical privileges.

6. Prohibited Transfers. In no event shall any On-Call Physician transfer a patient to another Broward Health Hospital or location for such Physician's convenience, and transfers may only be done as clinically appropriate and consistent with federal and state law.

E. Removal and Reinstatement to Call Coverage Panels

1. Removal from Call Coverage Panel. Serving on a Call Coverage Panel is not a right, and a Physician may be removed from a Call Coverage Panel for: (a) termination of—or for any reason set forth in—the Physician's Employment Agreement or Call Coverage Agreement, as applicable; (b) failure to adhere to this Policy; (c) refusal to provide inpatient or emergency consultations; (d) failure to respond; or (e) refusal to physically present to the Broward Health Hospital after a request by the Emergency Department Physician or other practitioner treating the patient. Further, a Physician may be removed from the Call Coverage Panel when removal is needed for patient care, quality, safety, or in the best interests of Broward Health and/or the Broward Health Hospital. All such determinations shall be made by the Regional CEO (or designee).
2. Reinstatement to a Call Coverage Panel. Physicians who were removed from a Call Coverage Panel may submit a Call Coverage Request for consideration of reinstatement. Reinstatement of a Physician to a Call Coverage Panel shall be determined by the Regional CEO (or designee) and based on the facts and circumstances for which the Physician was removed from the Call Coverage Panel.

F. Call Coverage and Consultation Compensation

1. Qualified Employed Physicians. Employed Physicians are required to provide Call Coverage and inpatient and/or emergency consultations per the terms of their Employment Agreements. Broward Health, and not the employed Physician, may bill for the professional services provided by employed Physicians during their Call Coverage periods or during an inpatient or emergency consultation.
2. Qualified Non-Employed Physicians.
 - a. Call Coverage: Each Qualified non-employed Physician shall enter into a Call Coverage Agreement with Broward Health and follow Broward Health's policies and procedures related to Physician arrangements prior to providing Call Coverage. Qualified non-employed Physicians may receive a stipend for Call Coverage, based upon an FMV and Commercial Reasonableness Report, such Physicians' Call Coverage Agreement with Broward Health, and adherence to such Physicians' obligations and documentation requirements as provided in this Policy and applicable contract(s). Payments of stipends for Call Coverage shall be made by Broward Health consistent with Broward Health's policies following confirmation of the completed Certification of Call Coverage as provided below.
 - b. Inpatient and Emergency Consultations: Physicians do not receive a separate stipend for inpatient or emergency consultations. However, Qualified non-employed Physicians may bill for the professional services provided to patients during such consultations.
 - c. Professional Fees. Qualified non-employed Physicians may bill for the professional services provided to patients during their Call Coverage shifts.
3. Documentation of Call Coverage and Payment.
 - a. Documentation of Call Coverage. To the extent applicable, if required under the terms of the

Call Coverage Agreement, all Qualified Physicians providing Call Coverage shall submit documentation evidencing their provision of Call Coverage in accordance with such respective Call Coverage Agreements for said services. The documentation shall be consistent with this Policy, and all applicable procedures, standards, and regulations of Broward Health, including, but not limited to, those governing Call Coverage and services provided to uninsured patients. Where required, Physicians shall document the Call Coverage periods during which the Physician provided Call Coverage services and complete and submit a Certification of Call Coverage to Broward Health consistent with such Physician's Call Coverage Agreement.

- b. Nonpayment for Non-Compliance with Documentation Requirements. Broward Health shall not be obligated to pay a Qualified non-employed Physician for call coverage provided by such Physician if the Certification of Call Coverage, consistent with the Call Coverage Agreement, is not timely submitted, is incomplete, or is unsigned, and will do so only under exceptional circumstances as determined by Broward Health.
- c. Nonpayment for Non-Compliance with Obligations. Broward Health shall not be obligated to pay for Call Coverage provided by a Qualified non-employed Physician during Call Coverage periods where such Physician fails to comply with the obligations of the Physician's Call Coverage Agreement with Broward Health, or if the Physician has not completed patient medical records as required under the Physician's Call Coverage Agreement, the Bylaws of the Medical Staff of Broward Health ("Medical Staff Bylaws"), or the Rules and Regulations.

DOCUMENT RETENTION

Broward Health shall retain all documents relating to this Policy for a period of seven (7) years after their creation unless a longer time is required under federal or state law. Documents created pursuant to this Policy may be considered a public record under Chapter 119, Florida Statutes, and may be subject to disclosure, unless otherwise exempted.

EXCEPTIONS

Any exceptions to this Policy must be approved in advance and in writing by applicable Regional CEO (or designee), Chief Compliance Officer, and General Counsel.

CONSTRUCTION OF THIS POLICY

The title of article, section, subsection, and paragraph headings in this Policy are for convenience of reference only and shall not govern or affect the interpretation of any of the terms or provisions of this Policy. The use in this Policy of the term "including" and other words of similar import mean "including, without limitation" and where specific language is used to clarify by example a general statement contained herein, such specific language shall not be deemed to modify, limit, or restrict in any manner the construction of the general statement to which it relates. Unless the context requires otherwise, the word "or" is not exclusive and the words "herein," "hereof," "hereunder," and other words of similar import refer to this Policy as a whole, and not to any particular section, subsection, paragraph, subparagraph, or clause contained in this Policy. The use of terms importing the singular shall also include the plural, and vice versa. The term "shall" is mandatory and "may" is optional. The reference to an agreement, instrument, or other document means such agreement, instrument, or other document as amended, supplemented, and modified from time to time to the extent permitted by the provisions thereof, and the reference to a statute, regulation, or accreditation standard means such statute, regulation, or accreditation standard as amended from time to time and includes any successor guidelines, standards, or legislation thereto along with any regulations promulgated thereunder. The terms "his," "her," "its," and similar terms shall be interpreted interchangeability unless context requires otherwise.

INTERPRETATION AND ADMINISTRATION OF POLICY

This Policy and the Call Coverage arrangements created pursuant to this Policy shall be monitored, reviewed, assessed, and evaluated on an ongoing basis, at least annually. Nothing herein precludes the Regional CEOs (or designees) of the Broward Health Hospitals from creating written standards, procedures, or other directives specific to such Broward Health Hospitals provided such standards, procedures, and directives comply with this Policy. Any revisions or additions to this Policy shall be communicated to all affected parties and personnel and a copy of the revised Policy will be made available. The Chief Compliance Officer and the Internal Audit Department shall monitor Broward Health's adherence to this Policy and make intermittent reports to the Board. Administration and Interpretation of this Policy is the responsibility of each Regional CEO.

RELATED REFERENCES

1. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Payments for Graduate Medical Education in Certain Emergency Situations; Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Updates to the Long-Term Care Prospective Payment System; Updates to Certain IPPS-Excluded Hospitals; and Collection of Information Regarding Financial Relationships Between Hospitals, 73 Fed. Reg. 48434 (Aug. 2008).
2. Centers for Medicare & Medicaid Services, State Operations Manual, Appendix V, Interpretive Guidelines: Responsibilities of Medicare Participating Hospitals in Emergency Cases (July 19, 2019).
3. Emergency Medical Treatment & Labor Act (EMTALA), 42 U.S.C. § 1395dd.
4. Special Responsibilities of Medicare Hospitals in Emergency Cases, 42 CFR § 489.24(j)(2)(ii).
5. Access to and Ensurance of Emergency Services; Transfers; Patient Rights; Diversion Programs; Reports of Controlled Substance Overdoses, § 395.1041, Fla. Stat.