

# Bartlett Regional Hospital

## Board Compliance Committee Agenda

Date: December 18, 2019

Time: 7:00 AM

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### Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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#### CALL TO ORDER

#### APPROVAL OF AGENDA

APPROVAL OF THE MINUTES -- [September 24<sup>th</sup> BOD Compliance Committee Meeting](#)

#### OLD BUSINESS

A. None

#### NEW BUSINESS

A. Committee Education and Training

20 minutes

Nathan Overson, CO

B. Compliance Officer Report

20 minutes

1) Compliance Dashboard Element Review

Committee Discussion

a) Policy/document review

b) Compliance log Dashboard Review

c) Monitoring Auditing Activity

d) Compliance Work Plan

#### EXECUTIVE SESSION

No items/topics planned

#### FUTURE AGENDA ITEMS

5 minutes

A. Next Committee Education and Training

1) Training requests

#### COMMITTEE MEMBER COMMENTS

15 minutes

**ADJOURN - Next meeting: March 17<sup>th</sup> 7:00 AM**



*Bartlett Regional Hospital — A City and Borough of Juneau Enterprise Fund*

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Board Compliance Committee Meeting Draft Minutes September 24, 2019

Called to order at 7:03 AM., by Board Compliance Committee Chair, Bob Urata, MD

### Compliance Committee and Board Members:

**Board Members:** Bob Urata, MD; Marshal Kendziorek, Deborah Johnston (absent), Kenny Solomon-Gross and Rosemary Hagevig

**Staff/Other:** Chuck Bill, CEO (absent); Nathan Overson, Compliance Officer; Megan Costello, Assistant Municipal Attorney

**Agenda Approval:** *Mr. Overson asked to have a consent agenda item added. Mr. Overson wanted to submit a copy of the Hospital Compliance Committee Meeting agenda for informational purposes. Dr. Urata asked whether the minutes from the September 16<sup>th</sup> Hospital Compliance Committee Meeting would be available. Mr. Overson said they would. Mr. Kendziorek asked if the minutes could be circulated once they were available. Mr. Overson said he would circulate them to the people in attendance once they were completed. Dr. Urata asked if there were any other changes needed. Hearing no further requests for change, Dr. Urata approved the agenda with change.*

**Previous Board Compliance Meeting Minutes Approval:** *Mr. Kendziorek made a MOTION to approve the June 11<sup>th</sup> Board Compliance Meeting minutes without change. Hearing no requests for change, the minutes were approved without change.*

**Education and Training:** Mr. Overson provided compliance education and training. Training consisted of an overview of “What a compliance program is, and what it should mean to a board member.” Two key questions were covered: What does it mean to be “knowledgeable about the content and operation” of the Compliance Program? And, how does that relate to “exercising reasonable oversight” of the Compliance Program?

Mr. Kendziorek responded to the training with the request that the training go to the whole board. There was a discussion on training options such as an on-going training for short durations at each board meeting or a one time a year training that would take 1.5 to 2 hours. As the Committee Chair Dr. Urata said he would take this question to the Board President and ask for input regarding duration and frequency of Compliance training for the Board of Directors.

Dr. Urata asked about industry standards for an outside review of the Hospital Compliance Program. Mr. Overson responded that experts will say organizations should have an outside review about every 2 to 3 years. Mr. Kendziorek made a **MOTION** “*that we request at the next board meeting (October was later clarified) that we begin the process of hiring an official outside auditor for our Compliance and Audit Program.*” Dr. Urata seconded the **MOTION**.

### Compliance Officer Report:

Compliance Policies: Mr. Overson gave an update on the periodic document review process for the compliance policies, but did not have a dashboard report.

Compliance Incident Log: The numbers of incidents have been relatively consistent month to month; and the nature of the incidents has been fairly consistent. Dr.

Monitoring and Auditing: Mr. Overson presented a “monitoring and auditing” report which showed the recent chart audits performed by the revenue cycle team and relevant department ad hoc members over the last 2 quarters. Mr. Overson noted a recent proposed rule change to state regulations that would set specific quantitative guidance for Medicare overpayment self-audit this rule change will be reviewed by the Revenue Cycle Audit Committee and likely change the way the Committee has reviewed charts in the past.

Hospital Work Plan: No significant changes to the hospital work plan, except for the added element to track the dates of internal system audits performed by the Compliance Officer.

**Committee Input:** Dr. Urata suggested for our next meeting that the education topic can be an overview of the Compliance Log and the associated definitions to better understand the report presented to the Committee. The Committee agreed with Dr. Urata’s education topic suggestion.

**Executive session:** The meeting did not go into executive session.

**Meeting Adjourned** 8:03 am

**Next Meeting** 12/18/2019 at 7:00 am

DRAFT