

# Compliance and Ethics Committee Compliance and Privacy Report

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# Agenda

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01 FY 2024 Overview

02 FY 2025 Work Plan – Board Approval

03 Recent Enforcement Actions

04 Privacy Report

# 01 | FY24 Overview

# FY24 Overview

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- New Annual Compliance Training



# FY24 Overview

- Compliance Screen Saver

COMPLIANCE IS EVERYONE'S RESPONSIBILITY

*Integrity* is the Rule.  
*Compliance* is the Tool.

*Broward Health's culture of compliance depends on all of us, and we must hold each other accountable to report any suspected or known compliance issues that may violate Broward Health's standards.*

FOUR WAYS  
to Report a  
Compliance Issue



**REPORT** the incident to your immediate supervisor or Regional Compliance Officer

01



**CALL** the anonymous, 24/7 Corporate Compliance and Ethics Hotline at 1.888.511.1370

02



**EMAIL** Compliance@BrowardHealth.org

03



**SUBMIT** an online report to BrowardHealth.org/Compliance

04

If you see something that raises an issue, you can report it without any fear of retaliation. All complaints and allegations will be addressed promptly. For more information, please refer to Broward Health policy GA-004-004 (*Duty to Report*).



# FY24 Overview

- Privacy Screen Saver

DO YOU WANT TO REPORT A HIPAA- OR PRIVACY-RELATED INCIDENT?

*Broward Health's privacy team wants to hear from you.*

*If you suspect a privacy-related incident, please report it to the privacy team within the Corporate Compliance and Ethics Department.*

## FIVE WAYS to Report a Privacy Issue



**VISIT** MyPlace > Click the HAS button from "Quick Launch" > Select Occurrences /Events > Select HIPAA PHI

01



**REPORT** the incident to your immediate supervisor or Regional Compliance Officer

02



**CALL** the anonymous, 24/7 Corporate Compliance and Ethics Hotline at **1.888.511.1370**

03



**EMAIL**  
Privacy@BrowardHealth.org

04



**SUBMIT** an online report to [BrowardHealth.org/Compliance](https://www.browardhealth.org/Compliance)

05

For more information, please refer to Broward Health Policy GA-004-150 (*Reporting of Information Privacy and Security Incidents*).



**Broward Health**<sup>®</sup>

Corporate Compliance  
& Ethics Department

# FY24 Overview

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- Working meeting with Financial Department
  - Revenue Integrity
  - Physician Billing Office
  - Central Billing Office
- OIG Work Plan and OIG Enforcement Analysis
  - Internal Staff Development
  - Responsive Risk Assessments and Reviews

# 02 | FY25 Compliance Work Plan (Proposed–To be approved)



# Proposed FY25 Work Plan

Action Items		FY'25 Q1			FY'25 Q2			FY'25 Q3			FY'25 Q4		
		July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>1</b>	<b>Compliance Leadership &amp; Oversight</b>												
1.1	Revise job description for Associate Vice President, Compliance and Ethics; Fill position												
1.2	Create Regulatory Compliance Committee. Develop meeting schedule. Invite attendees												
<b>2</b>	<b>Policies, Procedures, &amp; Standards of Conduct</b>												
2.1	Update Broward Health's Code of Conduct												
2.2	Revise Policy GA-004-012, Gifts, Gratuities, and Business Courtesies, to provide clear guidance for all BH workforce members regarding what is and is not acceptable when offering or accepting gifts. Develop timeline for roll-out and training												
2.3	Revise Policy GA-001-015, Conflict of Interest, to align with new electronic platform and enhanced process for distributing, reporting, receiving, and managing potential conflicts of interest or commitment												
2.4	Collaborate with key departments to revise Policy GA-004-135 Record Retention, Storage and Disposal to ensure conformance with all laws, statutes, rules, and regulations												

# Proposed FY25 Work Plan

Action Items		FY'25 Q1			FY'25 Q2			FY'25 Q3			FY'25 Q4		
3	Compliance Training and Education	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
3.1	Design training on CMS requirements pertaining to overlapping surgeries to facilitate compliance with Medicare's teaching physician rules. Identify target audience. Develop training schedule												
3.2	Once finalized, design training on revised policy GA-004-012, Gifts, Gratuities, and Business Courtesies, and develop plan for providing this training												
3.3	Once finalized, design training on revised policy GA-001-015, Conflict of Interest, and develop plan for providing this training												
3.4	Review new regulations at 42 CFR Part 2 related to protecting the confidentiality of substance use disorder treatment records with internal stakeholders and collaborate to address process changes, if needed												
3.5	Review changes to the HIPAA Privacy Rule related to reproductive health care privacy with internal stakeholders and collaborate to address process changes, if needed												

# Proposed FY25 Work Plan

Action Items		FY'25 Q1			FY'25 Q2			FY'25 Q3			FY'25 Q4		
4	Effective Lines of Communication with Compliance / Disclosure Program	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
4.1	Collaborate with Corporate Communications to design a mechanism for communicating significant compliance information and updates with workforce members												
4.2	Redesign web page for Corporate Compliance and Ethics on Broward Health's Intranet												
4.3	Consistently remind workforce members of various mechanisms available for reporting compliance, ethics, or privacy concerns												

# Proposed FY25 Work Plan

Action Items		FY'25 Q1			FY'25 Q2			FY'25 Q3			FY'25 Q4		
5	Risk Assessment, Auditing and Monitoring	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
5.1	Evaluate processes in place for detecting and reporting drug diversion. Facilitate process enhancement, if warranted												
5.2	Review a random sample of Referral Source Arrangements to determine whether the remuneration paid pursuant to the arrangement was consistent with the terms												
5.3	Revise Quarterly Regional Compliance Committee reporting metrics												
5.4	Review a random sample of medical records to determine whether observation hours are being properly calculated and billed												
5.5	Once CMS resumes distribution, design a plan for monitoring PEPPER reports and utilizing the data as a guide for identifying and preventing payment errors												
5.6	Monitor monthly updates to OIG work plan and recent enforcement activity; develop responsive compliance risk assessments/reviews (audits), as necessary												
5.7	Facilitate enhancement of processes for obtaining medical device credits from manufacturers, when warranted, and reporting those credits to CMS												

# Proposed FY25 Work Plan

Action Items		FY'25 Q1			FY'25 Q2			FY'25 Q3			FY'25 Q4		
<b>6</b>	<b>Enforcing Standards: Consequences and Incentives</b>												
6.1	Work with Human Resources to design and implement an incentive structure for meeting specific compliance metrics												
<b>7</b>	<b>Responding to Detected Offenses and Developing Corrective Action Initiatives</b>												
7.1	Design process for routine follow-up pertaining to corrective action plans (CAPS) that are implemented as a result of a compliance investigation or review (audit). Identify CAPS for which status should be reported at each quarterly regional compliance committee meeting												

# 03 | Recent Enforcement Actions

# Baptist Health System, Inc.

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- \$1.5 Million Payment
- Allegation of False Claims Act violation
- Patient cost sharing discounts provided to Medicare beneficiaries
  - Up to 50% reduction
  - No financial need assessment
  - Only certain categories of Medicare beneficiaries
- Self-disclosed
  - Cooperated with the OIG
  - Discontinued discount policy
  - Internal compliance review
  - Provided OIG with detailed disclosure statement and other supplemental information

# Cape Cod Hospital

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- \$24.3 Million Payment
- Brought under qui tam or whistleblower provision
- Failure to comply with Medicare cardiac procedure rules
- Transcatheter Aortic Valve Replacement – replacing damaged heart valve
- National Coverage Determination (“NCD”) were followed when
  - Some claims did not have enough physicians examined patient's suitability
  - Some claims did not show that the physicians shared their clinical judgement with the medical team responsible for the TAVR procedure
- 5 year Corporate Integrity Agreement
- Received credit under the OIG's guidelines for take disclosure, cooperation, and remediation



# 04 | Privacy Report

# Regulatory Updates

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- **HIPAA Privacy Rule to Support Reproductive Health Care Privacy**
  - Prohibits the use or disclosure of PHI by a covered entity for the following activities:
    - To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided
    - The identification of any person for the purpose of conducting such investigation or imposing such liability
  - Includes a presumption that the reproductive health care provided by a person other than the covered health care provider receiving the request was lawful, unless:
    - The CE has actual knowledge that the reproductive health care was not lawful
    - The CE receives information from the person making the request that demonstrates a substantial factual basis that the reproductive health care was not lawful

# Regulatory Updates

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- **HIPAA Privacy Rule to Support Reproductive Health Care Privacy**
  - Requires a CE, when receiving a request for PHI *potentially* related to reproductive health care, to obtain a signed attestation that the use or disclosure is not for a prohibited purpose. Attestation required when the purpose of the request is for:
    - Health oversight activities
    - Judicial and administrative proceedings
    - Law enforcement purposes
    - Disclosures to coroners and medical examiners
  - Final Rule also requires CEs to revise their Notice of Privacy Practices to address reproductive health care updates as well as updates to 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
  - **Compliance Date of December 23, 2024**
    - Updates to NPP required by February 16, 2026

# Regulatory Updates

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- **42 CFR Part 2**
  - Updated to “increase alignment with HIPAA...improve workability and decrease burdens on programs, covered entities, and business associates.”
  - A patient may now provide a single consent for all future uses and disclosures for treatment, payment, and healthcare operations
  - Allows CEs and BAs that receive records under this consent to redisclose the records in accordance with HIPAA regulations
  - Other alignments with HIPAA:
    - Penalties
    - Breach notification
    - Notice of Privacy Practices
- **Compliance Date of February 16, 2026**

***Ethical behavior is doing the right thing  
when no one else is watching.***

***[Aldo Leopold]***