List of Key Policies & Procedures

1. GA-001-015 Conflict of Interest
2. GA-001-020 Contract Review Approval and Signature Authority
3. GA-004-001 Compliance Office and Human Resource Protocol
4. GA-004-002 Compliance Policy Development
5. GA-004-004 Duty to Report
6. GA-004-005 Hotline Policy
7. GA-004-006 Actions and Events Reportable to the OIG under the Corporate Integrity Agreement -CIA
8. GA-004-008 Compliance Investigations
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10. GA-004-234 Open Lines Of Communication
11. GA-004-237 Policies & Procedures Glossary
12. GA-004-238 Enforcement and Discipline
13. GA-004-245 Compliance Education and Training
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17. GA-004-305 Non-Retaliation or Retribution
18. GA-004-441 Physician and Non-Physician Financial Arrangement Review, Approval, Tracking and Monitoring
19. GA-004-493 Overpayments
I. Purpose

Broward Health is a publicly funded institution with an obligation to preserve public trust and to provide an environment where workforce members at Broward Health are free from actual or perceived conflicts of interest. Broward Health has adopted this system-wide Policy for the purposes of setting forth organizational requirements and policy with respect to Conflicts of Interest; identifying those corporate entities and workforce members subject to certain requirements under the Policy; and explaining the requirements and activities associated with identifying and ethically resolving Conflicts of Interest on the part of workforce members affiliated with Broward Health.

Identification and resolution of Conflicts of Interest which may exist on the part of workforce members is required by standards promulgated by the Florida Ethics Commission, Florida Statutes, The Joint Commission, the Internal Revenue Code and Treasury Regulations governing tax-exempt organizations and by requirements placed upon providers by Medicare and Medicaid program regulations. Broward Health has adopted this Policy not only to meet the above-stated requirements, but also as a matter of corporate responsibility, sound management practice, and to afford protection, where available, in cases in which some duality of interest exists.

II. Key Terms

**Conflict of Interest:** Occurs in any situation in which a person cannot make fair decisions because they will be affected by the results, or serves or represents two distinct entities (or persons). A “conflict of interest” in the traditional sense encompasses situations in which a person has actually neglected or breached a duty to one entity to the benefit of another, situations in which a person has used his or her position with one entity to advance personal gain or the gain of another entity, and situations in which there is a potential for breaching a duty to one entity. When this occurs, an independent observer may reasonably question whether a workforce member’s professional actions or decisions are determined or affected by considerations of personal gain or benefit, whether direct, indirect, financial, or otherwise.

Conflicts of interest include a variety of situations in which a workforce member is faced with conflicting loyalties. Traditionally of most concern are those situations in which regard for a private interest may lead to a disregard of the workforce member’s duties towards Broward Health. Frequently these arise when personal economic interests conflict with the duties towards the system. For example, a conflict occurs when a workforce member influences a decision of the system, department, or decision of a patient if a
personal economic benefit to the workforce member may arise from that decision. There may be conflict of interest when a physician procures equipment from an entity in which he or she is a spokesperson. In this situation, the physician may have the opportunity to use his or her position and influence within Broward Health to advance his or her personal economic gain.

Other conflicts may arise that inhibit the workforce member’s duty of loyalty or commitment to Broward Health. These conflicts, as well as those that represent conflicting time commitments, are considered “conflicts of commitment.” For example, a workforce member may enter into part-time employment with an entity which impairs his or her ability to perform their duties at Broward Health.

Conflicts may also arise even in instances where the workforce member will not receive any economic benefit from the outside activity. For example, a conflict is present if a workforce member’s obligations to Broward Health are not met due to the time spent on the outside activity. The conflict exists even though the activity may not provide remuneration to the workforce member.

**Workforce Member:** Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

**Immediate Family Member:** The term “immediate family member” is defined broadly to mean a husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law; mother-in-law, son-in-law, daughter-in-law; brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**Personal Interests:** Relevant activities that may not have a direct financial component, but may present an actual or apparent Conflict of Interest. Such interests may involve the workforce member or his or her immediate Family Members.

**Significant Financial Interests:** Monetary arrangements with individuals, businesses or other entities with which Broward Health has a transaction or arrangement, or is considering or negotiating a transaction or arrangement. A Significant Financial Interest is not necessarily a Conflict of Interest. Examples of Significant Financial Interests include:

A. **Debt Interests:** Holding of debt or debt securities by an individual or Immediate Family Member in any company or entity engaged in any business or attempting to do business with Broward Health, including Research.

B. **Equity Interests:** Ownership interest that exceeds 5% by an individual or Immediate Family Member of stock, stock options or other proprietary interests in any company or entity that furnishes goods or services to Broward Health, or leases or sells real estate or equipment to Broward Health, or is engaged in any business or is attempting to do business with Broward Health, including Research. Significant Financial Interests do not include investments in mutual funds or retirement plans, such as 401(k) or 403(b) plans, where there is no individual control over fund selections.

C. **Publicly Traded Companies:** Cumulative equity interest valued at 5% or more of the business entity as determined by reference to publicly listed prices.
D. **Non-Public Companies:** Any direct or indirect ownership interest that exceeds $5,000 in any company or entity whose value cannot be determined by reference to publicly listed prices (for example, privately-held and start-up companies).

III. **Policy**

1. Consistent with Broward Health’s Code of Conduct, it is expected that no Workforce Member may enter into any employment, transaction, or other arrangement that may cause or be perceived to cause a conflict of interest.
   
a. Because a “conflict of interest” depends on the situation in which the workforce member is placed, rather than on the character or actions of the workforce member, a conflict of interest is not necessarily “wrong” or prohibited. Such conflicts confront workforce members at various times because of a personal, business, or professional loyalty that may be in conflict. Some conflicts, however, present a potential for a breach of one’s duty to a particular employer, person, or entity that they must either be permitted with conditions, including review and oversight by other institutional representatives, or prohibited. Generally, if a conflict situation is permitted, specific management guidelines and expectations are established prior to permitting the activity or financial interest. These management plans allow for periodic review and oversight to minimize the effects of conflicts. Most conflict situations that are of concern and allowable under the law can be handled through disclosure and the setting of an appropriate management plan of the disclosure.

2. The primary purpose of the disclosures required on the Conflict of Interest and Financial Disclosures form is to identify those activities and interests that pose potential conflicts of interest. The workforce member makes the initial disclosure of an interest, and should consult with his or her supervisor to determine whether a potential conflict of interest exists. In those situations where a potential conflict of interest exists and the activity or interest is allowable under applicable law, the activity or interest may be allowed after disclosure, review and development of a management plan by the applicable administrator, management, with consultation by the Corporate Compliance Department. The oversight of the management plan is the responsibility of the applicable administrator and/or manager in consultation with the Corporate Compliance Department.

3. Broward Health requires the following outside activities and financial interests to be reported prior to engaging in the activity:
   
a. **Ownership Relationships with Competitors:** A direct or indirect (e.g. through an immediate family member) financial interest of greater than 5% (including ownership of stock, stock options, equity, debt, other securities, other forms of ownership interests, salary, or other remuneration for services as an employee consultant, officer, or board member) in any business or health care enterprise that produces services or products which compete with those of Broward Health.
   
b. **Work Relationships with Competitors:** A direct or indirect engagement (e.g. through an immediate family member) where salary or other remuneration is received as an employee, consultant, officer, contractor, or board member in any business or health care enterprise that produces services or products which competes with those of Broward Health.
   
c. **Relationships with Organizations Doing Business with Broward Health:** A situation in which a workforce member serves as an officer, director, employee, committee, member, advisor, agent, representative, or consultant, or in any other professional activity capacity for any company,
firm, or business that, to the best of their knowledge, does or seeks to do business with Broward Health, or in which Broward Health holds an investment interest.

d. Employment of Relatives and Partner Relationships in the Workplace: Workforce members shall disclose any situation in which their relationship with an immediate family member results in a potential, perceived, or actual conflict of interest. A conflict of interest may be the result of a direct reporting relationship (e.g. a supervisory relationship) or an indirect reporting relationship (e.g. if one workforce member holds a position which may influence the status or compensation of an immediate family member).

4. Any workforce member engaged in an outside activity or hold a financial interest that must be reported is required to complete Broward Health’s Conflict of Interest questionnaire and Financial Disclosure form prior to the commencement of the outside activity or acquiring the financial interest and annually thereafter. If a material change in the original disclosure occurs during the year, a new or updated form must be submitted. Forms will be submitted to Human Resources and the workforce member’s management.

a. Workforce members should be aware of the following activities that may present a possible conflict of interest:

i. Outside activities which indicate time commitments that would interfere with a workforce member’s duties.

ii. Outside activities which use the equipment, personnel, or other resources of Broward Health.

iii. Outside activities (consulting, employment, management, or other contractual relationships) with a person or entity, or financial interests in an entity that does business with Broward Health, particularly when that workforce member may influence a Broward Health decision regarding that business.

iv. Outside activities or financial interests in a competitor which competes with Broward Health, particularly when these are in the same field as that of the workforce member or when the workforce member has access to proprietary information to the entity.

v. Outside activities or interests which otherwise interfere with the workforce member’s duties to the institution. These duties include the workforce member’s duties to patients and the duty to protect Broward Health and fellow workforce members.

5. Workforce members are required to maintain appropriate relationships with third parties, including patients and their families, health care practitioners, donors, suppliers, subcontractors, and competitors so no third party has an opportunity or appears to have an opportunity to inappropriately influence Broward Health decisions or activities.

6. Certain activities outside of Broward Health may be considered to be within the scope of that workforce member’s duties to Broward Health. For example, to serve on certain professional organizations or community organizations may be considered within the responsibilities of that workforce member and, if so, would not be an “outside activity” required to be disclosed. However, these activities must be approved as part of the workforce member’s responsibilities and any use of Broward Health time or resources with regard to these duties must receive appropriate approval. In addition, even if the activity is considered within the scope of the workforce member’s duties, that workforce member should always remain aware of conflict of interest considerations that may arise when performing work for organizations separate from Broward Health.
7. Workforce members are responsible for disclosing their own possible conflicts of interest. The necessity of disclosing certain outside activities should not obscure that the great majority of outside activities and financial interests of workforce members are compatible with Broward Health’s mission, and that the requirements of an outside activities and conflict of interest policy are not meant to discourage the many valuable outside activities of workforce members.

8. Key workforce members identified by the Corporate Compliance Department are required to indicate annually and upon engagement whether, they have financial interests or are involved in outside activities that must be reported. Those required to complete annual disclosures or upon engagement will be notified of the requirement to complete the Conflict of Interest and Financial Disclosure forms. Forms will be submitted electronically.

9. A workforce member’s failure to report outside activities and financial interests under Broward Health policies and procedures, Code of Ethics for State of Florida Employees, or other applicable policies or regulations are grounds for disciplinary action, up to and including termination.

**Code of Ethics for State of Florida Employees:**

Broward Health employees are subject to the Florida Code of Ethics for Public Officers and Employees found in Chapter 112 of the Florida Statutes. The Code applies to full-time and part-time Broward Health employees, and in some circumstances, may apply to non-employed Broward Health workforce members who meet the definition of a public officer or reporting employee. In some instances, these non-employed workforce members may be subject to the code depending on the circumstances and their role at Broward Health.

The Florida Code of Ethics contains several provisions that govern Broward Health employees. In formulating the Code of Ethics, the Florida Legislature stated that it “is essential for the proper conduct and operation of government that public officials be independent and impartial and that public office not be used for private gain other than the remuneration provided by law. However, the Legislature recognized that public officials and state employees should not be “denied the opportunity, available to all other citizens, to acquire and retain private economic interests except when conflicts with the responsibility of such officials to the public cannot be avoided.” The Code of Ethics is designed to “protect against any conflict of interest and establish standards for the conduct of elected officials and government employees in situations where conflicts may exist.”

**IV. Procedures**

**A. Process for Disclosures**

   a. **Annual:** All Key Workforce Members identified by the CEO, Senior Vice President, Chief Compliance Officer, in conjunction with General Counsel will be required to complete and submit an online Conflict of Interest and Financial Disclosure form annually.

   b. **Incidental Disclosures:**

      i. Any changes in Significant Financial Interests or relevant Personal Interests that occur after the annual Disclosure are to be disclosed at the time of or subsequent to the event, but may be made at any time during the calendar year, so long as the changes are disclosed at least annually.
ii. Examples of reportable changes include, but are not limited to, a new consulting arrangement, the purchase or inheritance of stock in a pharmaceutical, biotechnology, or medical device company, and the cessation of payments from an outside entity.

c. **Contractor Disclosure:** All third parties or contractors doing work with or on behalf of Broward Health will be required to complete and submit a Conflict of Interest and Financial Disclosure upon engagement. Any changes in Significant Financial Interests or relevant Personal Interests submitted will require the Disclosure form to be updated in accordance with this policy.

d. **Medical Staff Disclosure:** All Medical Staff members will be required to complete and submit a Conflict of Interest and Financial Disclosure Form upon initial credentialing and reappointment. Any changes in Significant Financial Interests or relevant Personal Interests submitted will require the Disclosure form to be updated in accordance with this policy.

e. **Third Party Disclosure:** If an individual observes a Workforce Member’s activity or actions that appear to be a Conflict of Interest, the individual is encouraged first to direct that workforce member to this policy and other applicable policies, and then use the chain of command to express concern.

   i. The Workforce Member may contact the Corporate Compliance Department directly;

   ii. The Workforce Member may contact the Corporate Compliance Hotline;

   iii. The identity of the person raising an issue through the Corporate Compliance Department or the Corporate Compliance Hotline may remain confidential to the extent possible, and individuals reporting in good faith are protected from retaliation in accordance with Broward Health’s Non-Retaliation policy.

   iv. Disclosures will be reviewed by the Corporate Compliance Department.

B. **How to Disclose**
   All Disclosures are made by completing the online Conflict of Interest and Financial Disclosure Form or via the Vendor Registration System. Instructions for logging in are provided to each Workforce Member who has been designated to disclose. Additional instructions are provided for the completion of the electronic form.

C. **Review and Evaluation of Disclosure**
   Once a Workforce Member has responded to the Disclosure questionnaire, it will be reviewed and evaluated by the Workforce Member’s supervisor, in consultation with the Corporate Compliance Department. If actual or apparent Conflicts of Interest are identified in the Disclosure, the Workforce Member will be informed of the status of the review process, including the need for additional information, the need for a documented Management Plan, or the need for further review by the Committee on Conflicts of Interest.

D. **Guidelines for Allowance of Outside Activities and Financial Interests**
   Broward Health recognizes that there are conflict situations which cannot be mitigated, conflict situations which may be permitted with a management plan and oversight, and outside activities that are generally allowed. The guidelines below are designed to assist Broward Health workforce members in evaluating conflict of interest situations.

   a. **Prohibited outside activities and financial interests**
      Generally, most outside activities are allowed if they do not interfere with the workforce member’s performance, obligations, decision-making, or do not rise to the level of a perception of a conflict of interest. However, determining whether or not a conflict of interest exists is
dependent on reviewing the facts of the particular conflict disclosed in comparison with the duties, obligations, and decision-making capabilities of the workforce member making the disclosure.

Any outside activity or financial interest which is prohibited by state law cannot be allowed. For example, prohibited under Florida law are those outside employment or contractual relationships which would create a “continuing or frequently recurring conflict” between the workforce member’s private interest and the performance of his or her duties at Broward Health or “that would impede the full and faithful discharge of his or her public duties.” For example, a physician cannot participate in a speaker’s bureau.

b. Outside activities and financial interests may be permitted only after review, approval of the applicable supervisor, administrator/CEO, and in consultation with the Corporate Compliance Department and General Counsel with appropriate conditions if necessary.

E. Guidelines for Review of Reported Outside Activities and Financial Interests

a. In evaluating whether or not a conflict of interest exists, the following factors must be evaluated:

1. Name of the employing or contracting entity or individual, name of entity in which the financial interest is held, and nature of its business.

2. Nature of activity or financial interest (description of equity interest or intellectual property), including time spent if an activity is involved (estimated hours per week including travel time). The source of compensation must be noted.

3. Location and anticipated dates of the activity.

4. Use of Broward Health time, facilities, or services in connection with the activity.

5. Number of other outside activities and financial interests previously filed for the year.

6. Whether the activity or financial interest was reported in the previous contractual year.

7. Any other information that may also be requested in order to assure a complete review of the outside activity and/or financial interest.

A workforce member must provide sufficient information to those with the review and oversight responsibility to enable them to make an informed decision concerning the allowance of the outside activity or financial interest.

Generally, the workforce member’s supervisor, applicable administrator/CEO, in consultation with the Corporate Compliance Department, review the information provided to them from workforce member disclosures annually and on a case-by-case basis to determine whether any disclosures constitute a potential conflict of interest. If any such reviewer believes that a disclosure indicates a problematic conflict of interest, the reviewer, with assistance of the Corporate Compliance Department will attempt to resolve the matter with the workforce member at the site level or within the scope of the applicable agreement contract language.

F. Committee on Conflicts of Interest

If the supervisor or site administrator/CEO, after consultation with the Corporate Compliance Department, are unable to come to a satisfactory resolution on the management plan for a disclosed conflict of interest or financial disclosure, the disclosure(s) will be brought to the corporate Committee
on Conflicts of Interests for review, approval, and finalization of a management plan (if appropriate). The Committee on Conflicts of Interest will include the Senior Vice President, Chief Compliance Officer, Chief Executive Officer, and Chief Administrative Officer.

The Conflicts Committee shall have the authority to approve the relationship or activity as is, to approve the activity with conditions or monitoring, or to disapprove the relationship. The Committee on Conflicts of Interest may consider both actual and potential conflicts of interest, including the appearance of conflict, in reaching a decision. More stringent standards may be applied to workforce members with significant management or supervisory responsibilities.

After determination, the Committee on Conflicts of Interest will send the resolution to the workforce member. In addition, in its judgment, the Committee on Conflicts of Interest shall report to the Board of Commissioners through the Executive Compliance Workgroup on matters referred to it, any resulting management plans, monitoring of management plans, as well as any resolution.

V. Related Policies and Compliance Documents

◦ Broward Health Code of Conduct
◦ Gifts, Gratuities, and Business Courtesies, Policy No. GA-004-012

VI. References

Attachments:

Approval Signatures

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<td>Final Approver</td>
<td>Brian Kozik: SVP, COMPLIANCE &amp; PRIVACY</td>
<td>08/2019</td>
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<td>Jennifer Mosley: EXEC SECRETARY</td>
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I. PURPOSE

The purpose of this policy is to set forth the general guidelines for the submission, approval and administration of contracts, in conjunction with the Procurement Code, entered into by the North Broward Hospital District ("NBHD").

II. DEFINITIONS

A. **Contract Initiator**: any NBHD employee authorized or designated to request a contract.

B. **Contract Administration**: contracts analyst, coordinator and/or management within the Contract Administration department.

C. **Contract Management System**: software application which captures the submission, review and approvals for contract requests. This application also serves as the centralized repository for all contracts.

D. **Arrangement**: every contract, Arrangement or transaction that involves, directly or indirectly, the offer of payment, solicitation, or receipt of anything of value.

E. **Focus Arrangement**: every Arrangement with any actual source of health care business or referrals to NBHD and involves, directly or indirectly, the offer, payment, or provision of anything of value; or is between NBHD and any physician (or a physician’s immediate family member) who makes a referral to NBHD for designated health services.

F. **Non-Focus Arrangement**: every Arrangement with a person or entity which has not been deemed a Focus Arrangement, as defined above.

G. **Corporate Executive Management**: President & Chief Executive Officer, Chief Administrative Officer, Chief Financial Officer or designee.

H. **Regional Management**: Senior level management of a NBHD Hospital, Department, or Division.

III. POLICY

A. Every Arrangement entered into by NBHD will be identified as either Focus or Non-Focus Arrangement.
B. All Focus Arrangements will be set forth in the form of a written agreement and signed by both parties.

C. Contract requests for Focus and Non-Focus Arrangements, will be submitted, reviewed and approved in the Contract Management System prior to execution. All contracts entered into by the NBHD will be stored in the Contract Management System.

D. The procedure for submission, review and approval of a contract is set forth in the Contract Administration Standard Operating Procedure. Link to: Standard Operating Procedure

E. Signing authority for all contracts follows the NBHD procurement code.

F. Signatory, upon signing, attests that all required reviews and approvals have been obtained.

IV. PROCEDURE

A. Contract Initiator submits request in Contract Management System.

B. Contract request is routed for Regional Management approval.

C. Contract Administration processes contract request and routes for inter-departmental review and approval.

D. Contract is then presented to Corporate Executive Management for review, approval and signature.

V. EXCEPTIONS

A. Non-Focus Arrangement with a value/spend of less than one hundred thousand dollars ($100,000.00), do not require a written contract.

B. Non-Focus Arrangement with a value/spend of less than two hundred and fifty thousand dollars ($250,000.00), can be reviewed for legal sufficiency by a third party source.

VI. RELATED POLICIES

A. GA-004-441 Physician and Non-Physician Financial Arrangement Review, Approval, Tracking and Monitoring

B. GA-1001-100 Procurement Code

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<td>Alan Goldsmith: EVP, CHIEF ADMINISTRATIVE OFF</td>
<td>07/2019</td>
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<td>Tia Bowman: AVP, CONTRACT ADMINISTRATION</td>
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GA-004-001 Compliance Office and Human Resource Protocol

I. Purpose

The Corporate Compliance Department and Human Resource Administration each have their respective responsibilities and authorities when it comes to compliance matters. For example, both Human Resources Administration and Corporate Compliance Department are involved in the screening of Workforce Members, training and compliance education, and employee communication of problems and issues. In addition, Workforce Members may report HR and compliance concerns to either the Corporate Compliance Department or Human Resources Administration. Human Resources Administration and the Corporate Compliance Department work in conjunction with each other. The Corporate Compliance Department is dependent on humans and processes; appropriate and consistent governance is imperative to Broward Health as a compliance-driven organization.

The purpose of this policy is to establish written guidelines promoting open communication and coordination between the Corporate Compliance Department and Human Resources Administration whenever an issue is raised to one department that may be the responsibility of the other department. This policy applies to any and all matters that may involve both the Corporate Compliance Department and Human Resources Administration.

II. Key Terms

**SVP/Chief Compliance Officer (CCO):** The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

**SVP/Chief Human Resource Officer:** The individual responsible for overseeing, implementing and monitoring the compliance requirements of the Broward Health Human Resources policies as well as federal and state regulatory compliance of all matters related to the terms and conditions of employment at Broward Health.

**Confidentiality:** Refers to those who contact a hotline and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information
must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect the source of their information, including a caller’s name and contact information if these details are provided by the caller.

**Hotline:** A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

**List of Excluded Individuals/Entities (LEIE):** The OIG established a program to exclude individuals and entities that have been found to have violated federal law and/or regulations. The effect of OIG exclusion from Federal health care programs is that no Federal health care program payment may be made for any items or services (1) furnished by an excluded individual or entity, or (2) directed or prescribed by an excluded physician.

**Retaliation:** Defined under this policy to mean any adverse action taken against any Workforce Member because he or she reported or complained about a potential violation of the Code of Conduct, policies, laws, regulations, or professional standards. Any negative action that would deter a reasonable employee in the same situation from making a complaint or occurs within temporal proximity to the filing of the complaint may qualify as retaliation. Such action will be evaluated on a case by case basis. Any Workforce member found to be engaging in retaliation will be subject to disciplinary action up to and including termination of employment or related contract in accordance with Broward Health’s policies and procedures.

**Workforce Member:** Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

### III. Policy

1. The Corporate Compliance Department and Human Resource Administration shall maintain consistent open communications and establish reciprocal reporting obligations to ensure that the appropriate department is apprised of issues that are of primary concern to the other.

2. The Corporate Compliance Department and Human Resource Administration shall coordinate to ensure that all employees are screened against the OIG’s LEIE and that all Covered Persons are screened and tracked in compliance with Broward Health policy *[Sanctions Screening, Policy No. GA-004-290]*.

3. The Corporate Compliance Department and Human Resource Administration will coordinate investigations and resolve allegations and complaints that fall within their respective areas of responsibility. Coordination will be done on a consistent basis to avoid unnecessary duplication of efforts and to ensure that the matter is investigated and addressed appropriately. A third party may be retained by the Corporate Compliance Department and/or Human Resource Administration in order to conduct investigations for matters that may be perceived as a conflict for either or both.
departments. Approval Involvement from General Counsel will must be obtained in accordance with Broward Health policies and procedures prior to retaining and assigning the investigation to a third-party. The third-party must be appropriately experienced and/or professionally licensed if required by state statutory requirements and must provide evidence of professional liability insurance (i.e., errors and omissions coverage) prior to conducting any company-initiated investigation.

IV. Procedures

1. Any Workforce Member that raises an issue in good faith, whether by direct contact or through the Compliance or Workforce Diversity, Inclusion & Advocacy Hotline, will be protected from retribution or retaliation in compliance with Broward Health’s policies and procedures. Legitimate personnel action against a Workforce Member, proven as unrelated to the complaint/hotline report may not be covered by this policy.

2. If an issue is raised to Human Resources Administration or Workforce Diversity, Inclusion and Advocacy that includes, or may include, any of the following subject areas, a report of such issue should be forward to the Corporate Compliance Department within one (1) business day of receipt:
   a. Billing/coding;
   b. Physician/Referral Source relationship issues;
   c. Conflicts of interest;
   d. Medical records documentation;
   e. Contracts/Agreements;
   f. Arrangements with referral sources;
   g. Abuse of patients;
   h. Cost reports;
   i. Patient confidentiality;
   j. Embezzlement/Theft;
   k. Paying for referrals;
   l. False expense, reports, vouchers, etc.;
   m. Quality of care
   n. Fraud/False Claims
   o. Retaliation or retribution as a result of a compliance complaint; and
   p. HIPAA privacy/security problems.

3. If an issue is provided to the Corporate Compliance Department that impacts the terms and conditions of employment, employee/employer relations, employee engagement, workplace safety, or any violation of Federal and State Laws governing the employment relationship, a report of such issue should be forwarded to the Workforce Diversity, Inclusion & Advocacy Department within one (1) business day of receipt. Examples may include but are not limited to:
   a. Allegations of harassment/discrimination;
   b. Uncivil behavior;
c. Unfair employment practices;
d. Violent, disruptive, or threatening behavior;
e. Violations of Broward Health Human Resource Policy and procedures;
f. Discrimination/EEOC issues;
g. Retribution/re retaliation;
h. Theft of time;
i. Americans with Disabilities Act (“ADA”); and
j. Family and Medical Leave Act (“FMLA”).

4. The Corporate Compliance Department and Human Resources Administration shall communicate and coordinate the investigation and resolution of any matters that fall under the purview/scope of both departments.

5. The Corporate Compliance Department and Human Resource Administration will participate in a meeting, at a minimum quarterly and as frequent as required, at least once a month, to discuss cases, coordinate efforts and resolve issues.

6. The Corporate Compliance Department, under the direction of the CCO, will have primary responsibility for ensuring this policy is followed.

V. Related Policies and Compliance Documents
   ◦ Broward Health Code of Conduct
   ◦ Broward Health Employee Handbook
   ◦ HR 001-020-EEO/Anti-Harassment Discrimination Policy
   ◦ GNon-Retaliation or Retribution, Policy No. GA-004-305GA-004-290
   ◦ Sanctions Screening, Policy No. GA-004-290

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GA-004-002 Compliance Policy Development

I. Purpose

Broward Health is a publicly funded institution with an obligation to preserve public trust and to provide an environment where those engaged by or work in the work environment are free from Conflicts of Interest. There are many Federal and Florida state laws and regulations that need to be addressed in our compliance program policies. The Department of Health and Human Services Office of Inspector General (OIG) has issued several compliance program guidance documents in addition to the Federal Sentencing Commission Guidelines Manual, including one for the hospital sector. The OIG has underscored the importance of proper policy development and management in their compliance guidance documents. The establishment of policies, procedures, and controls is a key element to an effective Corporate Compliance Program as outlined in the Federal Sentencing Guidelines.

The purpose of this policy is to establish clear standards for Broward Health to develop and implement compliance-related policy documents that meet the requirements set forth in the OIG’s compliance program guidance. This policy applies to all Compliance Program-related policies.

II. Key Terms

SVP/Chief Compliance Officer (CCO): The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

III. Policy

1. All compliance program-related policies and procedures shall be developed, implemented, and maintained as set forth in this Policy.

2. The Broward Health Senior Vice President/Chief Compliance Officer (CCO) is responsible for ensuring that policies and procedures related to the structure and operation of the Broward Health Compliance Program are developed, implemented, and undergoes annual review.

3. In general, all Broward Health departments are responsible for the following with respect to their operations:
   a. Tracking laws and regulations related to their areas of operation;
   b. Developing policies and procedures designed to ensure operations are conducted in
compliance with current laws and regulations;
c. Ensuring all affected parties have access to current policies and procedures;
d. Training those who are responsible for acting in accordance with policies and procedures;
e. Annually identifying and reviewing areas of compliance risk;
f. Determining that existing policies and procedures address identified risk issues;
g. Revising existing policies and procedures as needed;
h. Developing new policies and procedures as needed; and
i. Reporting to management and/or the Board of Commissioners and any of their subcommittees (i.e., Executive Compliance Group) on results of the annual risk assessment and policy review.

All compliance program-related policies and procedures shall be referenced against the Broward Health Code of Conduct upon implementation and revision to ensure there is no inconsistency in statements.

All Corporate Compliance Department related policies and procedures shall be provided to the Executive Compliance Group for the opportunity to review before being signed by the CCO. Those being deemed critical to the Broward Health Corporate Compliance Department by the CCO shall be forwarded to the Compliance Committee of the Board of Commissioners for final approval. Policies approved by the Compliance Committee of the Board of Commissioners shall at a minimum include the following:

- Conflicts of Interest
- Affirmative Duty to Report
- Non-Retaliation
- Compliance Office and General Counsel Protocol
- Compliance Office and HR Protocol
- Audit Resolution and Follow Up Policy
- Deficit Reduction Act

IV. Procedures

1. New and revised Broward Health policies and procedures related to the structure and operation of the Corporate Compliance Department shall be developed under the direction and supervision of the CCO.

2. The CCO is responsible for ensuring that new policies and policy updates are disseminated to covered persons as required by the Corporate Integrity Agreement (CIA) with the OIG.

3. Policies deemed to be critical by the CCO to meeting the compliance standards of Broward Health and its CIA shall be forwarded to the Compliance Committee of the Board of Commissioners for final approval.

4. To eliminate an existing policy, the CCO must notify and explain to the Compliance Committee of the Board of Commissioners the reason for the proposed action. Policies approved by the Compliance Committee of the Board of Commissioners will require Compliance Committee approval prior to elimination or retirement.

   - All rescinded policies should not be deleted from the records system or manuals. Rescinded or retired policies and procedures will be kept in accordance with Broward Health's record retention policies.

   - Operational managers are responsible for ensuring proper dissemination, education, and training on approved new and revised operational policies to all affected parties within their purview.
8. All compliance policies shall provide administrative information about the policy, including the following:
   a. **Policy Update Schedule**: A listing of the date the policy was created, revised and approved, as well as the future revision date;
   b. **Policy Responsibility**: The name of the individual/organizational department tasked with responsibility over the policy (note that this may include the review responsibility of the policy as well);
   c. **Approval Party**: The name of the individual/organizational body that is tasked with approval the policy.

9. In general, all policy documents should include the following components:
   a. **Purpose**: Policies will include a clear statement that outlines the overall purpose/objectives;
   b. **Key Terms**: Where necessary, the policy should outline definitions to clarify the content;
   c. **Policy Statements**: The policy should contain broad statements that outline Broward Health's rules with respect to the policy area discussed and/or goals that must be met;
   d. **Procedure Statements**: This will clearly define the specific tasks required to address the purpose and objectives of the policy in a step-by-step format (e.g., implementation, auditing, training);
   e. **Related Policies**: Many policies overlap one another or are closely related. To guard against confusion and conflicting understandings, such policies should be identified;
   f. **References**: This may include any references to attachments made in the policy, as well as any other organizational documents/policies/procedures/forms that are pertinent to the policy. A listing of pertinent laws, regulations and industry guidance which are applicable to the policy, as well as pertinent contractual provisions should also be included.

10. The CCO will review all compliance program-related policies annually and make appropriate recommendations for revisions or new policies and procedures in accordance with this Policy.

V. Related Policy and Compliance Documents

Broward Health Code of Conduct

VI. References

N/A

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I. Purpose

Broward Health is committed to complying with all applicable laws and regulations including those designed to prevent and deter fraud, waste, and abuse. Broward Health fosters an environment that discourages improper conduct and facilitates open communication of any compliance concerns and/or questions. Broward Health has adopted a policy that all Workforce Members have an affirmative duty to report all workplace problems and concerns, as well as potential violations of federal, state, and local laws and regulations and the Broward Health Code of Conduct and policies and procedures.

The Corporate Compliance Department provides many avenues to report suspected improper conduct. In most cases, any concerns should be brought to the attention of a supervisor. However, if this does not result in appropriate action, or if a Workforce Member is uncomfortable discussing these issues with their supervisor, he/she should take their concerns to another member of management, or one of the reporting methods available through the Broward Health Corporate Compliance Department (i.e. Compliance Hotline).

The purpose of this policy is to establish the requirement that certain conduct or suspected compliance issues be reported to the Corporate Compliance Department as set forth in this Policy. This policy intends to promulgate mechanisms, including a method for anonymous reporting, so that Workforce Members may disclose or report any known or suspected compliance issues or other activity that may be inconsistent with any provisions of the Broward Health Code of Conduct, Corporate Compliance Program, Broward Health policies, or that a Workforce Member reasonably believes may otherwise violate any applicable federal or state law or regulation.

II. Key Terms

**SVP/Chief Compliance Officer (CCO):** The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance Program. In addition, this individual also holds the title of Chief Privacy Officer.

**Confidentiality:** Refers to those who contact a hotline and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect
the source of their information, including a caller’s name and contact information if these details are provided by the caller.

**Hotline:** A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

**Workforce Member:** Any employee, independent contractor, agent, volunteer, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; volunteers; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

**Wrongdoing:** Conduct that does not comply with federal, state, and/or local laws, Broward Health Code of Conduct (Code), or policies and procedures.

### III. Policy

1. All Workforce Members have an affirmative duty to report problems, concerns, and misconduct in the workplace, including actual or potential violations of law, regulation(s), Broward Health Code of Conduct, policies, wrongdoing, and/or ethical standards. When in doubt, the better of course of action is to report all good-faith concerns.

2. All levels of management will maintain an “open-door policy” to encourage Workforce Members to report problems and concerns.

3. Failure to report or concealing knowledge of a potential violation may result in administrative actions being taken, up to and including termination.

4. A hotline has been established to permit any Workforce Member or member of the public to call, anonymously and in confidence, to report problems and concerns, or to seek clarification of compliance-related issues. However, complaints and concerns may be reported by any mechanism with which the employee is comfortable (i.e. web-based reporting).

5. All complaints and allegations will be addressed promptly and all information about the complaint or allegation will be kept confidential.

6. Retaliation or reprisal against anyone for making a good faith report is strictly prohibited by law and is a violation of both the Broward Health Code of Conduct and Broward Health policies and procedures.

7. Supervisors receiving a complaint from any Workforce Member that raises a potential compliance issue shall report the complaint to the Corporate Compliance Department. Complaints that do not raise a potential compliance issue should be referred to the appropriate department (e.g., Risk Management, Human Resources, or Internal Audit).

### IV. Procedures

1. If at any time, a Workforce Member becomes aware of or suspects illegal or unethical conduct or a violation of Broward Health policies by another Workforce Member, the Workforce Member must
report it immediately to an appropriate individual. Such individuals may include the Workforce Member’s immediate supervisor, management, Human Resources, Risk Management, the SVP/Chief Compliance Officer (CCO), or the Corporate Compliance Department.

2. Regardless of how a report is made, as a best practice in the detection and prevention of misconduct, the report must contain specific information regarding the suspected misconduct, including the following:
   a. When and how the conduct occurred or is occurring;
   b. Persons involved in the conduct; and
   c. Specific nature of the conduct.

3. Any Workforce Member or member of the public may also make a report by using the toll-free Compliance Hotline (1-888-511-1370). Reports using this method may be made anonymously, if the reporter chooses.

4. Self-reporting is encouraged. A Workforce Member whose report of misconduct contains admissions of personal wrongdoing is not guaranteed protection from disciplinary action simply because they made the report. In determining what, if any, disciplinary actions may be taken against a reporting employee the Corporate Compliance Department and Human Resources Department will take into account a Workforce Member’s own admission of wrongdoing, provided, that the Workforce Member’s involvement was not previously known to Broward Health or its discovery was not imminent, and that the admission was complete and truthful. The weight to be given to self-reporting will depend on all facts known at the time Broward Health makes its discipline decisions and the applicable discipline policies and procedures set forth by the Broward Health Human Resources Department.

5. Once a report is received, the Corporate Compliance Department will then conduct a review of the allegations to determine the nature, scope, and duration of wrongdoing, if any. Broward Health investigates all non-frivolous claims of wrongdoing.

6. All those receiving information from Workforce Members raising a concern and problem must, at all times, insofar as legal and practical, maintain confidentiality and share information only those who have a need to know.

7. If the allegations are substantiated, a plan for corrective action will be developed. Appropriate corrective action may include restitution of any overpayment amounts, notifying an appropriate governmental agency, disciplinary action, or making changes to policies and procedures to prevent future occurrences.

8. If, after investigating any report, Broward Health determines that the report is not in good faith or that a Workforce Member has provided false information regarding the report, disciplinary action may be taken against the Workforce Member who filed the report or gave the false information up to and including termination.
   a. No Workforce Member shall be subject to disciplinary action solely on the basis that they mistakenly reported what they reasonably believed to be an act of wrongdoing or a violation of law or Broward Health’s compliance standards or policies. A Workforce Member will be subject to disciplinary action, however, if it is determined that the report of misconduct was knowingly or willfully fabricated by the Workforce Member or was knowingly or willfully distorted, exaggerated, or minimized to either injure someone else or protect themselves.
   b. A Workforce Member “knowingly” provides false information if they know or reasonably should...
know that the information is false or intentionally or recklessly disregards whether the information is false.

9. If any employee feels that they have been retaliated against, the employee should report it immediately, using any of the reporting methods referenced in this Policy.

V. Related Policies and Compliance Documents

- Compliance Investigations, Policy No. GA-004-008
- Enforcement and Discipline, Policy No. GA-004-238
- Hotline, Policy No. GA-004-005
- Non-Retaliation and Retribution, Policy No. GA-004-305
- Open Lines of Communication, Policy No. GA-004-234

VI. References


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

Attachments:

Approval Signatures

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I. Purpose

Broward Health is committed to the timely identification and resolution of all issues that may adversely affect employees, patients, payors, or our programs and operations. Broward Health has established communication channels for the reporting of compliance-related complaints either directly to the Corporate Compliance Department, or on an anonymous basis if desired, via a Compliance Hotline. The Hotline is intended to provide an avenue for Workforce Members, patients and third parties to report suspected criminal activity, or any form of illegal or unethical conduct occurring within Broward Health.

The purpose of this policy is to provide guidance for Workforce Members, patients, and patient families to report Compliance-related complaints via the Compliance Hotline.

II. Key Terms

Anonymity: Defined under this policy as protecting the identity of the individual who reports an issue of noncompliance in violation of Broward Health Code of Conduct, policies and procedures, laws, regulations, or other wrongdoing via the hotline or any other mechanisms for reporting.

Hotline: A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

Confidentiality: Refers to those who contact a hotline and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect the source of their information, including a caller’s name and contact information if these details are provided by the caller.

Retaliation: Defined under this policy to mean any adverse action taken against any Workforce Member because he or she reported or complained about a potential violation of the Code of Conduct, policies, laws, regulations, or professional standards. Any negative action that would deter a reasonable employee in the same situation from making a complaint or occurs within temporal proximity to the filing of the complaint may qualify as retaliation. Such action will be evaluated on a case by case basis. Any
Workforce member found to be engaging in retaliation will be subject to disciplinary action up to and including termination of employment or related contract in accordance with Broward Health’s Non-Retaliation Policy.

**Retribution:** Defined under this policy as any act of punishing or taking vengeance for someone reporting a perceived violation of the Code of Conduct, policies, laws, regulations, or professional standards.

**Workforce Member:** Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

III. **Policy**

1. Broward Health is committed to the timely identification and resolution of all compliance related issues that may adversely affect Workforce Members, patients, or the organization.

2. Broward Health has established communication channels for the reporting of issues and concerns either directly to the Corporate Compliance Department, or on an anonymous basis, if desired, via the Compliance Hotline. The dedicated Compliance Hotline shall be made available 24 hours a day, 365 days a year, for Workforce Members, patients and third parties to report problems, concerns, potential violations of law, regulations, Code of Conduct, polices, or other wrongdoing, anonymously or in confidence and without fear of retaliation.

3. The Chief Compliance Officer (CCO) is responsible for overseeing and monitoring the operation of the Hotline, which includes ensuring that all Hotline calls are addressed in an appropriate and timely manner, as well as in accordance with Broward Health policies and procedures. The CCO is responsible for ensuring:
   a. Proper functioning of the hotline;
   b. Calls are answered promptly during established hotline hours;
   c. Calls are fully documented according to established procedures, using standard intake forms;
   d. Callers hear a pre-recorded message explaining their rights and our Non-Retaliation and Retribution policy here at Broward Health;
   e. Callers are provided an identification number to protect their identity;
   f. No attempts are made to identify a caller who desires to remain anonymous;
   g. All calls are logged and tracked through final resolution;
   h. Documenting and monitoring calls made and their resolution;
   i. Proper records management;
   j. Conducting appropriate investigations and follow-up;
   k. Providing feedback to callers when necessary; and
   l. Keeping Executive Leadership, Executive Compliance Group, and Board Compliance Committee informed of the operation.
IV. Procedures

1. Broward Health shall maintain a dedicated Compliance Hotline that Workforce Members, patients and third parties may use to report compliance-related issues by calling 888-511-1370. All calls will be answered by a third-party vendor who will submit reports of all calls to the Corporate Compliance Department.

2. The Hotline number will be provided to all Workforce Members as part of Broward Health’s orientation and annual compliance training. The Hotline number will be posted on Broward Health’s webpage and throughout the organization in a readily visible location for Workforce Members, patients, and third parties to access.

3. Whenever callers to the Compliance Hotline disclose their identity, such identity shall be held in confidence whenever requested, to the extent possible under applicable law.

4. All complaints and allegations will be addressed promptly and all information about the complaint or allegation will be kept confidential.

5. Complaints that do not raise a potential compliance issue will be referred to the appropriate department (e.g., Risk Management, Human Resources).

6. Workforce Members who have, in good faith, reported a compliance-related issue via the hotline or otherwise may not be subjected to any form of retaliation or retribution for such reporting in accordance with Broward Health’s policies and procedures.

7. Reports on the hotline activities will be periodically reported to the Executive Compliance Group and Compliance Committee. The report will include the total number of calls received, number of calls acted upon, general results from the hotline operation, along with recommendations for any system-wide improvements or corrective actions, as appropriate, as a result of findings from investigations.

V. Related Policies and Compliance Documents

- Broward Health Code of Conduct
- Compliance Investigations, Policy No. GA-004-008
- Duty to Report, Policy No. GA-004-003.
- Non-Retaliation and Retribution, Policy GA-004-305
- Open Lines of Communication, Policy No. GA-004-234

VI. References


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

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I. Purpose

The Corporate Integrity Agreement (CIA) that Broward Health entered with the U.S. Department of Health and Human Services Office of Inspector General (OIG) in August 2015 requires Broward Health to provide written notification to the OIG of the occurrence of certain actions or events. Broward Health is committed to meeting all requirements of the CIA.

The purpose of this policy is to provide written guidance on complying with the notification requirements under the CIA.

II. Key Terms

Covered Persons: Includes (a) all owners, officers, directors, commissioners, and employees of Broward Health; (b) all contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Broward Health excluding vendors whose sole connection is selling or otherwise providing medical supplies or equipment and who do not bill the Federal health care programs for such medical supplies or equipment; and (c) all physicians and other non-physician practitioners who are members of Broward Health's active medical staff. Further, this term shall include part-time and per diem employees, contractors, subcontractors, agents, and other persons who work more than 160 hours during a Reporting Period as prescribed by the CIA.

Executive Compliance Group (ECG): A committee chaired by the SVP/Chief Compliance Officer (CCO) and composed of members of senior management. This Committee has the responsibility for oversight, advice, and general guidance on all matters relating to the Corporate Compliance Program.

General Counsel: Either General Counsel and/or his/her designee and/or an outside attorney at the direction and approval of General Counsel acting on behalf of Broward Health.

Hotline: A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.
Ineligible Person: An individual or entity who (a) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care program or in Federal procurement or non-procurement programs; or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

List of Excluded Individuals/Entities (LEIE): The OIG established a program to exclude individuals and entities that have been found to have violated federal law and/or regulations. The effect of OIG exclusion from Federal health care programs is that no Federal health care program payment may be made for any items or services (1) furnished by an excluded individual or entity, or (2) directed or prescribed by an excluded physician.

Reportable Event: Anything that involves (a) a substantial Overpayment; (b) a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusion may be authorized; (c) the employment of or contracting with a Covered Person who is an Ineligible Person; or (d) the filing of a bankruptcy petition by Broward Health.

Substantial Overpayment: Defined under this policy as an overpayment more than $25,000 or an overpayment resulting from a systematic billing issue.

SVP/Chief Compliance Officer (CCO): The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

III. Policy

1. Broward Health will adhere to all of the reporting requirements outlined in the CIA and by the OIG and will submit all required reports to the OIG in writing within agreed upon timelines.

2. The SVP/Chief Compliance Officer (CCO) is responsible for ensuring all reportable actions and events are reported within the required timeliness.

3. Senior Management will be responsible for ensuring that the CCO is notified of any actions or events which require reporting to the OIG.

4. The CCO will provide a report of all Reportable Events to Executive Compliance Group and to the Board of Commissioners.

IV. Procedures

A. Annual Reports

1. Broward Health will submit to the OIG a report (Annual Report) on its compliance with the CIA requirements for each of the five Reporting Periods. The report will follow the guidelines defined in the CIA. The CCO will ensure that the Annual Report is submitted within the required timeline.
B. Reportable Events

1. Broward Health will notify the OIG within thirty (30) days after determining a Reportable Event exists. Broward Health will notify the OIG of all Reportable Events as defined in the CIA.

2. In the notification, Broward Health will include (at minimum):
   a. A complete description of all details relevant to the Reportable Event, including, at a minimum, the types of claims, transactions, or other conduct giving rise to the Reportable Event;
   b. The period during which the conduct occurred;
   c. The names of the entities and individuals believed to be implicated, including an explanation of their roles in the Reportable Event;
   d. A statement of the federal criminal, civil, or administrative laws that are probably violated by the Reportable Event;
   e. The federal health care programs affected by the Reportable Event;
   f. Description of Broward Health’s actions taken to correct the Reportable Event and prevent it from recurring; and
   g. If the Reportable Event resulted in an overpayment, a description of the steps taken by Broward Health to identify and quantify the overpayment.

V. Related Policies and Compliance Documents

- Broward Health Code of Conduct
- Compliance Investigations, Policy No. GA-004-008
- Chief Compliance Officer: Appointment, Roles, and Responsibilities, Policy No. GA-004-250
- Compliance Committee: Appointment, Roles, and Responsibilities, GA-004-251
- Compliance Office and General Counsel Protocol, GA-004-002

VI. References


Section 1877 of the Social Security Act, 42 U.S.C. §1395nn (the Stark Law)

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I. Purpose

The Office of Inspector General for the U.S. Department of Human Services has issued guidance to healthcare organizations suggesting implementation of programs designed to ensure compliance with the laws, regulations, and policies applicable to the delivery of healthcare. Consistent with these recommendations, Broward Health has adopted a Code of Conduct and developed and implemented a Compliance Program that includes a disclosure program for reporting and investigating compliance concerns and issues. The SVP/Chief Compliance Officer (CCO) is responsible for ensuring all reports of wrongdoing are investigated and resolved.

The purpose of this policy is to provide a mechanism to respond and investigate reported wrongdoing that may violate Federal, State, and local laws and regulations, Broward Health Code of Conduct and/or Broward Health policies and procedures.

II. Key Terms

Confidentiality: Refers to those who contact a hotline and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect the source of their information, including a caller’s name and contact information if these details are provided by the caller.

Hotline: A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

SVP/Chief Compliance Officer (CCO): The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance Program. In addition, this individual also holds the title of Chief Privacy Officer.

Workforce Member: Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing
committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

III. Policy

1. Broward Health has established that all workforce members have an affirmative duty to report anything a reasonable person might think is a violation of Broward Health’s Code of Conduct, policies and procedures, state, federal, and local laws, rules, and regulations.

2. Broward Health has publicized multiple avenues to report issues and concerns confidentially for Broward Health Workforce Members, patients, and third parties. Any suspected conduct of wrongdoing can be reported via any of the following mechanisms:
   a. An immediate supervisor or department director;
   b. Any member of the Corporate Compliance Department Staff (including the SVP/Chief Compliance Officer (CCO));
   c. Any member of the General Counsel’s office staff (including General Counsel);
   d. Broward Health Hotline; and
   e. Sending an email to compliance@browardhealth.org.

3. Investigations may be predicated as result of:
   • Complaints and allegations received via the hotline or other means;
   • Complaints arising from external sources, e.g. patients, media, law enforcement, etc.;
   • Issues raised by management or the Board of Commissioners;
   • Discrepancies arising from audits and reviews conducted by the Compliance Department and auditors; or
   • Concerns raised by payers or government agencies.

4. The Corporate Compliance Department is responsible for addressing and/or coordinating with other departments (as required) allegations, and concerns raised through any mechanism described above.

5. Where information is received of a potential violation of law, General Counsel will immediately be consulted for determination as to whether there is sufficient evidence to support referral to a duly authorized law enforcement agency.

6. When the investigation is complete, corrective action may be taken.

7. Violations of Federal, State, or local law will be reported to the appropriate governmental authorities in accordance with this Policy.

IV. Procedures

A. Investigation

1. Contact by Workforce Members, via the Hotline or other mechanisms of communication, concerning compliance matters will be routed to the Corporate Compliance Department for
handling. All communications will be logged and numbered upon receipt.

2. In cases involving working conditions or other matters under the responsibility of Human Resources, the matter will be referred to Human Resources for investigation and resolution as called for under the policy Compliance Office and Human Resources Protocol, Policy No. GA-004-001.

3. In conducting the investigation, facts should be gathered as promptly as possible. Fact-gathering requires a review of all pertinent documents and, in some cases, interviews with employees.

4. The CCO is the only person authorized to conduct an investigation. The CCO may delegate the authority to a designee.

5. The scope of an investigation depends on several factors, including:
   a. The availability of individuals who may have been involved;
   b. The time frame of the possible irregularity;
   c. Whether the irregularity appears to be an isolated incident or a pattern of improper conduct;
   d. Whether the irregularity indicates a systemic or procedural deficiency in a unit’s operation;
   e. The time available for completing the inquiry.
   f. Potential impact or liability to Broward Health.

6. If known, the workforce member making the compliant should be fully informed of the status of the investigation as appropriate by the individual assigned investigative responsibility.

7. The facts of the case should be analyzed and a clear-cut decision made as soon as possible, with a desired target of thirty (30) business days for completion of the investigation and submission of the final report.

8. Those CCO must ensure they do not cause more disruption than required to the day-to-day operations of the area/individual under investigation.

9. Workforce Members interviewed should be treated respectfully and with dignity.

10. The Corporate Compliance Department, acting in some cases with the General Counsel, must gather and handle information acquired with confidence. Discussion should be limited to “need to know” standard. Confidentiality of the sources of information must be protected. In some cases, the entire matter should be discussed only with General Counsel. In each case, the facts of the situation will dictate the appropriate manner in which the issue will be handled.

11. Interviews should be conducted in person and in private, with one interviewee at a time.

12. The person being interviewed should be told that the purpose of the inquiry is to gather facts on behalf of the Corporate Compliance Department.

13. In other than very routine circumstances, sensitive interviews should be conducted by two members of the Corporate Compliance Department to ensure that the manner, circumstance and content of the interview are supported by a witness.

14. If the person to be interviewed is already represented by counsel or is a member of a union, the ramifications must be thoroughly discussed with General Counsel and Human Resources before proceeding.
15. A report of all interviews shall be made as part of the investigative file which will be logged in to ComplyTrack under the corresponding disclosure entry.

16. Reports of investigation should include a summary of the workforce member’s compliant, a chronology of events, the investigator’s findings/conclusions, and recommended actions with specific responsibilities identified at the appropriate management level to ensure the required implementation takes place. The manager responsible for the implementation plan must notify the member of the Corporate Compliance Department handling the investigation, in writing, that the appropriate actions have been implemented.

17. Upon completion of investigation the report should include:
   - Any conclusions drawn from the evidence;
   - Identification of those found as engaging in improper actions (if any); and
   - Suggested correction action measures to ensure that the matter does not recur, including suggested changes in policy, operating procedures, systems, or personnel.

B. Corrective Action

1. The appropriate corrective action will be determined by the nature of the issue. Corrective action may include: referral to criminal/or civil law enforcement authorities having jurisdiction over such matter, report to the Government, submission of overpayment (if applicable), appropriate education or training, revision or creation of policies and procedures, and/or appropriate disciplinary action.

2. If an investigation determines that an overpayment has been made to Broward Health, obligatory overpayment will be repaid within sixty (60) days of the completion of the investigation. Repayment will include interest, if appropriate.

C. Reporting

1. Prior to giving a report to governmental authorities, the Chief Executive Officer (CEO) and General Counsel will review the records of the investigation and the report.

2. A report that a violation of Federal, State, or local law has occurred may be made to the appropriate governmental authorities if the conduct (1) is a clear violation of criminal or civil law; (2) has a significant adverse effect on the quality of care provided to program beneficiaries; or (3) indicates evidence of a systemic failure to comply with applicable laws, Broward Health’s Corporate Integrity Agreement, or other standards of conduct, regardless of the financial impact on Federal health care programs.

3. After the investigation is complete, the Senior Vice President, Chief Compliance Officer, in consultation with General Counsel, will make a report to the appropriate governmental authority if there has been a violation of law. This report may include: all evidence relevant to the alleged violation of applicable Federal or State law, the outcome of the investigation, the potential cost impact, and a description of the impact of the alleged violation on the operation of the applicable health care programs or their beneficiaries.

4. Broward Health may decide to voluntarily disclose matters that, in a reasonable assessment and in consultation with General Counsel, potentially violate Federal criminal, civil, or administrative laws. The self-disclosure will follow the OIG’s Provider Self Disclosure Protocol. According to the Protocol, disclosure must be made prior to investigation and self-assessment. After disclosure is made, a review will be conducted in accordance with the OIG Internal Investigation Guidelines and the Self-Assessment Guidelines.
V. Related Policies and Compliance Documents

- Broward Health Code of Conduct
- Compliance Officer and Human Resources Protocol, Policy No. GA-004-001
- Compliance Office and General Counsel Protocol, Policy No. GA-004-002
- Duty to Report, Policy No. GA-004-004
- Hotline, Policy No. GA-004-005

VI. References


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

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GA-004-012 Gifts, Gratuities, and Business Courtesies

I. Purpose

Federal and State laws and the regulations promulgated there under (including those which are commonly referred to as the anti-kickback, Stark, and civil monetary penalty statutes and regulations) prohibit the acceptance of any item of value (remuneration) made directly or indirectly, in cash or in kind, that may induce or appear to induce the purchase, recommendation to purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program such as Medicare and Medicaid. Consequently, the acceptance of any gifts or business courtesies from any third-parties with whom the Broward Health conducts business or who are seeking to do business with the Broward Health may implicate Federal and State prohibitions.

Broward Health adopted a Conflicts of Interest policy with additional disclosure requirements to mitigate potential or actual conflicts of interest. Therefore, this policy is intended to provide parameters for appropriate decision-making regarding the acceptance or provision of business gratuities, gifts, activities and courtesies and other interactions between Individuals and Industry. All applicable Workforce Members shall receive training regarding potential conflicts of interest in interactions with vendors. If there are any questions as to whether a particular collaboration, interaction, relationship, gift, or social occasion would be appropriate in a specific circumstance, the Workforce Member is expected to evaluate the appropriateness of giving and receiving any gift and consult with the Workforce Member’s manager, Administration, or Corporate Compliance Department for guidance.

II. Key Terms

Please see Broward Health policy GA-004-237, Policies and Procedures Glossary, for all definitions.

III. Policy

Broward Health is a publicly funded institution with an obligation to preserve public trust and to provide an environment where those engaged by or work in the work environment are free from Conflicts of Interest. At Broward Health, we strive to conform to the highest standards of institutional and professional ethics. This policy is intended to provide non-exhaustive guidelines regarding the acceptance or provision of gifts and business gratuities, whether such gifts or gratuities are offered by patients, vendors, suppliers, or donors.
Certain gifts and donations may be permissible. Other gifts/gratuities (often those provided by referral sources, vendors/suppliers) could be considered a potential conflict of interest or illegal “kickback” (e.g. payment(s) or gift(s) which are intended to induce the referral or business to the party making the gift). Accepting any gift or gratuity intended to induce or reward referrals or to result in the purchase of goods or services is strictly prohibited.

A. **OVERALL POLICY:** To prevent any perception that a workforce member’s judgment or medical decisions are influenced by factors other than fulfilling the mission of Broward Health, the best interests of our patients, and the community we serve, all workforce members are prohibited from offering, soliciting, or accepting gifts or other items of equivalent value to influence the provision for, or contracting of services; and from accepting any gifts from referral sources and vendors/suppliers, including but not limited to, physician offices, manufacturers and suppliers of pharmaceuticals, medical devices, equipment, and supplies, unless considered nominal (i.e. promotional items such as pens and similar items as long as the promotional item does not exceed nominal value and/or does not appear to influence the workforce member’s duties and judgment at Broward Health).

B. **IMPROPER INDUCEMENTS:** As Broward Health is a public institution and is a recipient of state and federal healthcare funds, our workforce members are prohibited from accepting cash or anything of value (“kickbacks”) in exchange for purchasing, leasing, ordering, or recommending the purchase, lease, or ordering of any goods, facilities, services or other items covered by Medicare or Medicaid.

C. **ACCEPTING GIFTS, COURTESIES, OR PAYMENTS:**

1. **Cash gifts or gratuities:** Cash or cash equivalents are inappropriate as a gift and Broward Health workforce members may not be accepted. Any workforce member who gives or accepts cash as a gift or gratuity to or from patients, patients’ family members, visitors, vendors/suppliers, sales representatives, referral sources, and others will be subject to disciplinary action.

2. **Non-monetary gifts:** During special occasions (e.g. the holiday season, Nurse’s Week, etc.), patients and vendors may give nominal and perishable items such as food, popcorn, cookies, etc. provided the nonmonetary gift is infrequent, modest, shared among the entire department, and does not appear to influence workforce members’ duties and judgment at Broward Health.

3. **Business Courtesies:** Business courtesies of personal benefit, such as tickets to a sporting event, theatrical event, or golf outing, may not be accepted.

4. **Monetary Gifts to the Hospitals:** Patients or families that request information about opportunities to give to the hospital or any operational area should be referred to the Broward Health Foundation. Monetary gifts received by any facility of Broward Health should be promptly forwarded to the Broward Health Foundation or other area approved to receive donations in accordance with policy (e.g. CDTC). The recipient shall abide by Broward Health donation policies and procedures regarding receipt of donation.

5. **Gifts of equipment:** Gifts, offers, or donations of equipment to any hospital should be coordinated through the facility’s Administration. Prior to the acceptance of any gift, offer, or donation of equipment, the equipment should be evaluated based on Broward Health’s selection policies and procedures, approved by the facility’s Administration, and coordinated through the Broward Health Foundation or other area approved to receive donations in accordance with policy (e.g. CDTC).

6. **Gifts from vendors:** Gifts from vendors/suppliers or referral sources, including, but not limited to community physician offices, manufacturers and suppliers of pharmaceuticals, medical devices,
equipment and supplies, are prohibited. Gifts which are nominal in value, such as pens or notepads, are acceptable on an occasional basis.

7. **Offers of payment or benefit for services:** If a payment or benefit is offered by another party in return for some service by a workforce member, the workforce member must report the offer immediately to their manager or the Corporate Compliance Department for determination of whether the arrangement is appropriate and whether the workforce member can accept.

8. **Donations:** The Broward Health Foundation or other area approved to receive donations in accordance with policy (e.g. CDTC) has the discretion to accept or decline donations. Further information regarding donations can be found in Receipt of Donations – Accounting of Receipts/ Disbursements of Donated Funds/Property/Equipment Policy, GA-002-010.

D. **PROVISION OF GIFTS TO VENDORS/SUPPLIERS, REFERRAL SOURCES, ETC.**

1. **Inducement of referrals:** Federal law and Broward Health policy makes it unacceptable for workforce members to give gifts, cash, or other benefits to vendors, outside providers or suppliers, unless the gift or benefit is of a nominal value. Such activities are therefore prohibited.

2. **Promotional items:** The Corporate Marketing Department and/or other departments at Broward Health may develop promotional items of nominal value that promote awareness of Broward Health’s clinical programs and missions for referral sources or patients that is consistent with Broward Health’s mission and is not or does not appear to be utilized to gain referrals or business to Broward Health.

IV. **Procedures**

A. Activities which are (or appear to be) in violation of this policy should be immediately reported to management or the Corporate Compliance Department. Based on Broward Health’s Code of Conduct and Non-Retaliation and Retribution Policy, GA-004-305, any reporter may be anonymous if desired. Workforce members who violate this policy will be subject to disciplinary action including, but not limited to, disciplinary action, suspension of hospital privileges, or termination of employment/contractual relationship.

B. Hospital managers and administration shall be responsible for helping to enforce this policy. All violations must be reported to the Corporate Compliance Department for appropriate corrective action (as required) and resolution.

V. **Related Policies and Compliance Documents**

- Broward Health Code of Conduct
- Conflicts of Interest, Policy No. GA-001-015
- Non-Retaliation and Retribution, Policy No. GA-004-305

VI. **References**

N/A

**Attachments:**

Gifts, Gratuities, and Business Courtesies Matrix
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I. Purpose

Broward Health is committed to ensuring open lines of communication between all Broward Health Workforce Members and the Corporate Compliance Department which, through the Disclosure Program, will include several independent reporting paths for Broward Health Workforce Members, patients, and their families to report compliance issues and/or concerns.

This policy establishes a policy and procedure for ensuring open lines of communication between Broward Health Workforce Members and the Corporate Compliance Department, including the reporting of compliance issues and concerns.

II. Key Terms

**SVP/Chief Compliance Officer (CCO):** The individual is responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Corporate Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

**Confidentiality:** Refers to those who contact a hotline and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect the source of their information, including a caller’s name and contact information if these details are provided by the caller.

**Hotline:** A confidential communication channel for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

**Workforce Member:** Any employee, independent contractor, agent, volunteer, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; volunteers; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health;
medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

Wrongdoing: Conduct that does not comply with federal, state, and/or local laws, the Code of Conduct Code, or Broward Health policies and procedures.

III. Policy

Broward Health is committed to the timely identification and resolution of all issues that may adversely affect employees, patients of Broward Health, and the community that Broward Health services. To demonstrate this commitment, Broward Health has established and published multiple open lines of communication between Broward Health Workforce Members, patients, their families, and third parties to report compliance and/or concerns. It is Broward Health’s policy to offer multiple avenues of compliance communication for Broward Health Workforce members, patients, or third parties to report suspected violations of law(s), regulation(s), Code of Conduct, policy(ies), as well as any unethical or wrongful conduct of which they may encounter, including the maintenance of a confidential reporting mechanism. All Workforce Members, patients, and third parties who report issues and concerns via any reporting mechanism in good faith will be protected from any form of retaliation or retribution in accordance with Broward Health’s policies and procedures.

IV. Procedures

1. Broward Health has established and publicized multiple avenues to report issues and concerns for Broward Health Workforce Members, patients, and third parties. Any suspected conduct of wrongdoing can be reported via any of the following mechanisms:
   a. An immediate supervisor or department director;
   b. Chief Compliance Officer;
   c. Any member of the Corporate Compliance Department Staff;
   d. General Counsel;
   e. Any member of the General Counsel’s office staff;
   f. Broward Health Hotline;
   g. Sending an email to compliance@browardhealth.org

2. Broward Health has contracted a third party hotline vendor so that reports may be made anonymously and in confidence if desired. Corporate Compliance Department employees handling any reported issue or concern are expected to act with utmost discretion and integrity in assuring that information received is acted upon in a reasonable, confidential and proper manner.

3. The Chief Compliance Officer is responsible for overseeing and monitoring the operation of the various reporting mechanisms, which includes ensuring that all reported issues and concerns are addressed in an appropriate and timely manner, as well as in accordance with these and all related policies and procedures.

4. The Chief Compliance Officer shall deliver periodic reports on all reported issues and concerns to executive leadership and the Board of Commissioners.

5. The Chief Compliance Officer is responsible for arranging an annual assessment of the process surrounding the review of reported issues and concerns to ensure adherence with this and all related
policies and procedures.

6. The Board of Commissioners will ensure that the annual assessment is conducted in an objective manner and shall receive the independent review report of the reporting mechanisms.

7. The Chief Compliance Officer will take necessary steps to ensure all review findings and recommendations are approved by the Board and subsequently implemented.

**Direct access to the Chief Compliance Officer:**

In the event of any questions or concerns regarding Broward Health compliance policies, practices, or procedures, Workforce Members can seek clarification from the Chief Compliance Officer, Corporate Compliance Department employees, or the General Counsel by contacting them directly via any of the available reporting mechanisms. Questions and responses should be documented within the Corporate Compliance Disclosure Log and, if appropriate, shared with other staff so that standards, policies, practices, and procedures can be updated and improved to reflect any necessary changes or clarifications.

All Workforce Members have the right to report a compliance issue or concern and will not face retribution or retaliation for reporting in accordance with Broward Health’s Non-Retaliation Policy. Any Workforce Member who engages in retaliation will be disciplined, including termination if appropriate. In addition, to the extent possible and allowed by law, the anonymity of the Workforce Member reporting the compliance issue or ethics issue will be protected.

If a Workforce Member reports any compliance issue or concern to a supervisor, department director, manager, or other supervisory employee that Workforce Member is expected to immediately forward the report to the Corporate Compliance Department. Reports of compliance issues or concerns should be handled in accordance with the Disclosure Program Policy.

**V. Related Policy and Compliance Documents**

- Compliance Investigations, Policy No. GA-004-008
- Duty to Report, Policy No. GA-004-004
- Hotline, Policy No. GA-004-005
- Non-Retaliation and Retribution, Policy No. GA-004-305

**VI. References**


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015

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Anonymous Hotline: 24-hour hotline operated by a third-party vendor and available to Workforce Members, patients, and their families through which Compliance Issues or Ethics Issues may be reported.

Applicable Federal and State Requirements: Any federal or state statutes, regulations, or guidance applicable to Broward Health's operations; Medicare and Medicaid Manuals and transmittals; National Coverage Determinations; and publications issued by Medicare Administrative Contractors, including Local Coverage Determinations (LCDs).

Approving Authority: The Chief Executive Officer of Broward Health or his or her designee.

Arrangements: Every arrangement or transaction that:

1. involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value; and is between Broward Health and any actual or potential source of health care business or referrals to Broward Health or any actual or potential recipients of health care business or referrals from Broward Health. The term 'source of health care business or referrals' means any individual or entity that refers, recommends, arranges for, orders, leases, or purchases any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program and the term 'recipient of health care business or referrals' shall mean any individual or entity (1) to whom Broward Health refers an individual for the furnishing or arranging for the furnishing of any item or service, or (2) from whom Broward Health purchases, leases or orders or arranges for or recommends the purchasing, leasing, or ordering of any good, facility, item, or service for which payment may be made in whole or in part by a Federal health care program; or

2. is between Broward Health and a physician (or a physician's immediate family member (as defined at 42 C.F.R. § 411.351)) who makes a referral (as defined at 42 U.S.C. § 1395nn(h)(5)) to Broward Health for designated health services (as defined at 42 U.S.C. § 1395nn(h)(1)).

Arrangements Covered Persons: each Covered Person who is involved with the development, approval, management, or review of Broward Health’s Arrangements.

Board: The North Broward Hospital District Board of Commissioners.

Board Compliance and Ethics Committee: A committee of the North Broward Hospital District Board of Commissioners to address compliance and ethics.

Broward Health: All Broward Health-affiliated entities including, but not limited to: hospitals, ambulatory surgery centers, hospices, home health agencies, physician practices, outpatient imaging centers, and all...
Broward Health departments, groups, divisions, and regions.

**Broward Health's Corporate Compliance and Ethics Requirements**: The Broward Health Code of Conduct, the Broward Health Compliance and Ethics Program, and all Broward Health policies and procedures.

**Broward Health Physician**: A Physician employed by or under contract with Broward Health.

**Chief Compliance Officer**: The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

**Chief Ethics Officer**: The individual responsible for overseeing, implementing, and monitoring the ethics requirements of the Broward Health Compliance and Ethics Program.

**Code of Conduct**: A component of the Compliance and Ethics Program setting forth the ethical and legal standards applicable to Broward Health Workforce Members.

**Commerically Reasonable**: An arrangement will be considered Commercially Reasonable in the absence of referrals if the arrangement would make commercial sense if entered into by a reasonable entity of similar type and size and a reasonable Physician (or family member or Group Practice) or referral source of similar scope and specialty, even if there were not potential referrals.

**Compliance Committee**: A committee chaired by Broward Health's Chief Compliance Officer that supports the Chief Compliance Officer in the development, implementation and effectiveness of Broward Health's Compliance and Ethics Program.

**Compliance Issue**: An actual or suspected concern or issue involving Applicable State and Federal Requirements or compliance components of Broward Health's Corporate Compliance and Ethics Requirements.

**Compliance and Ethics Program**: The Compliance and Ethics Program consists of the following components: Broward Health's Code of Conduct, its written policies and procedures, and oversight of the Compliance and Ethics Program.

**Compliance Work Plan**: A plan developed yearly by the Chief Compliance Officer or his or her designee, in conjunction with the Compliance Committee, that identifies compliance risk areas to be evaluated and addressed, if necessary, and that details the programmatic, auditing, monitoring, and departmental assessment goals and objectives of the Chief Compliance Officer and the Compliance Committee for the upcoming year.

**Contractor**: Any individual or organization who contracts with Broward Health to provide an item or service. For purposes of this policy, Contractor shall include all agents, subcontractors, representatives, owners and employees of Contractor.

**Covered Persons**: All owners, officers, directors, commissioners, employees, contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Broward Health (excluding vendors whose sole connection with Broward Health is selling or otherwise providing medical supplies or equipment to Broward Health and who do not bill Federal or State Health Care Programs for such medical supplies or equipment), and all physicians and other non-physician practitioners who are members of Broward Health's active medical staff. Notwithstanding the above, this term does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 1:0 hours during a Reporting Period, except that any such individuals shall become Covered Persons at the point when they work more than 1:0 hours during...
Disclosure Program: A program providing mechanisms for Workforce Members, patients, and patients' families to report Compliance Issues and Ethics Issues, including suspected and actual violations of Broward Health's Corporate Compliance and Ethics Requirements or of Applicable Federal and State Requirements.

Ethics Issues: An actual or suspected concern or issue regarding behavior that is inconsistent with the fundamental values of Broward Health, including those values contained in the Code of Conduct, such as quality, honesty, integrity, transparency, teamwork, creativity, and compassion.

Exclusions and Background Screening Lists: The sources covered by a Fraud and Abuse Control Information System (FACIS®) Level 3 search, including the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM) database, the Florida Agency for Health Care Administration Sanctioned Providers List, other state Medicaid exclusions lists, national criminal databases, and, as applicable, the National Practitioner Databank (NPDB).

Fair Market Value: The value in arm's length transactions, consistent with the general market value. General market value means the price that an asset would bring, or the compensation that would be included in a service agreement, as the result of a bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party at the time of the service agreement.

Family Members: Spouses, brothers or sisters, spouses of brothers or sisters, ancestors, descendants, and spouses of persons described as persons with substantial influence.

Federal or State Health Care Programs: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a state government, including, but not limited to: Medicare, Medicaid, managed Medicare, managed Medicaid, TriCare/CHAMPUS, VA, SCHIP, and Federal Employees Health Benefit Plan.

Financial Arrangement: Any type of remuneration directly or indirectly, overtly or covertly, paid in cash or in kind.

Financial Interest: A Financial Interest occurs when a Broward Health Physician or Contractor:

1. has, or has any Immediate Family Member that has, a direct or indirect Ownership or Investment Interest in any entities that provide health care items or services to Broward Health. This includes an Ownership or Investment Interest in a company that holds some Ownership or Investment Interest in any entity that furnishes health care services;

2. has an Immediate Family Member that is employed by, contracted with, or does business with Broward Health;

3. is involved with a company owned in whole or part by a Physician (or an Immediate Family Member of a Physician) who may refer patients or treat patients at Broward Health;

4. is involved with a company owned in whole or part by any person (other than a Physician or Immediate Family Member of a Physician) who may refer patients to Broward Health; or

☐ is involved with a company that employs or contracts with a Physician (or an Immediate Family Member
of a Physician) who may refer patients or treat patients at Broward Health.

**FMV and Commercial Reasonableness Report:** A Fair Market Value and Commercial Reasonableness analysis performed by an independent third party. An FMV & Commercial Reasonableness Report must be obtained for any and all arrangements between Broward Health and a Referral Source. The independent third party must be engaged by legal counsel and must be asked to opine on whether the arrangement involves Fair Market Value compensation and is Commercially Reasonable.

**FMV / CR Originator:** An executive officer, administrator, corporate department head, or other person who is authorized to request that Broward Health obtain an FMV & Commercial Reasonableness Report.

**Focus Arrangements:** Every Arrangement that:

1. is between Broward Health and any actual source of health care business or referrals to Broward Health and involves, directly or indirectly, the offer, payment, or provision of anything of value; or
2. is between Broward Health and any physician (or a physician's immediate family member) (as defined at 42 C.F.R. § 411.351) who makes a referral (as defined at 42 U.S.C. § 1395nn(h)(5)) to Broward Health for designated health services (as defined at 42 U.S.C § 1395nn(h)(6)).

Notwithstanding the foregoing, any Arrangement that satisfies the requirements of 42 C.F.R. § 411.356 (ownership or investment interests), 42 C.F.R. § 411.357(g) (remuneration unrelated to the provision of designated health services); 42 C.F.R. § 411.357(i) (payments by a physician for items or services); 42 C.F.R. § 411.357(k) (non-monetary compensation); 42 C.F.R. § 411.357(m) (medical staff incidental benefits), 42 C.F.R. § 411.357(o) (compliance training), 42 C.F.R. § 411.357(q) (referral sources), 42 C.F.R. § 411.357(s) (professional courtesy), 42 C.F.R. § 411.357(u) (community-wide health information systems), or any exception to the prohibitions of 42 U.S.C. § 1395nn enacted following the effective date of the Broward Health Corporate Integrity Agreement that does not require a written agreement shall not be considered a Focus Arrangement.

**Focused Investigation:** A formal inquiry into an allegation of suspected misconduct, undertaken after a Preliminary Review has shown that the allegation has a sufficient factual basis and has been made in good faith. Focused Investigations are initiated by and conducted by the Chief Compliance Officer or the General Counsel. (This definition does not apply to government investigations.)

**Group Practice:** Two or more Physicians who practice medicine through a single entity and/or have a common trade name and/or who practice at the same location, including a faculty practice plan or other physician group practice organization affiliated with an academic medical center.

**Immediate Family Member:** The following individuals: husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**Ineligible Person:** An individual or entity who is currently excluded or debarred, suspended, or otherwise ineligible to participate in Federal or State Health Care Programs or in Federal procurement programs, or has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

**Medicaid:** A federal and state-funded health insurance program administered by Florida that finances health care for low-income persons.

**Medicare:** A federal health insurance program that provides coverage for most Americans over age 65, the
permanently disabled, and people with end-stage renal disease.

**Non-Physician Referral Source Contract Originator:** An executive officer, administrator, corporate department head, or other person who is authorized to request that Broward Health enter into an arrangement with a potential Non-Physician Referral Source.

**Non-Physician Referral Source:** Any individual or entity other than a physician or physician group that may be in a position to refer, recommend, arrange for, order, lease, or purchase any item, facility, item or service for which payment may be in whole or in part by a Federal or State Health Care Program.

**Non-Physician Referral Source Contract:** The written agreement that reflects all of the terms of the Non-Physician Referral Source financial arrangement, including the work or activities to be performed and all compensation of any kind or the lease terms.

**Office of the Inspector General (OIG):** The Federal Department of Health and Human Services Office of the Inspector General (OIG) is responsible for investigating and enforcing most fraud and abuse civil penalties and program exclusions.

**Orientation Checklist:** Documentation completed by the Chief Compliance Officer or his or her designee for new hires of Broward Health to track that the new hire has received all required training and has filled out and signed all necessary documentation in conjunction with such training.

**Overpayment:** The amount of money Broward Health has received in excess of the amount due and payable under any Federal or State Health Care Program.

**Ownership or Investment Interest:** An interest held through equity, debt, or other means. An ownership or investment interest includes, but is not limited to, stock, stock options (excluding stock options that have not been exercised or convertible securities that have not been converted to equity), partnership shares, limited liability company memberships, as well as loans, bonds, or other secured financial instruments. This does not apply to stock or other investments held in a publicly held corporation, provided the value of the stock or other investments does not exceed five percent (5%) of the corporation's stock.

**Physician:** A duly licensed and authorized doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatric medicine, doctor of optometry, or chiropractor. The term Physician also includes a Group Practice, other organization representing a physician, or a physician's immediate family member (as defined at 42 C.F.R. § 411.351).

**Physician Contract:** The written agreement that reflects all of the terms of the Physician Financial Arrangement, including the work or activities to be performed and all compensation of any kind or the lease terms.

**Physician Contract Originator:** An executive officer, administrator, Vice President of Physician Services, or other person who is authorized to request that Broward Health enter into a financial arrangement with a Physician.

**Preliminary Review:** An initial inquiry into the facts surrounding suspected or actual unethical, unlawful, or criminal conduct (misconduct), or in inquiry into an allegation of suspected misconduct as reported by a Broward Health Workforce Member and into the good faith of the Broward Health employee or Workforce Member making the allegation. The purpose of a review is to determine whether an allegation of suspected misconduct has a substantial factual basis, has been made in good faith, and merits a Focused Investigation.

**Referral Source:** A Physician or a Non-Physician Referral Source.
Remuneration: Anything of value, including, but not limited to, cash, items or services.

Reportable Event: Anything that involves: (a) a Substantial Overpayment; (b) a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal or State Health Care Program for which penalties or exclusion may be authorized; (c) the employment of or contracting with an Ineligible Person; or (d) the filing of a bankruptcy petition. A Reportable Event may be the result of an isolated event or a series of occurrences.

Reporting Period: Each one-year period, beginning with the one-year period following August 31, 201__

Responsible Person: The individual assigned responsibility for the ongoing review, monitoring, evaluation and assessment of the Physician Contract or Non-Physician Referral Source Contract.

Substantial Overpayment: Any Overpayment of $25,000 or more.

Workforce Member: Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

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GA-004-238 Enforcement and Discipline

I. Purpose

It is essential for organizations to commit to high standards of conduct and behavior, consistent with all applicable laws, regulations, and rules. This commitment should include ensuring that there are uniform practices in place to enforce a plan of correction to all workforce members who engage in wrongful conduct or fail to comply with federal or state laws or regulations, internal organizational standards, policies, or the Code of Conduct. The Department of Health and Human Services Office of Inspector General (HHS OIG) notes in their Compliance Program Guidance that an effective compliance program should include guidance regarding plans of correction for workforce members who have failed to comply with the organization’s standards of conduct, policies and procedures, federal and state laws, or those who have otherwise engaged in wrongdoing, which have the potential to impair the organization’s status as a reliable, honest and trustworthy health care provider.

The purpose of this policy is to provide guidance to ensure uniform enforcement and plans of correction for violations of law, regulations, or the Broward Health Code of Conduct or other policies and procedures.

II. Key Terms

Deciding Authority: The party or parties who have the authority to act and decide upon findings and recommendations arising from an internal investigation.

General Counsel: Either the Office of General Counsel and/or his/her designee and/or an outside attorney at the direction and approval of the Office of General Counsel acting on behalf of Broward Health.

Workforce Member: Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.
III. Policy

1. A workforce member who fails to comply with applicable laws, regulations, the Broward Health Code of Conduct or policies and procedures governing Broward Health may be subject to a plan of correction consistent with the nature, severity, and frequency of the violation and without regard to the workforce member’s seniority, rank, or position.

2. All allegations and complaints of wrongful conduct, including violations of applicable laws and/or regulations, and/or Broward Health’s Code of Conduct and/or policies and procedures shall be investigated.

3. Broward Health will impose an appropriate plan of correction in a fair, consistent and unbiased manner to all workforce members, regardless of position, when it has been determined that the workforce member engaged in wrongful conduct that violated applicable laws and/or regulations, the Broward Health Code of Conduct and/or policies and procedures governing Broward Health.

4. The Human Resources Department shall consult with the Corporate Compliance Department and if necessary, the Office of General Counsel, regarding decisions of a plan of correction to be taken against a workforce member pursuant to this policy. Under no circumstances shall the Corporate Compliance Department make the final decision on the type of plan of correction to be taken against a workforce member.

IV. Procedures

1. Workforce members charged with carrying out plans of correction will ensure such action is carried out in a fair, equitable and consistent manner.

2. Allegations of improper conduct by workforce members will be evaluated and may result in an investigation or internal inquiry by the SVP/Chief Compliance Officer (CCO), Human Resources, General Counsel, and/or other responsible investigating authorities.

3. The Human Resources Department may be consulted to review proposed plans of correction to be taken against a workforce member to:
   a. Ensure the evidence adequately supports the decision; and
   b. Ensure the plan of correction proposed is appropriate and consistent under the circumstances

4. All findings and recommendations for a plan of correction will include the basis for the allegations, all relevant documents generated in connection with the internal investigation, and grounds for proposed plan of correction.

5. A plan of correction imposed in response to instances of noncompliance that is evidenced through investigations and inquiries shall be determined on a case-by-case basis in consultation with appropriate management.

6. In most situations involving workforce members, plans of correction will be progressive, beginning with documented retraining and progressing to more serious forms of correction, including termination, if necessary. Broward Health may terminate the employment, contractual or other relationship with a Broward Health workforce member without first resorting to less severe forms of correction for violations of applicable federal and state requirements and Broward Health’s Compliance Program requirements, and other related Broward Health policies.
7. If the Deciding Authority determines that the conduct of the workforce member is subject to an internal inquiry or investigation and is determined to be sufficiently severe, the inquiry or investigation may result in immediate termination.

8. Examples of serious violations that may subject an individual to immediate termination include, but are not limited to:
   a. Intentional, reckless or negligent conduct that violates the Code of Conduct, applicable laws or regulations.
   b. Failure to report conduct that the individual knew was a violation of the Code of Conduct, applicable laws or regulations;
   c. Willfully filing a false report or providing false information in connection with an organization or government investigation of an alleged violation;
   d. Failure to correct behavior for which a Covered Person was subject to prior disciplinary action; or
   e. Retaliation against who reports a violation or potential violation of the Code of Conduct in good faith.

9. During the investigation, a workforce member may be suspended without pay or temporarily relieved of job responsibilities related to the alleged violation depending upon the seriousness of the offense. If the investigation determines no wrongdoing was involved, the workforce member may be returned to his or her position without prejudice. If there is a suspension of the workforce member without pay and the investigation resulted in no finding of wrongdoing, the workforce member will be entitled to reimbursement of lost wages for periods of suspension that was determined to be inappropriate or excessive plan of correction.

10. Any plan of correction taken against a Broward Health workforce member will be documented in the appropriate location based on the applicable Broward Health policies and procedures.

11. For violations by Broward Health employees of applicable federal and state laws, regulations, or requirements and/or Broward Health’s Compliance Program requirements, the appropriate plan of correction will be determined by the Chief Compliance Officer in consultation with Human Resources, General Counsel, and Senior Management, as appropriate. Regional Human Resources is responsible for executing disciplinary and/or corrective measures and is responsible for issuing a report to the Chief Compliance Officer documenting the completion of such actions. The CCO, General Counsel, or their designees may be involved in investigating alleged violations or misconduct and in following up to determine whether proper disciplinary and/or corrective action was taken.

12. Human Resources is responsible for executing the disciplinary and/or corrective measures pertaining to Broward Health employees and is responsible for issuing a written report to the Chief Compliance Officer documenting the completion of the measures. The Chief Compliance Officer, General Counsel, or their designees may be involved in investigating violations or misconduct and in following up to determine whether proper disciplinary and/or corrective action was taken.

13. A workforce member whose conduct otherwise would justify termination may, at the sole discretion of appropriate senior management, have lesser correction imposed as a result of voluntary disclosure of the violation and/or full and complete cooperation during any investigation or inquiry.

14. The CCO will keep the Executive Compliance Group and Board of Commissioners informed as necessary on the enforcement and plans of correction actions under this policy.
V. Related Policies and Compliance Documents

- Chief Compliance Officer Roles and Responsibilities, Policy No. GA-004-250
- Compliance Investigations, Policy No. GA-004-008
- Compliance Office Protocol with Human Resources, Policy No. GA-004-001
- Compliance Office Protocol with General Counsel, Policy No. GA-004-002
- Duty to Report, Policy No. GA-004-004
- Ongoing Monitoring, Policy No. GA-004-013
- Sanctions for Non-Compliance with Information Privacy and Security Policies, Policy No. GA-004-160

VI. References

42 U.S.C. § 1320a-7(a); 42 C.F.R. § 1003.102; 21 U.S.C. § 335 (a), (b).


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 31, 2015.

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I. Purpose

The United States Sentencing Commission and U.S. Department of Health and Human Services Office of Inspector General (“OIG”) emphasizes that proper education and training of corporate officers, managers, employees, faculty and contractors, and the continual retraining of those persons at all levels of a healthcare organization, are elements that indicate an effective health compliance program. Broward Health entered into a Corporate Integrity Agreement (“CIA”) with the OIG on 8/31/2015. The CIA requires Broward Health to create and follow a training plan for the education of all Covered Persons.

The purpose of this policy is to establish requirements for distributing Broward Health's Code of Conduct, collecting Code acknowledgements, and conducting Compliance Program training and education for all Covered Persons.

II. Key Terms

Covered Persons: Includes (a) all owners, officers, directors, commissioners, and employees of Broward Health; (b) all contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Broward Health excluding vendors whose sole connection is selling or otherwise providing medical supplies or equipment and who do not bill the Federal health care programs for such medical supplies or equipment; and (c) all physicians and other non-physician practitioners who are members of Broward Health’s active medical staff. Further, this term shall include part-time and per diem employees, contractors, subcontractors, agents, and other persons who work more than 160 hours during a Reporting Period as prescribed by the CIA.

SVP/Chief Compliance Officer (CCO): The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance and Ethics Program. In addition, this individual also holds the title of Chief Privacy Officer.

Workforce Member: In this policy, includes any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health;
medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

III. Policy
1. The Senior Vice President, Chief Compliance/Privacy Officer (“CCO”) shall be responsible for developing and maintaining Broward Health’s Compliance Training Plan. The Training Plan will include steps to ensure compliance with training and education requirements of the CIA. The Training Plan shall undergo annual review and will be updated as required to reflect changes in Broward Health policy, Federal health care program requirements, any issues discovered during internal audits or the Arrangements Review, and any other relevant information.

2. Updates made to the Annual Training Plan shall be provided to and approved by the OIG prior to the implementation of the revised Training Plan.

3. Workforce Members and Covered Persons in identified high risk areas may receive more specific training related to their job function and responsibilities as part of their Broward Health orientation process and on an ongoing basis.

4. Completion of compliance training is a condition for continued work at Broward Health.

5. Within 30 days of being hired, each new Workforce Member shall receive access to an electronic copy of the Broward Health Code of Conduct (“Code”). Each new Workforce Member shall acknowledge such review and agree to abide by the Code.

6. Each new Workforce Member shall attend Compliance Orientation Training before commencement of employment.

7. All new Workforce Members will be required to complete online general compliance and education training one hour in length with thirty (30) days of employment with Broward Health.

8. Broward Health’s “Annual Compliance Training” will be online include a compliance module and is required to be completed by all Workforce Members and applicable Covered Persons.

9. All Covered Persons shall receive mandatory general compliance education and training of one hour in length annually.

10. After the mandatory general compliance education and training is completed online, management staff will be required to conduct follow-up sessions with their areas to re-emphasize the topics and key points in Broward Health’s Annual Compliance Training. The Corporate Compliance Department will develop Management Talking Points to provide to management for assistance in their follow-up sessions. Each Regional Administration will be required to maintain the follow-up session sign-in sheets.

IV. Procedures
1. All Covered Persons are required to complete general compliance training that includes addressing:
   a. The overall purpose of the compliance training;
   b. Explanation for why the compliance program was established;
   c. Compliance requirements with federal and state statutes, regulations, guidelines;
   d. Broward Health compliance policies, procedures and Code and how to apply them in work
situations;
e. Overview of the Broward Health Compliance Program, including availability of the hotline to report violations;
f. Introduction of the CCO and explain his/her role and responsibilities;
g. Explain that employees can report problems without fear of retribution or retaliation;
h. Ensure that employees understand how to report outside of the chain-of-command, if they believe it is necessary to do so using their employee Hotline;
i. Employees’ ability to report concerns, allegations and suspected wrongdoing anonymously or, if they identify themselves, they can be assured confidentiality to the limit of the law;
j. Broward Health’s Corporate Integrity Agreement requirements;
k. The legal sanctions under the Anti-Kickback Statute and the Stark Law; and
l. Examples of violations of the Anti-Kickback Statute and the Stark Law.
2. For all Covered Persons involved in arrangements with physicians and referral sources, specialized training is required that focuses on:
   a. Broward Health’s CIA requirements and the elements and operations of the Compliance Program;
   b. Policies, procedures, and other requirements relating to Arrangements and Focus Arrangements, including but not limited to the Focus Arrangements Tracking System, the internal review and approval process, and the tracking of remuneration to and from sources of health care business or referrals;
   c. The personal obligation of all those involved in the development, approval, management, or review of Broward Health’s Arrangements to know the applicable legal requirements and the NBHD’s policies and procedures.
3. Compliance trainers must be knowledgeable of: (a) the Compliance Program; (b) applicable federal laws and regulations; (c) requirements of the Sentencing Commission Guidelines; (d) relevant policies/procedures; (e) operations of the Compliance Program; and (f) content of the Code.
4. Everyone undergoing training must sign in at the time they receive their training to evidence their participating in the program; and cannot leave the session without it being shown on the sign-in log.
5. Training protocols and materials must be standardized, to evidence that anyone who signed in for training will have received the same instruction.
6. Persons attending training shall certify, in writing or in electronic form, that he or she has received the required training. The certification shall specify the type of training received and the date received. The SVP/Chief Compliance Officer (or designee) shall retain the certifications, along with all course materials.
7. Board of Commissioners compliance training shall include addressing (a) OIG guidance on Board member responsibilities; (b) Broward Health Corporate Integrity Agreement requirements; (c) Compliance Program; (d) unique responsibilities of Board members in overseeing the Compliance Program and risks; and (e) strategic approaches in conducting oversight of a healthcare entity.
8. Computer-based Training may be provided to meet the training required under this CIA; and, if used, it shall be made available appropriately qualified and knowledgeable staff or trainers to answer questions or provide additional information to the individuals receiving such training.
9. All training will be documented, and the records of participation will be maintained pursuant to Broward Health policies and procedures.

10. The CCO will report periodically to the Executive Compliance Group and Board of Commissioners on the results of the compliance training program.

11. The CCO is responsible for ensuring compliance with this policy.

V. Related Policies and Compliance Documents
   ◦ Broward Health Code of Conduct
   ◦ North Broward Hospital District, d/b/a Broward Health, Corporate Compliance and Ethics Training Plan

VI. References


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

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I. Purpose

Broward Health is committed to its role in preventing health care fraud and abuse and complying with applicable state and federal law related to health care fraud and abuse. The Deficit Reduction Act of 2005 requires state Medicaid plans to require certain types of health care providers to establish written policies and procedures that address: 1) the federal False Claims Act (“FCA”); 2) state laws pertaining to civil or criminal penalties for false claims and statements; 3) the whistleblower protections provided under both federal and state laws and the role of these laws in preventing and detecting fraud, waste, and abuse; 4) the administrative remedies found in the Program Fraud Civil Remedies Act; and 5) the provider’s policies and procedures for detecting and preventing fraud, waste, and abuse. To ensure compliance with such laws, Broward Health has policies and procedures in place to detect and prevent fraud, waste, and abuse, and also supports the efforts of federal and state authorities in identifying incidents of fraud and abuse.

The purpose of this policy is to set forth compliance with all applicable federal and state laws pertaining to fraud, waste, and abuse in federal healthcare programs including Section 6032 of the Deficit Reduction Act of 2005.

II. Key Terms

Centers for Medicare and Medicaid Services (CMS): The Federal agency responsible for administering Medicare, Medicaid, State Children's Health Insurance (SCHIP), Health Insurance Portability and Accountability Act (HIPAA), Clinical Laboratory Improvement Amendments (CLIA), and several other health related programs.

Deficit Reduction Act of 2005 (DRA): A federal statute that requires entities that make or receive annual Medicaid payments of $5 million dollars or more to provide detailed information in written policies applicable to the entities, employees, agents, and contractors information regarding the False Claims Act and any state law that pertains to criminal penalties for making false claims and statements to the Government or its agent and the protections for whistleblowers who report violations of these provisions.

False Claims Act (FCA): A federal statute that prohibits fraud in any federally funded contract or program, including Medicare and Medicaid.
**Fraud**: An intentional deception or misrepresentation or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable state or federal law.

**Waste and Abuse**: Incidents or practices that are inconsistent with legal, ethical, acceptable and sound business, fiscal or medical practices that result in unnecessary cost to health care programs or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It includes Medicare and Medicaid practices that result in unnecessary cost to the program.

### III. Policy

1. It is the responsibility of all Workforce Members to comply fully with applicable federal and state laws related to healthcare fraud, waste, and abuse. This includes the Federal False Claims Act and the Deficit Reduction Act of 2005.

2. Broward Health will provide education to Workforce Members regarding:
   a. The Deficit Reduction Act;
   b. The Federal False Claims Act;
   c. Administrative remedies for false claims and statements;
   d. Applicable state laws pertaining to false claims and statements and related civil or criminal penalties;
   e. Whistleblower protections under the Federal False Claims Act and applicable state laws;
   f. The role of laws in preventing and detecting fraud, waste, and abuse in Federal healthcare programs;
   g. Broward Health’s policies and procedures for preventing, identifying, reporting, and investigating fraud, waste, and abuse within Medicaid programs.

3. Broward Health will address the following topics in the Code of Conduct and other employee handbooks if available:
   a. State and federal laws regarding false claims and fraud and abuse;
   b. Rights and protections of whistleblowers;
   c. Policies and procedures for detecting fraud, waste, and abuse.

### IV. Procedures

1. Broward Health has implemented several prevention, reporting, and detection measures in order to address potential instances of fraud, waste, and abuse. These measures are as follows:

   A. **Prevention Measures:**
      i. **Corporate Compliance Program**: Broward Health has established a Corporate Compliance Program which includes a Code of Conduct, policies and procedures, training and education, auditing and monitoring, and investigations.
ii. **Training and Education:** Annual compliance training is required for all workforce members. Additionally, specific training may be developed as a result of an audit or ongoing monitoring activities to address issues of non-compliance. The Corporate Compliance Department will develop specific training sessions to address issues of non-compliance.

B. **Detection Measures:**

i. **Auditing and Monitoring:** The Corporate Compliance Department will develop an annual work plan based on risk areas identified. The work plan sets forth activities that will be undertaken in the fiscal year. All work plans are approved by the Executive Compliance Group and the Compliance Committee of the Board of Commissioners. Audits may also be scheduled as a result of a complaint made directly to the Corporate Compliance Department.

ii. **Investigations:** The SVP/Chief Compliance Officer (CCO), or his/her designee, performs both informal and formal investigations based upon possible reports of fraud, waste, or abuse associated with federal and state health care programs. If errors of wrongdoing are found, Broward Health will report and promptly return any overpayments to the appropriate payor.

C. **Reporting Mechanisms:**

i. Broward Health Workforce Members are obligated to report suspected non-compliant activities pursuant to the Code of Conduct via the following reporting mechanisms:
   a. An immediate supervisor or department director;
   b. Chief Compliance Officer;
   c. Any member of the Corporate Compliance Department Staff;
   d. General Counsel;
   e. Any member of the General Counsel’s office staff;
   f. Broward Health Hotline;
   g. Sending an email to compliance@browardhealth.org.

V. **Related Policies and Compliance Documents**

- Broward Health Code of Conduct
- Open Lines of Communication, Policy No. GA-004-234

VI. **References**


Broward Health Corporate Integrity Agreement with the DHHS Office of Inspector General, dated August 20, 2015.

Section 6032 Deficit Reduction Act of 2005

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I. Purpose

Under federal law, no payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. The Department of Health and Human Services Office of Inspector General (OIG) note in their compliance guidance documents to hospitals that all employees, medical staff, and all new employees who have discretionary authority to make decisions that may involve compliance with laws or regulations should be matched against the OIG List of Excluded Individuals and Entities (LEIE). They also recommend screening against the General Services Administration (GSA) sanction list included in the System for Award Management (GSA Debarment List).

Under the Centers for Medicare & Medicaid Services’ (CMS) rules, providers must not employ or contract with individuals or entities excluded from participation in any health care program or debarred by the GSA, when the GSA exclusion relates to the practice of healthcare. CMS does not permit payments furnished under the plan by an individual or entity while being excluded from participation. CMS has further advised states that they should require providers to search the HHS OIG website monthly to capture exclusions and reinstatements that have occurred since the last search.

Organizations have the responsibility to conduct a reasonable and prudent background investigation, including a reference check, as part of the employment application and hiring process. Further, the OIG recommends that employees, contractors and medical and clinical staff members be checked at least annually against the LEIE.

The purpose of this policy is to ensure that all employees, medical staff, contractors, vendors and others with whom Broward Health does business are properly screened for exclusions and are authorized to participate in federal and state health care programs.

II. Key Terms

Covered Persons: Includes (a) all owners, officers, directors, commissioners, and employees of Broward Health; (b) all contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Broward Health excluding vendors whose sole connection is selling or otherwise providing medical supplies or equipment and who do not bill the
Federal health care programs for such medical supplies or equipment; and (c) all physicians and other non-physician practitioners who are members of Broward Health's active medical staff. Further, this term shall include part-time and per diem employees, contractors, subcontractors, agents, and other persons, if they work more than 160 hours during a Reporting Period as prescribed by the CIA.

List of Excluded Individuals/Entities (LEIE): The OIG's LEIE database provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs. Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).

Federal or State Health Care Programs: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a state government, including, but not limited to: Medicare, Medicaid, managed Medicare, managed Medicaid, TriCare/CHAMPUS, United States Department of Vetarans Affairs (VA), The State Children's Health Insurance Program (SCHIP), and Federal Employees Health Benefit Plan.

General Services Administration Debarment List: The GSA debarment list was created for the informing of and use by Federal agencies as part of its award system. It is maintained as part of the Systems for Awards Management (SAM) that includes their Excluded Parties List System (EPLS), commonly referred to as the GSA Debarment List.

Ineligible Person: An individual or entity who (a) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care program or in Federal procurement or nonprocurement programs; or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

Medicare & Medicaid Services Preclusion List: A list of providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

State Sanction Data: Many states maintain their own database of individuals and entities they sanction; and call for or require health care entities to screen against this list. This is in addition to, not in lieu of, screening against the Federal sanction databases. CMS calls for monthly screening of Medicaid sanction listings.

III. Policy

1. Broward Health shall screen all Covered Persons against the OIG's LEIE, GSA Debarment List, and Medicaid sanction data for the State of Florida.

2. Broward Health prohibits the employment, appointment or election of, execution of contracts with, provision of items or services at the direction or prescription of, and/or use of services provided by an Ineligible Person.

3. Broward Health shall not knowingly engage, employ, contract with, or submit claims for, any individual, including workforce members (including permanent, temporary, interns, and volunteers) Board Members and/or attendees, providers, or contractors, who are currently disbarred, mandatorily or permissively excluded from participation in Federal or State Health Care Programs that remove
authorization for the practitioner to practice in Florida, those persons who have opted out of the Medicare program, or in limited circumstances, persons who have been sanctioned.

4. Broward Health shall not knowingly retain payment for any federal healthcare programs for any services provided, ordered, or referred by any Ineligible Person.

5. Broward Health requires that all Screened Persons be processed through Broward Health’s Exclusions Screening against the Exclusion Lists prior to engaging in their services as part of the hiring, credentialing, or contracting process, and monthly thereafter.

6. All Screened Persons must notify Broward Health at the time of the initial hiring, credentialing, or contracting process, or immediately at any point in the future, when he or she has:
   a. Pending charges against them related to healthcare; including but not limited to any conviction under the Federal Exclusion Statute;
   b. Been convicted of a criminal offense related to healthcare; including but not limited to any conviction under the Federal Exclusion Statute;
   c. Received notice that the government proposes to exclude him/her from participation in any federal or state health care program including, but not limited to the Centers for Medicare & Medicaid Services Preclusion List;
   d. Become an Ineligible Person; or
   e. Submitted an affidavit to Medicare expressing the desire to opt-out of Medicare.

IV. Procedures

1. Broward Health will screen all employees, medical professionals or entities, contractors, consultants, vendors, joint venture parties, and affiliates providing services to or affiliated with Broward Health against the General Services Administration (GSA) System for Award Management (SAM) exclusion list, current LEIE, and Florida Medicaid sanction data prior to any engagement and monthly thereafter.

2. Broward Health will exercise reasonable due diligence to verify that any party found on an exclusion list is the same individual or entity noted, and if they are found to have been listed as excluded by the OIG, the relationship shall be immediately terminated.

3. Prospective employees and vendors who have been officially reinstated into the Medicare and Medicaid programs by the OIG may be considered for employment, medical privileges or a contractual relationship upon proof of such reinstatement and a determination that there are no other impediments to such action.

4. All employment applications and contracts shall include a statement that accuracy of all information provided is a condition of employment or contract, and that the provision of incorrect information is grounds for immediate termination of employment or contract. Applications and contracts will also include a statement that grants the right to verify all information provided in any employment application or contract agreement.

5. Human Resources is responsible for carrying out this policy as it relates to hiring of employees.

6. Credentialing committees are responsible for carrying out this policy in granting staff privileges to medical personnel who are not employees.
7. The Procurement Department or Contracts Administration is responsible for carrying out this policy as it relates to vendors and contractors, depending on the type of relationship that Broward Health has established with the vendor or contractor.

8. The screening of students/interns is addressed through the entity’s Affiliation Agreement with Broward Health.

9. The Chief Compliance Officer is responsible for monitoring this policy for compliance and reporting results as deemed necessary to the Executive Compliance Group, along with any recommendations for remedial actions or improvement to the program.

V. Related Policies and Compliance Documents
   ◦ Broward Health Code of Conduct
   ◦ Chief Compliance Officer: Appointment, Roles, and Responsibilities, Policy No. GA-004-250

VI. References


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GA-004-295 Government Investigation Policy

I. Purpose
Government investigators may arrive unannounced at Broward Health or at the homes of present or former employees and seek interviews and documentation. The purpose of this policy is to establish a mechanism for the orderly response to government investigations to enable Broward Health to protect its interests as well as appropriately cooperate with the investigation.

II. Procedure

A. Investigator's Request for Employee Interview

1. Instructions to Employees:
   A government investigator or a representative of any of the following regulatory agencies may ask that you provide them with information regarding Broward Health; these agencies include but are not limited to:
   a. Centers for Medicare and Medicaid Services (CMS)
   b. Office of Inspector General (OIG)
   c. Department of Justice (DOJ)
   d. Federal Bureau of Investigations (FBI)
   e. Medicaid Fraud Control Unit (MFCU)
   f. Medicaid Program Integrity (MPI)

   Interviews with government investigators have substantial legal effect and may impact your legal rights and those of Broward Health.

   1. When a government investigator requests an interview, there is no obligation to consent to be interviewed, although you may volunteer to do so. If an investigator comes to your home, you may require the interview be conducted during normal business hours, at Broward Health or another location.

   2. You should always be polite and obtain the following information:
      a. The business cards of all investigators;
      b. The reason for the visit;
      c. Whether there is a subpoena or a warrant. If there is, obtain a copy and follow the procedure in Section B, below.
3. Immediately notify your supervisor, or, if your supervisor is not available, the Chief Compliance Officer. Provide your supervisor, or the Chief Compliance Officer, with the information and documentation you have obtained.

4. Broward Health requires that its legal counsel be present at all interviews. The Chief Compliance Officer will arrange this. Request that the investigator return when Counsel can be present. You have the right to your own Legal Counsel.

2. Instructions to Employee Supervisors:
   a. Obtain all of the information provided by the investigators.
   b. Immediately call the Chief Compliance Officer, or if not available, Broward Health General Counsel.
   c. Speak to the government investigator and request that the investigator return when Legal Counsel is present.

B. Government Searches

1. Instructions to Employees:

   A search warrant gives government investigators the authority to enter Broward Health sites specified in the warrant, search for evidence of criminal activity, and seize the documents and other property listed in the warrant. No staff member is required to answer questions of the investigators, but authorized Broward Health employees must provide the documents requested in the warrant. It is in the best interests of Broward Health that any searches be conducted in a manner that least disrupts its operations; consequently, Broward Health's primary interface with government investigators is to be coordinated by the administrator on call as defined below. It is essential that the administrator on call be called as soon as there is notice of a government search and that the employee in-charge immediately proceeds to the premises being searched.

   a. You should always be polite and obtain the following:
      i. The business cards of all investigators;
      ii. Obtain a copy of the search warrant and the affidavit providing reasons for the issuance of the warrant. When documents are seized, the investigators are required to give you these.

   b. Request that the investigators wait until the Chief Compliance Officer, General Counsel and the Administrator on-call.

   c. Immediately contact the Chief Compliance Officer, or if not available, Broward Health's General Counsel. If neither is reachable, contact the Administrator on-call.

   d. Broward Health requires that its legal counsel be present at all interviews. The Chief Compliance Officer will arrange this. Request that the investigator return when Counsel can be present. You have the right to your own Legal Counsel.

2. Instructions to Administrator on Call

   a. Obtain all of the information provided by the investigators, as set forth above.

   b. Immediately call General Counsel and then proceed to the premises being searched.

   c. Ask who the lead investigator is and instruct the lead investigator that:
      i. Broward Health objects to the search;
ii. The search is unjustified because Broward Health is willing to voluntarily cooperate with the government; and

iii. The search will violate the rights of Broward Health and its employees.

Under no circumstances should you or other staff obstruct or interfere with the search. Although you should cooperate, you should clearly state that this does not constitute consent to the search.

d. If General Counsel is not available, the administrator on call should contact the prosecutor (the prosecutor’s name and telephone number may be obtained from the lead investigator) immediately and request that the search be stopped. The administrator on call can negotiate alternatives to the search and seizure, including provisions to ensure that all existing evidence will be preserved undisturbed. If the prosecutor refuses to stop the search, request agreement to delay the search to enable Broward Health to obtain a hearing on the warrant.

e. Attempt to negotiate a methodology with the investigators that will minimize disruptions and keep track of the process. Considerations include the sequence of the search; whether investigators are willing to accept copies in place of originals; and if so, who will make the copies and how; whether Broward Health will be permitted to make its own set of copies; and arrangements for access to records seized.

f. Object to any search of privileged documents. A privileged document is one protected by the attorney-client privilege or another legal protection.

   i. If there is any possibility that the search will compromise privileged information, Broward Health should object on that basis, and raise the issue with the court.

   ii. Negotiate a methodology to protect the confidentiality of any privileged information pending a resolution of these objections. For example, segregate the privileged documents from other files, and obtain a commitment that investigators will not read the documents until the court had made a decision, or obtain a commitment that the investigators will seize the document, but place them unread in sealed envelopes until the matter is resolved.

g. Keep a record of the following:

   i. Ask each investigator for identification, including their business cards.

   ii. List the names and positions of all the investigators with the date and time. Verify the list with the lead agent and request he or she sign it.

h. Monitor and record the manner in which the search is conducted.

   i. Note in detail the precise areas and files searched, the time periods when each of them was searched, the manner in which the search was conducted, the agents who participated, and which files were seized.

   ii. Several individuals will probably be needed to monitor the different areas being searched simultaneously.

   iii. If a Broward Health monitor is ordered to leave, contact the lead investigator. A person should only be ordered to move if they are in the way, not to avoid being observed. Never provoke a confrontation with an agent.
i. If possible, do not release a document to the investigators unless General Counsel has reviewed it. This is not possible under a search warrant.

j. If possible, make a record and a copy of all records seized.
   i. If this is not possible, before the investigators leave Broward Health's premises, request an inventory of the documents seized.
   ii. Request the lead investigator to note the date and time the search was completed as well as sign the inventory with the agent's full title, address, and telephone number.
   iii. Copies of the seized documents should be requested as well, especially medical records, as this is the most efficient way to inventory the documents seized.
   iv. Download copies of files from hard drives of computers, and copy diskettes, especially if the material is essential to the ongoing operations of Broward Health.

k. If possible, videotape the search.
   i. A videotape may provide evidence of undue disruption or misconduct on the part of the investigators.
   ii. If the investigators claim the taping interferes with the search, the employee in-charge should make a record of the refusal. Do not persist with videotaping if the agents have warned that they regard the taping as interference.

**Administration and Interpretation**
The administration and interpretation of this policy is the responsibility of the Vice President, Chief Compliance Officer / Privacy Officer.

**Attachments:**

**Approval Signatures**

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I. Purpose

Broward Health is committed to its institutional integrity. It is the policy of Broward Health to foster an environment of open communication so that all Workforce Members understand their obligations to report compliance concerns and that Broward Health will not tolerate retaliation against those who do so. In addition, reported concerns will be maintained confidentially, to the extent it is possible to do so.

The purpose of this policy is to provide guidance by which employees can express problems, concerns, and opinions without fear of retaliation or reprisal, as well as providing supervisors with appropriate guidelines for addressing problems and concerns raised by employees. Broward Health considers such reporting, inquiring, or participating to be protected activities in which all Workforce Members of Broward Health may freely engage. All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

II. Key Terms

**Harassment:** Defined under this policy as any systematic persecution through repeated annoyances, threats, or demands.

Reprisal: Defined under this policy as action with the intent of inflicting injury in return for someone reporting a perceived violation of the Code of Conduct, policies, laws, regulations, or professional standards.

**Retaliation:** Defined under this policy to mean any adverse action taken against any Workforce Member because he or she reported or complained about a potential violation of the Code of Conduct, policies, laws, regulations, or professional standards. Any negative action that would deter a reasonable employee in the same situation from making a complaint or occurs within temporal proximity to the filing of the complaint may qualify as retaliation. Such action will be evaluated on a case by case basis. Any Workforce member found to be engaging in retaliation will be subject to disciplinary action up to and including termination of employment or related contract in accordance with Broward Health’s policies and procedures.

**Retribution:** Defined under this policy as any act of punishing or taking vengeance for someone reporting a perceived violation of the Code of Conduct, policies, laws, regulations, or professional standards.
**Workforce Member:** Any employee, independent contractor, agent, volunteer, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; volunteers; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; medical students and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

**III. Policy**

1. All Workforce Members have the affirmative duty to promptly report actual or potential wrongdoing, including any violations of law, regulation, policy, or Code of Conduct in accordance with Broward Health policy, *Duty to Report, Policy No. GA-004-004*. All Workforce Members, including supervisors and managers, have a responsibility to create a work environment where concerns can be raised, openly discussed, and reported without fear of retaliation. After reporting, if the problem is not satisfactorily resolved, the Workforce Member may proceed up the supervisory chain to higher level or go to the Corporate Compliance Department. In addition, the Workforce Member has the option of calling the Compliance Hotline at 888-511-1370, and can remain anonymous.

2. Workforce Members who, in good faith, report a potential violation of law, regulation, policy, procedure, or the Code of Conduct will not be subjected to retaliation, retribution, or harassment. In addition, no Workforce Member may be retaliated against for refusing to carry out a directive ordering the Workforce Member to engage in wrongful or unlawful activity. No supervisor, manager, or other Workforce Member is permitted to engage in retaliation, retribution, or any form of harassment against another for reporting compliance-related concerns. Anyone who conducts or condones retribution, retaliation, or harassment in any way will be subject to disciplinary actions, up to and including termination.

3. Self-reporting is encouraged. A Workforce Member whose report of misconduct contains admissions of personal wrongdoing is not guaranteed protection from disciplinary action simply because they made the report. In determining what, if any, disciplinary actions may be taken against a reporting employee the Corporate Compliance Department and Human Resources Department will take into account a Workforce Member’s own admission of wrongdoing, provided, that the Workforce Member’s involvement was not previously known to Broward Health or its discovery was not imminent, and that the admission was complete and truthful. The weight to be given to self-reporting will depend on all facts known at the time Broward Health makes its discipline decisions and the applicable discipline policies and procedures set forth by the Broward Health Human Resources Department.

**IV. Procedures**

1. Workforce Members who believe they have been retaliated against for reporting, in good faith, suspected wrongdoing and/or assisting with an investigation, should report the issue by disclosing the act to his/her supervisor, the SVP/Chief Compliance Officer (CCO), the Corporate Compliance Department, or the Corporate Compliance Department Hotline at 888-511-1370. It is important to file the report of retaliation as soon as possible after the occurrence as a delay can impact the effectiveness of the investigation. Examples of actions that could constitute retaliation include, but are not limited to:
   a. Reducing one’s salary;
b. Giving a negative performance evaluation;

c. Decisions relating to one’s work assignments, vacation, or promotion or advancement opportunities (whether employment-related or academic);

d. Terminating employment;

e. Engaging in harassing conduct that is sufficiently severe, pervasive, and/or persistent to create a hostile environment; for this purpose, the existence of a hostile environment is to be judged both objectively (meaning a reasonable person would find the environment hostile) and subjectively (meaning the affected individual felt the environment was hostile); and/or

f. Threats to engage in any of the actions listed above.

2. All managers and supervisors must encourage the reporting of problems and that employees will not "get into trouble" for doing so. The following actions should be taken:

a. Senior management must brief subordinate managers on this policy;

b. The Non-Retaliation or Retribution, Policy No. GA-004-305 must be posted on employee bulletin boards;

c. Review with all lower-level managers the proper treatment of employees and the creation of a work environment that permits open communication; and

d. All first-line supervisors must meet with their employees and complete the above actions.

3. All Workforce Members must understand that any incident where retaliation or reprisal can be related to another Workforce Member raising or reporting a problem will not be tolerated. Reports of this nature must be investigated thoroughly and expeditiously, with appropriate disciplinary actions taken as necessary, up to and including termination of employment.

4. All supervisors and managers must promote an open-door policy to report employee problems and concerns at all times, receive all employee concerns, problems and opinions, and explore all possible options for resolving the issue with the employee.

5. The confidentiality of employee concerns and problems must be respected and protected at all times to the extent that it is legal and practical. Only those personnel who have a need to know will be informed.

6. Human Resource Administration and the Corporate Compliance Department must be available to provide assistance and guidance to supervisors in receiving and resolving employee concerns, problems, and opinions, and they will keep management informed of all concerns and problems raised by employees.

7. The CCO will be responsible for the prompt investigation and follow-up of any reported retaliation against an employee and will report the results of an investigation into suspected retaliation to the appropriate level of management as deemed appropriate.

V. Related Policies and Compliance Documents

- Compliance Investigations, Policy No. GA-004-008
- Duty to Report, Policy No. GA-004-004
- Enforcement and Discipline, Policy No. GA-004-238
VI. References


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GA-004-441 Physician and Non-Physician Financial Arrangement Review, Approval, Tracking and Monitoring

I. Purpose

This policy establishes administrative principles, guidelines, review processes, and approvals that must be followed before Broward Health enters into a direct or indirect Arrangement with a Referral Source. An Arrangement between Broward Health and a Referral Source is a Focus Arrangement and is subject to this policy.

*Note: Focus Arrangements Review, Policy No. GA-004-440 has been discontinued and replaced with this policy.*

II. Key Terms

**Commercially Reasonable:** An arrangement will be considered "Commercially Reasonable" if the arrangement would make commercial sense if entered into by a reasonable entity of similar type and size and a reasonable healthcare provider of similar scope and specialty, even if there were no potential business referrals between the parties.

**Covered Persons:** All owners, officers, directors, commissioners, employees, contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of Broward Health (excluding vendors whose sole connection with Broward Health is selling or otherwise providing medical supplies or equipment to Broward Health and who do not bill Federal or State Health Care Programs for such medical supplies or equipment), and all physicians and other non-physician practitioners who are members of Broward Health's active medical staff. This term does not include part-time or per diem employees, contractors, subcontractors, agents, and other persons who are not reasonably expected to work more than 160 hours during a Reporting Period, except that any such individuals shall become "Covered Persons" at the point when they work more than 160 hours during a Reporting Period.

**Fair Market Value:** The value in arm's length transactions, consistent with the price that an asset would bring, or the compensation that would be included in a service agreement, as the result of a bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to
generate business for the other party at the date of acquisition of the asset or the time of the service agreement.

**Referral Source:** A Physician, Contractor or Entity that is an actual source of healthcare business to Broward Health.

**Arrangement:** Any type of remuneration directly or indirectly, overtly or covertly, paid in cash or in kind.

**Focus Arrangement:** Every Arrangement that 1) is between Broward Health and any actual source of health care business or referrals to Broward Health and involves, directly or indirectly, the offer, payment, or provision of anything of value; or 2) is between Broward Health and any physician (or a physician's immediate family member) (as defined at 42 C.F.R. § 411.351) who makes a referral (as defined at 42 U.S.C. § 1395nn(h)(5)) to Broward Health for designated health services (as defined at 42 U.S.C § 1395nn(h)(6)).

**Tracking Remuneration:** The process of monitoring internal controls developed to verify all payments made to Focus Arrangements are in accordance with the terms of the agreement.

*Any terms not defined herein shall have the meaning associated to them within the Policies and Procedures Glossary, Policy No. GA-004-237.*

### III. Policy

All Focus Arrangements must comply with the Stark Law, the Anti-Kickback Statute and any other applicable federal and state laws or regulations. Focus Arrangements be entered into only where they are objectively determined to be Commercially Reasonable, and consistent with Fair Market Value, as required under [Fair Market Valuation and Commercial Reasonableness Policy, Policy No. GA-004-410.](#)

### IV. Procedures

A. **Focus Arrangement Determination** – All Arrangements Broward Health intends to enter into with persons or entities must be reviewed by the Corporate Compliance Department to determine if the person or entity meets the definition of a Focus Arrangement and/or Covered Person. This process of determination is outlined in [Focus Arrangement Review Standard Operating Procedure.](#)

B. **Centralized Tracking System** – All Focus Arrangements must be created and maintained in the Contract Management System for all existing and new or renewed Focus Arrangements.

C. **Focus Arrangement Requirements** – In the event the person or entity is determined to be a Focus Arrangement, Broward Health must comply with the following requirements before business can be done with the Focus Arrangement:

1. Ensure that each Focus Arrangement is set forth in a writing and such writing is signed by Broward Health and the other parties to the Focus Arrangement (“Written Agreement”);

2. The business rationale of the Focus Arrangement and the Fair Market Value of the remuneration specified in the Focus Arrangement must be properly documented within the Contract Management System;
3. The Focus Arrangement must be reviewed by the General Counsel’s Office to determine that the business rationale and fair market value is properly documented and that the Focus Arrangement does not violate the Anti-Kickback Statute and Stark Law;

4. The Written Agreement must include language to the effect that each party to the Focus Arrangement who meets the definition of a Covered Person shall complete at least one (1) hour of training regarding the Anti-Kickback Statute and the Stark Law and examples of arrangements that potentially implicate the Anti-Kickback Statute or the Stark Law;

5. Include in the written agreement a certification by the parties to the Focus Arrangement that the parties shall not violate the Anti-Kickback Statute and the Stark Law with respect to the performance of the Arrangement; and

6. A copy of Broward Health’s Code of Conduct and Policies and Procedures pertaining to the Stark Law and Anti-Kickback Statute must be provided to all parties to the Focus Arrangement.

D. Tracking Remuneration: Broward Health has a process to ensure all remuneration to Focus Arrangements is consistent with the terms of the agreement. The Tracking Remuneration Standard Operating Procedure outlines how Broward Health will:

1. Track remuneration to and from all parties to Focus Arrangements;

2. Track service and activity logs to ensure that parties to the Focus Arrangement are performing the services required under the applicable Focus Arrangement(s) (if applicable); and

3. Monitor the use of leased space, medical supplies, medical devices, equipment, or other patient care items to ensure that such use is consistent with the terms of the applicable Focus Arrangement(s) (if applicable).

V. Auditing and Monitoring

A. Corporate Compliance Department: With regard to Focus Arrangements, the Corporate Compliance Department shall be responsible for reviewing the contract database, internal review and approval process, and other Focus Arrangement procedures on at least an annual basis and providing a report on the results of such review to the Board Compliance and Ethics Committee.

B. Internal Audit: Internal Audit is responsible for ensuring the Corporate Compliance Department is performing its responsibilities listed in Section VI. above.

VI. Related Policies and Standard Operation Procedures

- Fair Market Valuation and Commercial Reasonableness Policy, Policy No. GA-004-410
- Disclosure of Physician Ownership and Financial Arrangements Policy, Policy No. GA-004-417
- Conflict of Interest Policy, Policy No. GA-001-015
- Final Compliance Review Standard Operating Procedure
- Tracking Remuneration Standard Operating Procedure
- ServiceNow Medical Directorship Log Reporting and Review Process Standard Operating Procedure
- Focus Arrangements Requirements Standard Operating Procedure
- Focus Arrangements Review Standard Operating Procedure

VII. References
Stark Law, 42 U.S.C. § 1395nn, and implementing regulations

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

Broward Health Conflict of Interest Form

Broward Health Disclosure Form for Physician Ownership & Financial Arrangements

Attachments:

Final Compliance Review Standard Operating Procedure
Focus Arrangements Requirements Standard Operating Procedure
Focus Arrangements Review Standard Operating Procedure
ServiceNow Medical Directorship Log Reporting and Review Process Standard Operating Procedure
Tracking Remuneration Standard Operating Procedure

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I. Purpose

Broward Health will make all reasonable efforts to promptly recognize and correct billing errors including those that cause overpayments. The Fraud Enforcement and Recovery Act of 2009 subjects healthcare providers, as well as their vendors and subcontractors, to penalties under the False Claim Act for failure to identify and return overpayments.

The purpose of this policy is to establish the procedure to ensure the timely and appropriate reporting and return of Overpayments received from Federal and State Healthcare Programs.

II. Key Terms

Federal or State Health Care Programs: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a state government, including, but not limited to: Medicare, Medicaid, managed Medicare, managed Medicaid, TriCare/CHAMPUS, United States Department of Veterans Affairs (VA), The State Children's Health Insurance Program (SCHIP), and Federal Employees Health Benefit Plan.

Overpayment: An overpayment is the amount of funds Broward Health has received in excess of the amount due and payable under any Federal health care program requirements. An overpayment may be the result of non-adherence to Federal health care program requirements, errors by a Broward Health workforce member, payment processing errors by the payer, or erroneous or incomplete information provided to Broward Health by the patient or responsible party.

Substantial Overpayment: Any Overpayment of $25,000 or more.

III. Policy

1. Broward Health is committed to identifying, quantifying and repaying Overpayments consistent with this Policy. All Overpayments will be handled in a manner in accordance with the payer's policies.

2. Overpayments received from a Federal healthcare program that has been identified and quantified will be reported and refunded to the appropriate program within sixty (60) days, or as required by the payor.
3. If the Overpayment is a Substantial Overpayment, the Office of the Inspector General (OIG) shall be notified within thirty (30) days of quantification.

IV. Procedures

A. Identification and Quantification of Overpayment(s)
   1. Upon identification or receipt of a potential Overpayment issue, the SVP/Chief Compliance Officer (CCO) (or designee) is responsible for entering the matter as a compliance issue into the Corporate Compliance disclosure log.
   2. The CCO (or designee) will engage in, or facilitate, an investigation into whether an overpayment occurred.
   3. To determine whether an overpayment has occurred, the CCO (or designee) will consult, as necessary and appropriate, with operations, General Counsel, and other relevant parties with substantive knowledge of the issue, to determine if an overpayment has been identified. This would include a determination as to the initial matter and the appropriate timeframe to be addressed.

B. Notification, Return, and Tracking of Overpayment(s)
   1. Notification and repayment to the payor will be done in accordance with the payor’s policies.
   2. If at any time, Broward Health identifies any overpayment received from a federal healthcare program, Broward Health shall repay the overpayment to the appropriate federal healthcare program within sixty (60) days from the date of identification and quantification.
   3. If the Overpayment is not yet quantified, within sixty (60) after identification, Broward Health will notify the federal healthcare program of its efforts to quantify the Overpayment amount along with a schedule for when such work is expected to be completed.
   4. Upon determining the amount of the overpayment, the CCO (or designee) will provide the necessary information to the Central Business Office (CBO) or the Physician Business Office (PBO), including the patient identifiers, date of service, affected codes, the reasons for the overpayment, and any other necessary documentation.
   5. The CBO and PBO will be responsible for submitting the return of Overpayments and any applicable documentation provided by the Corporate Compliance Department to the appropriate healthcare program payer according to the payor’s procedures. The Corporate Compliance Department shall receive documentation from the CBO and PBO that the identified Overpayment has been refunded.
   6. All Overpayments will be tracked in the compliance disclosure log by the CCO (or designee). If an underpayment error is identified, Broward Health may request additional payment, as permissible.

C. Reporting Substantial Overpayment(s)
   1. In accordance to the Corporate Integrity Agreement (CIA), if an overpayment meets the threshold of a Substantial Overpayment, the CCO will report the Substantial Overpayment to the Office of the Inspector General (OIG) within thirty (30) days of identification and quantification of the Overpayment.
   2. Within sixty (60) days of identification of the Overpayment, Broward Health will provide the OIG
with a copy of the notification of the Overpayment and the repayment (if quantified) to the payor.

D. **Corrective Action(s)**

1. The CCO will take remedial steps to correct the underlying cause of the Overpayment within ninety (90) days after identification or within such additional time period as may be agreed to by the payor and take corrective action to prevent the Overpayment from recurring.

V. **Related Policies and Compliance Documents**

- Chief Compliance Officer; Appointment, Roles, and Responsibilities, Policy No. GA-004-250
- Ongoing Monitoring and Compliance Audit, Policy No. GA-004-345

VI. **References**


S.S.A. § 1128A(a)(42 U.S.C. § 1320a-7a(a)(10))

**Attachments:**

**Approval Signatures**

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<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Final Approver</td>
<td>Brian Kozik: SVP, COMPLIANCE &amp; PRIVACY</td>
<td>09/2019</td>
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<td></td>
<td>Jennifer Mosley: EXEC SECRETARY</td>
<td>09/2019</td>
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