

# NOTICE OF MEETING

## **NORTH BROWARD HOSPITAL DISTRICT**

### **BOARD OF COMMISSIONERS**

An Compliance and Ethics Committee meeting will be held on Wednesday, April 17th, 2019, immediately following the Legal Affairs and Governmental Relations Committee meeting, at the Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309. The purpose of this committee meeting is to review and consider any matters within the committee's jurisdiction.

Persons with disabilities requiring special accommodations in order to participate should contact the District by calling 954-473-7100 at least 48 hours in advance of the meeting to request such accommodations.

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.

**COMPLIANCE AND ETHICS COMMITTEE**  
**Immediately Following Legal Affairs & Governmental Relations Committee Meeting**  
**April 17, 2019**

**CALL TO ORDER**

**COMMITTEE MEMBERS**

- \_\_\_\_\_ Commissioner Nancy W. Gregoire, Chair
- \_\_\_\_\_ Commissioner Andrew M. Klein
- \_\_\_\_\_ Commissioner Christopher T. Ure
- \_\_\_\_\_ Commissioner Ray T. Berry
- \_\_\_\_\_ Commissioner Stacy L. Angier
- \_\_\_\_\_ Commissioner Marie C. Waugh

**EX-OFFICIO**

President/CEO, General Counsel, Chief Compliance Officer, Chief Internal Auditor or his or her designee

**PUBLIC COMMENTS**

**APPROVAL OF MINUTES**

1. Approval of the Compliance and Ethics Committee meeting minutes, dated March 21, 2019

**TOPIC OF DISCUSSION**

2. Chief Compliance Officer Report
  - a. Report from the Executive Compliance Group
    - Training
    - Sanction Screening
    - Disclosures
      - Disclosures Detail
      - Conflict of Interest

# AGENDA

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

- Risk Assessment, Auditing and Monitoring
3. Regulatory Environment Report / Training
- Compliance Reporting to the Board of Commissioners

## **ADJOURNMENT**

DRAFT

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# MINUTES

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

**COMPLIANCE AND ETHICS COMMITTEE  
Immediately Following  
Legal Affairs and Governmental Relations Committee Meeting  
March 21, 2019**

**CALL TO ORDER** 12:28 pm

**COMMITTEE MEMBERS**

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

**ADDITIONALLY PRESENT** Gino Santorio/President/CEO, Alan Goldsmith/CAO, Alex Fernandez/CFO, Jerry Del Amo/Managing Senior Associate, Marian Wossum/Interim General Counsel Designee, Steve Forman/Interim Chief Compliance Officer, Nigel Crooks/Chief Internal Auditor

**PUBLIC COMMENTS** None

**APPROVAL OF MINUTES**

1. Approval of the Compliance and Ethics Committee meeting minutes, dated February 20, 2019

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

**APPROVE THE COMPLIANCE AND ETHICS MEETING MINUTES, DATED  
FEBRUARY 20, 2019.**

Motion *carried* unanimously.

Interim Chief Compliance Officer, Steve Forman, introduced additional staff from the Compliance and Ethics department who then gave a brief description of their backgrounds and responsibilities within the department.

Mr. Forman reported that the new Chief Compliance Officer, Mr. Brian Kozik would officially be starting his tenure on April 1<sup>st</sup>, 2019.

He also announced that he was in the process of putting together a report summarizing all that was accomplished during his time as Interim Chief Compliance Officer.

# MINUTES

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

Mr. Forman reported the he was in communication with the Monitor, Laura Ellis, related to the selection of permanent Chief Compliance Officer.

## **TOPIC OF DISCUSSION**

### 2. Interim Chief Compliance Officer Report

#### a. Report from the Executive Compliance Group

Mr. Forman provided an update on the progress that had been made related to the deficiencies he reported at the January, 2019 committee meeting.

Commissioner Klein noted that he wanted the minutes of the Compliance meeting to reflect the substance of the discussion.

Mr. Forman credited Denise Moore for a job well done on the Code of Conduct.

Mr. Goldsmith reported that a subcommittee had been formed to strictly manage IRO responses and CIA requirements.

Commissioner Berry announced that he had scheduled an introductory call with the Monitor on the following day.

Note: Mr. Forman modified the order of items listed on the agenda.

- IRO Plan of Correction

Beth Cherry updated the committee on her subgroup's recent activities related to the IRO Plan of Correction. She further reported on the progress of the spreadsheet available on Sharefile.

- Training

Melanie Hatcher updated the Committee on the timeline and progress of the organization's compliance trainings, attestations and reconciliations.

- Sanction Screening

Lee Ghezzi reported that the sanction screening subgroup reviewed the areas they felt had gaps, which most were since closed. He further reported on issues and plan of action related to the current manual correlation process. Sanction screenings are being received from numerous locations causing a lot of legwork for the compliance department. A meeting has been scheduled with IT to discuss the implementation of an electronic mechanism to correlate and decrease duplicates.

# MINUTES

- Disclosures
  - Disclosures Detail

Mr. Forman further reported on the status of Disclosures and issues related to reporting disclosures in real time by managers at the facility level. There are over 180 open disclosures, 55 of which are over a year old.

- Conflict of Interest

*No report given*
- HIPPA

*No report given*

- Risk Assessment, Auditing and Monitoring

Alex Fernandez reported that moving forward compliance meetings will be held and run by regional management in an effort to strengthen the organizational's level of compliance from the bottom up. Metrics will be provided to the compliance department so that a corrective plan could be formulated.

In regards to the Auditing and Monitoring subgroup, the annual audit risk assessment will be combined with compliance's risk assessment so that there is one master list for the organization.

- Code of Conduct

Mr. Forman reported in absence of Denise Moore on the status of the Code of Conduct, Policies and Procedures.

David Clark reported on a new subcommittee project that would take a year to review related to 3,474 policies found in eight (8) manuals in total. The committee will receive quarterly updates on the progress.

Discussion ensued regarding the process of how a quality of care issue would be investigated and reported. Mr. Ghezzi explained the current process in detail.

## Regulatory Environment Report / Training

- False Claims Act

Mr. Forman gave the committee a short training on the history of False Claims Acts and the difference between the civil false claims act and the criminal false claims act.

# MINUTES

North Broward Hospital District Board Of Commissioners  
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### 3. Call Policy Exhibit

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

**RECOMMEND THAT THE BOARD APPROVE THE ON-CALL COVERAGE POLICY.**

Motion *carried* unanimously.

Mr. Santorio thanked Mr. Forman for his contribution, support and for agreeing to stay on as a consultant for an extended time.

**ADJOURNMENT** 1:37 pm

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

**ADJOURN THE COMPLIANCE AND ETHICS COMMITTEE MEETING.**

Motion *carried* unanimously.

Respectfully submitted,  
Commissioner Ray T. Berry  
Secretary / Treasurer



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# COMPLIANCE REPORTING TO THE BOARD OF COMMISSIONERS

April 2019

# INFORMATION BOARD SHOULD HAVE

The following focuses on types of reports/documents the Board review in order to meet their compliance program oversight responsibilities.

Reviewing the information suggested will greatly facilitate and provide necessary evidence to freely sign the annual CIA Resolution for the OIG.

Consideration may be given to assigning various members of the Board to reviewing selected information.

# AREAS OF PARTICULAR IMPORTANCE

1. Violations of law and regulations
2. Failure to meet OIG CIA obligations
3. Serious violations of policies and procedures
4. Conflicts of interest
5. Wrongful behavior of executives and key employees
6. Failure to provide quality, medically necessary health care services
7. Any other concern that could give rise to liability

# COMPLIANCE PROGRAM STRUCTURE

1. Review charter 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 CEO and/or CCO explaining the work they have been doing over the past year and plans for the coming year.
5. Review ECG meeting minutes to verify they meet regularly and can evidence their work on behalf of the CP.

# COMPLIANCE OFFICER

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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 annual reviews for updates, revisions, and rescissions.
6. All rescinded and modified policies have been maintained in file as part of document management.

# COMPLIANCE COMMUNICATION

COMPLIANCE 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. Review of the log of all disclosures.

# COMPLIANCE EDUCATION AND TRAINING

REPORTS TO THE BOARD SHOULD INCLUDE EVIDENCE OF...

1. Scope of compliance-related education/training.
2. Covered Persons that received training on CP, Code and CIA.
3. Effectiveness of training & who maintains that documentation.
4. Verification that all training completed was tracked and reported through Compliance's reporting tool.

# 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 that are provided to the Board in their entirety.

# 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 ASSESSMENT PROCESS REPORT

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

# SUMMARY/CONCLUSIONS

- The Board should receive regular reports on Compliance Program Status.
- All CP elements should be covered during the course of the year.
- Standard metrics should be developed.
- There should be no surprises at the end of the reporting period.

# QUESTIONS