Compliance and Ethics Committee Chief Compliance Officer's Report

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Interim Chief Compliance Officer

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AGENDA

- Compliance Report
  - Compliance Audits – Status Update
  - Annual COI Disclosure Management – Status Update

- Proposed FY24 Broward Health Compliance Work Plan

- Guidance Document

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Compliance Report

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FY 23 COMPLIANCE AUDIT UPDATE

as of 06/15/2023

Audit Activity	Not Started	Planning	Fieldwork	Wrap-Up	Reporting	Closed	Total
Human Trafficking						1	1
Case Management						1	1
Credentialing Process						1	1
Medical Device Credits						1	1
Medical Visas						1	1
Mpages - community connect					1		1
Coding Audits - Various Support						1	1
Outpatient Coding Audit						1	1
Outpatient Observation Audit				1			1
Inpatient Coding Audit						1	1
Physician Documentation Reviews						1	1
Record Retention						1	1
EMTALA - BHN						1	1
Total	**0**	**0**	**0**	**1**	**1**	**11**	**13**

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ANNUAL CONFLICT OF INTEREST DISCLOSURE MANAGEMENT

COI Disclosure Forms (as of 6/15/23)

	Distributed	Completed
Board Members	45	45
Key Medical Staff	237	237
Key Employees	605	604
Total	**887**	**886**

Pending Management Plan	
Disclosure Under Review	6
Pending Management Plan Completion	12
Total	**18**

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FY24 Broward Health Compliance Work Plan (Proposed – to be approved)

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FY24 BROWARD HEALTH COMPLIANCE WORK PLAN

1	Policies, Procedures & Standards of Conduct
1.1	Finalize transfer of all Broward Health policies from Compliance 360 to PolicyStat.
1.2	Review inventory of compliance policies and procedures to identify gaps, if any, for which new policies should be developed in order to provide guidance and ensure correlation with current laws, regulations, and system expectations; and determine which policies, if any, should be retired.

2	Compliance Leadership & Compliance Committees
2.1	Fill vacant leadership positions within the Compliance Department with qualified compliance/privacy professionals: • Director, Privacy Operations • Regional Compliance Officer (Broward Health North)
2.2	Evaluate the Broward Health compliance committees and composition of same to determine whether committees and/or members should be added or removed, in order to promote efficiency and best meet the needs of the organization.
2.3	Evaluate the meeting schedule for each Broward Health compliance committee to determine adequacy and efficiency. Modify schedule(s), as deemed appropriate.

3	Compliance Training and Education
3.1	Develop specific compliance training on EMTALA and provide in-person education for key workforce members in Broward Health emergency departments, labor and delivery units, and behavioral health units.
3.2	Develop comprehensive specific compliance training on the False Claims Act, the Physician Self-Referral (Stark) Law, and the Anti-Kickback Statute, and provide in-person for key workforce members whose roles touch on Broward's Health's relationships with referral sources (in collaboration with the Legal Department).
3.3	Develop training on CMS Open Payments Database and Relationships with Pharmaceutical and Medical Device Industries and provide for medical staff.
3.4	Develop training on HIPAA and provide in-person for workforce members.

4	Effective Lines of Communication
4.1	During compliance training sessions, and when other opportunities present themselves, educate Broward Health workforce members on the various mechanisms available to report compliance concerns.
4.2	Collaborate with Human Resources to design a process for compliance leaders to conduct exit interviews with key workforce members to inquire about culture and perceived or observed wrongdoing.
4.3	Design mechanism(s) to ensure that workforce members are alerted when new laws/regulations are implemented, or existing laws/regulations are revised.

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FY24 BROWARD HEALTH COMPLIANCE WORK PLAN

5	Monitoring and Auditing
5.1	Evaluate process(es) and tool(s) for tracking non-monetary compensation to physicians, and design enhancements, if needed.
5.2	Evaluate process(es) and tool(s) for distributing, submitting, tracking and managing disclosures of conflicts of interest, and design enhancements.
5.3	Review a sample of medical records for each hospital inpatient and outpatient coder to assess compliance with official coding guidelines and coding industry standards.
5.4	Evaluate exclusion screening processes and design enhancements, if needed.
5.5	Evaluate process(es) for monitoring the CMS Open Payments Database to identify payments made to members of Broward Health's medical staff and design enhancements, if needed.
5.6	Review a random sample of Referral Source Arrangements to determine whether the remuneration paid pursuant to the arrangement was consistent with the terms.
5.7	Review a sample of medical records for patients in the inpatient rehabilitation setting to determine whether documentation of the Individualized Overall Plans of Care satisfies CMS documentation requirements.
5.8	Review a sample of medical records for telehealth encounters to determine whether visits and documentation satisfy CMS requirements and Broward Health policies.
5.9	Evaluate processes for obtaining medical device credits from manufacturers, when warranted, and reporting those credits to CMS.
6	Enforce Standards Through Discipline
6.1	Collaborate with Human Resources to evaluate sufficiency of and consistency in discipline, as it relates to non-compliance and breaches of patient privacy.
7	Respond Promptly to Reports of Potential Compliance Issues; Investigate and Resolve
7.1	Evaluate specific corrective actions that were developed in response to compliance/privacy issues that were reported to the Compliance Department: • Verify that corrective actions were implemented • Determine effectiveness of same

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Guidance Document

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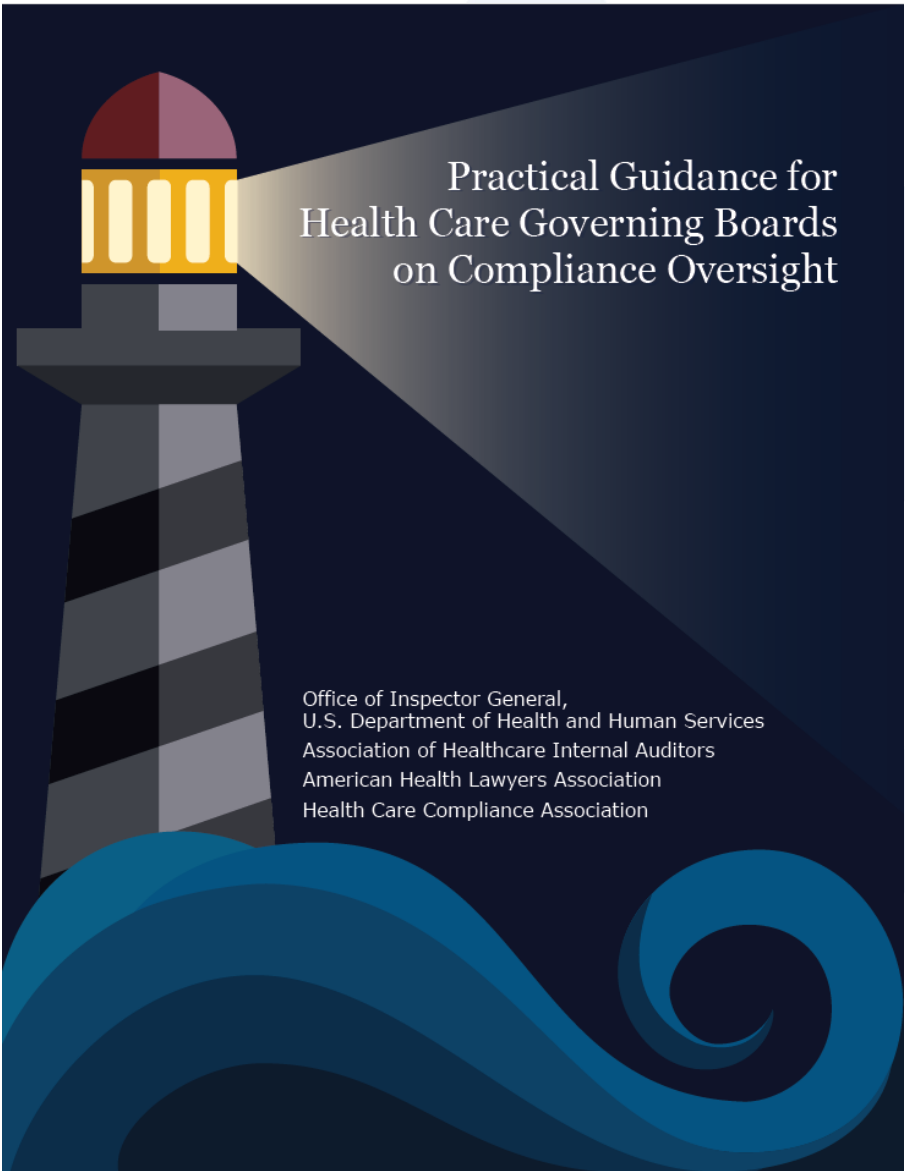
Practical Guidance for Health Care Governing Boards on Compliance Oversight

Office of Inspector General,
U.S. Department of Health and Human Services
Association of Healthcare Internal Auditors
American Health Lawyers Association
Health Care Compliance Association

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Ethics is doing the right thing…

…even when no one is watching.

[Author Unknown]

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