

Bartlett Regional Hospital

Board Compliance and Audit Committee Agenda

Date: July 21, 2020

Time: 7:00 AM

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/96486355631>
or call
1-253-215-8782 and enter webinar ID 937 9806 8412

Mission Statement

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

ADDITIONAL PACKET INFORMATION:

Training – [June 2020 update to the “U.S. Department of Justice Criminal Division Evaluation of Corporate Compliance Programs”](#)

[July 15th Draft minutes from the Hospital Compliance Committee Meeting](#)

CALL TO ORDER

APPROVAL OF AGENDA

APPROVAL OF THE MINUTES – [June 16th BOD Compliance Committee Meeting](#)

OLD BUSINESS

- | | |
|---|------------------------------------|
| A. Review of the 2020 Compliance Work Plan | 15 minutes
Committee Discussion |
| B. Compliance Program Evaluation – 3 rd Party Review
RFP contract Draft | 10 minutes
Nathan Overson, CO |

NEW BUSINESS

- | | |
|---|------------------------------------|
| A. Compliance Officer Report
Review of recommended revisions to the Compliance Log Dashboard | 15 minutes
Committee Discussion |
| B. Update on education training for all board members | 10 minutes
Committee Discussion |

EXECUTIVE SESSION

FUTURE AGENDA ITEMS

- | | |
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| A. Next Committee Education and Training | 5 minutes |
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COMMITTEE MEMBER COMMENTS

5 minutes

ADJOURN - Next scheduled meeting: September 15th 7:00 AM

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Introduction

The “Principles of Federal Prosecution of Business Organizations” in the Justice Manual describe specific factors that prosecutors should consider in conducting an investigation of a corporation, determining whether to bring charges, and negotiating plea or other agreements. JM 9-28.300. These factors include “the adequacy and effectiveness of the corporation’s compliance program at the time of the offense, as well as at the time of a charging decision” and the corporation’s remedial efforts “to implement an adequate and effective corporate compliance program or to improve an existing one.” JM 9-28.300 (citing JM 9-28.800 and JM 9-28.1000). Additionally, the United States Sentencing Guidelines advise that consideration be given to whether the corporation had in place at the time of the misconduct an effective compliance program for purposes of calculating the appropriate organizational criminal fine. See U.S.S.G. §§ 8B2.1, 8C2.5(f), and 8C2.8(11). Moreover, the memorandum entitled “Selection of Monitors in Criminal Division Matters” issued by Assistant Attorney General Brian Benczkowski (hereafter, the “Benczkowski Memo”) instructs prosecutors to consider, at the time of the resolution, “whether the corporation has made significant investments in, and improvements to, its corporate compliance program and internal controls systems” and “whether remedial improvements to the compliance program and internal controls have been tested to demonstrate that they would prevent or detect similar misconduct in the future” to determine whether a monitor is appropriate.

This document is meant to assist prosecutors in making informed decisions as to whether, and to what extent, the corporation’s compliance program was effective at the time of the offense, and is effective at the time of a charging decision or resolution, for purposes of determining the appropriate (1) form of any resolution or prosecution; (2) monetary penalty, if any; and (3) compliance obligations contained in any corporate criminal resolution (e.g., monitorship or reporting obligations).

Because a corporate compliance program must be evaluated in the specific context of a criminal investigation, the Criminal Division does not use any rigid formula to assess the effectiveness of corporate compliance programs. We recognize that each company’s risk profile and solutions to reduce its risks warrant particularized evaluation. Accordingly, we make a reasonable, individualized determination in each case that considers various factors including, but not limited to, the company’s size, industry, geographic footprint, regulatory landscape, and other factors, both internal and external to the company’s operations, that might impact its compliance program. There are, however, common questions that we may ask in the course of making an individualized determination. As the Justice Manual notes, there are three “fundamental questions” a prosecutor should ask:

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1. “Is the corporation’s compliance program well designed?”
2. “Is the program being applied earnestly and in good faith?” In other words, is the program adequately resourced and empowered to function effectively?
3. “Does the corporation’s compliance program work” in practice?

See JM 9-28.800.

In answering each of these three “fundamental questions,” prosecutors may evaluate the company’s performance on various topics that the Criminal Division has frequently found relevant in evaluating a corporate compliance program both at the time of the offense and at the time of the charging decision and resolution.¹ The sample topics and questions below form neither a checklist nor a formula. In any particular case, the topics and questions set forth below may not all be relevant, and others may be more salient given the particular facts at issue and the circumstances of the company.² Even though we have organized the topics under these three fundamental questions, we recognize that some topics necessarily fall under more than one category.

I. Is the Corporation’s Compliance Program Well Designed?

The “critical factors in evaluating any program are whether the program is adequately designed for maximum effectiveness in preventing and detecting wrongdoing by employees and whether corporate management is enforcing the program or is tacitly encouraging or pressuring employees to engage in misconduct.” JM 9-28.800.

Accordingly, prosecutors should examine “the comprehensiveness of the compliance program,” JM 9-28.800, ensuring that there is not only a clear message that misconduct is not tolerated, but also policies and procedures – from appropriate assignments of responsibility, to training programs, to systems of incentives and discipline – that ensure the compliance program is well-integrated into the company’s operations and workforce.

A. Risk Assessment

The starting point for a prosecutor’s evaluation of whether a company has a well-designed compliance program is to understand the company’s business from a commercial perspective, how the company has identified, assessed, and defined its risk profile, and the degree to which the program devotes appropriate scrutiny and resources to the spectrum of risks. In short, prosecutors should endeavor to understand why the company has chosen to set up the compliance program the way that it has, and why and how the company’s compliance program has evolved over time.

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Prosecutors should consider whether the program is appropriately “designed to detect the particular types of misconduct most likely to occur in a particular corporation’s line of business” and “complex regulatory environment[.]” JM 9-28.800.³ For example, prosecutors should consider whether the company has analyzed and addressed the varying risks presented by, among other factors, the location of its operations, the industry sector, the competitiveness of the market, the regulatory landscape, potential clients and business partners, transactions with foreign governments, payments to foreign officials, use of third parties, gifts, travel, and entertainment expenses, and charitable and political donations.

Prosecutors should also consider “[t]he effectiveness of the company’s risk assessment and the manner in which the company’s compliance program has been tailored based on that risk assessment” and whether its criteria are “periodically updated.” *See, e.g.*, JM 9-47-120(2)(c); U.S.S.G. § 8B2.1(c) (“the organization shall periodically assess the risk of criminal conduct and shall take appropriate steps to design, implement, or modify each requirement [of the compliance program] to reduce the risk of criminal conduct”).

Prosecutors may credit the quality and effectiveness of a risk-based compliance program that devotes appropriate attention and resources to high-risk transactions, even if it fails to prevent an infraction. Prosecutors should therefore consider, as an indicator of risk-tailoring, “revisions to corporate compliance programs in light of lessons learned.” JM 9-28.800.

- Risk Management Process** – What methodology has the company used to identify, analyze, and address the particular risks it faces? What information or metrics has the company collected and used to help detect the type of misconduct in question? How have the information or metrics informed the company’s compliance program?
- Risk-Tailored Resource Allocation** – Does the company devote a disproportionate amount of time to policing low-risk areas instead of high-risk areas, such as questionable payments to third-party consultants, suspicious trading activity, or excessive discounts to resellers and distributors? Does the company give greater scrutiny, as warranted, to high-risk transactions (for instance, a large-dollar contract with a government agency in a high-risk country) than more modest and routine hospitality and entertainment?
- Updates and Revisions** – Is the risk assessment current and subject to periodic review? Is the periodic review limited to a “snapshot” in time or based upon continuous access to operational data and information across functions? Has the periodic review led to updates in policies, procedures, and controls? Do these updates account for risks discovered through misconduct or other problems with the compliance program?

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- Lessons Learned** – Does the company have a process for tracking and incorporating into its periodic risk assessment lessons learned either from the company’s own prior issues or from those of other companies operating in the same industry and/or geographical region?

B. Policies and Procedures

Any well-designed compliance program entails policies and procedures that give both content and effect to ethical norms and that address and aim to reduce risks identified by the company as part of its risk assessment process. As a threshold matter, prosecutors should examine whether the company has a code of conduct that sets forth, among other things, the company’s commitment to full compliance with relevant Federal laws that is accessible and applicable to all company employees. As a corollary, prosecutors should also assess whether the company has established policies and procedures that incorporate the culture of compliance into its day-to-day operations.

- Design** – What is the company’s process for designing and implementing new policies and procedures and updating existing policies and procedures, and has that process changed over time? Who has been involved in the design of policies and procedures? Have business units been consulted prior to rolling them out?
- Comprehensiveness** – What efforts has the company made to monitor and implement policies and procedures that reflect and deal with the spectrum of risks it faces, including changes to the legal and regulatory landscape?
- Accessibility** – How has the company communicated its policies and procedures to all employees and relevant third parties? If the company has foreign subsidiaries, are there linguistic or other barriers to foreign employees’ access? Have the policies and procedures been published in a searchable format for easy reference? Does the company track access to various policies and procedures to understand what policies are attracting more attention from relevant employees?
- Responsibility for Operational Integration** – Who has been responsible for integrating policies and procedures? Have they been rolled out in a way that ensures employees’ understanding of the policies? In what specific ways are compliance policies and procedures reinforced through the company’s internal control systems?
- Gatekeepers** – What, if any, guidance and training has been provided to key gatekeepers in the control processes (*e.g.*, those with approval authority or

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certification responsibilities)? Do they know what misconduct to look for? Do they know when and how to escalate concerns?

C. Training and Communications

Another hallmark of a well-designed compliance program is appropriately tailored training and communications.

Prosecutors should assess the steps taken by the company to ensure that policies and procedures have been integrated into the organization, including through periodic training and certification for all directors, officers, relevant employees, and, where appropriate, agents and business partners. Prosecutors should also assess whether the company has relayed information in a manner tailored to the audience's size, sophistication, or subject matter expertise. Some companies, for instance, give employees practical advice or case studies to address real-life scenarios, and/or guidance on how to obtain ethics advice on a case-by-case basis as needs arise. Other companies have invested in shorter, more targeted training sessions to enable employees to timely identify and raise issues to appropriate compliance, internal audit, or other risk management functions. Prosecutors should also assess whether the training adequately covers prior compliance incidents and how the company measures the effectiveness of its training curriculum.

Prosecutors, in short, should examine whether the compliance program is being disseminated to, and understood by, employees in practice in order to decide whether the compliance program is "truly effective." JM 9-28.800.

- Risk-Based Training** – What training have employees in relevant control functions received? Has the company provided tailored training for high-risk and control employees, including training that addresses risks in the area where the misconduct occurred? Have supervisory employees received different or supplementary training? What analysis has the company undertaken to determine who should be trained and on what subjects?
- Form/Content/Effectiveness of Training** – Has the training been offered in the form and language appropriate for the audience? Is the training provided online or in-person (or both), and what is the company's rationale for its choice? Has the training addressed lessons learned from prior compliance incidents? Whether online or in-person, is there a process by which employees can ask questions arising out of the trainings? How has the company measured the effectiveness of the training? Have employees been tested on what they have learned? How has the company addressed

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employees who fail all or a portion of the testing? Has the company evaluated the extent to which the training has an impact on employee behavior or operations?

- Communications about Misconduct** – What has senior management done to let employees know the company’s position concerning misconduct? What communications have there been generally when an employee is terminated or otherwise disciplined for failure to comply with the company’s policies, procedures, and controls (*e.g.*, anonymized descriptions of the type of misconduct that leads to discipline)?
- Availability of Guidance** – What resources have been available to employees to provide guidance relating to compliance policies? How has the company assessed whether its employees know when to seek advice and whether they would be willing to do so?

D. Confidential Reporting Structure and Investigation Process

Another hallmark of a well-designed compliance program is the existence of an efficient and trusted mechanism by which employees can anonymously or confidentially report allegations of a breach of the company’s code of conduct, company policies, or suspected or actual misconduct. Prosecutors should assess whether the company’s complaint-handling process includes proactive measures to create a workplace atmosphere without fear of retaliation, appropriate processes for the submission of complaints, and processes to protect whistleblowers. Prosecutors should also assess the company’s processes for handling investigations of such complaints, including the routing of complaints to proper personnel, timely completion of thorough investigations, and appropriate follow-up and discipline.

Confidential reporting mechanisms are highly probative of whether a company has “established corporate governance mechanisms that can effectively detect and prevent misconduct.” JM 9-28.800; *see also* U.S.S.G. § 8B2.1(b)(5)(C) (an effectively working compliance program will have in place, and have publicized, “a system, which may include mechanisms that allow for anonymity or confidentiality, whereby the organization’s employees and agents may report or seek guidance regarding potential or actual criminal conduct without fear of retaliation”).

- Effectiveness of the Reporting Mechanism** – Does the company have an anonymous reporting mechanism and, if not, why not? How is the reporting mechanism publicized to the company’s employees and other third parties? Has it been used? Does the company take measures to test whether employees are aware of the hotline and feel comfortable using it? How has the company assessed the seriousness of the

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allegations it received? Has the compliance function had full access to reporting and investigative information?

- Properly Scoped Investigations by Qualified Personnel** – How does the company determine which complaints or red flags merit further investigation? How does the company ensure that investigations are properly scoped? What steps does the company take to ensure investigations are independent, objective, appropriately conducted, and properly documented? How does the company determine who should conduct an investigation, and who makes that determination?
- Investigation Response** – Does the company apply timing metrics to ensure responsiveness? Does the company have a process for monitoring the outcome of investigations and ensuring accountability for the response to any findings or recommendations?
- Resources and Tracking of Results** – Are the reporting and investigating mechanisms sufficiently funded? How has the company collected, tracked, analyzed, and used information from its reporting mechanisms? Does the company periodically analyze the reports or investigation findings for patterns of misconduct or other red flags for compliance weaknesses? Does the company periodically test the effectiveness of the hotline, for example by tracking a report from start to finish?

E. Third Party Management

A well-designed compliance program should apply risk-based due diligence to its third-party relationships. Although the need for, and degree of, appropriate due diligence may vary based on the size and nature of the company, transaction, and third party, prosecutors should assess the extent to which the company has an understanding of the qualifications and associations of third-party partners, including the agents, consultants, and distributors that are commonly used to conceal misconduct, such as the payment of bribes to foreign officials in international business transactions.

Prosecutors should also assess whether the company knows the business rationale for needing the third party in the transaction, and the risks posed by third-party partners, including the third-party partners' reputations and relationships, if any, with foreign officials. For example, a prosecutor should analyze whether the company has ensured that contract terms with third parties specifically describe the services to be performed, that the third party is actually performing the work, and that its compensation is commensurate with the work being provided in that industry and geographical region. Prosecutors should further assess whether the

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company engaged in ongoing monitoring of the third-party relationships, be it through updated due diligence, training, audits, and/or annual compliance certifications by the third party.

In sum, a company's third-party management practices are a factor that prosecutors should assess to determine whether a compliance program is in fact able to "detect the particular types of misconduct most likely to occur in a particular corporation's line of business." JM 9-28.800.

- Risk-Based and Integrated Processes** – How has the company's third-party management process corresponded to the nature and level of the enterprise risk identified by the company? How has this process been integrated into the relevant procurement and vendor management processes?

- Appropriate Controls** – How does the company ensure there is an appropriate business rationale for the use of third parties? If third parties were involved in the underlying misconduct, what was the business rationale for using those third parties? What mechanisms exist to ensure that the contract terms specifically describe the services to be performed, that the payment terms are appropriate, that the described contractual work is performed, and that compensation is commensurate with the services rendered?

- Management of Relationships** – How has the company considered and analyzed the compensation and incentive structures for third parties against compliance risks? How does the company monitor its third parties? Does the company have audit rights to analyze the books and accounts of third parties, and has the company exercised those rights in the past? How does the company train its third party relationship managers about compliance risks and how to manage them? How does the company incentivize compliance and ethical behavior by third parties? Does the company engage in risk management of third parties throughout the lifespan of the relationship, or primarily during the onboarding process?

- Real Actions and Consequences** – Does the company track red flags that are identified from due diligence of third parties and how those red flags are addressed? Does the company keep track of third parties that do not pass the company's due diligence or that are terminated, and does the company take steps to ensure that those third parties are not hired or re-hired at a later date? If third parties were involved in the misconduct at issue in the investigation, were red flags identified from the due diligence or after hiring the third party, and how were they resolved? Has a similar third party been suspended, terminated, or audited as a result of compliance issues?

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F. Mergers and Acquisitions (M&A)

A well-designed compliance program should include comprehensive due diligence of any acquisition targets, as well as a process for timely and orderly integration of the acquired entity into existing compliance program structures and internal controls. Pre-M&A due diligence, where possible, enables the acquiring company to evaluate more accurately each target's value and negotiate for the costs of any corruption or misconduct to be borne by the target. Flawed or incomplete pre- or post-acquisition due diligence and integration can allow misconduct to continue at the target company, causing resulting harm to a business's profitability and reputation and risking civil and criminal liability.

The extent to which a company subjects its acquisition targets to appropriate scrutiny is indicative of whether its compliance program is, as implemented, able to effectively enforce its internal controls and remediate misconduct at all levels of the organization.

- Due Diligence Process** – Was the company able to complete pre-acquisition due diligence and, if not, why not? Was the misconduct or the risk of misconduct identified during due diligence? Who conducted the risk review for the acquired/merged entities and how was it done? What is the M&A due diligence process generally?
- Integration in the M&A Process** – How has the compliance function been integrated into the merger, acquisition, and integration process?
- Process Connecting Due Diligence to Implementation** – What has been the company's process for tracking and remediating misconduct or misconduct risks identified during the due diligence process? What has been the company's process for implementing compliance policies and procedures, and conducting post-acquisition audits, at newly acquired entities?

II. Is the Corporation's Compliance Program Adequately Resourced and Empowered to Function Effectively?

Even a well-designed compliance program may be unsuccessful in practice if implementation is lax, under-resourced, or otherwise ineffective. Prosecutors are instructed to probe specifically whether a compliance program is a "paper program" or one "implemented, reviewed, and revised, as appropriate, in an effective manner." JM 9-28.800. In addition, prosecutors should determine "whether the corporation has provided for a staff sufficient to audit, document, analyze, and utilize the results of the corporation's compliance efforts." JM 9-28.800. Prosecutors should also determine "whether the corporation's employees are adequately informed about the compliance program and are convinced of the corporation's

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commitment to it.” JM 9-28.800; *see also* JM 9-47.120(2)(c) (criteria for an effective compliance program include “[t]he company’s culture of compliance, including awareness among employees that any criminal conduct, including the conduct underlying the investigation, will not be tolerated”).

A. Commitment by Senior and Middle Management

Beyond compliance structures, policies, and procedures, it is important for a company to create and foster a culture of ethics and compliance with the law at all levels of the company. The effectiveness of a compliance program requires a high-level commitment by company leadership to implement a culture of compliance from the middle and the top.

The company’s top leaders – the board of directors and executives – set the tone for the rest of the company. Prosecutors should examine the extent to which senior management have clearly articulated the company’s ethical standards, conveyed and disseminated them in clear and unambiguous terms, and demonstrated rigorous adherence by example. Prosecutors should also examine how middle management, in turn, have reinforced those standards and encouraged employees to abide by them. *See* U.S.S.G. § 8B2.1(b)(2)(A)-(C) (the company’s “*governing authority* shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight” of it; “[*high-level personnel* ... shall ensure that the organization has an effective compliance and ethics program” (emphasis added)).

- Conduct at the Top** – How have senior leaders, through their words and actions, encouraged or discouraged compliance, including the type of misconduct involved in the investigation? What concrete actions have they taken to demonstrate leadership in the company’s compliance and remediation efforts? How have they modelled proper behavior to subordinates? Have managers tolerated greater compliance risks in pursuit of new business or greater revenues? Have managers encouraged employees to act unethically to achieve a business objective, or impeded compliance personnel from effectively implementing their duties?
- Shared Commitment** – What actions have senior leaders and middle-management stakeholders (*e.g.*, business and operational managers, finance, procurement, legal, human resources) taken to demonstrate their commitment to compliance or compliance personnel, including their remediation efforts? Have they persisted in that commitment in the face of competing interests or business objectives?
- Oversight** – What compliance expertise has been available on the board of directors? Have the board of directors and/or external auditors held executive or private sessions with the compliance and control functions? What types of information have

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the board of directors and senior management examined in their exercise of oversight in the area in which the misconduct occurred?

B. Autonomy and Resources

Effective implementation also requires those charged with a compliance program’s day-to-day oversight to act with adequate authority and stature. As a threshold matter, prosecutors should evaluate how the compliance program is structured. Additionally, prosecutors should address the sufficiency of the personnel and resources within the compliance function, in particular, whether those responsible for compliance have: (1) sufficient seniority within the organization; (2) sufficient resources, namely, staff to effectively undertake the requisite auditing, documentation, and analysis; and (3) sufficient autonomy from management, such as direct access to the board of directors or the board’s audit committee. The sufficiency of each factor, however, will depend on the size, structure, and risk profile of the particular company. “A large organization generally shall devote more formal operations and greater resources . . . than shall a small organization.” Commentary to U.S.S.G. § 8B2.1 note 2(C). By contrast, “a small organization may [rely on] less formality and fewer resources.” *Id.* Regardless, if a compliance program is to be truly effective, compliance personnel must be empowered within the company.

Prosecutors should evaluate whether “internal audit functions [are] conducted at a level sufficient to ensure their independence and accuracy,” as an indicator of whether compliance personnel are in fact empowered and positioned to “effectively detect and prevent misconduct.” JM 9-28.800. Prosecutors should also evaluate “[t]he resources the company has dedicated to compliance,” “[t]he quality and experience of the personnel involved in compliance, such that they can understand and identify the transactions and activities that pose a potential risk,” and “[t]he authority and independence of the compliance function and the availability of compliance expertise to the board.” JM 9-47.120(2)(c); *see also* JM 9-28.800 (instructing prosecutors to evaluate whether “the directors established an information and reporting system in the organization reasonably designed to provide management and directors with timely and accurate information sufficient to allow them to reach an informed decision regarding the organization’s compliance with the law”); U.S.S.G. § 8B2.1(b)(2)(C) (those with “day-to-day operational responsibility” shall have “adequate resources, appropriate authority and direct access to the governing authority or an appropriate subgroup of the governing authority”).

- **Structure** – Where within the company is the compliance function housed (e.g., within the legal department, under a business function, or as an independent function reporting to the CEO and/or board)? To whom does the compliance function report? Is the compliance function run by a designated chief compliance officer, or another executive within the company, and does that person have other roles within the company? Are compliance personnel dedicated to compliance responsibilities, or do

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they have other, non-compliance responsibilities within the company? Why has the company chosen the compliance structure it has in place? What are the reasons for the structural choices the company has made?

- Seniority and Stature** – How does the compliance function compare with other strategic functions in the company in terms of stature, compensation levels, rank/title, reporting line, resources, and access to key decision-makers? What has been the turnover rate for compliance and relevant control function personnel? What role has compliance played in the company’s strategic and operational decisions? How has the company responded to specific instances where compliance raised concerns? Have there been transactions or deals that were stopped, modified, or further scrutinized as a result of compliance concerns?
- Experience and Qualifications** – Do compliance and control personnel have the appropriate experience and qualifications for their roles and responsibilities? Has the level of experience and qualifications in these roles changed over time? How does the company invest in further training and development of the compliance and other control personnel? Who reviews the performance of the compliance function and what is the review process?
- Funding and Resources** – Has there been sufficient staffing for compliance personnel to effectively audit, document, analyze, and act on the results of the compliance efforts? Has the company allocated sufficient funds for the same? Have there been times when requests for resources by compliance and control functions have been denied, and if so, on what grounds?
- Data Resources and Access** – Do compliance and control personnel have sufficient direct or indirect access to relevant sources of data to allow for timely and effective monitoring and/or testing of policies, controls, and transactions? Do any impediments exist that limit access to relevant sources of data and, if so, what is the company doing to address the impediments?
- Autonomy** – Do the compliance and relevant control functions have direct reporting lines to anyone on the board of directors and/or audit committee? How often do they meet with directors? Are members of the senior management present for these meetings? How does the company ensure the independence of the compliance and control personnel?

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- Outsourced Compliance Functions** – Has the company outsourced all or parts of its compliance functions to an external firm or consultant? If so, why, and who is responsible for overseeing or liaising with the external firm or consultant? What level of access does the external firm or consultant have to company information? How has the effectiveness of the outsourced process been assessed?

C. Incentives and Disciplinary Measures

Another hallmark of effective implementation of a compliance program is the establishment of incentives for compliance and disincentives for non-compliance. Prosecutors should assess whether the company has clear disciplinary procedures in place, enforces them consistently across the organization, and ensures that the procedures are commensurate with the violations. Prosecutors should also assess the extent to which the company's communications convey to its employees that unethical conduct will not be tolerated and will bring swift consequences, regardless of the position or title of the employee who engages in the conduct. See U.S.S.G. § 8B2.1(b)(5)(C) ("the organization's compliance program shall be promoted and enforced consistently throughout the organization through (A) appropriate incentives to perform in accordance with the compliance and ethics program; and (B) appropriate disciplinary measures for engaging in criminal conduct and for failing to take reasonable steps to prevent or detect criminal conduct").

By way of example, some companies have found that publicizing disciplinary actions internally, where appropriate and possible, can have valuable deterrent effects. At the same time, some companies have also found that providing positive incentives – personnel promotions, rewards, and bonuses for improving and developing a compliance program or demonstrating ethical leadership – have driven compliance. Some companies have even made compliance a significant metric for management bonuses and/or have made working on compliance a means of career advancement.

- Human Resources Process** – Who participates in making disciplinary decisions, including for the type of misconduct at issue? Is the same process followed for each instance of misconduct, and if not, why? Are the actual reasons for discipline communicated to employees? If not, why not? Are there legal or investigation-related reasons for restricting information, or have pre-textual reasons been provided to protect the company from whistleblowing or outside scrutiny?
- Consistent Application** – Have disciplinary actions and incentives been fairly and consistently applied across the organization? Does the compliance function monitor its investigations and resulting discipline to ensure consistency? Are there similar instances of misconduct that were treated disparately, and if so, why?

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- **Incentive System** – Has the company considered the implications of its incentives and rewards on compliance? How does the company incentivize compliance and ethical behavior? Have there been specific examples of actions taken (*e.g.*, promotions or awards denied) as a result of compliance and ethics considerations? Who determines the compensation, including bonuses, as well as discipline and promotion of compliance personnel?

III. Does the Corporation’s Compliance Program Work in Practice?

The Principles of Federal Prosecution of Business Organizations require prosecutors to assess “the adequacy and effectiveness of the corporation’s compliance program at the time of the offense, as well as at the time of a charging decision.” JM 9-28.300. Due to the backward-looking nature of the first inquiry, one of the most difficult questions prosecutors must answer in evaluating a compliance program following misconduct is whether the program was working effectively at the time of the offense, especially where the misconduct was not immediately detected.

In answering this question, it is important to note that the existence of misconduct does not, by itself, mean that a compliance program did not work or was ineffective at the time of the offense. See U.S.S.G. § 8B2.1(a) (“[t]he failure to prevent or detect the instant offense does not mean that the program is not generally effective in preventing and deterring misconduct”). Indeed, “[t]he Department recognizes that no compliance program can ever prevent all criminal activity by a corporation’s employees.” JM 9-28.800. Of course, if a compliance program did effectively identify misconduct, including allowing for timely remediation and self-reporting, a prosecutor should view the occurrence as a strong indicator that the compliance program was working effectively.

In assessing whether a company’s compliance program was effective at the time of the misconduct, prosecutors should consider whether and how the misconduct was detected, what investigation resources were in place to investigate suspected misconduct, and the nature and thoroughness of the company’s remedial efforts.

To determine whether a company’s compliance program is working effectively at the time of a charging decision or resolution, prosecutors should consider whether the program evolved over time to address existing and changing compliance risks. Prosecutors should also consider whether the company undertook an adequate and honest root cause analysis to understand both what contributed to the misconduct and the degree of remediation needed to prevent similar events in the future.

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For example, prosecutors should consider, among other factors, “whether the corporation has made significant investments in, and improvements to, its corporate compliance program and internal controls systems” and “whether remedial improvements to the compliance program and internal controls have been tested to demonstrate that they would prevent or detect similar misconduct in the future.” Benczkowski Memo at 2 (observing that “[w]here a corporation’s compliance program and controls are demonstrated to be effective and appropriately resourced at the time of resolution, a monitor will not likely be necessary”).

A. Continuous Improvement, Periodic Testing, and Review

One hallmark of an effective compliance program is its capacity to improve and evolve. The actual implementation of controls in practice will necessarily reveal areas of risk and potential adjustment. A company’s business changes over time, as do the environments in which it operates, the nature of its customers, the laws that govern its actions, and the applicable industry standards. Accordingly, prosecutors should consider whether the company has engaged in meaningful efforts to review its compliance program and ensure that it is not stale. Some companies survey employees to gauge the compliance culture and evaluate the strength of controls, and/or conduct periodic audits to ensure that controls are functioning well, though the nature and frequency of evaluations may depend on the company’s size and complexity.

Prosecutors may reward efforts to promote improvement and sustainability. In evaluating whether a particular compliance program works in practice, prosecutors should consider “revisions to corporate compliance programs in light of lessons learned.” JM 9-28.800; *see also* JM 9-47-120(2)(c) (looking to “[t]he auditing of the compliance program to assure its effectiveness”). Prosecutors should likewise look to whether a company has taken “reasonable steps” to “ensure that the organization’s compliance and ethics program is followed, including monitoring and auditing to detect criminal conduct,” and “evaluate periodically the effectiveness of the organization’s” program. U.S.S.G. § 8B2.1(b)(5). Proactive efforts like these may not only be rewarded in connection with the form of any resolution or prosecution (such as through remediation credit or a lower applicable fine range under the Sentencing Guidelines), but more importantly, may avert problems down the line.

- **Internal Audit** – What is the process for determining where and how frequently internal audit will undertake an audit, and what is the rationale behind that process? How are audits carried out? What types of audits would have identified issues relevant to the misconduct? Did those audits occur and what were the findings? What types of relevant audit findings and remediation progress have been reported to management and the board on a regular basis? How have management and the board followed up? How often does internal audit conduct assessments in high-risk areas?

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- Control Testing** – Has the company reviewed and audited its compliance program in the area relating to the misconduct? More generally, what testing of controls, collection and analysis of compliance data, and interviews of employees and third parties does the company undertake? How are the results reported and action items tracked?
- Evolving Updates** – How often has the company updated its risk assessments and reviewed its compliance policies, procedures, and practices? Has the company undertaken a gap analysis to determine if particular areas of risk are not sufficiently addressed in its policies, controls, or training? What steps has the company taken to determine whether policies/procedures/practices make sense for particular business segments/subsidiaries? Does the company review and adapt its compliance program based upon lessons learned from its own misconduct and/or that of other companies facing similar risks?
- Culture of Compliance** – How often and how does the company measure its culture of compliance? Does the company seek input from all levels of employees to determine whether they perceive senior and middle management’s commitment to compliance? What steps has the company taken in response to its measurement of the compliance culture?

B. Investigation of Misconduct

Another hallmark of a compliance program that is working effectively is the existence of a well-functioning and appropriately funded mechanism for the timely and thorough investigations of any allegations or suspicions of misconduct by the company, its employees, or agents. An effective investigations structure will also have an established means of documenting the company’s response, including any disciplinary or remediation measures taken.

- Properly Scoped Investigation by Qualified Personnel** – How has the company ensured that the investigations have been properly scoped, and were independent, objective, appropriately conducted, and properly documented?
- Response to Investigations** – Have the company’s investigations been used to identify root causes, system vulnerabilities, and accountability lapses, including among supervisory managers and senior executives? What has been the process for responding to investigative findings? How high up in the company do investigative findings go?

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C. Analysis and Remediation of Any Underlying Misconduct

Finally, a hallmark of a compliance program that is working effectively in practice is the extent to which a company is able to conduct a thoughtful root cause analysis of misconduct and timely and appropriately remediate to address the root causes.

Prosecutors evaluating the effectiveness of a compliance program are instructed to reflect back on “the extent and pervasiveness of the criminal misconduct; the number and level of the corporate employees involved; the seriousness, duration, and frequency of the misconduct; and any remedial actions taken by the corporation, including, for example, disciplinary action against past violators uncovered by the prior compliance program, and revisions to corporate compliance programs in light of lessons learned.” JM 9-28.800; *see also* JM 9-47.120(3)(c) (“to receive full credit for timely and appropriate remediation” under the FCPA Corporate Enforcement Policy, a company should demonstrate “a root cause analysis” and, where appropriate, “remediation to address the root causes”).

Prosecutors should consider “any remedial actions taken by the corporation, including, for example, disciplinary action against past violators uncovered by the prior compliance program.” JM 98-28.800; *see also* JM 9-47-120(2)(c) (looking to “[a]ppropriate discipline of employees, including those identified by the company as responsible for the misconduct, either through direct participation or failure in oversight, as well as those with supervisory authority over the area in which the criminal conduct occurred” and “any additional steps that demonstrate recognition of the seriousness of the misconduct, acceptance of responsibility for it, and the implementation of measures to reduce the risk of repetition of such misconduct, including measures to identify future risk”).

- Root Cause Analysis** – What is the company’s root cause analysis of the misconduct at issue? Were any systemic issues identified? Who in the company was involved in making the analysis?
- Prior Weaknesses** – What controls failed? If policies or procedures should have prohibited the misconduct, were they effectively implemented, and have functions that had ownership of these policies and procedures been held accountable?
- Payment Systems** – How was the misconduct in question funded (*e.g.*, purchase orders, employee reimbursements, discounts, petty cash)? What processes could have prevented or detected improper access to these funds? Have those processes been improved?

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- Vendor Management** – If vendors were involved in the misconduct, what was the process for vendor selection and did the vendor undergo that process?
- Prior Indications** – Were there prior opportunities to detect the misconduct in question, such as audit reports identifying relevant control failures or allegations, complaints, or investigations? What is the company’s analysis of why such opportunities were missed?
- Remediation** – What specific changes has the company made to reduce the risk that the same or similar issues will not occur in the future? What specific remediation has addressed the issues identified in the root cause and missed opportunity analysis?
- Accountability** – What disciplinary actions did the company take in response to the misconduct and were they timely? Were managers held accountable for misconduct that occurred under their supervision? Did the company consider disciplinary actions for failures in supervision? What is the company’s record (*e.g.*, number and types of disciplinary actions) on employee discipline relating to the types of conduct at issue? Has the company ever terminated or otherwise disciplined anyone (reduced or eliminated bonuses, issued a warning letter, etc.) for the type of misconduct at issue?

¹ Many of the topics also appear in the following resources:

- Justice Manual (“JM”)
 - JM 9-28.000 Principles of Federal Prosecution of Business Organizations, Justice Manual (“JM”), *available at* <https://www.justice.gov/jm/jm-9-28000-principles-federal-prosecution-business-organizations>.
 - JM 9-47.120 FCPA Corporate Enforcement Policy, *available at* <https://www.justice.gov/jm/jm-9-47000-foreign-corrupt-practices-act-1977#9-47.120>.
- Chapter 8 – Sentencing of Organizations - United States Sentencing Guidelines (“U.S.S.G.”), *available at* <https://www.uscourts.gov/guidelines/2018-guidelines-manual/2018-chapter-8#NaN>.

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- Memorandum entitled “Selection of Monitors in Criminal Division Matters,” issued by Assistant Attorney General Brian Benczkowski on October 11, 2018, *available at* <https://www.justice.gov/criminal-fraud/file/1100366/download>.
- Criminal Division corporate resolution agreements, *available at* <https://www.justice.gov/news> (the Department of Justice’s (“DOJ”) Public Affairs website contains press releases for all Criminal Division corporate resolutions which contain links to charging documents and agreements).
- A Resource Guide to the U.S. Foreign Corrupt Practices Act (“FCPA Guide”), published in November 2012 by the DOJ and the Securities and Exchange Commission (“SEC”), *available at* <https://www.justice.gov/sites/default/files/criminal-fraud/legacy/2015/01/16/guide.pdf>.
- Good Practice Guidance on Internal Controls, Ethics, and Compliance, adopted by the Organization for Economic Co-operation and Development (“OECD”) Council on February 18, 2010, *available at* <https://www.oecd.org/daf/anti-bribery/44884389.pdf>.
- Anti-Corruption Ethics and Compliance Handbook for Business (“OECD Handbook”), published in 2013 by OECD, United Nations Office on Drugs and Crime, and the World Bank, *available at* <https://www.oecd.org/corruption/Anti-CorruptionEthicsComplianceHandbook.pdf>.
- Evaluation of Corporate Compliance Programs in Criminal Antitrust Investigations, published in July 2019 by DOJ’s Antitrust Division, *available at* <https://www.justice.gov/atr/page/file/1182001/download>.
- A Framework for OFAC Compliance Commitments, published in May 2019 by the Department of the Treasury’s Office of Foreign Assets Control (“OFAC”), *available at* https://www.treasury.gov/resource-center/sanctions/Documents/framework_ofac_cc.pdf.

² Prosecutors should consider whether certain aspects of a compliance program may be impacted by foreign law. Where a company asserts that it has structured its compliance program in a particular way or has made a compliance decision based on requirements of foreign law, prosecutors should ask the company the basis for the company’s conclusion about foreign law, and how the company has addressed the issue to maintain the integrity and effectiveness of its compliance program while still abiding by foreign law.

³ As discussed in the Justice Manual, many companies operate in complex regulatory environments outside the normal experience of criminal prosecutors. JM 9-28.000. For example, financial institutions such as banks, subject to the Bank Secrecy Act statute and regulations,

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require prosecutors to conduct specialized analyses of their compliance programs in the context of their anti-money laundering requirements. Consultation with the Money Laundering and Asset Recovery Section is recommended when reviewing AML compliance. See <https://www.justice.gov/criminal-mlars>. Prosecutors may also wish to review guidance published by relevant federal and state agencies. See Federal Financial Institutions Examination Council/Bank Secrecy Act/Anti-Money Laundering Examination Manual, *available at* https://www.ffiec.gov/bsa_aml_infobase/pages_manual/manual_online.htm).

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Hospital Compliance Committee Meeting Draft Minutes July 15, 2020

Called to order at 2:00 PM., by Compliance Committee Chair, Nathan Overson, CO

Hospital Compliance Committee Members: Nathan Overson, Chuck Bill (absent), Beth Mow, Dallas Hargrave, Jeannette Lacey (absent), Scott Chille, Kevin Benson (absent), Kathy Callahan, Rachael Stark, Angelita Rivera, Tami Lawson-Churchill, Billy Gardner, Megan Costello, Bradley Grigg, Ursula Iha (absent), Debbie Kesselring, Gretchen Glaspy, Rose Lawhorne

Approval of the January 15th Hospital Compliance Committee Meeting minutes: Approved (The April 15th Hospital Compliance Committee Meeting was canceled due to COVID-19 considerations)

Education and Training:

Mr. Overson provided compliance education and training. The training was on “Monitoring and Auditing” as one of the 7 Elements of an Effective Compliance Program it operates as the proactive side of the Compliance Program. Some of the updates to the U.S. Department of Justice Criminal Division’s “Evaluation of Corporate Compliance Programs” (Updated June 2020) were also highlighted.

Compliance Officer Report:

The committee discussed each of line items of the Hospital Compliance Work Plan & Risk Assessment. In keeping with the dynamic pattern modeled by the Office of Inspector General (OIG), the Hospital Compliance Committee discussed current and evolving compliance risks, and the evaluation and prioritization of those risks for the Work Plan. Much of the specific feedback was given in individual meetings with the CO prior to the Hospital Compliance meeting, and then reviewed during this meeting. The committee also discussed changes to many of the items that were only considered a “monitor” that now include additional internal systems audits as a component to mitigate compliance risk.

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

Meeting Adjourned 3:00 PM

Next Meeting Scheduled: October 21st at 2:00 PM

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Board Compliance & Audit Committee Meeting

Draft Minutes

June 16, 2020

Called to order at 7:00 AM., by Board Compliance Committee Chair, Marshal Kendziorek

Compliance Committee and Board Members:

Board Members: Marshal Kendziorek, Committee Chair; Deborah Johnston (absent); Iola Young (absent); Kenny Solomon-Gross; Rosemary Hagevig

Staff/Other: Chuck Bill, CEO; Nathan Overson, Compliance Officer; Megan Costello, CLO; Billy Gardner, CCO; Rose Lawhorne, CNO; Dallas Hargrave, Human Resources Director; Kevin Benson, CFO; James Caldwell, Senior Quality Director

Agenda Approval: *Mr. Solomon-Gross made a MOTION to approve the agenda as submitted. Hearing no objection, Mr. Kendziorek approved the agenda without change.*

Previous Board Compliance Meeting Minutes Approval: *Mr. Solomon-Gross made a MOTION to approve the December 18th 2019 Board Compliance and Audit Committee Meeting minutes as submitted (The 03/31/2020 meeting was canceled due to COVID 19 considerations). Hearing no objection, Mr. Kendziorek approved the prior meeting minutes without change.*

Education and Training: Mr. Overson provided compliance education and training. Training consisted of an overview of Bartlett's Compliance Program including a brief history of hospital compliance programs, the seven element of an effective compliance program and applicable compliance laws.

As part of the discussion during the education and training portion of the meeting, Ms. Hagevig asked about the hospital's policy review and approval process. Mr. Overson walked through the process of how the owners of the controlled documents are responsible for periodic document reviews (clinical policies are required by the state to be reviewed annually). Material changes to hospital policies will be vetted through the hospital Policy Committee and any material changes to Compliance policies will also include a review by the BOD Compliance and Audit Committee. Mr. Kendziorek pointed out the importance of a 3rd party compliance program review which would also include an evaluation our compliance policies, and that this is an important part of the Boards oversight responsibility to the hospital's compliance program.

After the training, there was active discussion by the board members regarding the importance of an annual compliance training for the board members as a whole. Different strategies were suggested, and Mr. Kendziorek asked that Ms. Hagevig as BOD Vice President work with Mr. Lance Stevens, the BOD President, to see about arranging a time for a 2 to 3-hour compliance program training session for the Board of Directors; even if it were a standalone meeting on a Saturday. It was also mentioned that the training should be recorded for those who could not attend.

Compliance Program Evaluation:

The committee was in agreement that the hospital should move forward with contracting with a 3rd party for the purpose of reviewing and evaluating the hospital's compliance program. Mr. Kendziorek asked that Mr. Overson and Ms. Costello work through the CBJ procurement process to move the contracting initiative forward expeditiously.

Compliance Officer Report: The committee reviewed the Compliance Dashboard elements. Mr. Kendziorek asked for a side by side comparison graph for 2019 and 2020 representing the compliance log report. Ms. Hagevig asked Mr. Overson to include a necessary of definitions for the compliance log report to better understand the meaning of the different categories. Mr. Overson asked what, if any, of the

dashboard reports should be reviewed in executive session. Ms. Costello said that she could review the dashboard elements and meeting packet against the Open Meetings Act before each meeting if there was a question.

Committee Input: Mr. Kendziorek suggested that the committee meet again in on July 21st at 7:00 am to focus on review of the 2020 Compliance Work Plan, and rolling 12-month/year over year compliance log graph and to review the status of compliance program evaluation contract. The committee consensus was that this was a good idea. Mr. Kendziorek asked that Mr. Overson plan to provide the 2 to 3-hour compliance program training to the Board of Directors, or make it part of the compliance program evaluation contract.

Executive session: This meeting did not go into executive session.

Meeting Adjourned 8:15 am

Next Meeting 07/21/2020 at 7:00 am

DRAFT

COMPLIANCE RISK ASSESSMENT/WORKPLAN 2020 - Last Updated 7/15/2020

AUDIT AND MONITORING PLAN

ITEM	RISK AREA	RISK - Likelihood	RISK - Potential Impact	DETAIL	AUDIT OR MONITOR	RESPONSIBLE PARTY	Last Performed
Ongoing 340B Assessment	340B	2	1	Health Resources and Services Administration (HRSA)	Audit, Annual External Audit	Rx Director CO	Oct-2019
Data Security - HIPAA Security	HIPAA	1	1	HIPAA security risk assessment	Monitor/External Audit	IT Director CFO CO	2017
Annual Coding Audits	Coding	2	2	AHIMA guidelines	Monitor/Audit	HIM Director	Jun-2020
Non-Monetary Compensation	Stark law	2	2	Monitor new process for tracking Non-Monetary Compensation for physicians	Monitor	CO MS Director	May-2020
Sanction Audits	Contracts Payroll	3	2	Medicare Exclusion Database	Monitor/Audit	Contracts Manager	Jul-2020
MACRA	CMS Reporting	1	1	Check annually whether providers fall in to reporting requirements for prior year.	Monitor/Audit	PS Director	Jan-2020
PEPPER REPORT	CMS Reporting	1	2	Compliance, Case Management, Quality to review outliers (Program for Evaluating Payment Patterns Electronic Report)	Monitor	CM Director	Mar-2020

OIG AND STATE WORK PLANS

ITEM	RISK AREA	RISK - Likelihood	RISK - Potential Impact	DETAIL	AUDIT OR MONITOR	RESPONSIBLE PARTY	Last Performed
OIG Item#1 Report OEI-02-20-00520	Revenue Cycle	1	1	Use of Medicare Telehealth Services During the COVID-19 Pandemic	Monitor/Audit	HIM Director PFS Director/CO	
OIG Item #2	Revenue Cycle	2	2	Incorrect Medical Assistance Days Claimed by Hospitals - DSH(make sure MA days are accurate for DSH payments)	Monitor/Audit	PFS Director/CO	Jun-2020
OIG Item #3	Revenue Cycle	2	2	Inpatient Psychiatric Facility Outlier Payments (complete documentation for outlier stays, ensure active psych treatment is documented, admit, 12 day, 30 day)	Monitor/Audit	PFS Director/CO	Jun-2020
OIG Item #4	Revenue Cycle	2	2	Outpatient Outlier Payments for Short-Stay Claims	Monitor/Audit	PFS Director/CO	Jun-2020
OIG Item #5	Revenue Cycle	2	2	Reconciliation of Outlier Payments (Medical & Psych)	Monitor/Audit	PFS Director/CO	Jun-2020
OIG Item #6	Revenue Cycle	1	2	Hospitals' Use of Outpatient and Inpatient Stays Under Medicare's Two-Midnight Rule (use of span code 72)	Monitor/Audit	PFS Director CM Director/CO	Jun-2020
OIG Item #7	Revenue Cycle	2	2	Medicare Payments for Overlapping Part A inpatient Claims and Part B Outpatient Claims	Monitor/Audit	PFS Director/CO	Jun-2020
OIG Item #8	Revenue Cycle	2	2	Selected Inpatient and Outpatient Billing Requirements - RAC (overpayment risk)	Monitor/Audit	HIM Director/CO	Dec-2020

OIG Item #9	Revenue Cycle	2	2	Review of Hospital Wage Data Used to Calculate Medicare Payments	Review	HR Director/Moss Adams	Done
OIG Item #10	Revenue Cycle	1	2	CMS Validation of Hospital-Submitted Quality Reporting Data	Monitor	Quality Director	Mar-2020
OIG Item #11	Revenue Cycle	1	2	Hospital Preparedness and Response to Emerging Infectious Diseases	Monitor	Quality Director EMS/Employee Health	Mar-2020
OIG Item #12	Revenue Cycle	1	2	Drug Waste of Single-Use Vial Drugs	Audit/Monitor, craneware audit- external	PFS Director Rx Director PS Director	Jun-2020
OIG Item #13	Revenue Cycle	2	2	Collection Status of ZPIC and PSC	Monitor	Compliance Committee	Jun-2020
OIG Item #14	Revenue Cycle	3	3	Payment Credits for Replaced Medical Devices That Were Implanted	Monitor/Audit	PFS Director/CO	Jun-2020
State Work Plan Item #1	Revenue Cycle	2	2	Alaska False Claims Act (MCD provider self-audits)	Monitor/Audit	Compliance Committee PFS Director PS Director/CO	MCD Audit in process
State Work Plan Item #2	Revenue Cycle	2	2	Duty to Return Overpayment (MCD provider self-audits)	Monitor/Audit	PFS Director PS Director/CO	MCD Audit in process
State Work Plan Item #3	Revenue Cycle	2	2	Alaska Medicaid Audit Requirements (MCD provider self-audits)	Monitor/Audit	PFS Director PS Director/CO	MCD Audit in process

EDUCATION PLAN

ITEM	DETAIL	RESPONSIBLE PARTY	Last Performed
Code of Conduct and yearly competencies	Policy Tech attestation	CO	Dec-2019
Monthly education email to Managers and Supervisors	Topics Chosen based on relevance and current events	CO	Jul-2020
New BOD Training Modality	To be updated and available for new board members	CO/BOD	Feb-2020
Yearly BOD Training	To be identified - board specific expectations	CO/BOD	Mar-2017
Just in time or Hot Topic BOD Training	Added to the BOD Compliance Committee agenda as a standing item	CO	Jun-2020
Physician Compliance Training	Onboarding new physician through Med Staff Office	MS Director	Mar-2020
General IT Security	Inside Man series, and phishing tests	IT Director	Jun-2020

Improvement Work Group

ITEM	RISK - Likelihood	RISK - Potential Impact	DETAIL	RESPONSIBLE PARTY	COMPLETE
Reuse of Visit numbers			Review and align elopement, AMA and Canceled Discharge policies	CO/Policy Committee	
Medicaid Provider Self-Audit			State overpayment audits (Due Dec 31)	PFS Director PS Director/CO	
Telehealth			Develop a hospital wide standards for tracking compliance for telehealth services	Rev Cycle/CO	

Fair Warning Implementation			Program Solution for real-time profile based medical record access monitoring		IT/HIM/CO	
Price Transparency			New price transparency rules for 2021		PFS Director HIM Director/CO	
Wasting of Single-Use Vial Drugs			Improve Process to Increase Accuracy of Wasting of Single-Use Vial Drugs		PFS Director Rx Director PS Director/CO	

Risk #1: High
Risk #2: Med
Risk #3: Low

RISK ASSESSMENT AREAS

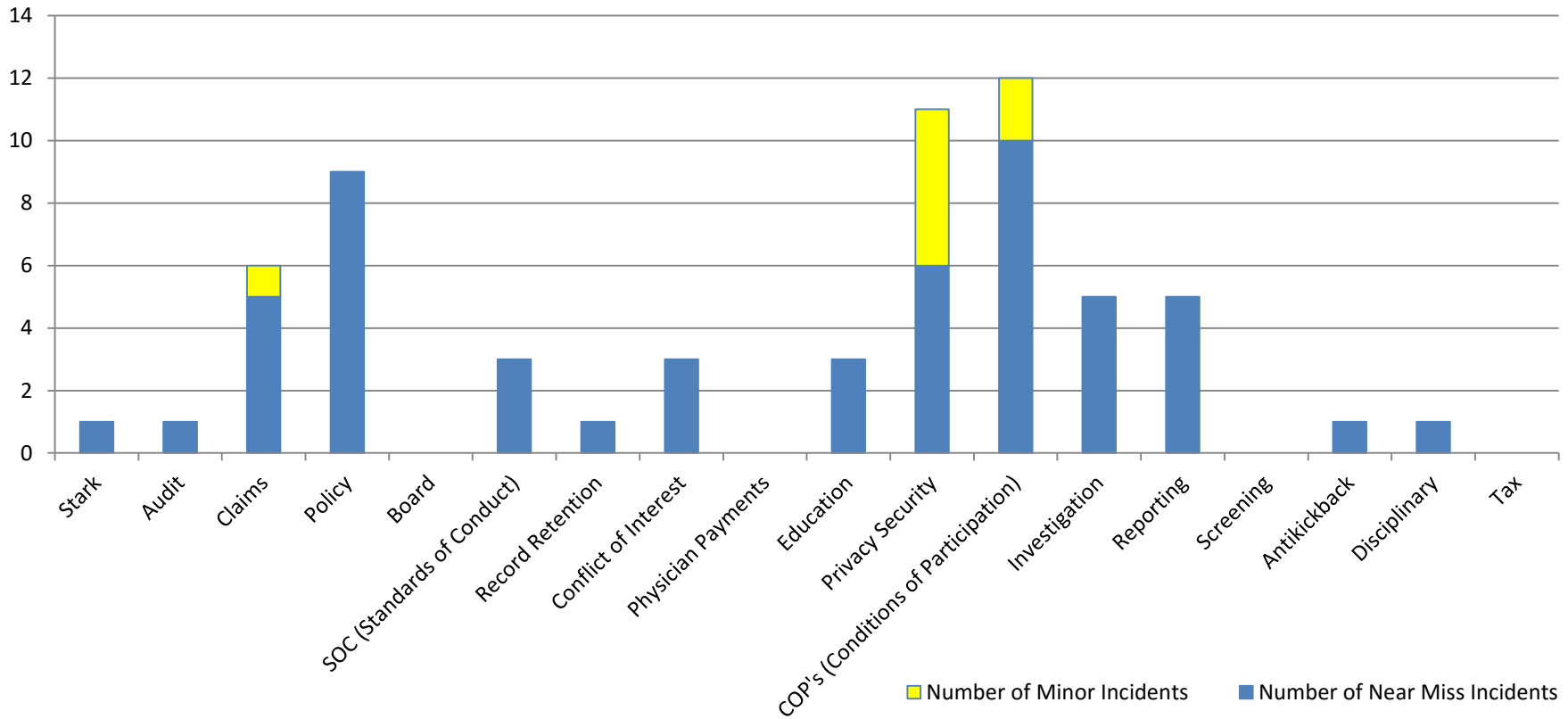
1. Revenue Cycle

- a. OIG Annual Work Plan related initiatives
- b. Degree of complinace with corporate integrity agreement requirements
- c. Billing claims denials by department
- d. Medicare/Medicaid percentage of taotal revenue by department
- e. Coding accuracy statistics and trends
- f. Trends in government payor mix by department and specialty
- g. Utilization reports by DRG and CPT codes
- h. Physician billing
- i. Results of reviews by Fiscal Intermediary or other reviewers
- j. Government payor credit balances/trends
- k. Internal audits and compliance reports and status of corrective actions.

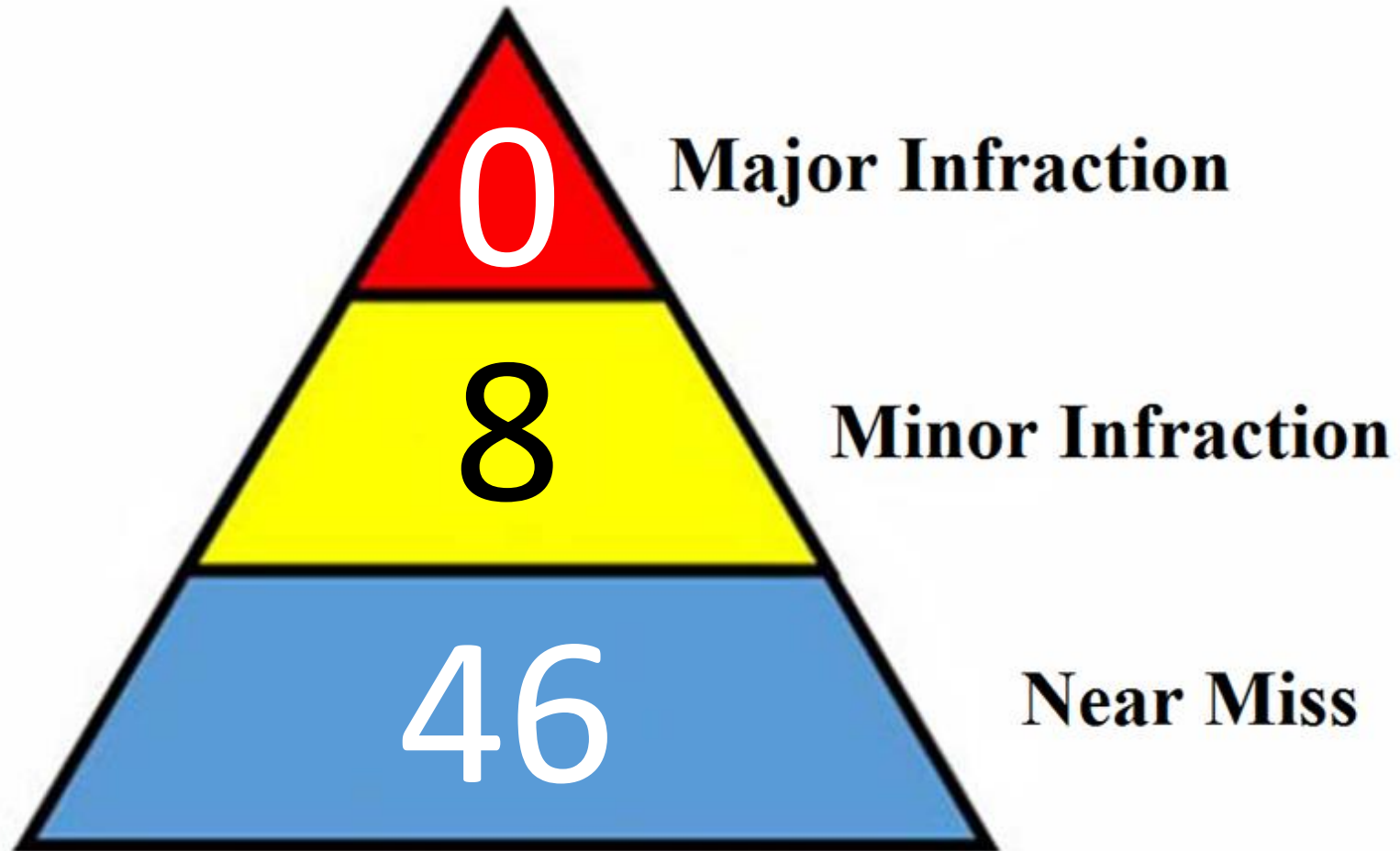
2. Technology

- a. HIPAA Privacy and Security regulations vulnerability

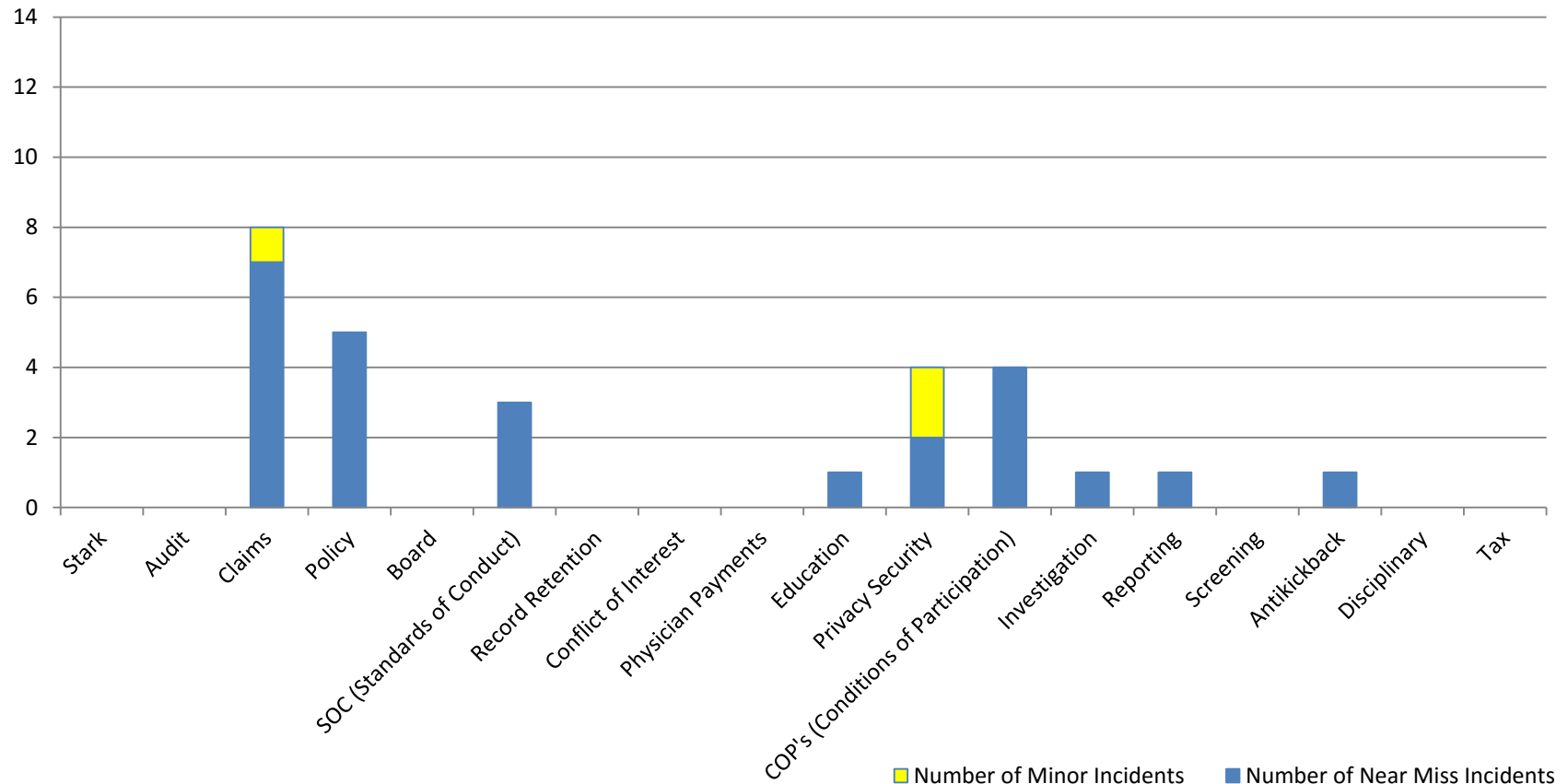
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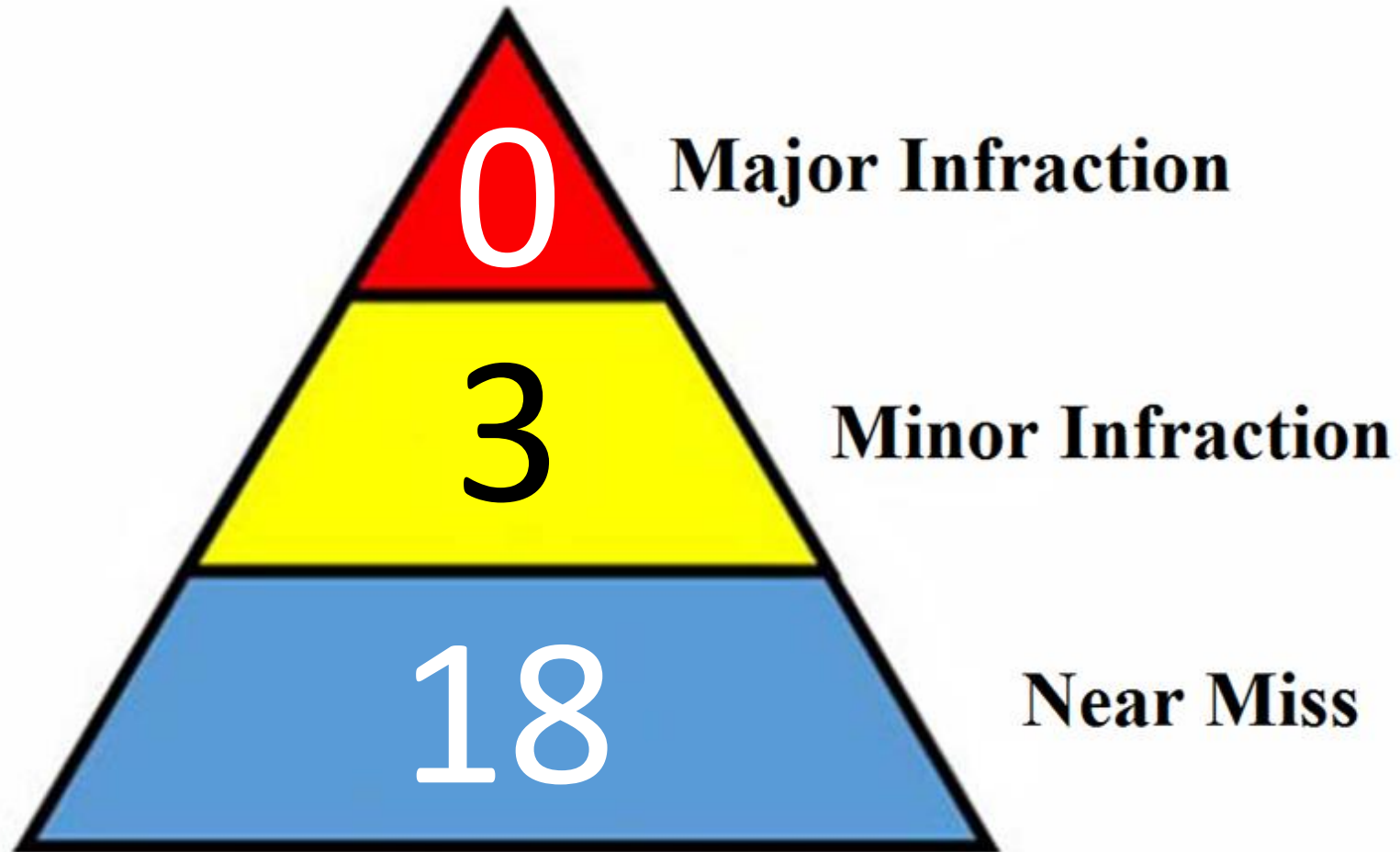
Loss Prevention Pyramid



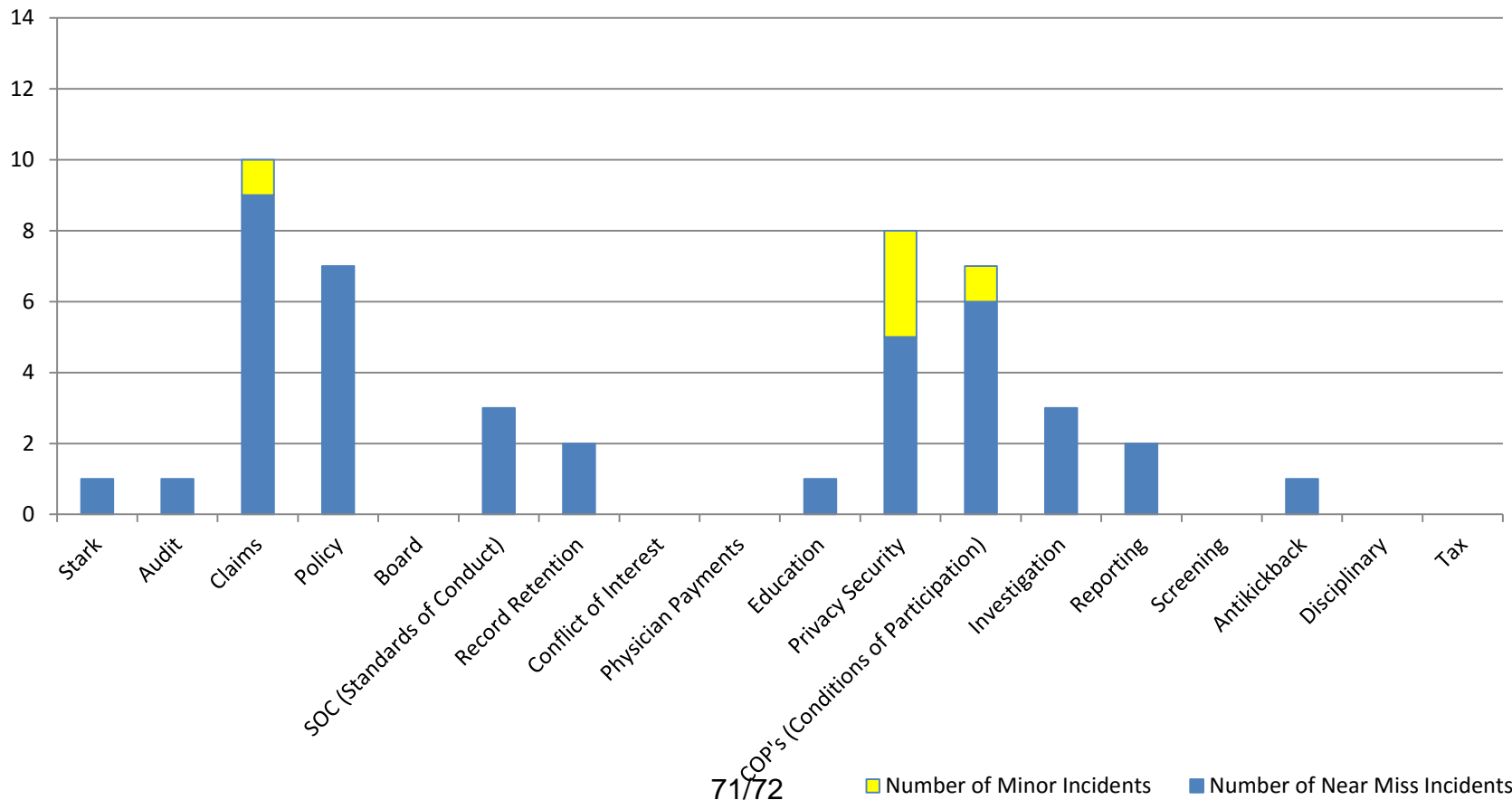
Reported Incidents CY Year-to-Date 2020



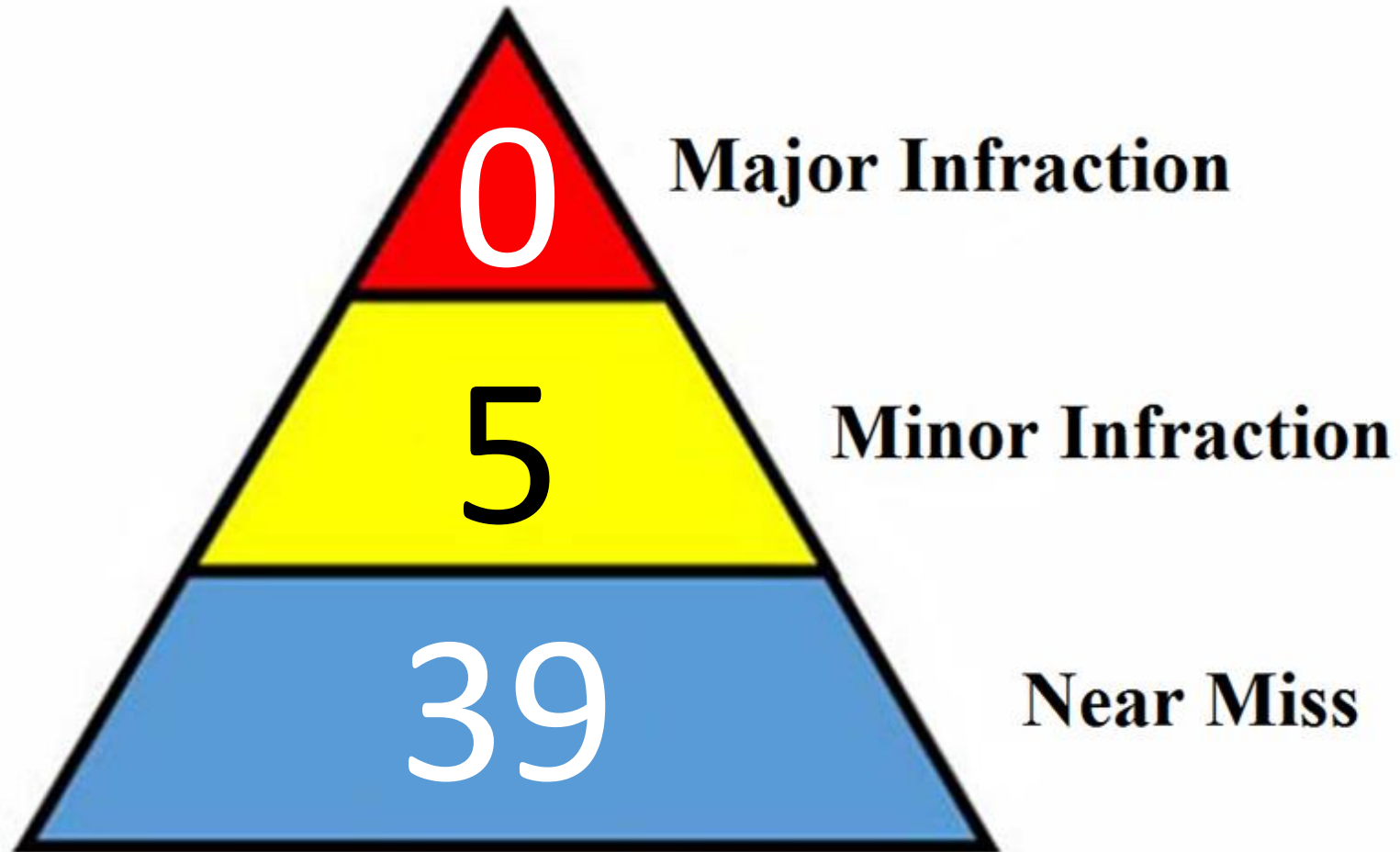
Loss Prevention Pyramid



Reported Incidents Rolling 12 Month



Loss Prevention Pyramid



72/72