NOTICE OF MEETING

Compliance and Ethics Committee meeting of the Board of Commissioners of the North Broward Hospital District will be held on Thursday, March 21, 2019, immediately following the Legal Affairs and Governmental Committee meeting, at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309. The purpose of this Board meeting is to review and consider any matters within the Board’s jurisdiction.

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

Any person who decides to appeal any decision of the District’s Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.
COMPLIANCE AND ETHICS COMMITTEE
Immediately Following
Legal Affairs and Governmental Relations Committee Meeting
March 21, 2019

CALL TO ORDER

COMMITTEE MEMBERS

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

PUBLIC COMMENTS

APPROVAL OF MINUTES

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

TOPIC OF DISCUSSION

2. Interim Chief Compliance Officer Report

   a. Report from the Executive Compliance Group

      • Training
      • Sanction Screening
      • Disclosures
         o Disclosures Detail
         o Conflict of Interest
         o HIPPA
      • Risk Assessment

*Subject to change
AGENDA

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

- Auditing and Monitoring

3. Regulatory Environment Report / Training
   - False Claims Act

4. Call Policy Exhibit

ADJOURNMENT
COMPLIANCE & ETHICS COMMITTEE
February 20, 2019

CALL TO ORDER 3:38 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

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

PUBLIC COMMENTS None

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

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

Motion carried unanimously.

TOPIC OF DISCUSSION
2. Contemplating Individual Review Organization (IRO) Selection

Mr. Santorio provided an update on the status of the IRO Selection process.

3. Interim Chief Compliance Officer Report- reported by Steve Forman
   a. Status of the Corporate Integrity Agreement reported by Steve Forman

Video footage of this meeting can be found at:
b. Report from the Executive Compliance Group reported by Steve Forman
   - IRO Plan of Correction – Chair Beth Cherry, SVP Physician Practices, gave her report

Note: At this point of the meeting the remaining agenda items were heard out of order.

   - (Training Subgroup Report was taken out of sequence)
     Chair Melanie Hatcher, VP of Human Resource, gave her report

   - (Disclosures Subgroup Report was taken out of sequence)
     Chair Dr. Ana Calderon, head of the Children’s Diagnostic and Treatment Center, gave her report

   - (Code of Conduct/Policies & Procedures Subgroup Report was taken out of sequence)
     Chair Denise Moore, VP of Corporate Communications and Marketing, gave her report

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

**THE COMPLIANCE AND ETHICS COMMITTEE ACCEPT THE CODE OF CONDUCT, AS PRESENTED.**

Motion *carried* 5 to 1

   - (Sanction Screening Subgroup Report was taken out of sequence)
     Chair Mr. Lee Ghezzi, VP of Quality and Case Management, gave his report

   - Risk Assessment Subgroup deferred to next month’s meetings

   - Auditing & Monitoring Subgroup deferred to next month’s meetings

   - Conflicts of Interests Processing *No update provided*

   - HIPAA Program *No update provided*
4. Regulatory Environment Report  *No update provided*

5. Compliance Budget Increase

Mr. Santorio spoke to the Compliance Budget Increase exhibit.

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

**THE COMPLIANCE AND ETHICS COMMITTEE RECOMMEND 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.**

Motion *carried* unanimously.

Note: Although Commissioner Klein was not in attendance at the time of the vote, a quorum remained intact.

**MEETING ADJOURNED** 5:08 pm

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

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

Motion *carried* unanimously.

Respectfully submitted,
Commissioner Ray T. Berry
Secretary / Treasurer

Video footage of this meeting can be found at:
Federal False Claims Act (FCA)

- Enacted in 1863; amended in 1986 and 2009

- During the Civil War, private citizens were contracted to provide horses and mules to the military. The fees charged were "top dollar" but the horses and mules provided were hardly worth the money. So in essence the government was billed for something it did not receive. The penalty in 1863 under the FCA was $2,000 per claim.

- The FCA is now the government’s primary civil anti-fraud enforcement tool in healthcare.

- Penalties are steep--treble damages plus $10,781 to $21,563 per false or fraudulent claim presented to federal Government.

- In addition, settlements often include a corporate integrity agreement which has many onerous provisions.
FCA Continued

- It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent.

- Under the civil FCA, each instance of an item or a service billed to Medicare or Medicaid counts as a claim. Fines can add up quickly.

- The fact that a claim results from a kickback or is made 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.

- Under the civil FCA, no specific intent to defraud is required. The civil FCA defines "knowing" to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information.
The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:

- Conspires to violate the FCA;
- Carries out other acts to obtain property from the Government by misrepresentation;
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay the Government;
- Makes or uses a false record or statement supporting a false claim; or
- Presents a false claim for payment or approval.