

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

COMPLIANCE AND ETHICS COMMITTEE
Immediately Following
Legal Affairs and Governmental Relations Committee Meeting
May 22, 2019

1. NOTICE

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Committee, is attached to the official Minutes as EXHIBIT II.

2. CALL TO ORDER 12:01 pm

3. COMMITTEE MEMBERS

Commissioner Nancy W. Gregoire, Chair
 Commissioner Andrew M. Klein
 Commissioner Christopher T. Ure
 Commissioner Ray T. Berry (absent)
 Commissioner Stacy L. Angier
 Commissioner Marie C. Waugh (absent)

ADDITIONALLY PRESENT Gino Santorio/President/CEO, Alan Goldsmith/CAO, Alex Fernandez/CFO, Steve Forman/Compliance Consultant, Brian Kozik/CCO, Lee Ghezzi/VP Quality and Case Management, Melanie Hatcher/VP Human Resource, Denise Moore/VP Marketing, Dr. Andrew Ta/EVP/CMO, Beth Cherry/SVP Physician Practices, Lauren Brown/Director Compliance/Privacy Ops., Gabriel Imperato/Interim GC, Brett Bauman/Asst. GC.

4. PUBLIC COMMENTS None

5. APPROVAL OF MINUTES

Approval of the Compliance and Ethics Committee meeting minutes, dated April 17, 2019

MOTION It was *moved* by Commissioner Klein, *seconded* by Commissioner Ure, to:

**APPROVE THE COMPLIANCE AND ETHICS COMMITTEE MEETING
MINUTES DATED APRIL 17, 2019.**

Motion *carried* unanimously

6. TOPIC OF DISCUSSION

6.1. Chief Compliance Officer Report – Brian Kozik

6.1.1. Report from the Executive Compliance Group

Mr. Kozik gave an update on activities that had taken place within the compliance department since he last reported on April 17th.

6.1.1.1. CIA Status – Brian Kozik

Mr. Kozik reported on the positive interaction that took place at a meeting in Washington, DC, between the Executive Management Team, Chairman Klein, Monitor Laura Ellis and her supervisors.

Mr. Kozik reported on a conference call that he and Mr. Imperato had with the Monitor the prior week related to Grants, Applications, Managed Care, and GPO's that were identified as focused arrangements and were not.

Prior to submitting written responses to the third supplement to the second annual report second supplement, Mr. Kozik and Mr. Santorio had a conference call with Ms. Ellis to discuss the response in more detail.

Prior to Mr. Kozik's tenure, a 92.4% documentation error rate was reported to the Monitor related to a sleep study. The documentation did not support the medical necessity for the test, which resulted in a \$35k pay back. An additional audit of 100+ claims is pending, which could result in additional fees.

Now that an effective compliance program was put in place and permanent additions to the executive staff were made, Mr. Kozik shared that he did not foresee any issues in the Board certifying the end of the year report.

Note: Mr. Kozik modified the order of Subgroup Reports.

6.1.1.7. Risk Assessment, Auditing and Monitoring – Alex Fernandez

Mr. Fernandez reported that the compliance risk assessment line item report was merged with internal audit's risk assessment report. A comprehensive comparison was made between the two so that duplicates could be omitted and items that should not have been included be removed. The list was also compared to the OIG Work Plan to ensure all required items were included on the list. Risk assessment training will be available for all employees that are responsible for their department's assessments.

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Mr. Goldsmith confirmed that an annual risk assessment report would be provided at the end of every fiscal year. In regards to audit and monitoring, Mr. Fernandez reported that all four hospital completed at least one regional compliance meeting and that the intent was to formalize and standardize the processes system wide.

6.1.1.2. Training – Melanie Hatcher

Ms. Hatcher reported that general compliance and ethics training for year four was launched on May 21st and that it was extremely successful. She briefly detailed the categories that were included in the training.

6.1.1.4. Disclosures, COI, HIPAA – Ana Calderon

Dr. Calderon reported on open disclosures that were over 30 days, which totaled to 178. In reviewing disclosure trends, HIPAA remained in the lead at 33% and HR at 16%. There was a focus on conflict of interest disclosures, as it was identified as having bottlenecks in its processes. In an effort to make compliance less intimidating, Ms. Hatcher and the marketing department were working together to rebrand and possibly rename the department.

6.1.1.3. Sanction Screening – Lee Ghezzi

Mr. Ghezzi reported that all sanction screening loop holes that were identified, had been closed. He further reported that the IT department continued to work on automating the system to eliminate the paper process.

6.1.1.5. IRO Plan of Correction – Beth Cherry

Ms. Cherry reported that the focused arrangement policy had been completed and was pending approval from the Executive Workgroup. Once approved, five items on the IRO Plan of Correction would be checked off as completed. It was decided that ongoing items that were being managed successfully would also be checked off as completed. An item listed by the former IRO was inaccurately reported to the Monitor and was being addressed. Ms. Cherry further reported that 37% of items on the plan of correction were completed, and that the remaining 63% were already in process and being heavily monitored.

6.1.1.6. Policies/Code of Conduct – Denise Moore

Ms. Moore reported that as a result of the Code of Conduct being approved and completed the subcommittee's focus transitioned to policies. She further reported that compliance policies were reduced from 50 to 27. The conflict of interest and gift policies would be brought to the Board the following month.

MINUTES

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6.1.2. Consultant to the Board of Commissioners – Steve Forman

Mr. Forman reported on the accomplishments and completed projects of the Executive Compliance Workgroup.

Mr. Forman recommended that the focus remain on the results of the risk assessments and monitoring and auditing. He further stressed that a timely and effective plan of correction was equally important to avoid risks from reoccurring.

6.1.3. Regulatory Environment Training – Brian Kozik

6.1.3.1. Department of Justice Criminal Division/Evaluation of Corporate Compliance Procedures – Brian Kozik

Mr. Kozik shared a PowerPoint presentation created by the Department of Justice Criminal Division for the Evaluation of Corporate Compliance Procedures that was recently revised in April 2019.

The committee complimented the current compliance department and executive team on what was described as monumental progress.

7. **ADJOURNMENT** 1:23 pm

MOTION It was *moved* by Commissioner Klein, *seconded* by Commissioner Angier, to:

ADJOURN THE COMPLIANCE AND ETHICS COMMITTEE MEETING.

Motion *carried* unanimously.

Respectfully submitted,
Commissioner Ray T. Berry, Secretary/Treasurer