NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Compliance and Ethics Committee meeting will be held on Wednesday, October 21, 2020, immediately following the Audit Committee meeting, via WebEx. The purpose of this committee meeting is to review and consider any matters within the committee’s jurisdiction.

NOTE: This public Committee meeting shall be conducted only through communications media technology in accordance with the Governor’s Executive Order No. 20-69, as extended by the Governor’s Executive Order No. 20-246, and Section 120.54 (5)(b)2, Florida Statutes.

This meeting shall be open to the public who may attend by using the call-in toll number provided below:

Call-In Toll Number: (650) 479-3208
Meeting Access Code: 172 647 1978
Meeting Password: jWJhXKyh493

For the most updated information, please check our website as schedules may change for reasons beyond our control https://www.browardhealth.org/pages/board-calendar

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 MEETING
Immediately following the Human Resources Committee Meeting
September 8, 2020

The Compliance and Ethics Committee Meeting of the North Broward Hospital District was held on September 8, 2020, immediately following the Legal Affairs and Governmental Relations Committee meeting, via WebEx video conference.

1. NOTICE

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Nancy W. Gregoire at 9:48 a.m.

3. COMMITTEE MEMBERS

Present: Commissioner Nancy W. Gregoire, Chair
Commissioner Christopher T. Ure, Vice Chair
Commissioner Ray T. Berry
Commissioner Stacy L. Angier
Commissioner Marie C. Waugh

Senior Leadership
Additionally Present: Gino Santorio/President/Chief Executive Officer, Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Jerry Del Amo/Deputy General Counsel

4. GOVERNOR’S EXECUTIVE ORDER ANNOUNCEMENT

General Counsel delivered the Governor’s Executive Order for the record.

“This public board committee meeting is being conducted through communications media technology in accordance with the Governor’s Executive Order No. 20-69, as extended by the Governor’s Executive Order No. 20-193 Section §120.4(5)(b)2 of the Florida statutes. This meeting is open to the public who are able to attend this meeting via telephone conference call. The conference call information is currently posted on Broward Health’s website. All requirements
of Florida’s Sunshine Law are still in effect, including memorialization of minutes. While not a requirement under Florida law, we will attempt to record this meeting and post it on Broward Health’s website for the public and for those who may not be able to attend this live telephone conference.”

5. **PUBLIC COMMENTS**

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

6. **APPROVAL OF MINUTES**

Without objection, Chair Gregoire approved the Compliance and Ethics Committee Meeting Minutes for August 19, 2020.

Motion *carried* without dissent.

7. **TOPIC OF DISCUSSION**

7.1. Chief Compliance Officer Report – presented by Brian Kozik, SVP, Chief Compliance Officer

7.1.1. Compliance Department Updates

- Two-Midnight Rule Audit, completed
  - Objective is that if a physician believes that a patient requires two or more nights of medically necessary care, but the patient goes home before two midnights, the provider is still eligible to receive the inpatient rate based on the initial documentation.
  - 22% resulted in a little over $103k payback.
  - Audit is a reportable event, which will be shared with the OIG Monitor.
  - Meeting with Case Management and HIMMS to share results, pending.

- Non-Focus Arrangements Audit, completed
  - Objective is to review a sample of contracts and related documents to ensure internal review, approval process, and other internal procedures were followed and documented as required.
  - Pending responses.

- Broward Health Medical Center’s Institutional Review Board (IRB), in progress
  - The objectives of the review is to use an FDA checklist to determine that Broward Health IRB is following the Code of Federal Regulations, subchapter part 56, Institutional Review Boards, the
Centers for Medicare, and Medicaid Services regulations and guidelines regarding the operations of an IRB.
  o 40% completed.
  • Focus Arrangements Review for CIA Year 5, Q2, completed
    o Objective is to ensure internal review and approval processes and procedures were properly followed.
    o Draft report issued the end of August 2020.
  • Focus Arrangements Review for CIA Year 5, Q3 and Q4, in progress
    o Objective is to ensure internal review and approval processes and procedures were properly followed.
    o 10% completed.
  • Tracking and Remuneration Audit for Employed Physicians Agreements, in progress
    o Objective is to review payments made during review period and verify internal controls were effective and consistent with terms of agreement.
    o 30% completed.
    o Sampling 30 agreements.
  • BHIP/BHMC Coding Audit for Q2, in progress
    o Objective is to review inpatient and outpatient coding to ensure the coding meetings federal coding guidelines and Broward Health’s accuracy rate of 95%.
    o BHIP, 85% completed.
    o BHMC, 50% completed.
  • Observation Stay/Condition Code 44 Audit, completed.
    o Condition Code 44 is when the Hospital Utilization Review Committee changes a physician’s order for inpatient status to outpatient due to lack of certain criteria.
    o Report to be finalized.
  • Emergency Medical Treatment and Active Labor Act (EMTALA), in progress
    o Objective is to ensure a proper medical screening examination is conducted in the Emergency Department in compliance with EMTALA regulations. The review is being conducted at Broward Health Medical Center.
    o Review may be pushed out, as the next phase requires onsite engagement within the Emergency Department.
  • SafeGuard Services Audit of Broward Health Medical Center Short Stay, completed
    o Objective is to determine whether Medicaid payments made for inpatient stays less than two days were in accordance with state and federal laws, regulations, and policies between October 1, 2014 through March 31, 2018.
36 denied claims based on the Two-Midnight Rule.
Broward Health submitted an appeal with all the supporting documentation at the end of August for 35 of the denied claims, response pending.

- Enterprise Risk Assessment, completed
  - Conducted the ERA process for the second year. The goal is for the system leadership to identify high risk areas within their operations. The results systemwide will be used to identify risks that will be addressed by internal teams and/or added to the work plans of Compliance and Internal Audit. Results will be reported to the Auditing/Monitoring subcommittee.
  - Results currently under management review; to be included in internal audit and compliance work plans.

- Executive Compliance Group (ECG)
  - The ECG is the group that supports the Chief Compliance Officer (CCO) in carrying out compliance program responsibilities. To assist the CCO, the ECG implemented the following subcommittees that meet monthly:
    - Code of Conduct/Policies and Procedures
    - HIPAA/Disclosures
    - IRO Plan of Correction
    - Risk Assessment/Auditing and Monitoring
    - Sanctions Screening
    - Training
  - To bring Charter to ECG to review and approve.
  - Self-Assessment, completed. Results being compiled; to be shared at the September 15, 2020 ECG meeting and the Compliance Committee October 21, 2020 meeting.
  - Monthly meetings to continue until CIA year 5 is over; then the goal is to reduce to bi-monthly meetings and eventually quarterly meetings.

- Compliance Council
  - Objective is to develop a sounding board to determine what is successful in compliance. They will provide feedback on what improvements they think are needed. Council includes members throughout the system: clinical and nonclinical staff from all shifts.
  - Promotional campaign launching October 25, 2020 to all employees via several emails.

- Compliance Department Rebranding, in progress
  - Two videos produced at the end of August.
    - Video 1: Introduction to Compliance and code of conduct.
    - Video 2: Completion of the CIA.
7.1.2. OIG/CIA Update

- CIA ended on August 30, 2020
- OIG Virtual Site Visit – Additional virtual site visit information provided to OIG Monitor, per her request.
- Sleep Study – Six-Year Look-Back Audit
  - OIG feedback pending on self-disclosure protocol and its effectiveness related to the sleep study audit.
- Certifying Employees, in progress
  - Annual certifications in progress.
  - Frequently Asked Questions (FAQ) provided to each certifying employee.
- HIPAA Breaches – August
  - Two breaches reported to Monitor.
    - Impermissible disclosures of patient health information (PHI).
      - (1) Broward Health Community Services – Bernard Alicki Community Health Center.
      - (1) Broward Health North.
  - OIG Monitor notified Broward Health that reporting of the breaches is no longer required.
- IRO Communications for CIA Year-5 Plan
  - Systems and transaction review required in 2019. Only the transaction review is required for 2020 (50 transactions).
- Year-5 Annual Report, in progress
  - Report being prepared within Broward Health.
- Post-Corporate Integrity Agreement (CIA) Transition Plan, completed
  - Plan to be shared at the September 5, 2020 ECG meeting and made available to the Compliance and Ethics Committee.

7.2. Compliance Work Plan – Fiscal Years 2021 and 2022 – presented by Brian Kozik, SVP, Chief Compliance Officer

- Compliance Work Plan – Fiscal Year 2020, in progress
- Two-year plan for Fiscal Year 2020 and Fiscal Year 2021
  - 56 reviews in total.
  - 10 reviews in process.
  - 46 reviews pending.

**MOTION** It was *moved* by Commissioner Berry, *seconded* by Commissioner Waugh, that:

The Compliance and Ethics Committee recommend that the Board of Commissioners of the North Broward Hospital District approve FY21/22 Compliance Work Plan.
Motion confirmed by roll call vote:

YES Commissioner Berry
YES Commissioner Angier, Vice Chair
YES Commissioner Waugh, Secretary/Treasurer
YES Commissioner Ure
YES Commissioner Gregoire, Chair

Motion carried 5/0.

7.3. Board of Commissioners Compliance Consultant Update – presented by Steve Forman, Board of Commissioners Compliance Consultant

- Compliance Program Structure (for more detail, see the Compliance Program Structure PowerPoint presentation)
  - Compliance Officer
  - Written Compliance Guidance
  - Compliance Communication
  - Reports on Violations Reported and Investigated
  - Reports on the Responses to Identified Issues
  - Disclosure Program
  - Compliance Education and Training
  - Evidence of Compliance Program Effectiveness
  - Changing Regulatory Environment
  - Claims Processing Error Rates
  - Sanction Screening
  - Risk Assessment Process Report
  - Summary/Conclusions
    - The Board should continue to receive regular reports on Compliance Program status.
    - All Compliance Program elements should be covered during the year.
    - The Board should maintain a good understanding of the status and effectiveness of the Compliance Program.

8. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 10:35 a.m.

Respectfully submitted,
Commissioner Marie C. Waugh, Secretary/Treasurer
Board of Commissioners
CIO Report – Cure’s Act

October 2020
Cures Act Overview

Why...
• On March 9th, 2020, ONC released its Cures Act Final Rule. The Final Rule implements key provisions to advance interoperability, support seamless exchange, access, and use of electronic health information, and addresses information blocking.

What it means....
• The Information Blocking Rules fundamentally change how providers respond to requests from third parties for Electronic Health Information (and their customary approach for complying with HIPAA)

Results
• Transparency into the cost and outcomes of their care
• Competitive options in getting medical care
• Modern smartphone apps to provide them convenient access to their records
• Restricts Information Blocking

Risk
• reimbursement will be reduced/lost forever
# Compliance and Enforcement Timeline

<table>
<thead>
<tr>
<th>Compliance Timeline</th>
<th>ONC released final rule March 9, 2020</th>
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<tbody>
<tr>
<td></td>
<td>Final Rule Published May 1, 2020</td>
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<td>Compliance date November 2, 2020</td>
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<tr>
<th>Enforcement Timeline</th>
<th>OIG released proposed rule April 21, 2020</th>
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<tr>
<td></td>
<td>Final Rule estimated publication – October 2020</td>
</tr>
<tr>
<td></td>
<td>Estimated Enforcement date – December 2020</td>
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</table>
A practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information (unless required by law or specified by the Secretary pursuant to rulemaking)
Who is Subject to the Information Blocking Provisions

- Health Care Providers
  - (Includes LTPAC and Behavioral Health)
- HIT Developers
  - (CEHRT and Non-CEHRT)
- HIN/HIEs

Actors
Action Items

1. Identify systems and data-sharing arrangements that are sources for access, exchange, or use of EHI
2. Review any 3rd party contracts pertaining to data exchanges
3. Review and update HIPAA policies & procedures in reference to patient access
4. Focus first on USCDI Data Classes & Data Elements (Nov 2, 2020 compliance deadline)
5. Uses & Exchange of USCDI/EHI
6. Review BAA for alignment
7. Create an organization-wide policy on Information Blocking
8. Incorporate 8-Exceptions to the Information Release into all district policies and procedures
9. Establish an appeal process for data release denials and a Hot Line number to provide to requestor
10. Develop Policy & Procedure for Case-by-Case response procedures to data-request and Information Blocking analysis
11. Train employees on Information Blocking Rules
Broward Health’s Developing Process

Learn about Info Blocking

Convene Relevant Stakeholders

When are you an Info Blocking Actor?

Draft or Revise Info Blocking Policies

Assess Compliance

Train on Info Blocking Policies

Remediate Info Blocking Practices

Identify Info Blocking Practices
COMPLIANCE BUDGET
FISCAL YEAR 2021
# Income Statement Summary - Budget Review

## BH - COMPLIANCE

**FY2021**

<table>
<thead>
<tr>
<th></th>
<th>ACT2018 Actual YTD</th>
<th>ACT2019 Actual YTD</th>
<th>ACT2020 Actual YTD</th>
<th>BUD2021 Budget YTD</th>
<th>vs ACT2018</th>
<th>vs ACT2019</th>
<th>vs ACT2020</th>
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<tbody>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td>1,404,642</td>
<td>1,391,725</td>
<td>1,670,108</td>
<td>1,674,621</td>
<td>17,978</td>
<td>282,976</td>
<td>4,513</td>
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<tr>
<td>Benefits</td>
<td>96,335</td>
<td>96,272</td>
<td>139,688</td>
<td>118,447</td>
<td>22,111</td>
<td>22,175</td>
<td>(21,242)</td>
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<tr>
<td>Contract Labor</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fees Physician</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fees Other</td>
<td>2,655,271</td>
<td>2,601,985</td>
<td>351,757</td>
<td>398,296</td>
<td>(2,256,975)</td>
<td>(2,203,690)</td>
<td>46,538</td>
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<tr>
<td>Supplies</td>
<td>6,294</td>
<td>6,123</td>
<td>26,395</td>
<td>11,189</td>
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<tr>
<td>Insurance</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Maintenance &amp; Repairs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Lease and Rental</td>
<td>0</td>
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<td>Utilities</td>
<td>5,741</td>
<td>6,468</td>
<td>6,494</td>
<td>6,985</td>
<td>1,245</td>
<td>518</td>
<td>491</td>
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<td>PMATF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Other Expenses</td>
<td>59,686</td>
<td>3,441,549</td>
<td>(794,239)</td>
<td>126,455</td>
<td>66,769</td>
<td>(3,315,094)</td>
<td>920,694</td>
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<tr>
<td>Interest</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Bad Debt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>4,227,970</td>
<td>7,544,122</td>
<td>1,400,204</td>
<td>2,335,992</td>
<td>(1,891,977)</td>
<td>(5,208,130)</td>
<td>935,789</td>
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<tr>
<td>Common Service</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Depreciation &amp; Amortization</td>
<td>6,365</td>
<td>3,578</td>
<td>2,821</td>
<td>959</td>
<td>(5,406)</td>
<td>(2,619)</td>
<td>(1,862)</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>4,234,335</td>
<td>7,547,700</td>
<td>1,403,024</td>
<td>2,336,951</td>
<td>(1,897,384)</td>
<td>(5,210,749)</td>
<td>933,927</td>
</tr>
<tr>
<td>Gain/(Loss) from Operations</td>
<td>(4,234,335)</td>
<td>(7,547,700)</td>
<td>(1,403,024)</td>
<td>(2,336,951)</td>
<td>1,897,384</td>
<td>5,210,749</td>
<td>(933,927)</td>
</tr>
<tr>
<td><strong>FTE's - Total</strong></td>
<td>14.3</td>
<td>15.2</td>
<td>17.2</td>
<td>17.0</td>
<td>2.6</td>
<td>1.8</td>
<td>(0.2)</td>
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</tbody>
</table>
The ECG Charter requires the Committee to annually evaluate its performance vis-à-vis its duties and responsibilities and report the results to the Compliance Committee of the Board of Commissioners. For each Duty/Responsibility listed rate the Committee’s performance from 1 to 4 with 4 being the highest rating. There is space on the matrix to put any comments if you so desire. The entire form should be completed, however if you cannot answer an item put “N/A”. If you have questions, please contact the Chief Compliance Officer. Your ratings should be based on the performance of the Committee during Year 5 of the CIA (August 31, 2019 to the present).

<table>
<thead>
<tr>
<th>Duty/Responsibility</th>
<th>Effectiveness Score (1-4)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Committee provided oversight and general guidance on all matters relating to corporate compliance and the Compliance Program at Broward Health, including meeting the terms and conditions of the CIA as well as all significant issues relating to compliance with applicable laws, regulations, policies and procedures, and the Code of Conduct.</td>
<td>1=0 2=0 3=0 4=23</td>
<td>This is something that I view as a best practice for a compliance program. The committee has done a tremendous job at contributing/driving a level of understanding related to the compliance program and hardwiring a culture of compliance from the top down. This group did a fantastic job leading all aspects the compliance program. As a new member of ECG in 2020, I was very impressed at the comprehensive presentations and discussions related to the compliance program and oversight. The committee included a multi-disciplinary team of leaders from across the organization as well as senior members of the Compliance Team, Brian Kozik and Steve Forman. Due to the vast representation, the committee had a high level of compliance expertise and significant guidance towards meeting terms of the CIA. Transparent, timely and accurate updates and oversight of the compliance program.</td>
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<tr>
<td><strong>Meetings well organized with pertinent agenda items. Membership organized into subcommittees representing all aspects of the compliance program.</strong></td>
<td></td>
<td>1=0 2=0 3=0 4=23</td>
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<tr>
<td></td>
<td>The committee was structured to provide information as well as opportunity to evaluate the compliance culture at BH. The committee was comprised of various subcommittees who took responsibility for ensuring that the aspects of compliance work plan were completed and hardwired into the organization.</td>
<td>I believe monthly even in the pandemic.</td>
</tr>
<tr>
<td></td>
<td>Yes, meetings were held regularly.</td>
<td>Yes, meetings were held regularly.</td>
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<tr>
<td></td>
<td>Agree.</td>
<td>Agree.</td>
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<tr>
<td></td>
<td>The committee meet frequently with great consistency.</td>
<td>The committee meet frequently with great consistency.</td>
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<tr>
<td></td>
<td>Mandatory attendance.</td>
<td>Mandatory attendance.</td>
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<td>I think it’s time to do bi-monthly meetings and then quarterly.</td>
<td>I think it’s time to do bi-monthly meetings and then quarterly.</td>
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<td></td>
<td>The committee met more frequently up to monthly and did so virtually during the COVID era.</td>
<td>The committee met more frequently up to monthly and did so virtually during the COVID era.</td>
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<td></td>
<td>The committee met more than quarterly.</td>
<td>The committee met more than quarterly.</td>
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<tr>
<td></td>
<td>Met monthly.</td>
<td>Met monthly.</td>
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<tr>
<td><strong>Each meeting was accompanied by an agenda.</strong></td>
<td></td>
<td>1=0 2=0 3=0 4=23</td>
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<tr>
<td></td>
<td>Agenda and minutes were included in each meeting.</td>
<td>Agenda and minutes were included in each meeting.</td>
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<tr>
<td></td>
<td>Agree.</td>
<td>Agree.</td>
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<td></td>
<td>This was achieved.</td>
<td>This was achieved.</td>
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<td></td>
<td>Standing agenda with detailed meeting minutes.</td>
<td>Standing agenda with detailed meeting minutes.</td>
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<td></td>
<td>Agenda was relevant and well organized.</td>
<td>Agenda was relevant and well organized.</td>
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<td></td>
<td>Agenda was prepared and distributed ahead of the meeting.</td>
<td>Agenda was prepared and distributed ahead of the meeting.</td>
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</table>
4. Meetings were of enough duration to allow appropriate coverage of the agenda.  

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<th>4=23</th>
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<td>1=0</td>
<td>2=0</td>
<td>3=0</td>
<td>4=23</td>
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</table>

Yes, meetings were detailed and allowed all members to participate.  
Agree.  
The guideline was achieved.  
Dedicated in-person meetings with roundtable discussions.  
The meetings were too long at first. The subcommittee chairs have done a nice job being more succinct with their presentations.  
Yes. All topics were covered at every meeting.

5. All elements of the Compliance Program were effectively reviewed and discussed during the year.  

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<th>3=1</th>
<th>4=22</th>
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<tr>
<td>1=0</td>
<td>2=0</td>
<td>3=1</td>
<td>4=22</td>
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</table>

The ECG had great attention to all elements of the Compliance Program.  
Current year and historical information.  
Subcommittee format helped to make the discussion efficient and comprehensive.

6. Meetings were run effectively, and people were allowed to participate actively.  

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<tr>
<th>1=0</th>
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<th>3=1</th>
<th>4=22</th>
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<tbody>
<tr>
<td>1=0</td>
<td>2=0</td>
<td>3=1</td>
<td>4=22</td>
</tr>
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</table>

Meetings were well run.  
Participation has always been encouraged.  
There is always the opportunity to increase engagement.  
Engagement by executives and regional leaders. Board governance was in participation.  
See #4.  
People were actually encouraged to participate actively.  
Active participation of committee members was encouraged. Plenty of time to share opinions and suggestions.
7. Detailed meeting minutes were taken at each meeting and distributed for review and approval at the next meeting. Meeting minutes included the date, start and end times of the meeting, the Committee members present and absent, a summary of each topic discussed, and Committee actions voted upon.

| 1=0 | 2=0 | 3=0 | 4=23 |

- Yes. Such information is included in meetings.
- Minutes were provided.
- This was achieved with consistency.
- Standing agenda with detailed meeting minutes.

8. The Committee evaluated Broward Health’s culture of compliance and values for the purpose of promoting the Compliance Program in the work environment.

| 1=0 | 2=0 | 3=1 | 4=22 |

- Completed.
- I believe the committee supports and promotes a Compliance Program for Broward Health.
- The committee greatly supported the overarching culture of compliance.
- Leadership demonstrated a high level of commitment to compliance.
- Compliance became an attitude, behavior and overarching guide to day-to-day practice.
- This is true at the management level and up; not so sure it has permeated down to the front line staff.

9. The Committee reviewed and revised the Code of Conduct to maintain its relevancy.

| 1=0 | 2=0 | 3=1 | 24=22 |

- Completed.
- Before I joined.
- I don’t recall the date of review for FY 2020. I don’t know if the Code contains a revision date. I defer to the Code of Conduct sub-committee.
- I truly enjoyed this process.
- Completed by committee and disseminated across the organization.
- Always room for greater education.
- Entire re-vamp of the code of conduct.
- Standing committee.
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| 10. The Committee ensured development and implementation of Compliance Program policies and procedures including those relating compliance high-risk areas. | 1=0 2=0 3=1 4=22 | This was also addressed through the risk subcommittee.  
The committee was presented with various compliance policies throughout the year for review and approval.  
The committee was responsible for reviewing and implementing policies related to the compliance program.  
Risk and Audit sub-committee created comprehensive processes, control points and effective plans of action. |
| 11. The Committee reviewed and revised Compliance Program policies and procedures timely and effectively. | 1=0 2=0 3=3 4=20 | While these were all completed on time I would prefer next year to have them completed with more time to spare in case there are any outstanding items to discuss further.  
Completed.  
Same as above.  
More attention to the timely review should be taken.  
Transparent, timely and accurate updates and oversight of the compliance program.  
Policies were reviewed at each meeting for greater efficiency.  
And efficiently, team leaders did a wonderful job in providing clear and simple instructions for the committee to provide feedback and/or approve update to policies and procedures. |
| 12. The Committee assisted in the analysis of compliance risk areas and vulnerabilities, as well as reviewed the annual Compliance Audit Work Plan and Internal Audit Work Plan related to compliance. | 1=0 2=0 3=1 4=22 | This was also addressed through the risk subcommittee.  
Agree.  
Risk and Audit sub-committee created comprehensive processes, controls points and effective plans of action.  
ERM has done a remarkable job at identifying risks and creating mitigation plans. |
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<tr>
<td>13. The Committee promoted an environment where employees can report any improper activity without fear of retaliation and that methods to report compliance concerns were well known and functional.</td>
<td>1=0 2=0 3=3 4=20</td>
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<tr>
<td></td>
<td>The committee promoted this very well; however, we need to continue to ensure the culture is hard-wired.</td>
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<td>Additional focus will be placed on communications of appropriate avenues among the internal audiences through internal communications. Agreed, the culture and environment allowed for members to participate in a collaborative, open environment.</td>
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<td>I believe the committee supports non-retaliation for reporting compliance concerns.</td>
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<td>Compliance became an attitude, behavior and overarching guide to day-to-day practice.</td>
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<td>14. The Committee oversaw the development of remedial actions to ensure that violations of the Code of Conduct, and other Broward Health compliance policies and procedures, were not repeated.</td>
<td>1=0 2=0 3=1 4=22</td>
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<td></td>
<td>Regularly.</td>
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<td>Great leadership commitment was demonstrated related to remedial efforts.</td>
</tr>
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<td>15. The Committee reviewed the Compliance Program infrastructure and operation including determining that the Program had adequate resources.</td>
<td>1=0 2=0 3=3 4=20</td>
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<td></td>
<td>Regularly.</td>
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<td>The objective was met.</td>
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<td>Entire re-vamp of the corporate program and compliance leaders. Additionally support with external consultative services.</td>
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<td>16. The Committee monitored and reviewed the compliance education and training program for adequacy and relevance in addressing the operation and management of the Compliance Program, operational high-risk areas, Code of Conduct and applicable laws and regulations.</td>
<td>1=0 2=0 3=2 4=21</td>
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<td></td>
<td>Regularly.</td>
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<td></td>
<td>High level of focus on communications and education – always room for additional awareness.</td>
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<td></td>
<td>Compliance became an attitude, behavior and overarching guide to day-to-day practice.</td>
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<tr>
<td>17. The Committee adequately promoted awareness of compliance issues and improving employee skills in dealing with these issues.</td>
<td>1=0 2=0 3=2 4=21</td>
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<td>Regularly.</td>
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<td>High level of focus on communications and education – always room for additional awareness.</td>
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<td>Compliance became an attitude, behavior and overarching guide to day-to-day practice.</td>
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<td><strong>18.</strong> The Committee ensured that there was periodic independent evaluation of the Compliance Program effectiveness and oversaw any corrective action measures or program improvements in response to findings.</td>
<td>1=0 2=0 3=1 4=22</td>
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<td><strong>19.</strong> The Committee monitored the results of internal and external audits and investigations related to the Compliance Program for the purpose of identifying and implementing subsequent corrective and/or preventive actions.</td>
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<td><strong>20.</strong> The Committee adequately reviewed the status of corrective actions from audits and reviews to verify that such actions were completed timely and were effective.</td>
<td>1=0 2=0 3=3 4=20</td>
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<td><strong>21.</strong> The Committee reviewed the results of the Chief Compliance Officer’s annual review of the Focus Arrangements Tracking System, its internal review and approval process, and other Focus Arrangements Procedures as required by the CIA.</td>
<td>1=0 2=0 3=0 4=23</td>
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<tr>
<td><strong>22.</strong> The Committee assisted in the analysis of Broward Health’s compliance risk areas and oversaw monitoring of internal and external audits and investigations.</td>
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23. As needed the Committee cooperated and assisted the Broward Health Board of Commissions on any reasonable inquiries they made into the operations and actions of the Committee.

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- Regularly.
- There was significant engagement by the Board Chair of the Compliance Committee.
- Engagement by executive and regional leaders. Board governance was in participation. Additionally support with external consultative resources and board education.

24. The Committee reviewed and approved the Charter of this Committee.

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- Completed.
- I don’t recall reviewing or approving the ECG Charter which shows an adoption date of December 18, 2018 but without signatures. I don’t recall reviewing the Charter in FY 2020. Recommend review.
- Engagement by executive and regional leaders.

25. The Committee adequately reviewed the status of the sanction screening programs to verify they were operating in accordance with the terms of the CIA and OIG guidance.

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- Completed.
- The committee was provided with sanction screening updates.
- Criteria were met.
- Sanction and screening sub-committee conducted a comprehensive and effective plan of action.
- The Committee did an excellent job at dividing the corrective actions into sub-committees and monitoring the status and close-out of those items.
- Subcommittee on sanction screening is well organized and produces detailed reports.

26. The Committee adequately reviewed the status of corrective actions resulting from the IRO reviews.

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- Regularly.
- The committee was provided with periodic reviews of the IRO POC.
- This was an area of high priority.
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<th>27. Committee members actively and effectively participated in Board Compliance Committee meetings.</th>
<th>Compliance and corporate leaders conducted a comprehensive and effective plan of action.</th>
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<td>1=0 2=0 3=2 4=21</td>
<td>Regularly.</td>
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<tr>
<td>Committee members were given the opportunity to present to Board consistently. Engagement by executive and regional leaders. Board governance was in participation. Additionally support with external consultative resources and board education. I was not a part of any Board Compliance Committee meetings as such I am unable to provide a rating. The chairs of the subcommittees participate in Board Compliance Committee meetings.</td>
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**List Committee strengths and significant accomplishments:**

**Having the sub-committees roll up to the executive committee and joint ownership of the program is a major success.**

The strengths are in the members of the committee and their willingness to do the work.

I am super impressed with the ECC and all that has been accomplished. You have done a tremendous job creating a culture of compliance.

I served in various roles this past year, including participation in the Executive Compliance Workgroup as well as both the Auditing and Monitoring and the Risk Assessment Subcommittee. My comments represent my observations for all areas noted herein.

The ECG and the subcommittees were well organized with a commitment to compliance, better understanding of our risks and ways to mitigate such risks. Members included compliance, legal, board members, VPs, CEOs and key stakeholders in the organization. Each committee remained steadfast in its goals and objectives and created a forum for members to review, discuss and understand compliance, risks and other factors throughout the organization. Meetings included agenda, minutes, allowed for dialogue and productive review. The risk enterprise assessment initiative this year was well organized and included review of each business entity related risks. Members reviewed risks at the department level with key stakeholders to ensure risks were fully understood, controls were assessment and reviews and areas were enhanced.

The committee remained very focused and committed to a compliance culture.
It provides an open forum for sharing compliance and regulatory issues and updates. The subcommittee structure provides a more hands on approach that engages stakeholders at all levels. The board participation is fantastic and something that has been a welcomed change. This committee has helped move the culture of compliance at all levels in the health system.

- Very detailed.
- Engaged participants.
- Celebration of success.
- Clearly identified issues with development of actionable plans of correction.

Committee strengths include transparency, open communication and opportunity for feedback from all members. Reviewing and revising the Code of Conduct, as well as reviewing and participating in the risk assessment process were significant.

1. Effective, meaningful meetings
2. Exceptional collaborative relationships among members
3. Determination and commitment by all members to give it their 100% effort
4. Focused subcommittee teams
5. Compliant organization!
6. Excellent leadership from Chief Compliance Officer!
7. Supportive and engaged senior leadership!

High level of commitment to compliance was demonstrated by leadership inclusive of the Board of Commissioners.

Highly structured committee.

Great attention to detail and high level of focus on areas of priority.

In addition to my comments, the highest of oversight and interested stakeholders participated in the governance of the current program.

**Strengths:**
- Commitment from Regional Executive and Corporate Executives
- Diverse group
- Open dialogue
- Structured
- Clear action items, expectations, and deliverables.
The Committee effectively created sub-committees which were able to successfully manage the many items and deliverables completed over the last year. The updates provided at each ECG meeting by the sub-committee chairs allowed for the entire ECG to be aware of and participate in the ongoing progress being made. One significant strength of the ECG committee is having the participation and support of all Executive Leadership as well as Board members.

- Ensuring that all facets of the CIA requirements were identified, focused on by the subject matter experts and the appropriate stakeholders were involved and accountable to the process.
- Streamlining the disclosure process and revising the process of resolution of these disclosures to make it efficient and timely.

- Efficiency
- Inclusion
- Creating a safe space where employees could report activity they believed could be improper without fear of retaliation.

- Strength of committee was the subcommittees that worked together to ensure that the compliance topics were addressed, tracked and shared with the group.

- Many accomplishments including reduction of outstanding disclosures, heightened awareness of HIPAA compliance, compliance policy updated and distributed. Provided a forum to monitor education compliance. Established a culture of compliance and no retaliation policies so staff feel confident to see something say something without repercussions.

The success of this Committee is rooted in prioritizing Compliance throughout the organization. Specifically, by including the C-Suite and administrators from every Broward Health Department, the Committee makes clear to everyone that Compliance is of the utmost importance. Further, these individuals are not just passive members of the Committee, but they all play a key role in its subcommittees, which drive results up to the main Committee.

- Agendas well thought out and prepared.
- Topics thoroughly discussed.
- Open dialogue.
- Good tracking to make sure issues are resolved.

- Teamwork
- Accountability
- Transparency

List principal opportunities for improvement to enhance Committee effectiveness:

Rotating individuals for fresh ideas may be beneficial.

As we begin each fiscal year, we may consider an agenda item to discuss those areas that are working well, need improvement and/or new strategies to be considered.
Continue to do what you have done. Things will continue to get better.

Develop a shared drive housing all appropriate documents for members to access and reference such as:
Agendas, minutes, subcommittee minutes, audit findings, action plans.
A higher level of engagement by all committee members.

Recruitment of new members to the committee – transition of chairs.

Increased education among general work force.

Maintain the current program comprehensiveness and intensity. Incorporate continuous improvement in monitoring tools.

Less monotonous.

Ensure subcommittee attendance for greater effectiveness.

Stay focused on the agenda and decrease anecdotal stories.

The Committee has focused primarily on compliance with the CIA, but as we emerge from the CIA, the goal should be to improve upon the Compliance program’s efforts not with respect to complying with a CIA, but with the aim of customizing compliance to Broward Health’s specific issues, programs, etc. Now that we have the basic elements in place, let’s take a look at how we can make them better, more effective, for us. Keep the momentum going. Great job!

Need to keep people engaged – need to change/update committee at leadership.
North Broward Hospital District—Compliance and Ethics Program
Transition Plan Summary

The North Broward Hospital District dba Broward Health (“NBHD”) is focused on sustainability and continued enhancement of its Compliance and Ethics Program (“Program”) with an overall objective of building on the progress achieved during the Corporate Integrity Agreement (“CIA”) and positioning the health system for long-term success with a robust and effective Program. NBHD intends to maintain the scope and intensity of its Program following completion of its CIA, to ensure a continuous commitment to compliant and ethical conduct.

Compliance Program Administration:

1. The Chief Compliance Officer (“CCO”) will continue to be a senior level official (Senior Vice President, or Executive Vice President) reporting directly to the NBHD Board of Commissioners (“Board”) and administratively to the President/Chief Executive Officer (“CEO”). Performance evaluation, compensation, hiring and termination decisions will be made by the Board with input from the CEO.

2. The Executive Compliance Group (“ECG”) (and all subcommittees) will continue to oversee the Program at the operating level as well as provide program support to the CCO. The ECG will continue to meet regularly, monthly but no less than quarterly. Minutes will continue to be taken. The CEO, Chief Administrative Officer and the CCO will review the committee composition annually.

3. The Compliance and Ethics Committee of the Board (“Committee”) will continue to provide overall oversight of the Program. It should be noted that all Board members sit on the Committee. The Committee will continue to meet regularly, monthly if possible, but no less than quarterly, and will receive updates from the CCO on all Program elements. ECG members will participate actively in the meetings by providing updates on the subcommittees they oversee, along with other operational initiatives having an impact on the Program. Minutes will continue to be taken.

4. The CCO will ensure that all Program elements are addressed during the course of the year for both the ECG and the Committee.

5. A charter for the ECG will be reviewed annually by the ECG and updated as appropriate. The Committee resolutions will be reviewed annually by the Committee and updated as appropriate. Annually, both the ECG and Committee will review their performance against established charters and resolutions.

6. The Committee will annually request of the Board that it reaffirm its commitment to compliance via a resolution.

7. The CCO will provide the ECG and Committee with an annual report on the status of the Program. The report will include such things as an assessment of all Program elements, objectives for the upcoming year and recommendations regarding how the Program can be more effective and efficient.
8. Compliance with laws, regulations and the Code of Conduct (“Code”), and support for and participation in the Program, will be included as a performance evaluation element for all management personnel. This includes but is not limited to (a) ensuring that all employees under their purview complete compliance training timely and (b) ensuring that managers review with employees basic compliance tenets as they relate to their particular functions. The performance evaluation elements results will be discussed at the ECG and at the Board level, as appropriate.

Management Certifications:

1. Certifying employees will continue to attest at their annual performance appraisal that the areas under their supervision are compliant with all NBHD Compliance and Ethics policies.

2. Current certification language will be modified to reflect that NBHD will no longer be under a CIA.

3. Certifying employees who terminate before the annual report process is complete will be asked to sign a certification or explain where deficiencies exist, if any, by the Corporate Compliance and Ethics Department (“Corporate Compliance”). Corporate Compliance will make it a practice to offer the opportunity for certifying employees and their direct reports to complete an exit interview prior to their departure.

4. The CCO, in conjunction with CEO, Chief Administrative Officer (“CAO”), and General Counsel (“GC”), will annually review the list of certifying employees and modify as required based on changes in business operations, job titles and/or oversight responsibilities.

5. Changes to the certifying employee’s process and/or composition will be communicated to the ECG and Committee.

Code of Conduct, Policies and Procedures:

1. NBHD will continue to maintain and update as appropriate the Code. The Code will be reviewed annually by the Policy and Code of Conduct subcommittee and updated as necessary, approved by the subcommittee, and reviewed by the ECG prior to going to the Board for final approval.

2. Compliance policies will be reviewed on not more than a two-year cycle. However, policies will be reviewed and revised more frequently as necessary in response to changes in law, regulation, guidance or NBHD business operations. Updates/revisions will be approved by the ECG and signed by the CCO.

3. Updates to the Code and compliance policies will continue to be communicated to the affected persons.

4. Both the Code and compliance policies will be available on NBHD’s website to all employees and third parties (e.g. relevant vendors/contractors, etc.), who will continue to be contractually bound by them.
Training:

1. Compliance and HIPAA training will continue as follows:
   a. **New employee orientation**—This will be live training and part of the orientation program run by the Human Resources Department. The compliance training portion will be a minimum of 45 minutes. All new employees must receive training within 45 days of hire. A statement acknowledging an employee’s commitment to and receipt of the Code will be signed, dated and maintained in the employee’s transcript.
   b. **Annual refresher training** – All employees will participate in compliance training on an annual basis including appropriate training on state and federal statutes, regulations and guidelines. Sessions will emphasize the organization’s commitment to compliance with these legal requirements and policies; describe the compliance program; summarize fraud and abuse statutes and regulations, including but not limited to the Stark Law; Anti-Kickback Statute; False Claims Act; Civil Monetary penalty laws, etc.; address coding requirements and claims submission processes; and reinforce standards for employee conduct. A statement acknowledging an employee’s commitment to and receipt of the Code will be signed, dated and maintained in the employee’s transcript. There will also be additional content for people who are involved in processing Focus Arrangements. A quiz at the end of the training must be passed to get credit for the course.
   c. **Training for Board members**—Training will be provided to the Board with the overall goal being to provide at least 1.5 hours of training each year. Board members will also be trained on NBHD’s Program requirements and any applicable federal and state health care program requirements as well as on the unique compliance plan oversight responsibilities of a health care governing board. New Board members will receive personalized training from the CCO within 45 days of their initial Board meeting.
   d. **Training for Medical Staff** - Training for physicians will be reviewed by the Chief Medical Officer, the Regional Chief Medical Officers and facility Chiefs of Staff to ensure training is relevant and specific to issues facing the physician community.
   e. **Manager Training** – Training for managers will emphasize their responsibilities under the Program, including the requirement to adhere to the overall Program, fraud, waste and abuse laws, and HIPAA.

2. Annually, a Compliance Training Plan will be developed by the Training Subcommittee of the ECG. The plan will identify specific goals and objectives to be achieved for each of the training programs that will be instituted. It will also identify the metrics that will be used to determine training effectiveness.

3. The Compliance Training Plan will also include steps that management will take to reinforce training program messages. These could include but not be limited to staff meeting discussions or ad hoc discussions with their employees on training concepts and takeaways, including how the training applies to individual work areas.

4. With regard to Board training, the CCO will solicit input from Board members regarding topics to be covered, but oversight responsibilities of a health care governing board will always be a component. The Board training plan may include courses presented by outside organizations (e.g. HCCA) on compliance matters and the regulatory environment.
5. With regard to compliance or specialized training, the CCO will solicit input from staff, management and medical staff regarding topics to be covered. These suggestions will be taken into consideration for any modifications to compliance or specialized training.

6. The Compliance Training Plan will be reviewed and approved by the ECG and then sent to the Committee for final approval on an annual basis. During the year, the plan may be amended to meet the specific training needs of our workforce, which could be in response to such things as regulatory changes, developments in the enforcement environment, the annual risk assessment, and the results of ongoing auditing and monitoring activities. Both the ECG and Committee will be informed of training plan changes on a periodic basis.

7. As part of the annual report, the CCO will discuss the training program, program metrics, whether the program met the established goals and objectives for the year, and what changes are recommended for future programs to make them more effective.

Focus Arrangements:

1. NBHD will continue utilizing Compliance 360 as its centralized tracking system for all existing, new, and renewed Focus Arrangements. All Focus Arrangements will continue to be entered into and managed through the system.

2. The CCO, GC, and NBHD Senior Management will evaluate how Focus Arrangements are processed and will to the extent possibly update policies and procedures to ensure that they continue to reflect evolving industry best practices. This includes reviewing the definition, coverage and scope of Focus Arrangements and how to reduce or eliminate the risks of violating the Stark Law, Anti-kickback statute or other relevant laws and regulations.

3. At a minimum, current processing responsibilities will continue, e.g. Corporate Compliance will continue to make the determination regarding whether a proposed Arrangement is a Focus Arrangement and continue to evaluate risk areas with respect to fraud and abuse matters related to Focus Arrangements.

4. Corporate Compliance also will continue to conduct audits to verify that the processing of Focus Arrangements, as well as other contracts, complies with laws, regulations and NBHD policies. Results of audits will be reported to the ECG and Committee, including recommendations for and updates on the status of corrective actions.

5. Based upon the audit results, NBHD will consider hiring an outside firm to conduct a review that is similar to the systems and transactions reviews of Focus Arrangements under the CIA, as appropriate. Results will be reported to the ECG and Committee.

Risk Assessment and Internal Review:

1. NBHD is continuing to enhance the auditing and monitoring program to identify pertinent risk areas that require further evaluation. This includes driving the program down to the operating levels of the organization. Lower level managers will be identifying and assessing risks within their domains and verifying that controls are effective in mitigating such risks.
2. NBHD will continue to operate an enterprise-wide Risk Assessment Program. The Auditing and Monitoring Subcommittee of the ECG (“A&M Subcommittee”) will continue oversight of the program. While the first year of the program has focused on assessing risks, in subsequent years it will continue to move forward with monitoring risks, developing effective control systems and instituting corrective actions.

3. The Risk Assessment Program will be periodically evaluated to identify successes, oversights, deficiencies, strengths and opportunities for improvement. The evaluation will be done by the A&M Subcommittee and results communicated to the ECG and Committee.

4. A risk assessment will be conducted to reevaluate enterprise-wide risk every two years or more frequently as circumstances warrant.

5. Results of the current risk assessment, OIG work plan, and other regulatory agency requirements (e.g. HIPAA, grant requirements, 340B, etc.) will be used to develop both Internal Audit (“IA”) and Corporate Compliance Audit Work plans. We anticipate two-year Audit Work Plans, which are updated annually, to match the two-year cycle of the risk assessments.

6. The Corporate Compliance Audit Work plan will consider how it will audit all applicable risk areas identified by the OIG work plan over a three-year cycle. It will work with IA to identify opportunities for IA to audit compliance risk areas, with the goal that the majority of IA’s work plan should be devoted to compliance areas of risk.

7. Plans of correction will continue to be developed in response to audit findings and operationalized in a manner to hold operators/senior management accountable for their completion and to require regular updates regarding their progress.

8. The status of work plans and any changes to them will be reported to the ECG and Committee on a regular basis.

9. Corporate Compliance will report on the results of its audits to both the ECG and Committee. It will also report to both bodies on the status of corrective actions.

Disclosure Program:

1. The disclosure program, which includes multiple alternative channels for employees and others to report actual or potential violations of the Code, policies or applicable laws and regulations, will continue. In addition, Corporate Compliance is actively developing measures in partnership with the Human Resources Department to attempt to identify and monitor potential high-risk retaliation situations in order to ensure that retaliation does not occur.

2. Corporate Compliance will continue efforts to publicize the Program via training, posters, etc. and will continue to emphasize the Duty to Report and Non-Retaliation and Retribution policies. In addition, the Regional Compliance Managers will routinely conduct rounding in their facilities to further create awareness of the Program.
3. The Disclosures Subcommittee of the ECG will continue to track and trend activities received by Corporate Compliance. The Disclosures Subcommittee will continue to verify that disclosures are being received, entered, investigated and resolved timely.

4. The CCO, or designee, will provide periodic updates on the status of disclosures to the ECG and Committee.

**Exclusion Screening:**

1. All exclusion screening activities will continue as they were under the CIA including screening of prospective employees and relevant vendors against the List of Excluded Individuals and Entities (“LEIE’’); GSA SAM; and Medicaid exclusion lists and monthly screening of all existing employees and relevant vendors to verify that no individual or entity has been excluded.

2. Employees, medical staff, and vendors who are placed on an Exclusion List are required to notify Corporate Compliance within one business day of receiving notice. Any employee who is found to be excluded will be terminated immediately. Similarly, any vendor found on the LEIE will be terminated effective immediately.

3. If the exclusion screening program identifies any current employees, medical staff, or vendors who have been excluded, federal and state authorities will be informed in accordance with established rules, regulations and laws. This would include but not be limited to timely disclosure to the OIG as applicable.

4. The disclosure may also include refunding of any payments associated with the excluded person(s) or entity as applicable.

5. NBHD will continue diligent efforts to ensure that it does not bill a Federal health care program for any services provided or ordered by any person or entity that has been excluded. This includes, but is not limited to, physicians ordering tests, prescribing medications, or providing services while excluded.

6. The Exclusions Subcommittee of the ECG will continue to monitor exclusion screening activities to verify they comply with applicable compliance program guidance, effectively mitigate the risk of overpayments, and prevent employing or contracting with a person or entity that has been excluded.

7. The CCO will continue to report on exclusion screening activities to the ECG and Committee. The CCO will make specific reports regarding the disposition of any individual or entity that had a match against the Exclusion Lists.

**Overpayments:**

1. Overpayments will be processed and refunded in accordance with the Affordable Care Act and other applicable laws and regulations governing this area.

2. The Chief Financial Officer will report to the CCO and the ECG Committee on his monitoring results to verify that overpayments are being identified and repayments are being made timely.
3. The CCO will periodically review the status of overpayment and refund processing and report on the results to the ECG and Committee until the reported overpayment has been resolved. All overpayments will be analyzed to determine if there are broader implications (e.g. system failures, multi-year issues, etc.). Processes will continue to be enhanced to ensure the appropriate repayment and mitigation has occurred.

4. In addition, the Audit Wok Plan of either Corporate Compliance or IA may include periodic audits to verify that rules and regulations regarding overpayments are being followed and repayments are being accomplished timely.

Investigations and Discipline:

1. Any transaction or incident that is a potential violation of law will be reported to Corporate Compliance immediately. Failure to report can result in disciplinary action up to and including termination.

2. Corporate Compliance will address reported violations in accordance with its policies and procedures.

3. As necessary, it will consult with the GC and appropriate leadership on the matter.

4. The CCO will ensure that Corporate Compliance staff involved in investigations receives adequate training. Corporate Compliance staff involved in investigations will be encouraged to enhance their skills, and obtain professional certifications, e.g. Certified Fraud Examiners or other similar certifications. All Corporate Compliance Staff will be encouraged to obtain certification relevant to their areas of expertise.
RESOLUTION FY21-07

BOARD RESOLUTION CERTIFYING IMPLEMENTATION OF AN EFFECTIVE COMPLIANCE PROGRAM TO MEET FEDERAL HEALTH CARE PROGRAM REQUIREMENTS AND THE DISTRICT’S OBLIGATIONS UNDER ITS CORPORATE INTEGRITY AGREEMENT FOR THE FIFTH REPORTING PERIOD

WHEREAS, the North Broward Hospital District (the “District”) is a special tax district of the State of Florida originally established and created in 1951 by chapter 27438, Laws of Florida, to serve the public health needs of the people of said District regardless of ability to pay;

WHEREAS, the District is overseen by a Board of Commissioners (the “Board”) appointed by the Governor of the State of Florida;

WHEREAS, the District entered into a five-year Corporate Integrity Agreement with the Office of Inspector General, U.S. Department of Health & Human Services on August 31, 2015 (“CIA”);

WHEREAS, Section III.A.3 of the CIA requires the Board adopt a resolution signed by each member of the Board each Reporting Period of the CIA which summarizes the Board’s review and oversight of the District’s compliance with Federal health care program requirements and the obligations of the CIA; and

WHEREAS, the Board desires to adopt this Resolution in accordance with Section III.A.3 of the CIA for the CIA’s Fifth Reporting Period running from August 31, 2019 to and through August 30, 2020 to document the Board’s oversight and conclusions pertaining to the District’s Compliance Program and the District’s obligations under its CIA.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of North Broward Hospital District, that:

1. The Board has made a reasonable inquiry into the operations of the District’s Compliance Program including the performance of the Compliance Officer and the Compliance Committee. Based upon its inquiry and review, the Board has concluded that, to the best of its knowledge, the District has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.

DULY ADOPTED this 28th day of October, 2020.

Time Adopted ______ PM

Nancy W. Gregoire, Chair

Stacy Angier, Vice-Chair

Marie C. Waugh, Secretary-Treasurer

Ray Berry, Commissioner

Christopher T. Ure, Commissioner

Date________________________

Date________________________

Date________________________

Date________________________

Date________________________