CALL TO ORDER

COMMITTEE MEMBERS

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

PUBLIC COMMENTS

APPROVAL OF MINUTES

1. Approval of the Compliance and Ethics Committee meeting minutes, dated January 22, 2019

TOPIC OF DISCUSSION

2. Contemplating Individual Review Organization (IRO) Selection

3. Interim Chief Compliance Officer Report

   a. Status of the Corporate Integrity Agreement

   b. Report from the Executive Compliance Group

       • IRO Plan of Correction

       • Code of Conduct/Policies and Procedures
AGENDA

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

○ Action Item: Approval of Revised Code of Conduct

  • Training

  • Sanction Screening

  • Disclosures

  • Risk Assessment

  • Auditing and Monitoring

c. Conflicts of Interests Processing
d. HIPAA Program

4. Regulatory Environment Report

5. Compliance Budget Increase

ADJOURNMENT
MINUTES

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

COMPLIANCE & ETHICS COMMITTEE
January 22, 2019

CALL TO ORDER 1:49 PM

COMMITTEE MEMBERS

✓ Commissioner Nancy w. Gregoire, Chair
✓ Commissioner Andrew M. Klein
✓ Commissioner Christopher T. Ure
✓ Commissioner Ray T. Berry
✓ Commissioner Stacy L. Angier
✓ Commissioner Marie C. Waugh (via phone conference)

PRESENT Gino Santorio/President/CEO, Alan Goldsmith/Acting CAO, Alex Fernandez/Acting CFO, Jerry Del Amo/Managing Senior Associate General Counsel, Brett Bauman/Associate General Counsel, Nigel Crooks/Chief Internal Auditor

PUBLIC COMMENTS None

APPROVAL OF MINUTES

1. Approval of the Compliance and Ethics Committee meeting minutes, dated September 12, 2018

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

APPROVE THE COMPLIANCE AND ETHICS COMMITTEE MEETING MINUTES DATED SEPTEMBER 12, 2018.

Motion carried unanimously.

2. Approval of the Compliance and Ethics Committee meeting minutes, dated October 30, 2018

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


Motion carried unanimously.
3. Approval of the Compliance and Ethics Committee meeting minutes, dated November 26, 2018

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

**APPROVE THE COMPLIANCE AND ETHICS COMMITTEE MEETING MINUTES, DATED NOVEMBER 26, 2018.**

Motion *carried* unanimously.

Interim Chief Compliance Officer, Steve Forman, introduced the Compliance and Ethics staff members who then gave a brief description of their background and responsibilities.

**TOPIC OF DISCUSSION**

4. Interim Chief Compliance Officer Report

   a. Plan of Correction from the IRO Report

   Mr. Foreman reported he has spoken to the IRO at Baker Donelson regarding the report of their findings so that a plan of correction in response can be submitted.

   b. Status of the Corporate Integrity Agreement

      o Sanction Screening
      o Training
      o Reportable Events
      o Discussions with the OIG Monitor
      o Discussions with the IRO

   Mr. Forman detailed the areas of improvement within the department including implementation of staff meetings, filling vacant positions and provide trainings and annual performance evaluations. In addition, Mr. Forman provided insight on his long term goals so that the Organization be in compliance moving forward.

   c. Operation of the Executive Compliance Group

   Mr. Forman summarized the discussion from the first Executive Compliance Group meeting held December 18th, 2018. He referenced the Executive Compliance Group Charter, which listed various Committees created to manage compliance issues and monitoring the Corporate Integrity Agreement. Discussion ensued regarding a cultural change throughout the Organization, as a whole.
Mr. Foreman introduced the Chairs of the 8 Sub Committees of the Executive Compliance Workgroup, who then touched upon areas of focus and goals within their group.

d. Auditing and Monitoring Activities

Mr. Forman reported an audit manual has been created to provide structure and understanding of the audit process. The manual will also apply demonstration and discipline of evidence.

e. Training Plan for Year 4

Per the Corporate Integrity Agreement, a training plan is required and approved by the Monitor. Mr. Forman reported that the deadline to complete training for year 4, is August 31, 2019.

f. Disclosures Management

Mr. Forman reported that a disclosure breach was found as a result of not following stipulations referenced in the Corporate Integrity Agreement. All disclosures are now being reconciled in system, Comply 360.

g. Focus Arrangements Processing - No update provided

h. Conflicts of Interests Processing

Mr. Forman reported issues related to the times that conflicts of interest from physicians and hospital employees are received. He further stated that the department is working on streamlining the process so that the system be more effective.

5. Regulatory Environment Report - No update provided

MEETING ADJOURNED 3:54 PM

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

ADJOURN THE COMPLIANCE AND ETHICS COMMITTEE MEETING.

Motion carried unanimously.

Respectfully submitted,
Commissioner Ray T. Berry
Secretary / Treasurer
The Corporate Integrity Agreement, dated 8/31/2015, between North Broward Hospital District (NBHD) and the Office of Inspector General of the Department of Health and Human Services (OIG), requires NBHD to engage an Independent Review Organization (IRO). The IRO must conduct an Arrangements Review of NBHD’s “focused arrangements” (FAR), defined in the CIA as every arrangement that is (1) between NBHD and 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 (2) between NBHD and any physician (or a physician’s immediate family member) if the physician makes a referral to NBHD for designated services (as defined in the Stark Law; i.e. hospital services, lab, home health, radiology services).

The FAR consists of two components – an Arrangements Systems Review (reviewing arrangements control systems and procedures) and an Arrangements Transactions Review (reviewing 50 randomly-selected focused arrangements). The IRO will determine NBHD’s compliance with certain CIA requirements related to its focused arrangements. NBHD is in its Fourth Reporting Period of the five-year CIA. The Arrangements Systems Review is required only in the Fourth Reporting Period, unless material changes are made to NBHD’s internal arrangements controls, policies and procedures during the Fifth Reporting Year. The Arrangements Transactions Review is required in the Fourth and Fifth Reporting Years.

### Topic

<table>
<thead>
<tr>
<th>MEAD ROACH</th>
<th>HURON</th>
<th>BENNETT THRASHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm Name</td>
<td>Mead Roach &amp; Annulis (MRA)</td>
<td>Huron Consulting Services LLC (Huron)</td>
</tr>
<tr>
<td>Project Leader</td>
<td>Steven Ortquist, Esq., CGC-F, CHRC, CCEP, Partner</td>
<td>Leah Guidry, JD, Managing Director</td>
</tr>
<tr>
<td>Type of Firm</td>
<td>Compliance consulting and law firm</td>
<td>Large (3000 consultants) global professional services consulting firm</td>
</tr>
<tr>
<td>Stated Qualifications</td>
<td>Team has deep understanding of the Stark Law and Anti-kickback Statute gained through decades of experience as attorneys and compliance professionals working on behalf of complex hospital organizations. They have reviewed</td>
<td>Project will be staffed with non-practicing attorneys and consultants. Team has experience with Stark Law and Anti-kickback Statutes, gained from assisting clients with reviewing their arrangements pursuant to CIA and IRO obligations.</td>
</tr>
</tbody>
</table>
thousands of physicians and other referral arrangements.

Team members currently serve as an IRO conducting a FAR for another health provider. Team members have managed and/or participated in 8 IRO/CIA implementation engagements for health care providers.

Distinguishing factor: Team members have real world experience as compliance officers who have established and managed arrangements compliance procedures for several complex health care organizations and managed the IRO process from inside the provider.

Team has served, and currently serves, as an IRO conducting FARs for a skilled nursing facilities company, hospitals and healthcare systems. Team members have managed and/or participated in 4 IRO/CIA implementation engagements for health care providers.

Team has also performed IRO readiness assessments, working with health systems in advance of the IRO reviews to assess infrastructure and procedures to prepare the organization for the IRO FAR.

Experience. Lists HCA as a reference, among others.

Will conduct the review in accordance with the CIA requirements, the Government Auditing Standards issued by the U.S. Government Accountability Office and the attestation standards established by the American Institute of Certified Public Accountants.

Team members served in senior leadership at a hospital implementing a CIA.

Team members have worked internally developing internal compliance focused arrangements controls for a large health care system.
За
## Tasks to Complete per the CIA

<table>
<thead>
<tr>
<th>Section</th>
<th>Section Title</th>
<th>Tasks to Complete per the CIA</th>
<th>Responsible Party</th>
<th>Report to the OIG</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.A.1</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall be a member of senior management of NBHD</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall report directly to the Chief Executive Officer of NBHD</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall not be or be subordinate to the General Counsel or Chief Financial Officer or have any responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions for NBHD</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.a.</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall be responsible for, without limitation, with developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements set forth in this CIA and with the Federal health care program requirements</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.b.</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall be responsible for making periodic (at least quarterly) reports regarding compliance matters directly to the Board of Commissioners of NBHD</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.b.</td>
<td>Compliance Officer</td>
<td>The Compliance Officer shall be authorized to report on such compliance matters to the Board of Commissioners at any time</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.b.</td>
<td>Compliance Officer</td>
<td>Written documentation of the Compliance Officer's report to the Board of Commissioners shall be made available to OIG upon request</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.c.</td>
<td>Compliance Officer</td>
<td>The Compliance officer shall be responsible to monitor the day-to-day compliance activities engaged in by NBHD as well as for any reporting obligations created under the CIA</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.A.1.</td>
<td>Compliance Officer</td>
<td>Any noncompliance job responsibilities of the Compliance Officer shall be limited and must not interfere with the Compliance Officer's ability to perform the duties outlined in the CIA</td>
<td>Compliance Officer</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>III.D.1.f</td>
<td>Focus Arrangement Procedures</td>
<td>The Compliance Officer is to review the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis to provide a report on the results of such review to the Compliance Committee</td>
<td>Compliance Officer</td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

## EXECUTIVE COMPLIANCE COMMITTEE

<table>
<thead>
<tr>
<th>Section</th>
<th>Section Title</th>
<th>Tasks to Complete per the CIA</th>
<th>Responsible Party</th>
<th>Report to the OIG</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.A.2</td>
<td>Compliance Committee</td>
<td>The Compliance Committee shall, at a minimum, include the Compliance Officer and other members of senior management necessary to meet the requirements of the CIA</td>
<td>Executive Compliance Committee</td>
<td></td>
<td>4-5</td>
</tr>
<tr>
<td>III.A.2</td>
<td>Compliance Committee</td>
<td>The Compliance Officer shall chair the Compliance Committee and the Committee shall support the Compliance Officer in fulfilling his/her responsibilities</td>
<td>Executive Compliance Committee</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
## Tasks to **Complete per the CIA**

<table>
<thead>
<tr>
<th>III.A.2</th>
<th>Compliance Committee</th>
<th>The Compliance Committee shall meet <strong>at least quarterly</strong></th>
<th>Executive Compliance Committee</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.A.2</td>
<td>Compliance Committee</td>
<td>Minutes of the Compliance Committee must be taken</td>
<td>Executive Compliance Committee</td>
<td>5</td>
</tr>
<tr>
<td>III.A.2</td>
<td>Compliance Committee</td>
<td>Minutes of the Compliance Committee meetings shall be made available to OIG upon request</td>
<td>Executive Compliance Committee</td>
<td>5</td>
</tr>
</tbody>
</table>

**BOARD OF COMMISSIONERS**

| III.A.3 | Board of Commissioners Compliance Obligations | The Board of Commissioners of NBHD, supported by a committee of the Board shall be responsible for the review and oversight of matters related to compliance with Federal health care programs requirements and the obligations of the CIA | Board of Commissioners | 5 |
| III.A.3 | Board of Commissioners Compliance Obligations | The Board must include independent members | Board of Commissioners | 5 |
| III.A.3.a. | Board of Commissioners Compliance Obligations | The Committee shall, at a minimum, be responsible for meeting **at least quarterly** to review and oversee NBHD's compliance program, including but not limited to, the performance of the Compliance Officer and Compliance Committee | Board of Commissioners | 5 |
| III.A.3. | Board of Commissioners Compliance Obligations | For each Reporting Period of the CIA, the Board Shall adopt a resolution, signed by each member of the Board, summarizing its review and oversight of NBHD's compliance with Federal health care program requirements and the obligation of the CIA | Board of Commissioners | 5-6 |
| III.A.3. | Board of Commissioners Compliance Obligations | At minimum, the resolution, shall include the following language: "The Board of Commissioners has made a reasonable inquiry into the operations of NBHD's Compliance Program including the performance of the Compliance Officer and the Compliance Committee. Based on its inquiry and review, the Board has concluded that, to the best of its knowledge, NBHD has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA." | Board of Commissioners | 6 |
| III.A.3. | Board of Commissioners Compliance Obligations | If the Board is unable to provide such conclusion in the resolution, the Board shall include in the resolution a written explanation of the reasons why it is unable to provide the conclusion and the steps it is taking to implement an effective Compliance Program at NBHD | Board of Commissioners | 6 |

**COMPLIANCE**

| III.A.4 | Management Certifications | In addition to the responsibilities set forth in the CIA for all Covered Persons, certain NBHD employees (Certifying Employees) are specifically expected to monitor and oversee activities within their areas of authority and shall **annually** certify that the applicable NBHD department is in compliance with applicable Federal health care program requirements and with the obligations of the CIA. | Compliance/Certifying Employees | 6 |
### III.A.4. Management Certifications

The Certifying Employees shall include, at a minimum, the following:

- President/Chief Executive Officer
- General Counsel
- Director, Internal Audit
- Regional Chief Executive Officers, Chief Operating Officers, Chief Financial Officers, and Human Resource Directors
  - Broward Health Medical Center
  - Broward Health Imperial Point
  - Broward Health North
  - Broward Health Coral Springs
- Vice President, Strategic Planning
- Senior Vice President, Communications and Marketing
- President, Broward Health Foundation
- Vice President, Government and Community Relations
- Senior Vice President, Chief Human Resource Officer
- Senior Vice President, Chief Financial Officer
- Senior Vice President, Chief Operations Officer
- Vice President, Physician Services
- Senior Vice President, Chief Information Officer
- Vice President Community Health Services
- Chief Medical Officer
- Vice President, Designated Institutional Office
- Vice President, Corporate Compliance/Chief Compliance and Privacy Officer
- Children’s Diagnostic and Treatment Center Administrator
- Weston Administrator
- Accountable Care Organization Administrator

**Compliance/Certifying Employees: 6-7**

#### III.A.4. Management Certifications

For each Reporting Period, each Certifying Employee shall sign a certification that states:

> "I have been trained on and understand the compliance requirements and responsibilities as they relate to [insert name of department], an area under my supervision. My job responsibilities include ensuring compliance with regard to [insert name of department] with all applicable Federal health care program requirements, obligations of the Corporate Integrity Agreement, and NBHD policies, and I have taken steps to promote such compliance. To the best of my knowledge, except as otherwise described herein, the [insert name of department] of NBHD is in compliance with all applicable Federal health care program requirements and the obligations of the Corporate Integrity Agreement. I understand that this certification is being provided to an relied upon by the United States."

**Compliance/Certifying Employees: 7**

#### III.A.4. Management Certifications

If any Certifying Employee is unable to provide such a certification, the Certifying Employee shall provide a written explanation of the reasons why he or she is unable to provide the certification outlined above

**Compliance/Certifying Employees: 7**

#### III.A.4. Management Certifications

To the extent one or more of the Certifying Employee positions is vacant when NBHD obtains the required certifications for its Annual Report, NBHD is not required to provide a certification from the vacant position

**Compliance/Certifying Employees: 7**

#### III.A.4. Management Certifications

NBHD has to use best efforts to obtain a certification from any Certifying Employee whose employment terminates during the Reporting Period that is current through the date of their departure

**Compliance: 7-8**

#### III.B.1. Code of Conduct

NBHD shall make the performance of job responsibilities in a manner consistent with the Code of Conduct and element in evaluating the performance of all employees

**Compliance: 8**
## Tasks to *Complete* per the CIA

<table>
<thead>
<tr>
<th>Section</th>
<th>Code</th>
<th>Task</th>
<th>Description</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.B.1 (a) - (d)</td>
<td>Code of Conduct</td>
<td>The Code of Conduct shall, at a minimum, set forth: (a) NBHD's commitment to full compliance with all Federal health care program requirements; (b) NBHD's requirement that all of its Covered Persons shall be expected to comply with all Federal health care program requirements and with NBHD's own Policies and Procedures; (c) the requirement that all NBHD's Covered Persons shall be expected to report to the Compliance Officer, or other appropriate individuals designated by NBHD, suspected violations of any Federal health care program requirements or of NBHD's own Policies and Procedures; and (d) the right of all individuals to use the Disclosure Program described in Section III.F, and NBHD's commitment to non-retaliation and to maintain, as appropriate, confidentiality and anonymity with respect to such disclosures.</td>
<td>Compliance</td>
<td>8</td>
</tr>
<tr>
<td>III.B.1</td>
<td>Code of Conduct</td>
<td>NBHD shall review the Code of Conduct <em>at least annually</em> to determine if revisions are appropriate and shall make any necessary revisions based on such review.</td>
<td>Compliance</td>
<td>8-9</td>
</tr>
<tr>
<td>III.B.1</td>
<td>Code of Conduct</td>
<td>The Code of Conduct shall be distributed <em>at least annually</em> to all Covered Persons.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.B.2</td>
<td>Policies and Procedures</td>
<td>The Policies and Procedures shall address: (a) 42 U.S.C. § 1320a-7b(b) (Anti-Kickback Statute) and 42 U.S.C. § 1395nn (Stark Law), and the regulations and other guidance documents related to these statutes, and business or financial arrangements or contracts that generate unlawful Federal health care program business in violation of the Anti-Kickback Statute or the Stark Law; and (b) the requirements set forth in Section III.D.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.B.2</td>
<td>Policies and Procedures</td>
<td>Appropriate and knowledgeable staff shall be available to explain the Policies and Procedures.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.B.2</td>
<td>Policies and Procedures</td>
<td>Throughout the term of the CIA, NBHD shall enforce and comply with its Policies and Procedures and shall make such compliance and element of evaluating the performance of all employees.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.B.2</td>
<td>Policies and Procedures</td>
<td>At least annually (and more frequently, if appropriate). NBHD shall assess and update, as necessary, the Policies and Procedures.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.B.2</td>
<td>Policies and Procedures</td>
<td>Within 30 days after the effective date of any revisions or addition of new Policies and Procedures, a description of the revisions shall be communicated to all affected Covered Persons and any revised or new Policies and Procedures shall be made available to all Covered Persons.</td>
<td>Compliance</td>
<td>9</td>
</tr>
<tr>
<td>III.C.1</td>
<td>Training Plan</td>
<td>The Training Plan shall include information regarding the training topics, the identification of Covered Persons and Arrangements Covered Persons required to attend each training session, the length of the training, the schedule for training, and the format of the training.</td>
<td>Compliance</td>
<td>10</td>
</tr>
<tr>
<td>Task Description</td>
<td>Timeframe</td>
<td>Responsible Party</td>
<td>Score</td>
<td></td>
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<tr>
<td>III.C.1. Training Plan</td>
<td>Within 30 days of OIG's receipt of NBHD's Training Plan</td>
<td>OIG</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.1. Training Plan</td>
<td>Absent notification from OIG that the revised Training Plan is unacceptable</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.1. Training Plan</td>
<td>NBHD shall furnish training to its Covered Persons and Arrangements Covered Persons pursuant to the Training Plan during each Reporting Period</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.2. Board Member Training</td>
<td>New members of the Board of Commissioners shall receive the Board Member Training within 30 days after becoming a member or within 90 days after the Effective Date of the CIA, whichever is later</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.2. Board Member Training</td>
<td>Training for Board Members shall address NBHD's CIA requirements and Compliance Program (including the Code of Conduct), the corporate governance responsibilities of board members, and the responsibilities of board members with respect to review and oversight of the Compliance Program. Specifically, the training shall address the unique responsibilities of health care Board members, including the risks, oversight areas, and strategic approaches to conducting oversight of a health care entity.</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.2. Board Member Training</td>
<td>Training for the Board may be conducted by an outside compliance expert hired by the Board and should include a discussion of the OIG guidance on Board member responsibilities</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.3. Training Certification</td>
<td>Each individual who is required to attend training shall certify, in writing or electronic form, that he or she has received the required training.</td>
<td>NBHD</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>III.C.3. Training Certification</td>
<td>The certification shall specify the type of training received and the date received</td>
<td>NBHD</td>
<td>10-11</td>
<td></td>
</tr>
<tr>
<td>III.C.3. Training Certification</td>
<td>The Compliance Officer (or designee) shall retain the certification, along with all course material</td>
<td>NBHD</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>III.C.4. Qualification of Trainer</td>
<td>Person providing the training shall be knowledgeable about the subject area</td>
<td>NBHD</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>III.C.5. Update of Training Plan</td>
<td>NBHD shall review the Training Plan annually and, where appropriate, update the Training Plan to reflect changes in Federal health care program requirements, any issues discovered during internal audits or the Arrangements Review, and any other relevant information</td>
<td>NBHD</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>III.C.5. Update of Training Plan</td>
<td>Any updates to the Training Plan must be reviewed an approved by OIG prior to the implementation of the revised Training Plan.</td>
<td>NBHD</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>III.C.5.</td>
<td>Update of Training Plan</td>
<td>Within 30 days of OIG's receipt of any updates or revisions to NBHD's Training Plan, OIG will notify NBHD of any comments or objections to the revised Training Plan</td>
<td>Compliance</td>
<td>11</td>
</tr>
<tr>
<td>III.C.5.</td>
<td>Update of Training Plan</td>
<td>Absent notification from OIG that the revised Training Plan is unacceptable, NBHD may implement the revised Training Plan</td>
<td>Compliance</td>
<td>11</td>
</tr>
<tr>
<td>III.C.6.</td>
<td>Computer-based Training</td>
<td>NBHD may provide the training required under the CIA through appropriate computer-based training approaches. If NBHD chooses to provide computer-based training, it shall make available appropriately qualified and knowledgeable staff or trainers to answer questions or provide additional information to the individuals receiving such training</td>
<td>Compliance</td>
<td>11</td>
</tr>
<tr>
<td>III.D.3.</td>
<td>Records Retention and Access</td>
<td>NBHD shall retain and make available to OIG, upon request, the Focus Arrangements Tracking System and all supporting documentation of the Focus Arrangements subject to this Section and, to the extent available, all non-privileged communications related to the Focus Arrangements and the actual performance of the duties under the Focus Arrangements.</td>
<td>Compliance</td>
<td>13</td>
</tr>
<tr>
<td>III.E.1.b.</td>
<td>Retention of Records</td>
<td>The IRO and NBHD shall retain and make available to the OIG, upon request, all work papers, supporting documentation, correspondence, and draft reports (those exchanged between the IRO and NBHD) related to the IRO reviews</td>
<td>Compliance</td>
<td>14</td>
</tr>
<tr>
<td>III.E.1.c</td>
<td>Responsibilities and Liabilities</td>
<td>Nothing in Section III.E affects NBHD's responsibilities or liabilities under any criminal, civil, or administrative laws or regulations applicable to any Federal health care program including, but not limited to, the Anti-Kickback Statute and/or the Stark Law</td>
<td>Compliance</td>
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<td>III.E.2.</td>
<td>Arrangements Review</td>
<td>The IRO shall perform an Arrangements Review and prepare an Arrangements Review Report outlined in the CIA</td>
<td>Compliance</td>
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<td>III.E.3.</td>
<td>Validation Review</td>
<td>In the event that OIG has reason to believe that: (a) NBHD's Arrangements Review fails to conform to the requirements of the CIA; or (b) the IRO's findings or Arrangements Review results are inaccurate, the OIG may, at its sole discretion, conduct its own review to determine whether the Arrangements Review complied with the requirements of the CIA and/or the findings or Arrangements Review results are inaccurate (Validation Review). NBHD shall pay for the reasonable costs of any review conducted by OIG (or any of its designated agents).</td>
<td>Compliance</td>
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<tr>
<td>III.E.3.</td>
<td>Validation Review</td>
<td>Any Validation Review of Reports submitted as part of NBHD's final Annual Report shall be initialed no later than 1 year after NBHD's final submission is received by the OIG</td>
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## Tasks to **Complete** per the CIA

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<th>III.E.3.</th>
<th>Validation Review</th>
<th>Prior to initiating a Validation Review, OIG shall notify NBHD of its intent to do so and provide a written explanation of why the OIG believes such a review is necessary. To resolve any concerns raised by OIG, NBHD may request a meeting with OIG to: (a) discuss the results of any Arrangements Review submissions or findings; (b) present any additional information to clarify the results of the Arrangements Review or to correct the inaccuracy of the Arrangements Review; and/or (c) propose alternatives to the proposed Validation Review</th>
<th>Compliance</th>
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<tr>
<td>III.E.3.</td>
<td>Validation Review</td>
<td>For a Validation Review, NBHD must provide any additional information that may be requested by the OIG in an <strong>expedited manner</strong></td>
<td>Compliance</td>
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<tr>
<td>III.E.3.</td>
<td>Validation Review</td>
<td>OIG will attempt in good faith to resolve any Arrangements Review issues with NBHD prior to conducting a Validation Review. However, the final determination as to whether or not to proceed with a Validation Review shall be made at the sole discretion of OIG</td>
<td>Compliance</td>
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<td>III.E.4.</td>
<td>Independence and Objectivity Certification</td>
<td>The IRO shall include in its report(s) to NBHD a certification that the IRO has (a) evaluated its professional independence and objectivity with respect to the reviews conducted and (b) conclude that it is, in fact, independent and objective, in accordance with the requirements under the CIA</td>
<td>Compliance</td>
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<tr>
<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>The risk assessment and internal review process should include: (1) a process for identifying and prioritizing risks, (2) developing remediation plans in response to those risks, including internal auditing and monitoring of the identified risk areas, and (3) tracking results to assess the effectiveness of the remediation plans</td>
<td>Compliance</td>
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<tr>
<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>The risk assessment and internal review process should require compliance, legal, and department leaders, <strong>at least annually</strong>, to evaluate and identify risks associated with Arrangements and develop and implement specific plans to address and mitigate the identified risks. (See August 10, 2018 OIG Letter for revision)</td>
<td>Compliance</td>
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<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>The risk assessment and internal review work plan shall be developed <strong>annually</strong>.</td>
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<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>NBHD shall implement the risk assessment and internal review work plans and track the implementation of the mitigation plans</td>
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<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>NBHD shall maintain the risk assessment and internal review process <strong>for the term</strong> of the CIA</td>
<td>Compliance</td>
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<td>III.F.</td>
<td>Risk Assessment and Internal Review Process</td>
<td>Copies of any internal audit reports developed pursuant to the risk assessment and internal review process shall be made available to the OIG upon request.</td>
<td>Compliance</td>
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<tr>
<td>August 10, 2018 Letter from the OIG</td>
<td>Risk Assessment and Internal Review Process</td>
<td>The Risk Assessment and Internal Review process is to be <strong>broadened to include all compliance risks related to the participation in the Federal health care programs, including but not limited to the submission of claims</strong></td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>NBHD shall <strong>appropriately</strong> publicize the existence of the disclosure mechanism (e.g. via periodic emails to employees or posting the information in prominent common areas)</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>The Disclosure Program shall emphasize a non-retribution, non-retaliation policy, and shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>Upon receipt of a disclosure, the Compliance Officer (or designee) shall gather all relevant information from the disclosing individual</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>The Compliance Officer (or designee) shall make a preliminary, good faith inquiry into the allegations set forth in every disclosure to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted</td>
<td>Compliance</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>For any disclosure that is sufficiently specific so that it reasonably: (1) permits a determination of the appropriateness of the alleged improper practice; and (2) provides an opportunity for taking corrective action, NBHD shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>The Compliance Officer (or designee) shall maintain a disclosure log and shall record each disclosure in the disclosure log within <strong>48 business hours</strong> of the disclosure</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>The disclosure log shall include a summary of each disclosure received (whether anonymous or not), the status of the respective internal reviews, and any corrective action taken in response to the internal reviews</td>
<td>Compliance</td>
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<td>III.G.</td>
<td>Disclosure Program</td>
<td>For purposes of the CIA: and &quot;Ineligible Person&quot; shall include an individual or entity who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal procurement or non-procurement programs; or (ii) 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</td>
<td>Compliance</td>
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<td>III.H.1.a</td>
<td>Ineligible Persons</td>
<td>&quot;Exclusion Lists&quot; include: (i) the HHS/OIG List of Excluded Individuals/Entities (LEIE); and (ii) the General Services Administration's System for Award Management (SAM)</td>
<td>Compliance</td>
<td>16-17</td>
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<td>III.H.2</td>
<td>Screening Requirements</td>
<td>NBHD shall ensure that all prospective and Current Covered Persons are not Ineligible Persons</td>
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<td>III.H.2.a. Screening Requirements</td>
<td>NBHD shall screen all prospective Covered Persons against an Exclusion List prior to engaging their services and, as part of the hiring or contracting process, shall require such Covered Persons to disclose whether they are Ineligible Persons</td>
<td>Compliance</td>
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<td>III.H.2.b. Screening Requirements</td>
<td>NBHD shall screen against The LEIE on a monthly basis</td>
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<td>III.H.2.c. Screening Requirements</td>
<td>NBHD shall screen against SAM on an annual basis (See May 16, 2016 Letter from the OIG for revision)</td>
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<tr>
<td>May 16, 2016 Letter from the OIG Screening Requirements</td>
<td>North Broward no longer is required to screen for Ineligible Persons on SAM</td>
<td>Compliance</td>
<td>OIG Letter</td>
<td></td>
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<tr>
<td>III.H.2 Screening Requirements</td>
<td>Nothing in Section III.H affects NBHD's responsibility to refrain from (and liability for) billing Federal health care programs for items or services furnished, ordered, or prescribed by an excluded person. NBHD understands that items or services furnished, ordered, or prescribed by excluded persons are not payable by Federal health care programs and that NBHD may be liable for overpayments and/or criminal, civil, and administrative sanctions for employing or contracting with an excluded person regardless of whether NBHD meets the requirements of Section III.H</td>
<td>Compliance</td>
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<td>III.H.3. Removal Requirements</td>
<td>If NBHD receives actual notice that a Covered Person has become an Ineligible Person, NBHD shall do the following: (i) remove the Covered Person from responsibility for, or involvement with NBHD's business operations related to the Federal healthcare programs; (ii) Remove the Covered Person from any position for which the Covered Person's compensation or the items or services furnishes, ordered, or prescribed by the Covered Person are paid in whole or in part, directly or indirectly, by Federal health care programs or otherwise with Federal funds at least until such time the Covered Person is reinstated into participation in the Federal health care programs</td>
<td>Compliance</td>
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<td>III.H.4. Pending Charges and Proposed Exclusions</td>
<td>If NBHD has actual notice that a Covered Person is charged with a criminal offense that falls within the scope of 42 U.S.C. §§ 1320a-7(a), 1320a-7(b)(1)-(3), or is proposed for exclusion during the Covered Person's employment or contract term during the term of the physician's or other practitioner's medical staff privileges, NBHD shall take all appropriate actions to ensure that the responsibilities of that Covered Person have not and shall not adversely affect the quality of care rendered to any beneficiary, patient, or resident, or any claims submitted to any Federal health care program</td>
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## Tasks to Complete per the CIA

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<td>VI.</td>
<td>Notification and Submission of Reports</td>
<td>Unless otherwise specified, all notifications and reports required by the CIA may be made by certified mail, overnight mail, hand delivery, or other means, provided that there is proof that such notification was received. For purposes of this requirement, internal facsimile confirmation sheets do not constitute proof of receipt. Upon request by the OIG, NBHD may be required to provide the OIG with an electronic copy of each notification or report required by the CIA in searchable portable document format (pdf), in addition to a paper copy.</td>
</tr>
<tr>
<td>VII.</td>
<td>OIG Inspection, Audit, and Review</td>
<td>In addition to any other rights the OIG may have by statute, regulation, or contract, the OIG or its duly authorized representative(s) may examine and/or request copies of NBHD's books, records, and other documents and supporting materials and/or conduct on-site reviews of any of NBHD's locations for the purpose of verifying and evaluating: (a) NBHD's compliance with the terms of the CIA; and (b) NBHD's compliance with the requirements of the Federal health care programs. The documents shall be made available by NBHD to the OIG or its duly authorized representative(s) at all reasonable times for inspection, audit, and/or reproduction.</td>
</tr>
<tr>
<td>VII.</td>
<td>OIG Inspection, Audit, and Review</td>
<td>For purposes of the provision above, OIG or its duly authorized representative(s) may interview any of NBHD's Covered Persons who consent to be interviewed at the individual's place of business during normal business hours or at such other place and time as may be mutually agreed upon between the individual and OIG. NBHD shall assist OIG or its duly authorized representative(s) in contacting and arranging interviews with such individuals upon OIG's request.</td>
</tr>
<tr>
<td>VII.</td>
<td>OIG Inspection, Audit, and Review</td>
<td>NBHD's Covered Persons may elect to be interviewed with or without a representative of NBHD present.</td>
</tr>
<tr>
<td>VIII.</td>
<td>Document and Record Retention</td>
<td>NBHD shall maintain for inspection all documents and records relating to reimbursement from the Federal health care programs and to compliance with the CIA for six years (or longer if otherwise required by law) from the Effective Date.</td>
</tr>
<tr>
<td>IX.</td>
<td>Disclosures</td>
<td>Consistent with HHS's FOIA procedures, set forth in 45 C.F.R. Part 5, OIG shall make a reasonable effort to notify NBHD prior to any release by OIG of information submitted by NBHD pursuant to its obligation under the CIA and identified upon submission of NBHD as trade secrets, or information that is commercial or financial and privileged or confidential, under FOIA rules. With respect to such releases, NBHD shall have the rights set forth at 45 C.F.R. § 5.65(d).</td>
</tr>
<tr>
<td>X.</td>
<td>Breach and Default Provisions</td>
<td>NBHD is expected to fully and timely comply with all of its CIA obligations.</td>
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# Tasks to **Complete** per the CIA

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<td>X.B</td>
<td><strong>Timely Written Requests for Extensions</strong></td>
<td>NBHD may, in advance of the due date, submit a timely written request for an extension of time to perform any act or file any notification or report required by the CIA. Notwithstanding any other provision in this Section, if OIG grants the timely written request with respect to an act, notification, or report, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until one day after NBHD fails to meet the revised deadline set by OIG.</td>
<td>Compliance</td>
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<tr>
<td>X.B</td>
<td><strong>Timely Written Requests for Extensions</strong></td>
<td>Notwithstanding any other provision in this Section, if OIG denies such a timely written request, Stipulated Penalties for failure to perform the act or file the notification or report shall not begin to accrue until 3 days after NBHD receives OIG's written denial of such request or the original due date, whichever is later.</td>
<td>Compliance</td>
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<tr>
<td>X.B</td>
<td><strong>Timely Written Requests for Extensions</strong></td>
<td>A &quot;timely written request&quot; is defined as a request in writing received by OIG at least 5 days prior to the date by which any act is due to be performed or any notification or report is due to be filed</td>
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<td>X.D.1 (a) - (d)</td>
<td><strong>Exclusion of Material Breach of the CIA</strong></td>
<td>A material breach of the CIA means: (a) a failure by NBHD to report a Reportable Event, take corrective action, or make the appropriate refunds, as required in Section III.K; (b) repeated violations or a flagrant violation of any of the obligations under the CIA, including, but not limited to, the obligations addressed in X.A; (c) a failure to respond to a Demand Letter concerning the payment of Stipulated Penalties in accordance with Section X.C; or (d) a failure to engage and use an IRO in accordance with Section III.E, Appendix A, and Appendix B</td>
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<td>X.D.2</td>
<td><strong>Notice of Material Breach and Intent to Exclude</strong></td>
<td>The parties agree that a material breach of the CIA by NBHD constitutes an independent basis for NBHD's exclusion from participation in the Federal health care programs. The length of the exclusion shall be in the OIG's discretion, but not more than 5 years per material breach. Upon determination by OIG that NBHD has materially breached the CIA and that exclusion is the appropriate remedy, OIG shall notify NBHD of: (a) NBHD's material breach; and (b) OIG's intent to exercise its contractual right to impose exclusion. (This notification shall be referred to as the &quot;Notice of Material Breach and Intent to Exclude.&quot;)</td>
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<td>X.D.3 (a) - (b)</td>
<td><strong>Opportunity to Cure</strong></td>
<td>NBHD shall have 30 days from the date of receipt of the Notice of Material Breach and Intent to Exclude to demonstrate that: (i) the alleged material breach has been cured; and (ii) the alleged material breach cannot be cured within the 30-day period, but that: (1) NBHD has begun to take action to cure the material breach; (ii) NBHD is pursing such action with due diligence; and (iii) NBHD has provided to the OIG a reasonable timetable for curing the material breach</td>
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## Tasks to Complete per the CIA

### III.D.1.(a) - (g) Focus Arrangement Procedures

NBHD shall create procedures reasonably designed to ensure that each existing and new or renewed Focus Arrangement does not violate the Anti-Kickback Statute and/or the Stark Law or the regulations, directives, and guidance related to these statutes (Focus Arrangements Procedures). These procedures shall include the following: (a) creating and maintaining a centralized tracking system for all existing and new or renewed Focus Arrangements (Focus Arrangements Tracking System); (b) tracking remuneration to and from all parties to Focus Arrangements; (c) tracking 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); (d) monitoring 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); (e) establishing and implementing a written review and approval process for all Focus Arrangements, the purpose of which is to ensure that all new and existing or renewed Focus Arrangements do not violate the Anti-Kickback Statute and Stark Law, and that includes at least the following: (i) a legal review of all Focus Arrangements by counsel with expertise in the Anti-Kickback Statute and Stark Law. (ii) a process for specifying the business need or business rationale for all Focus Arrangements, and (iii) a process for determining and documenting the fair market value of the remuneration specified in the Focus Arrangement; (f) the Compliance Officer is to review the Focus Arrangements Tracking System, internal review and approval process, and other Focus Arrangements Procedures on at least an annual basis to provide a report on the results of such review to the Compliance Committee; (g) implementing effective responses when suspected violations of the Anti-Kickback Statute and Stark Law are discovered, including disclosing Reportable Events and quantifying and repaying Overpayments pursuant to the Compliance/Compliance Officer.

| Compliance/Compliance Officer | 11-12 |

### III.D.2. New or Renewed Focus Arrangements

In compliance with the Focus Arrangements Procedures (set forth above), prior to entering into new Focus Arrangements or renewing existing Focus Arrangements, NBHD shall comply with the following requirements: (a) ensure that each Focus Arrangement is set forth in writing and signed by NBHD and the other parties to the Focus Arrangement; (b) Include in the written agreement a requirement that each party to a Focus Arrangement who meets the definition of a “Covered Person” shall compete at least one hour of training regarding the Anti-Kickback Statute or the Stark Law and examples of arrangements that potentially implicate the Anti-Kickback Statute or the Stark Law. NBHD shall provide each party to the Focus Arrangement a copy of its Code of Conduct and Stark Law and Anti-Kickback Statute Policies and Procedures; (c) Include in the written agreement an certification by the parties to the Focus Arrangements that the parties shall not violate the Anti-Kickback Statute and the Stark Law with respect to the performance of the Arrangement.

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### Tasks to **Complete** per the CIA

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<td>NBHD may enter into Focus Arrangements <strong>with counties involving grants</strong> without including the language required by Section III.D.2 of the CIA; (i) NBHD may enter into Focus Arrangements with states without including the language required by Section III.D.2 of the CIA; (ii) NBHD must still adhere to all other requirements of the CIA, including providing the other party to the Focus Arrangements with a copy of North's Broward's Code of Conduct and Stark Law and Anti-Kickback Statute Policies and Procedures; (iii) For each Focus Arrangements that does not include the language, North Broward should include a memo in the file certifying to its own intent not to violate the Anti-Kickback Statute and the Stark Law in the performance of the Focus Arrangement and be prepared to produce the memo to OIG upon request; (iv) In each Annual Report, North Broward should include a list of the Focus Arrangements entered into during the Reporting Period that do not include the Section III.D.2 language. The list should include the name of each entity and the purpose of each Focus Arrangement</td>
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<tr>
<td>NBHD may enter into Focus Arrangements <strong>with private foundations involving grants</strong> without including the language required by Section III.D.2 of the CIA, provided that the private foundation is not closely affiliated with another referral source: i. North Broward must still adhere to all the other requirements of Section III.D.2 of the CIA, including providing the other party to the Focus Arrangements with a copy of North's Broward's Code of Conduct and Stark Law and Anti-Kickback Statute Policies and Procedures. ii. For each Focus Arrangement that does not include the language, North Broward should include a memo in the file certifying to its own intent not to violate the Anti-Kickback Statute and the Stark Law in the performance of the Focus Arrangement and be prepared to produce the memo to OIG upon request. iii. In each Annual Report, North Broward should include a list of the Focus Arrangements entered into during the Reporting Period that do not include language from Section III.D.2. The list should include the name of each entity and the purpose of each Focus Arrangement.</td>
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### MANAGER OF TRACKING AND REMUNERATION

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<th>Definition of Overpayments</th>
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<td>For purposes of the CIA, and &quot;Overpayment&quot; shall mean the amount of money NBHD has received in excess of the amount due and payable under any Federal health care program requirements</td>
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<td>If, at any time, NBHD identifies any Overpayment, NBHD shall repay the Overpayment to the appropriate payer <strong>within 60 days after identification of the Overpayment</strong></td>
<td>Mgr. of Tracking and Remuneration/Compliance</td>
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<td>III.J.3.a. Repayment</td>
<td>NBHD shall take remedial steps <em>within 90 days</em> after identification (or such additional time as may be agreed to by the payor) to correct the problem, including preventing the underlying problem and the Overpayment from recurring. If not quantified within 60 days after identification, NBHD shall notify the payor of its efforts to quantify the Overpayment amount along with a schedule of when such work is expected to be completed. Notification and repayment to the payor shall be done in accordance with the payor's policies.</td>
<td>Mgr. of Tracking and Remuneration/Compliance</td>
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<td>III.J.3.b. Repayment</td>
<td>Notwithstanding the above, notification and repayment of any Overpayment amount that routinely is reconciled or adjusted pursuant to policies and procedures established by the payor should be handled in accordance with such policies and procedures.</td>
<td>Mgr. of Tracking and Remuneration/Compliance</td>
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<td>V.D. Designation of Information</td>
<td>NBHD shall clearly identify any portions of its submissions that it believes are trade secrets, or information that is commercial or financial and privileged or confidential, and therefore potentially exempt from disclosure under the Freedom Information Act 5 U.S.C §552.</td>
<td>Legal</td>
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<td>V.D. Designation of Information</td>
<td>NBHD shall refrain from identifying any information as exempt from disclosure if that information does not meet the criteria for exemption from disclosure under FOIA.</td>
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Broward Health Code of Conduct

Our Commitment to Compliance, Quality and Integrity
A Compliance Message from the Broward Health Chief Executive Officer

At Broward Health, we are dedicated to serving patients in an honest and ethical manner. To demonstrate our commitment to compliance, I'm pleased to present Broward Health’s Code of Conduct. This document was established to outline ethical standards that we are all expected to uphold on a daily basis.

Broward Health is currently under a Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services Office of Inspector General. As we take all necessary steps to comply with the CIA, we are also dedicated to building and maintaining a comprehensive compliance program.

No matter our role at Broward Health, we are all held to the same standards of ethical conduct. This includes Board members, executives, medical staff, management, employees, contractors, as well as volunteers. Please take the time to read and understand this Code of Conduct.

We operate in a challenging, regulatory environment where compliance issues or problems must be identified and resolved timely. I want to remind everyone of your responsibility to report issues promptly, even if they do not affect you directly. Concurrently, you are protected from any form of retaliation or retribution for reporting issues in good faith.

I expect that leadership will set the example and ensure their employees know the rules that govern their operations, as well as verify that they are meeting all ethical requirements.

Broward Health’s culture of compliance depends on all of us. By committing to the standards outlined in this Code, we can ensure our patients are cared for with the highest level of integrity. Thank you for your ongoing commitment to patient care and for upholding the guidelines and principles of Broward Health’s Code of Conduct.

Sincerely,

Gino Santorio
President/Chief Executive Officer
A Message from the Chairman of the Board of Commissioners (DRAFT – not yet reviewed by Chairman)

For more than 80 years, Broward Health has proudly served the healthcare needs of our community. As we continue to deliver quality care to patients and their families, we are equally committed to promoting the highest standards of ethical and professional conduct.

An effective Compliance Program is the cornerstone of any successful healthcare organization. The North Broward Hospital District Board of Commissioners has adopted a Code of Conduct in order to promote our healthcare system’s culture of compliance and transparency. This culture must be ingrained in all levels of the organization, and each of us must be committed to serving patients in an honest and ethical manner.

The Code of Conduct is a resource that addresses many of the common issues and questions related to compliance that you may encounter in your work day. Please take a moment to read and understand Broward Health’s Code of Conduct. It is your responsibility to stay vigilant and report any business practices or conduct that may be in violation of our compliance standards. If you see something that raises an issue, you can report it without any fear of retaliation. There are many ways to communicate a suspected compliance violation, including speaking with your supervisor or filing a report through our anonymous compliance hotline. More information on compliance reporting is available in this Code of Conduct.

Thank you for your commitment and dedication to maintaining Broward Health’s culture of compliance.

Sincerely,

Andrew Klein, Esq.
Chair, Board of Commissioners
North Broward Hospital District
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OUR MISSION, VISION AND GUIDING PILLARS

MISSION

The mission of Broward Health is to provide quality healthcare to the people we serve, and support the needs of all physicians and employees.

VISION

The vision of Broward Health is to provide world-class healthcare to all we serve.

GUIDING PILLARS

QUALITY SERVICE PEOPLE GROWTH FINANCE
INTRODUCTION

The Broward Health Compliance Program is based on guidance provided by the U.S. Department of Health and Human Services Office of Inspector General. As the program is incorporated into the routine of daily operations, it will become an asset to the organization.

Our Compliance Program:

- Demonstrates Broward Health’s commitment to the highest standards of compliance and ethics among all workforce members, physicians, contractors and agents within the healthcare system.

- Advances significantly the prevention of fraud, waste, and abuse at Broward Health, while at the same time furthering the fundamental mission of providing enhanced care for our patients for the betterment of the community.

Our Code of Conduct:

- Serves as a guide, outlining individual and collective responsibilities under the Compliance Program, and facilitating compliance with legal and ethical standards.

- Applies equally to everyone, including those who do business or provide service at, or on behalf of, Broward Health.

- Reinforces the fact that every covered person and entity has an affirmative duty to report actual or suspected compliance issues and is protected from any form of retaliation for reporting timely and in good faith. Please note that while reporting will not exempt anyone from the consequences of wrongdoing they commit, timely and thorough self-reporting will be a factor when sanctions are being considered.

For questions or concerns related to a compliance issue, please contact the Compliance Office at 954.473.7500 or the Compliance Hotline at 1.888.511.1370.
COMPLIANCE PROGRAM ELEMENTS

- **Compliance Officer:**
The Compliance Department, led by the Chief Compliance Officer, operates independently of daily operations. The Chief Compliance Officer reports to the North Broward Hospital District Board of Commissioner’s Compliance Committee, and works closely with the Chief Executive Officer and the Broward Health management team.

- **Written Standards of Conduct and Compliance Policies:**
The Code of Conduct is reviewed annually and approved by the North Broward Hospital District Board of Commissioners. For detailed instructions and additional references, a complete set of compliance policies has been developed. The policies focus on the operational aspects of the Compliance Program and include information pertaining to training; hotline operations, auditing and monitoring requirements; duty to report and protection from retaliation; sanction screening; document retention, Code of Conduct review and revisions; and conflicts of interest. In addition, there are policies on the False Claims Act, Stark Law and the Anti-Kickback Statute. All employees should read, become familiar with, and abide by the Code of Conduct, as well as the Compliance Program policies.

- **Training and Education:**
Broward Health requires ongoing and regular educational and training programs to ensure all employees are familiar with its Compliance Program and Code of Conduct, and understand the fraud and abuse laws, as well as the requirements imposed by Medicare, Medicaid, and other applicable government and commercial third-party payers. Health Insurance Portability and Accountability Act (HIPAA) training is also required.

New and existing employees will be required to complete an educational program regarding Broward Health’s Compliance Program and shall be informed of its compliance standards and policies. Copies of the policies are available to all employees.

Timely completion of these training programs is mandatory.

- **Monitoring and Auditing:**
Broward Health audits and monitors its operations to help verify the accuracy of information submitted, compliance with applicable rules and regulations and overall effectiveness of the Compliance Program. Auditing efforts typically are conducted by outside, objective parties, while monitoring is an ongoing management function that focuses on the accuracy and effectiveness of current operations. In addition, Broward Health regularly monitors adherence to its compliance policies to verify whether such policies are being followed and effectively enforced.

- **Enforcing Disciplinary Standards:**
Employees and those doing business at, or on behalf of, the organization, are required to comply with all compliance policies and standards, and all federal and state laws and regulations applicable to the performance of their duties. If an employee is involved in a questionable activity, the employee will be treated fairly and given an opportunity to explain their actions. If it has been
determined that an employee has violated any provision of the compliance standards or policies or has engaged in conduct that violates a state or federal law or regulation, the employee is subject to disciplinary action up to, and including, termination.

The Chief Compliance Officer shall be made aware of all disciplinary actions for compliance-related activities. The Chief Compliance Officer, in conjunction with the Human Resources Department, is responsible for ensuring that disciplinary action is enforced in a fair and equitable manner.

- **Open Lines of Communication:**
  Broward Health has procedures for reporting, investigating and responding to actual or suspected violations of compliance with the laws, regulations and corporate values that govern our work.

  Employees, and others as applicable, are encouraged to report any actions or conduct they believe do not adhere to our standards, policies and procedures, or values of honesty and fairness. Reports should be made to management or directly to the Chief Compliance Officer. The Compliance Hotline is also available for anonymous reporting, if necessary.

- **Responding Appropriately to Detected Offenses and Developing Corrective Action:**
  The Chief Compliance Officer, upon becoming aware of suspected non-compliance, will investigate the matter in question to determine whether a violation has occurred, and if so, take steps to verify that the problem is appropriately reported, addressed and corrected. Internal investigations can include interviews and/or a review of relevant documents. Outside counsel, auditors, or health care experts may be called upon to assist in the investigation.

  After an offense or violation of the compliance standards or policies has been detected, Broward Health will take all reasonable steps to respond appropriately to the situation and to prevent further similar offenses or violations from recurring. This includes making necessary modifications to the Compliance Program.

  All reports of potential violations of laws, regulations, policies or questionable conduct, from any source, shall be logged and maintained by the Compliance Officer. Records of the investigation will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, including but not limited to, a log of the witnesses interviewed, the documents reviewed, and the results of the investigation (e.g., any disciplinary action taken and the corrective action implemented).
COMPLIANCE PROGRAM PRINCIPLES

QUALITY OF CARE AND SERVICE

At Broward Health, we put patients first. Delivering high quality care starts with developing strong patient relations. We are dedicated to protection our patients’ rights and ensuring they play an active role in all decisions regarding their medical care.

To ensure quality of care and service, we will:

- Act in accordance with the provisions of the Patient Bill of Rights.
- Honor the dignity and privacy of our patients and treat them with consideration, courtesy and respect.
- Provide care that conforms to acceptable clinical and safety standards.
- Have a qualified practitioner properly evaluate every patient before initiating a treatment plan.
- Provide appropriate care to our patients without regard to race, color, national origin, gender, gender identity or gender expression, pregnancy, sexual orientation, religion, age, disability, military status, genetic information or any other characteristic protected under applicable federal or state law.
- Provide the same level of service and care to all patients, regardless of their ability to pay.
- Provide patients who present with emergency medical conditions with a screening examination and stabilization in accordance with applicable laws, rules and regulations.
- Transfer a patient only after that person has been medically stabilized and an appropriate transfer has been arranged.
- Maintain accurate and complete records of patient information to fulfill the requirements set forth in our policies, accreditation standards and applicable laws and regulations.
- Always verify that only qualified people provide treatment to patients.
- Maintain professional licenses, certifications, or other credentials, in accordance with the requirements of the corresponding position and function.
- Continuously strive to cultivate a culture of patient safety, reporting errors or near misses in a timely manner to the appropriate officials.
COMPLIANCE WITH LAWS AND REGULATIONS

At Broward Health, we follow the letter and spirit of applicable laws and regulations and conduct our business ethically and honestly. We perform our duties in a manner that enhances Broward Health’s standing in the community as a compliant and caring organization.

To ensure compliance with laws and regulations, we will:

- Report any practice or condition that may violate any law, rule, regulation, safety standard, policy, or the Code of Conduct to appropriate levels of management, the General Counsel or the Corporate Compliance Department.
- Demonstrate honesty, integrity and fairness when performing job duties.
- Make every effort to prevent, detect and report any fraudulent, wasteful or abusive activity that may affect our resources or interactions with federal, state or local governments.
- Adhere to all applicable laws, regulations and professional standards regarding financial reporting and disclosures.
- Submit accurate claims and reports to federal, state and local governments and other payers.
- Refrain from giving or receiving any form of payment, kickback or bribe to induce the referral or purchase of any health care service.
- Refrain from offering any improper inducement or favor to patients, physicians or others to encourage the referral of patients to our facilities.
- Refrain from accepting improper inducements or favors from vendors to influence our patients or others connected with Broward Health to use a particular product or service.
- Inform vendors of our policies regarding ethical business conduct and compliance with law, as well as our expectation for vendors to act in accordance with such law and policies.
- Inform vendors who are our business associates of their requirements under HIPAA to safeguard information and report security breaches.
- Avoid agreements or other actions that may unfairly restrain trade or reduce competition.
- Be aware of situations that may present potential antitrust issues and avoid inappropriate discussions with competitors regarding business issues. This includes prices for goods and services, salaries and benefits, payment rates and business plans.
- Market and advertise accurately, and in compliance with laws and regulations.
• Verify that contracts for services to be provided to Broward Health comply with the Anti-kickback and Stark laws, ensuring that all payments made by Broward Health are supported by appropriate documentation.

• Procure, maintain, dispense and transport drugs and controlled substances used in the treatment of patients according to applicable laws and regulations.

• Refrain from making any verbal or written false or misleading statements to a government agency or other payer.

• Refrain from pursuing any business opportunity that requires unethical or illegal activity.

• Provide reports or other information required by any federal, state or local government agency on time, accurately and according to applicable laws and regulations.

**REMEMBER**

**Anti-kickback Statute:** Prohibits the exchange (or offer to exchange), of anything of value, to induce or reward the referral of federal health care program business. **One purpose rule:** If one purpose of remuneration is to induce referrals, the statute is violated, even if the payment or gift was also intended to compensate for legitimate professional services.

**Stark Law:** Prohibits a physician from making a referral to an Entity for furnishing a “designated health service” for which payment may be made under Medicare or Medicaid if the physician (or an immediate family member) has a financial relationship with the entity (ownership, investment interest or a compensation arrangement).

**False Claims Act:** Makes it illegal to submit claims for payment from Medicare, Medicaid or another government payer that you know or should know are false or fraudulent. Examples include upcoding, billing for services not medically necessary or billing for services not provided. In addition, the fact that a claim results from a kickback or is in violation of the Stark law also may render it false or fraudulent, creating liability under the civil FCA as well as the Anti-Kickback Statute or Stark law.

**Let’s Be Clear**

**It is important to know and understand all laws, rules, regulations and policies that impact Broward Health and be able to identify when a potential or actual violation may be occurring. Any potential or actual violations must be reported immediately.**
WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

At Broward Health, we treat each other with dignity and respect. Our workplace is nurturing and free of harassment. Our goal is to create and maintain a positive, engaged, and collaborative partnership and an inclusive work environment.

In accordance with workplace conduct and employment practices, we:

- Expect all workforce members to follow Broward Health’s Conduct Standards and exhibit behavior reflective of our 5 Star Values. Disruptive behavior that intimidates others and affects morale or staff turnover will not be tolerated and will be addressed appropriately.

- Provide equal opportunity to all, regardless of race, color, national origin, gender, gender identity or gender expression, pregnancy, sexual orientation, religion, age, disability, military status, genetic information or any other characteristic protected under applicable federal or state law. It is Broward Health’s position that harassing or discriminatory behavior only serves to undermine the integrity of the employment and/or patient relationship. For that reason, all employees, medical staff, vendors, and independent contractors are covered by and expected to comply with Broward Health’s HR 001-020-EEO/Anti-Harassment Anti-Discrimination Policy and take appropriate measures to prevent unlawful harassment and/or discrimination.

- Require any allegation of discrimination or harassment that is made known to any employee, medical staff, vendor or independent contractor of Broward Health, whether it occurs to him/herself or another employee, vendor, independent contractor, patient, visitor, or medical staff be reported immediately to that employee’s Department Manager and to the Regional Chief Human Resources Officer. A report of potential discrimination or harassment may also be made to the Workforce Diversity, Inclusion and Advocacy Hotline at 954-473-7323. Notifying non-management personnel of allegations will not qualify as notification to Broward Health of potential harassment or discrimination (See HR 001-020 - EEO/Anti-Harassment Discrimination policy).

- Should feel comfortable in respectfully sharing our opinions or asking questions, especially when it is related to ethical concerns or potential policy/regulatory violations. As a result, our management/leadership team has a responsibility to create an open and supportive environment where employees feel comfortable raising questions or concerns. Employees are encouraged to address any concerns/ issues with their leader or HR team as most concerns can be resolved at the regional level. If for any reason, it is not possible or an employee is not comfortable raising concerns with his or her leader, employees are encouraged to report the concern up the chain of command. System-wide resources and reporting mechanisms are also available through the Compliance Hotline or for Workforce related concerns, the Department of Workforce Diversity, Inclusion and Advocacy Hotline.
• Understand that harassing or discriminatory behavior only serves to undermine the integrity of the employment and/or patient relationship. For that reason, all employees, medical staff, vendors, and independent contractors are covered by and expected to comply with HR 001-020-EEO/Anti-Harassment Discrimination Policy and take appropriate measures to prevent unlawful harassment and/or discrimination.

• Screen all prospective workforce members to ensure they have not been sanctioned by any regulatory agency and are eligible to perform their designated responsibilities.

• Require our employee partners to immediately disclose to their supervisor and/or Human Resources, material facts regarding each employee’s own wrong doing, arrest and/or criminal charges.

• Prohibit workforce members from manufacturing, distributing, dispensing, possessing, or using illegal drugs, or other unauthorized or mind-altering or intoxicating substances while on Broward Health property or while otherwise performing company duties away from Broward Health in accordance with our Drug and Alcohol-Free Workplace Policy and the Florida Drug Free Workplace Program.

• Understand that while the use of prescription/OTC medication is not prohibited, use of such medication must not impair an employee’s ability to safely and effectively perform their job and should be documented with the Regional HR Employee Health Department.

• Commit to providing a safe and healthy environment for our patients, visitors and workforce members, and therefore prohibit the possession of firearms, weapons, explosive devices or other dangerous materials in our facilities. This does not apply to law enforcement officers who must be armed as a requirement of their position of appointment.

• Are not permitted, without prior approval, to distribute materials or to engage in any solicitation on Broward Health premises. We may not use e-mail, voicemail or facsimiles to solicit membership, sell items or obtain support for external businesses or organizations. Off-duty employees who remain on Broward Health premises for any reason other than official Broward Health business shall be subject to the rules applicable to non-employees.

Let’s Be Clear

Employees are expected to treat others with dignity and respect and comply with all applicable policies and laws. Harassment or discrimination of any form is not tolerated. We are an equal opportunity employer and want to encourage all employees to report any instances of potential harassment/discrimination or policy or regulatory violations to their manager or Regional HR department. Workforce related concerns may be reported to the Workforce Diversity, Inclusion and Advocacy Hotline at 954.473.7323.
PROTECTION OF PATIENT AND PROPRIETARY INFORMATION

*Broward Health maintains the confidentiality of patient and other information in accordance with legal and ethical standards, and breaches will not be tolerated.*

To protect patient and proprietary information, we will:

- Establish confidentiality and privacy policies, procedures and laws including the Health Insurance Portability and Accountability Act (HIPAA).
- Respect and protect patients’ health and personal information in all forms, including paper, electronic, verbal, telephonic, etc.
- Only access a patient’s chart when involved in that patient’s care, or for a legitimate work-related reason such as billing, administrative, teaching or research requirements. Access is limited to only the minimum amount necessary to complete the related work.
- Refrain from revealing information unless it is supported by a legitimate clinical or business purpose need, in compliance with our policies and procedures and applicable laws, rules, and regulations.
- Refrain from discussing patient information in public including, but not limited to, elevators, hallways, or dining areas.
- Maintain computer workstations responsibly and refrain from sharing computer identification information and passwords.
- Carefully manage and maintain confidential and proprietary information to protect its value.
- Refrain from disclosing other Broward Health financial information, including the healthcare system’s financial performance and contract pricing for goods and services, without prior, appropriate approval.
- Refrain from using or sharing “insider information,” which is not otherwise available to the general public.

Let’s Be Clear

To provide quality care and engender trust from our patients and those with whom we do business, Broward Health must maintain a confidential environment where patient and all proprietary information is protected.
CONFLICTS OF INTEREST

_Broward Health employees should avoid conflicts or the appearance of conflicts between personal interests or an outside interest and the interests of Broward Health._

To avoid conflicts of interest, we will:

- Perform services and maintain business relationships to promote the best interests of Broward Health and its patients.
- Refrain from any activity, practice, or act that creates an actual or apparent conflict of interest with Broward Health.
- Report actual or potential conflicts of interest to a direct supervisor and/or the Corporate Compliance Department.
- Promptly and accurately complete any conflict of interest forms as required.
- Avoid placing business with any vendor of Broward Health, in which they or members of their immediate family have a direct or indirect interest, employment or other financial relationship, unless the relationship is disclosed and approved according to policy.
- Avoid involving themselves in any enterprise that does business or competes with Broward Health when that connection might influence their decisions or affect their ability to perform their job functions. If such involvements are necessary, they must be disclosed and approved in accordance with Broward Health’s conflict of interest policy.
- Disclose promptly and timely to the Corporate Compliance Department via the conflict of interest form or other appropriate means any situation where they serve as a director, trustee or officer of an organization whose interest may compete or conflict with that of Broward Health.
- Refrain from participating, directly or indirectly, in decisions involving a direct benefit (e.g., initial hire, rehire, promotion, salary, performance appraisals, work assignments or other working conditions) for those related by blood or marriage, or members of the same household, including domestic partners.
- Refrain from accepting cash or cash equivalent gifts (e.g., gift cards) in any amount provided in connection with their employment.
- Recognize that the exchange of gifts, meals, and entertainment (“business courtesies”) can be a customary business practice, but are not allowed to accept gifts, payments, fees for services, discounts, privileges, or other favors that would or might appear to influence them in their job duties. Items such as food, popcorn, cookies, etc. may be accepted on special occasions (e.g., during
the holiday season or celebratory week such as Nurses’ Week or Hospital Week) provided they are infrequent, modest and shared among the entire department.

- Understand that upon receipt of a gift that is not permitted, the gift should be returned and reported to the Corporate Compliance Department. If the donor refuses to take the gift back, the Corporate Compliance Department will provide guidance as to next steps.

In addition to the above, medical staff members must complete, at a minimum, a conflict of interest form on every reappointment and update the information as appropriate and in a timely manner.

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**Let’s Be Clear**

*It is important to remember that employees’ actions must always reflect the best interests of Broward Health. Gifts should never be offered or accepted where the intent is to induce or reward someone for doing business with our organization or to try to influence an employee in planning a decision.*

*Gifts offered by patients or their family members can be tricky because we do not want the community to believe that great care is contingent upon the receipt of gifts.*
BILLING AND REIMBURSEMENT

Broward Health codes and bills based on what is contained in the medical record. Effective communication among clinicians, the coders and the billers is necessary to assure that accurate information is provided.

In accordance with billing and reimbursement policies, we will:

- Code and bill accurately and document the services rendered and the amounts billed.
- Maintain complete and thorough records to fulfill requirements set forth in our policies and procedures, accreditation standards, and applicable laws and regulations.
- Code and bill only for services that were rendered.
- Bill in compliance with rules and regulations.
- Notify the payer of payment errors and process refunds promptly and accurately.
- Properly train staff and provide them with coding and billing updates in a timely manner.
- Bill in compliance with rules and regulations regarding teaching physicians and resident requirements at teaching hospitals.
- Act in accordance with law and established rules, policies and procedures in the rare occasion when patients’ coinsurances and deductibles are waived.
- Continually evaluate coding and billing activities to identify areas for improvement, making special note of concerns identified by regulators (e.g., laboratory services, clinical trials, bad debts, transfers) to mitigate the risk of improper billing.
- Strive to identify errors, report them to a direct supervisor or the Corporate Compliance Department, and correct them in a timely and appropriate manner.

Let’s Be Clear

Coding and billing must be based on what is contained in the medical record.

Billing errors that result in overpayments must be corrected immediately and overpayments must be refunded within 60 days of discovery. Under the Affordable Care Act, if overpayments are not refunded within 60 days, Broward Health may be subject to penalties under the False Claims Act.
ENVIRONMENTAL STANDARDS AND WORKPLACE SAFETY

Broward Health is committed to providing a safe and secure environment for patients, family members, workforce members, visitors and customers.

To ensure environmental standards and workplace safety, we:

• Are in compliance with established safety and infection control laws and regulations, which are intended to prevent job-related hazards.

• Are consistent with ergonomic standards and maintains a safe work environment.

• Are in compliance with permit requirements that allow for the safe discharge of pollutants into the air, sewage systems, water, or land.

• Are in compliance with all laws and regulations governing the handling, storage, use, and disposal of hazardous materials, infectious wastes and other pollutants.

• Exercise good judgment with regard to the environmental aspects of the use of Broward Health buildings, property, laboratory processes, and medical products.

• Encourage the reporting of any violation of safety policies and procedures, laws, regulations, or standards to a manager or supervisor. If an employee is not satisfied that the issue has been addressed, they should notify the Risk Management Department or the Corporate Compliance Department.

• Require the use of identification badges. If asked, a workforce member will identify themselves by name and department.

Let’s Be Clear

We must all work together to ensure the safety and security of patients, workforce members and third parties in all Broward Health activities.
Protection of Broward Health Assets

We are expected to use company assets judiciously and in accordance with established policies and procedures. Improper or unauthorized use is prohibited. Accordingly, we will correctly use and care for all property and equipment entrusted to us including the property of third parties.

To protect Broward Health assets, we will:

- Maintain internal controls within our areas of responsibility to safeguard Broward Health’s assets and verify the accuracy of financial statements and all other records and reports.
- Use Broward Health property appropriately and take measures to prevent any unexpected loss of equipment, supplies, materials or services.
- Obtain approval by a manager or clinical service chief prior to the personal use of Broward Health equipment, supplies, materials or services.
- Report time and attendance accurately and work productively while on duty.
- Maintain travel and entertainment expenses consistent with our job responsibilities, Broward Health’s needs and in accordance with policy.
- Issue and maintain financial reports, accounting records, research reports, expense accounts, time sheets and other documents that are accurate and clearly reflect the true nature of transactions.
- Follow the laws regarding intellectual properties, including patents, trademarks, marketing, copyrights and software.
- Refrain from copying Broward Health computer software, unless it is specifically allowed in the license agreement.
- Adhere to established policies and procedures governing record management and comply with the record retention and destruction policies/schedules for our departments.

Let’s Be Clear

We have a fiduciary responsibility to protect all of Broward Health’s assets and to use them appropriately and in furtherance of our mission.
REPORTING ISSUES OR CONCERNS.

*In spirit of the Broward Health Compliance Code of Conduct, we work as a team to maintain the highest standards of compliance and ethics.*

To address reporting issues or concerns, we:

- Are required to report any issue that we, in good faith believes violates or may violate Broward Health’s Code, Broward Health’s policies and procedures, or any applicable laws, rules or regulations.

- Must not engage in illegal retaliation, retribution or harassment against anyone for reporting misconduct, provided that the report was made in good faith.

- Understand that deliberately making a false accusation with the purpose of harming or retaliating against someone is not tolerated.

- Will first seek guidance from our manager if there is a question or concern about a situation that we believe may be illegal or unethical. If we are uncomfortable addressing the issue with our manager or the manager has failed to address the issue in a timely manner, we will inform a member of senior management, General Counsel, Human Resources or the Corporate Compliance Department.

- Understand that management is responsible for responding to issues or concerns identified by employees. If a manager is unable to respond to an employee, they are encouraged to seek guidance from a superior and, if necessary, the Corporate Compliance Department.

- Understand that management is also responsible for maintaining a workplace environment where employees or others are comfortable raising issues or concerns or just asking questions.

- Understand that managers are responsible for verifying that their subordinates understand and adhere to their responsibilities under the Compliance Program.

The Compliance Hotline, managed by a third party, is available for employees should they wish to make an anonymous compliance report. The toll-free 24/7 hotline can be reached by calling 1.888.511.1370.

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**Let’s Be Clear**

We have an affirmative duty to report actual or suspected violations of law, regulation or the Code of Conduct and are protected from retaliation for reporting timely and in good faith. Self-reporting is encouraged and will be a factor when disciplinary action is being considered. Failure to report may be subject to disciplinary action.
SUMMARY OF REQUEST

DATE: February 27, 2019

FACILITY: Broward Health Corporate, Corporate Compliance Office

PROGRAM/PRODUCT LINE: Outside Service Vendors

REQUEST: Approve additional funding for fees and expenses incurred in connection with the provision of services by outside consulting firms, software companies and privacy support services.

PURPOSE: The budget as originally reviewed and approved by the Board underestimated the total fees and expenses to be incurred by the Corporate Compliance Office for the current fiscal year. This request seeks to increase the budget to account for the year-to-date expenses incurred and the revised projections.

CAPITAL REQUIRED: $0.00

FISCAL IMPACT: $2,386,423.96

BUDGET STATUS: The request is not budgeted. The purpose of the request is to adjust the budget to account for the new projections.

LEGAL REVIEW: The revised budgetary projections have been reviewed by the General Counsel’s Office.

APPROVED: Gino Santorio, President/CEO BH

DATE: 2-12-19
MEMORANDUM

TO: Board of Commissioners

FROM: Gino Santorio, President/CEO BH

DATE: February 27, 2019

SUBJECT: Approve additional funding for fees and expenses incurred in connection with the provision of services by outside consulting firms, software companies and privacy support services.

BACKGROUND

The Board of Commissioners previously approved the Broward Health budget for Fiscal Year 2019. Included in this budget is approximately $1,605,514.00 for the Corporate Compliance Office, which includes fees and expenses projected to be incurred by the Corporate Compliance Office in connection with the provision of services by outside consulting firms, software companies and privacy support services. A review of the total amounts already spent and accrued in Fiscal Year 2019 shows that the budget underestimated the expenses to be incurred by the Corporate Compliance Office. This appears to be explained by several factors, including: (i) the accrual and payment of expenses associated with investigations and reviews completed by the former Independent Review Organization; (ii) the accrual and payment of fees incurred for evaluation and management coding audit services for all of Broward Health employed physicians; (iii) an increase in pricing of the software used for the disclosure program platform; (iv) an increase in services required for the exclusion screenings to make it accessible to other departments including Contracts Administration, Procurement, and Credentialing; (v) the previous budget did not include funds for credit monitoring and call center services in the event of a significant HIPAA breach; and (vi) an expense for the legacy contracting system that was originally removed from Corporate Compliance’s budget but still being expensed to the Corporate Compliance budget. The expenditures and accruals associated with the aforementioned were not accounted for when the budget was originally prepared and approved, thereby necessitating a re-evaluation of said budget.

ACTION/PROJECT DESCRIPTION

As set forth in the background section, the purpose of this item is to request the approval of additional funding for fees and expenses incurred in connection with the provision of professional services by outside consulting firms.
FINANCIAL/BUDGETARY IMPACT

The amount reviewed with Finance is $2,386,423.96. Please see attached worksheet with budget and expense information by vendor.

JUSTIFICATION

The Fiscal Year 2019 budget underestimated the expenses to be incurred by the Corporate Compliance Office. This appears to be explained by several factors, including: (i) the accrual and payment of expenses associated with investigations and reviews completed by the former Independent Review Organization; (ii) the accrual and payment of fees incurred for evaluation and management coding audit services for all of Broward Health employed physicians; (iii) an increase in pricing of the software used for the disclosure program platform; (iv) an increase in services required for the exclusion screenings to make it accessible to other departments including Contracts Administration, Procurement, and Credentialing; (v) the previous budget did not include funds for credit monitoring and call center services in the event of a significant HIPAA breach; and (vi) an expense for the legacy contracting system that was originally removed from Corporate Compliance’s budget but still being expensed to the Corporate Compliance budget. The expenditures and accruals associated with the aforementioned were not accounted for when the budget was originally prepared and approved, thereby necessitating a re-evaluation of said budget. The approval of additional funds is necessary to ensure the continued operations of the Corporate Compliance Office.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the President/CEO to approve additional funding in the amount of $2,386,423.96 for fees and expenses incurred in connection with the provision of professional services by outside consulting firms.
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Description of Services</th>
<th>Vendor Number</th>
<th>Contract Number</th>
<th>CT Effective Date</th>
<th>CT End Date</th>
<th>PO Number</th>
<th>Accounting Unit</th>
<th>Budgeted</th>
<th>Total Spend</th>
<th>Pending Invoices</th>
<th>Projected Spend Above Budget</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker &amp; Donelson</td>
<td>Engaged to serve as the Independent Review Organization (&quot;IRO&quot;) to provide Arrangements Systems and Transactions reviews as required by the Corporate Integrity Agreement (&quot;CIA&quot;).</td>
<td>45797</td>
<td>10142304</td>
<td>3/14/2016</td>
<td>2/4/2016</td>
<td>1865-SVCS</td>
<td>72015</td>
<td>$1,000,000.00</td>
<td>$1,253,307.89</td>
<td>$155,000.00</td>
<td>$438,307.89</td>
<td>There is a pending invoice that is currently being reviewed for all the services rendered. Broward Health will most likely get another invoice for services up until the termination of the contract.</td>
</tr>
<tr>
<td>New IRO</td>
<td>Engaged to serve as the Independent Review Organization (&quot;IRO&quot;) to provide Arrangements Systems and Transactions reviews as required by the Corporate Integrity Agreement (&quot;CIA&quot;).</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>This is an estimate.</td>
</tr>
<tr>
<td>CDH-Wolters Kluwer</td>
<td>Software used for Broward Health's Disclosure Program and paid yearly</td>
<td>45884</td>
<td>1003491</td>
<td>1/1/2012</td>
<td>10/31/2020</td>
<td>1881-SVCS</td>
<td>72015</td>
<td>$63,000.00</td>
<td>$ -</td>
<td>$77,000.00</td>
<td>$14,000.00</td>
<td>The price went up this year to do upgrade in platform.</td>
</tr>
<tr>
<td>Doctors Management</td>
<td>Engaged to provide Evaluation and Management (&quot;EMM&quot;) auditing services for the employed physicians.</td>
<td>43828</td>
<td>10134616</td>
<td>10/24/2016</td>
<td>4/24/2019</td>
<td>1718-SVCS</td>
<td>72015</td>
<td>$150,000.00</td>
<td>$328,040.44</td>
<td>$37,728.00</td>
<td>$515,758.44</td>
<td>We are already over budget by $315,758.44 and will need an estimated $300,000 more until the end of the contract.</td>
</tr>
<tr>
<td>Foley &amp; Landner</td>
<td>Legal services provided to assist with issues related to the Corporate Integrity Agreement (&quot;CIA&quot;).</td>
<td>22271</td>
<td>1014773</td>
<td>3/25/2015</td>
<td>3/24/2018</td>
<td>Not Found</td>
<td>72015</td>
<td>$300,000.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>Not being used at this time but possible invoices may be routed to Compliance after review of all invoices submitted</td>
</tr>
<tr>
<td>Healthstream</td>
<td>HealthStream Core Foundations software program to assist with Compliance training enterprise-wide paid yearly</td>
<td>35738</td>
<td>1014919</td>
<td>12/21/2015</td>
<td>12/20/2020</td>
<td>1907-SVCS</td>
<td>89057</td>
<td>$54,250.00</td>
<td>$54,250.00</td>
<td>$ -</td>
<td>$ -</td>
<td>Paid end up to date</td>
</tr>
<tr>
<td>Nevex Global, Inc.</td>
<td>Nevex is the company that logs and triages all hotline calls to Compliance paid yearly</td>
<td>43917</td>
<td>1015591</td>
<td>5/24/2017</td>
<td>12/30/2019</td>
<td>Pending</td>
<td>72015</td>
<td>$34,000.00</td>
<td>$ -</td>
<td>$33,509.75</td>
<td>$ -</td>
<td>Invoice is pending payment</td>
</tr>
<tr>
<td>PolicyStat</td>
<td>Software used to house all of Broward Health's policies paid yearly</td>
<td>44466</td>
<td>1015565</td>
<td>5/1/2014</td>
<td>4/20/2019</td>
<td>Pending</td>
<td>72015</td>
<td>$30,000.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>Have not received invoices</td>
</tr>
<tr>
<td>Strategic Management</td>
<td>Consultant provided to serve as interim Chief Compliance Officer and provide Compliance guidance as required</td>
<td>47366</td>
<td>2002512</td>
<td>11/7/2018</td>
<td>11/8/2019</td>
<td>1677-SVCS</td>
<td>72015</td>
<td>$ -</td>
<td>$201,687.50</td>
<td>$345,250.00</td>
<td>$345,250.00</td>
<td>After speaking with Steve Formas, he anticipates to work 45 hours per week between now and end of March (845x40=34) and 35 hours per week from April to June (13x96x40). This was not budgeted but this should offset the savings for the employees they are replacing. An additional $60,000 was added for a potential project.</td>
</tr>
<tr>
<td>Streamline Verify</td>
<td>Service agreement to provide exclusion screenings on all workforce members, vendors, etc.</td>
<td>44993</td>
<td>1015867</td>
<td>8/4/2017</td>
<td>8/3/2019</td>
<td>1319-SVCS</td>
<td>72015</td>
<td>$28,200.00</td>
<td>$ -</td>
<td>$ -</td>
<td>$5,000.00</td>
<td>The agreement is currently in the process to add a one-time exclusion check option.</td>
</tr>
<tr>
<td>TractManager</td>
<td>Legacy contracting system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$256,395.00</td>
<td>$341,166.00</td>
<td>$341,166.00</td>
<td>This was removed from the budget. The expenses are being charged to the Compliance cost center. This expense was to be allocated to Contracts. Compliance has reached out to Contracts for further review.</td>
</tr>
<tr>
<td>No Vendor at this time</td>
<td>In the case there is a large HIPAA breach, Broward Health will need to contract with an entity to assist with providing call center services and credit monitoring services.</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$10,000.00</td>
<td>Although we do not have a large breach at this time, we need money allocated in the budget for the event of a future event. This is not budgeted.</td>
</tr>
</tbody>
</table>

**Total 10%** | $2,159,475.53
**Total Additional Funds Required for Remainder of FY 19** | $216,947.63
**Total Additional Funds Required for Remainder of FY 19** | $3,986,423.95