

# Bartlett Regional Hospital

## Board Compliance & Audit Committee Agenda

Date: May 18, 2021

Time: 12:00 PM

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/96055675433>  
or call

1-877-853-5247 and enter webinar ID 960 5567 5433

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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 – [February 17<sup>th</sup> BOD Compliance & Audit Committee Meeting](#)

INFORMATIONAL – [January 20<sup>th</sup> draft meeting minutes from Hospital Compliance Committee](#)

### TRAINING

Information Blocking and Price Transparency

15 minutes

Nathan Overson, CO

### OLD BUSINESS

A. Compliance Program Evaluation – 3<sup>rd</sup> Party Review & Risk Assessment  
What to expect from PYA's report (final report is incomplete)

20 minutes

Committee Discussion

### NEW BUSINESS

A. Compliance Officer Report

15 minutes

1. [Compliance log Dashboard Review](#)

Committee Discussion

2. [Compliance Work Plan](#)

### EXECUTIVE SESSION

### FUTURE AGENDA ITEMS

5 minutes

A. Next Committee Education and Training

### COMMITTEE MEMBER COMMENTS

5 minutes

ADJOURN - Next scheduled meeting: July/August

# Bartlett Regional Hospital

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

## Board Compliance & Audit Committee Meeting

### Draft Minutes

February 17, 2021

Called to order at 7:07 AM., by Board Compliance Committee Chair, Iola Young

#### Compliance Committee and Board Members:

**Board Members:** \*Iola Young, Committee Chair; \*Hal Geiger; \*Deborah Johnston (absent)

**Staff/Other:** Nathan Overson, Compliance Officer; Kevin Benson, CFO and interim CEO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director

**Previous Board Compliance Meeting Minutes Approval:** *Mr. Geiger made a MOTION to approve the October 7<sup>th</sup> 2020 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Young seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

#### Committee Compliance Training:

Mr. Overson spoke about the government's expectation that the Governing Board "shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight of it." Besides regular meetings with the Compliance Officer, an independent third party-led Compliance Program Evaluation and Risk Assessment is a best practice that organizations should undertake every 2-3 years. An evaluation acts as a verification/validation and also has legal precedence as evidence of "reasonable oversight." Ms. Young suggested the Hospital Compliance Committee Meeting minutes should be part of this committee's meeting packet as another way to maintain oversight.

#### Compliance Program Evaluation – 3<sup>rd</sup> Party Review Contract Update:

Mr. Overson gave an update on the RFP for an outside Compliance Program Evaluation. The contract has been executed and the program evaluation by PYA, PC is underway. Ms. Young asked about the timeline which has deliverables scheduled for approximately 12 weeks. There was also committee discussion regarding scheduling the next Compliance and Audit Committee Meeting around the time the evaluation report would come out; presumably end of April-beginning of May.

#### Compliance Officer Report:

In the Compliance Officer's report Mr. Overson talked through the Compliance Log Dashboard. Compliance incidents from CY 2019, CY 2020 were discussed. Mr. Overson highlighted some of the changes made to the Compliance Log Dashboard for clarity purposes. It was noted that "Compliance Consults" increased from 2019 to 2020 in conjunction with a reduction to minor incidents. No major incidents were reported. Ms. Young asked about the definitions of the risk categories and suggested that the categories be the topic of the next few education agenda items. The Hospital Compliance Work Plan was discussed and Mr. Geiger asked for some additional resources to better understand the elements of the work plan.

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

**Meeting Adjourned:** 8:05 am

**Next Meeting:** May 18<sup>th</sup> 2021

# Bartlett Regional Hospital

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

## Hospital Compliance Committee Meeting Draft Minutes January 20, 2021

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

**Hospital Compliance Committee Members:** Nathan Overson, Chuck Bill, Beth Mow, Scott Chille, Kevin Benson, Kathy Callahan, Rachael Stark, Angelita Rivera, Tami Lawson-Churchill, Billy Gardner, Ursula Iha, Debbie Kesselring, Rose Lawhorne, Gail Moorehead

### Education and Training:

Mr. Overson provided compliance education and training. The training was on the importance of the 7 Elements of an Effective Compliance Program and how the Hospital Compliance Committee informs the operational functions of the program based on the collective risk evaluation of the Committee that culminates into the dynamic work plan.

### Compliance Officer Report:

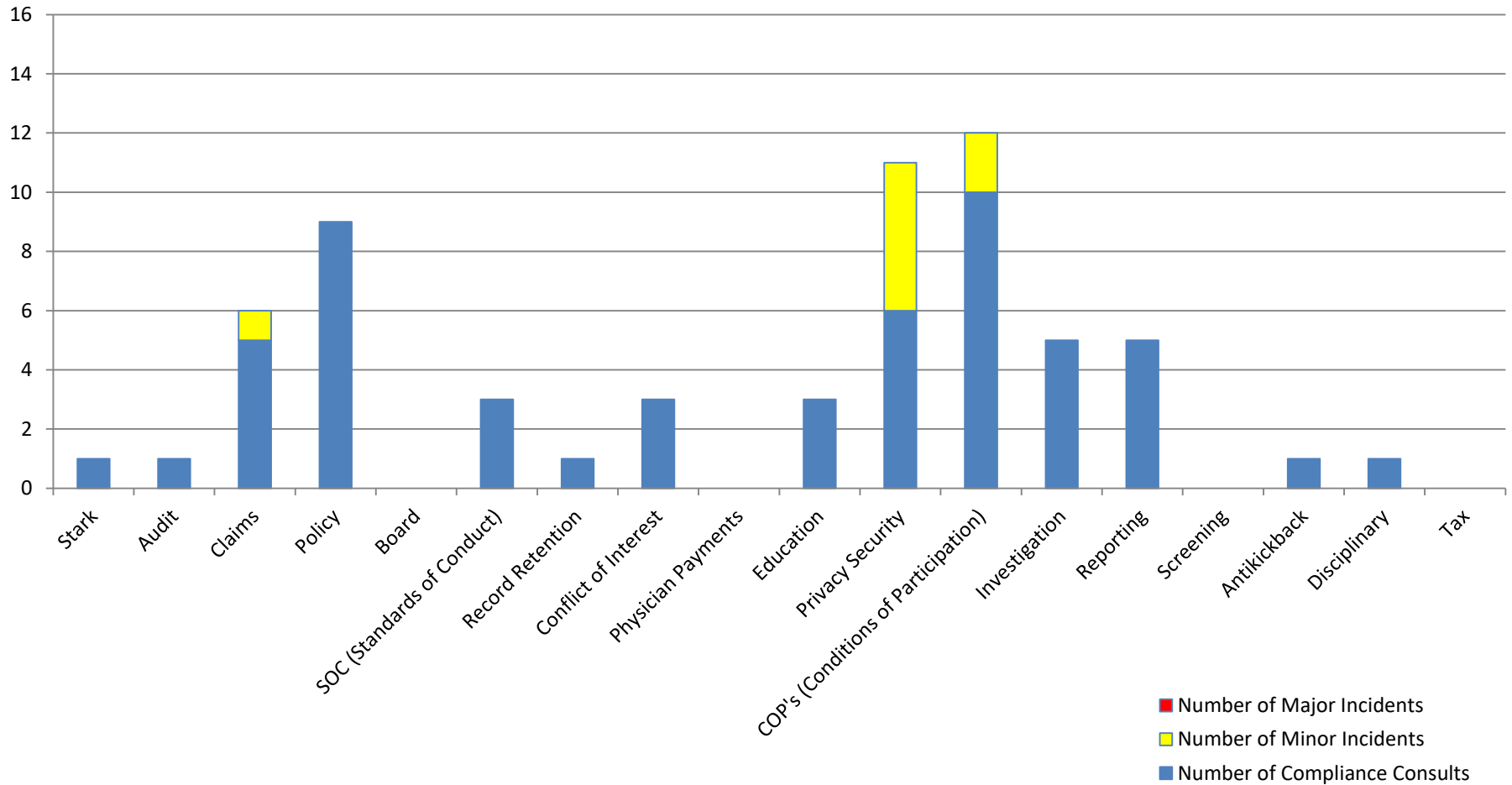
The committee reviewed the Hospital Compliance Work Plan & Risk Assessment. Kathy Callahan mentioned that her Physician Services group had submitted their Alaska Medicaid Provider Self-Audit results to the State and had not received feedback yet. Tami Lawson-Churchill and her Patient Financial Services group were almost finished and would be submitting their Provider Self-Audit to the state soon. There was some discussion concerning the current OIG work plan and what might be considered as a possible risk for the hospital as 44 new items had been added since the last Hospital Compliance meeting. Of the newly added topics, “the two midnight rule” and “telehealth services” were the two main two topics most likely to effect BRH. We already monitor the two midnight rule and we have a plan in place to get a 3<sup>rd</sup> party review of our telehealth services as part of our improvement work group. Ursula Iha had reported that Pharmacy had just completed an internal compliance review of their 340b program in conjunction with our split billing software company. They will be working on a few findings including policy review in preparation for a near future external 340b audit (time tbd). Kathy Callahan said she did not have any MACRA required reporting for 2020, but will likely be required in 2021 due to how close we were to the volume and dollar amount thresholds in some areas; hospitalists and general surgery practice. Physician Services will be selecting their quality measures in anticipation for reporting in 2021. Kathy ask for some assistance from Quality in support of that initiative as the Quality data will be in Meditech and not eClinicalWorks. We did have a discussion on Federal and state price transparency rules. A work group is meeting weekly to implement the State rule due date March 31<sup>st</sup>. We have contracted with an outside group to help implement the federal price transparency rules. Nathan Overson gave an update on the 3<sup>rd</sup> party Compliance Program Evaluation and Risk Assessment. Rachael Stark and Scott Chille gave a HIPAA Privacy and Security update, and talked about a new HIPAA security management software package “FairWarning” that will be rolling out in the next few months.

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

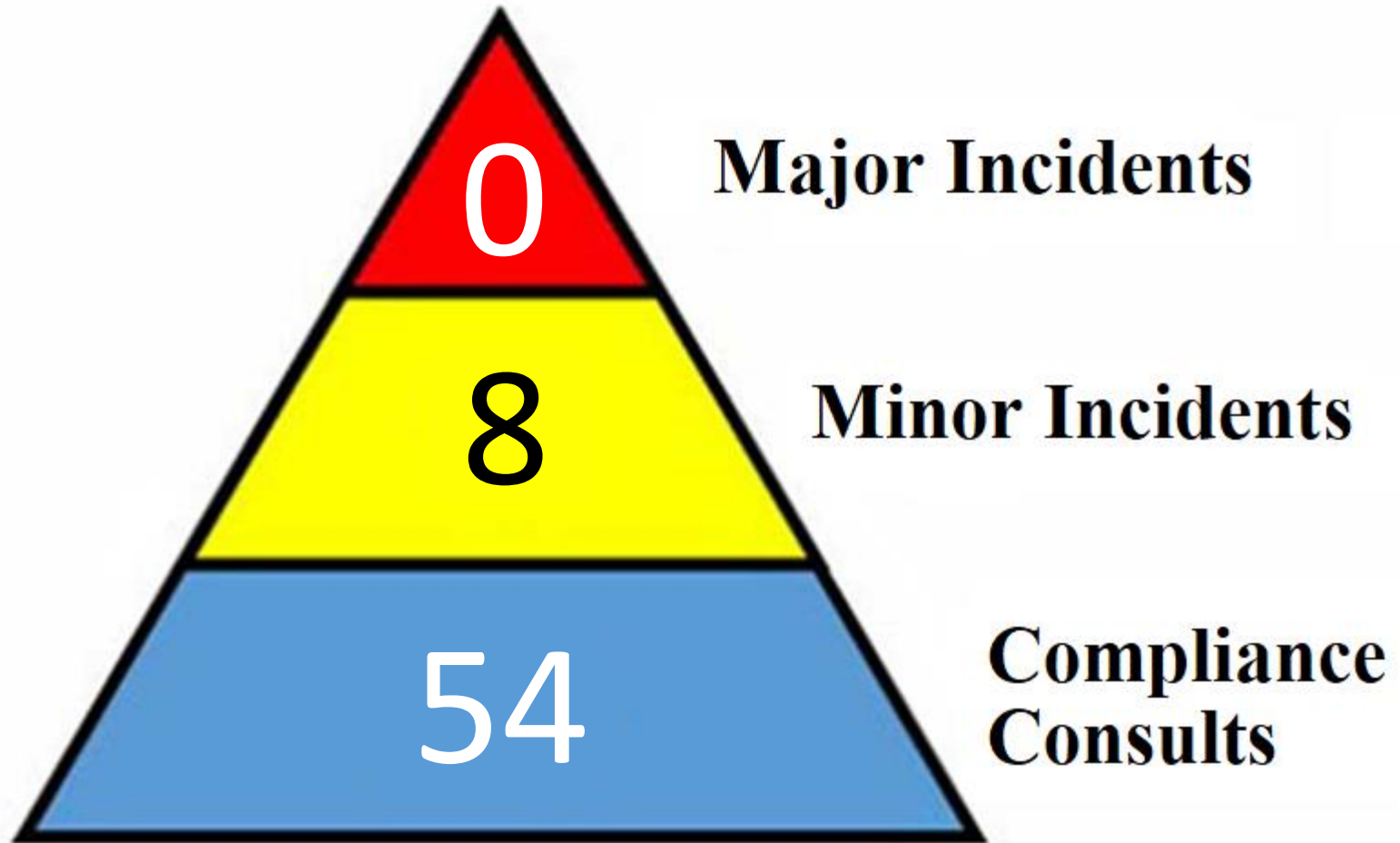
**Meeting Adjourned** 2:55 PM

**Next Meeting Scheduled:** April 21<sup>st</sup> at 2:00 PM

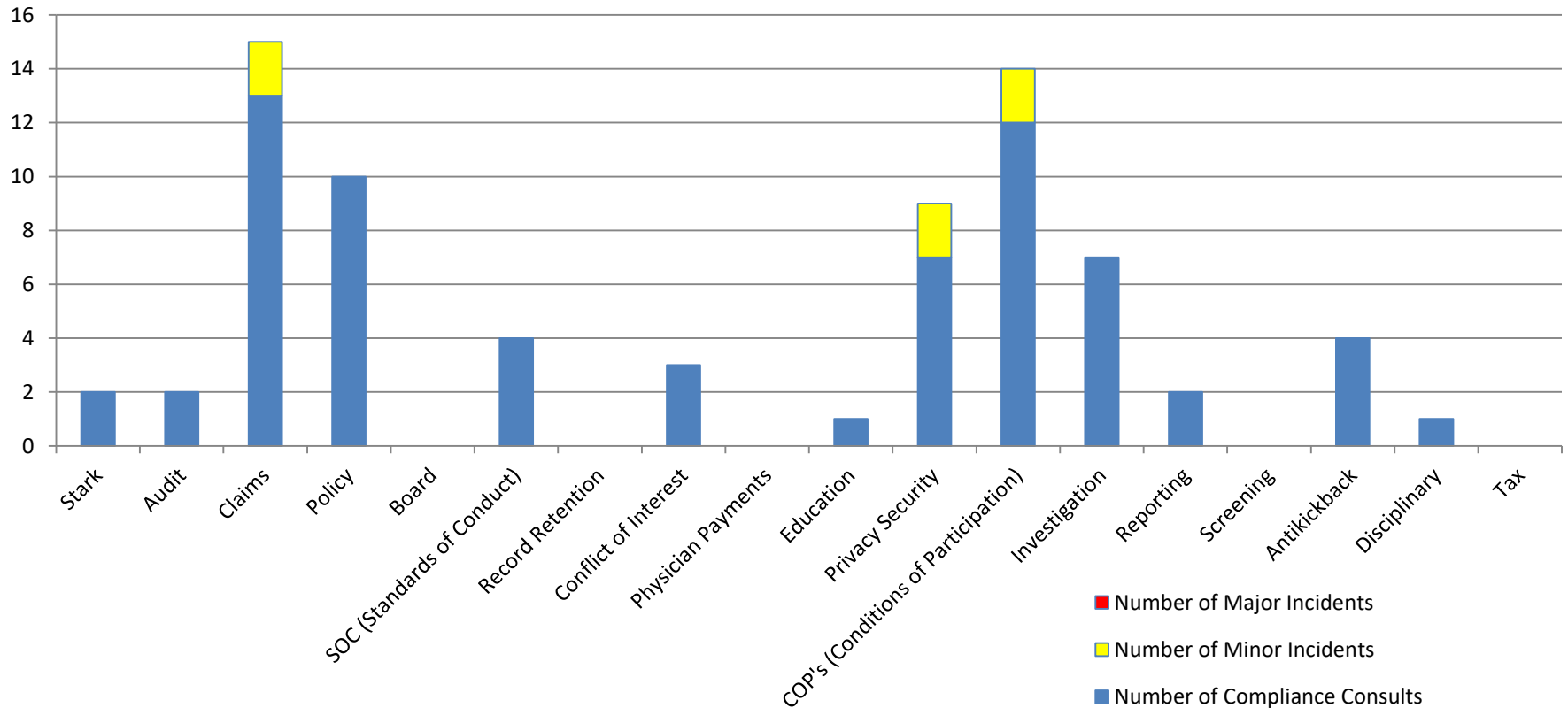
# Reported Incidents CY 2019



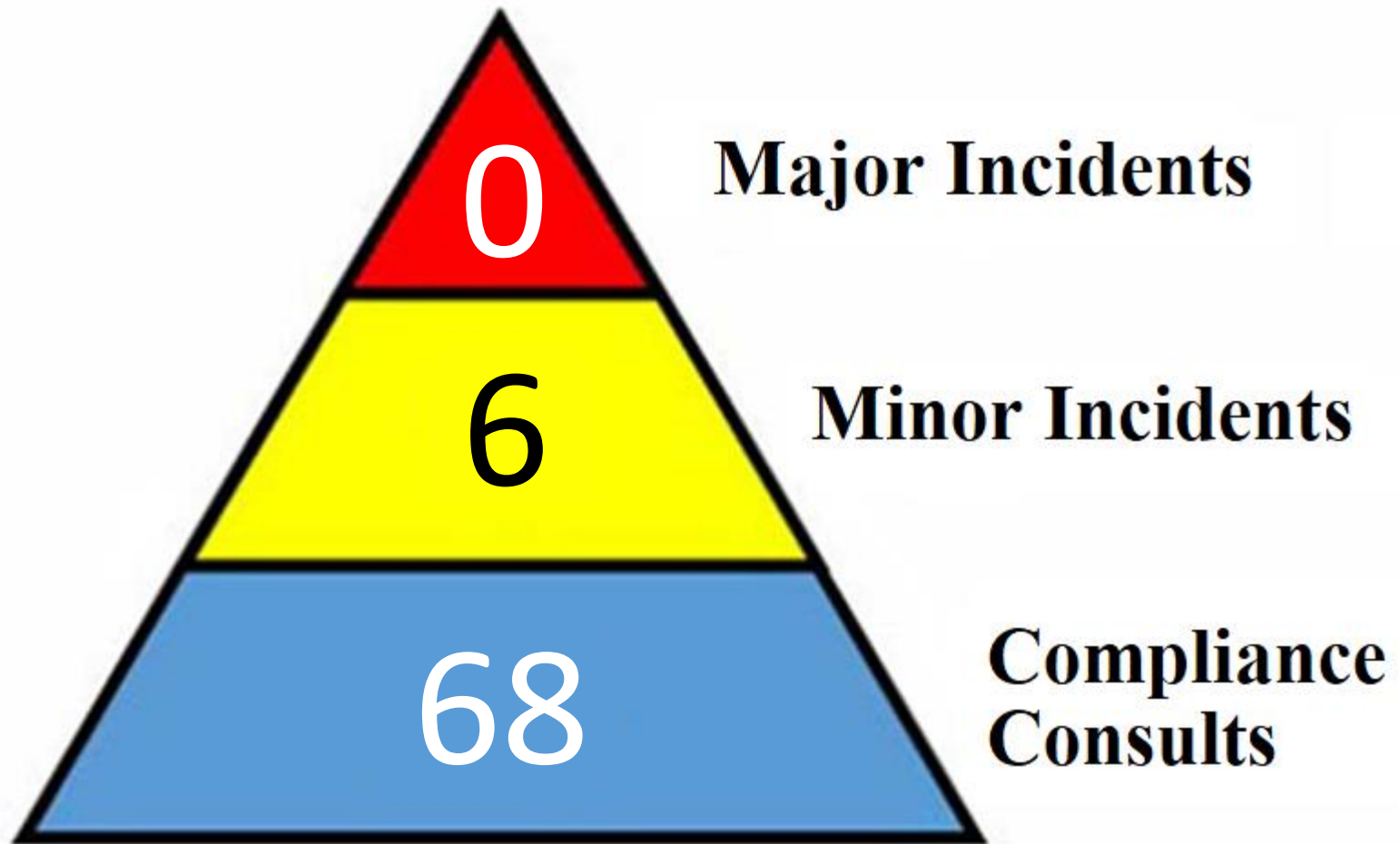
# Reported Incidents CY Year 2019



# Reported Incidents CY 2020

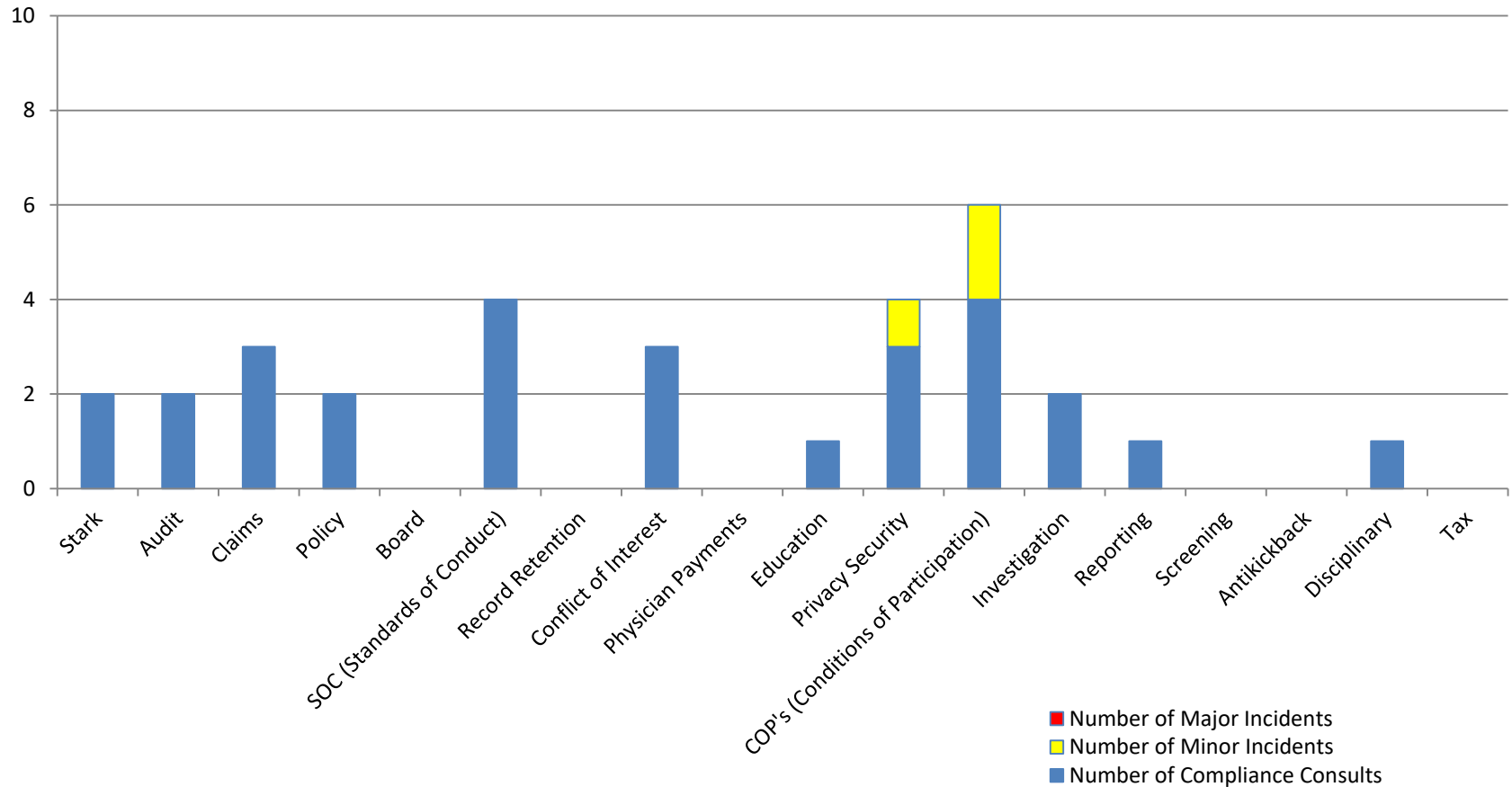


# Reported Incidents CY 2020



# Reported Incidents

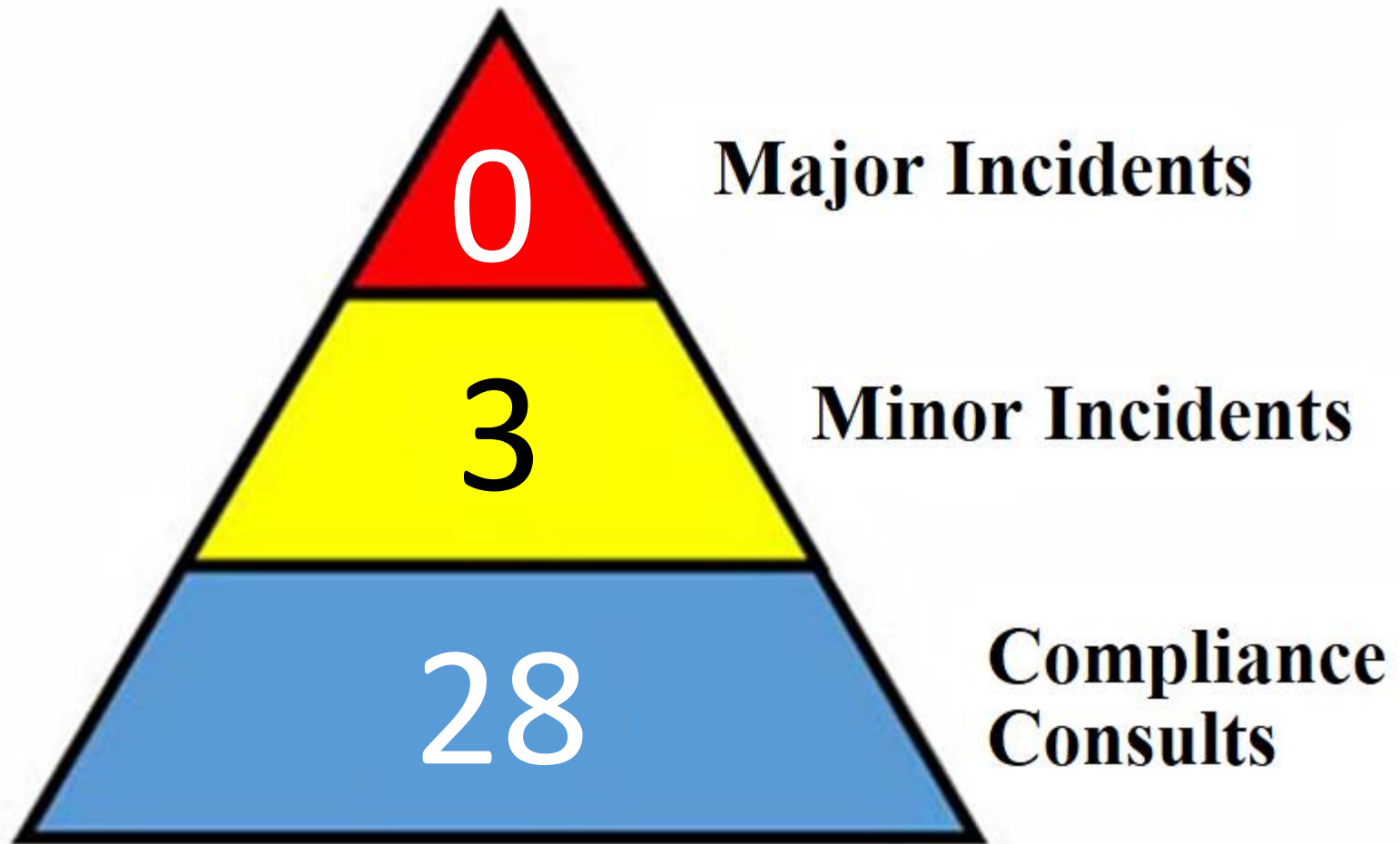
## CY Q1 2021



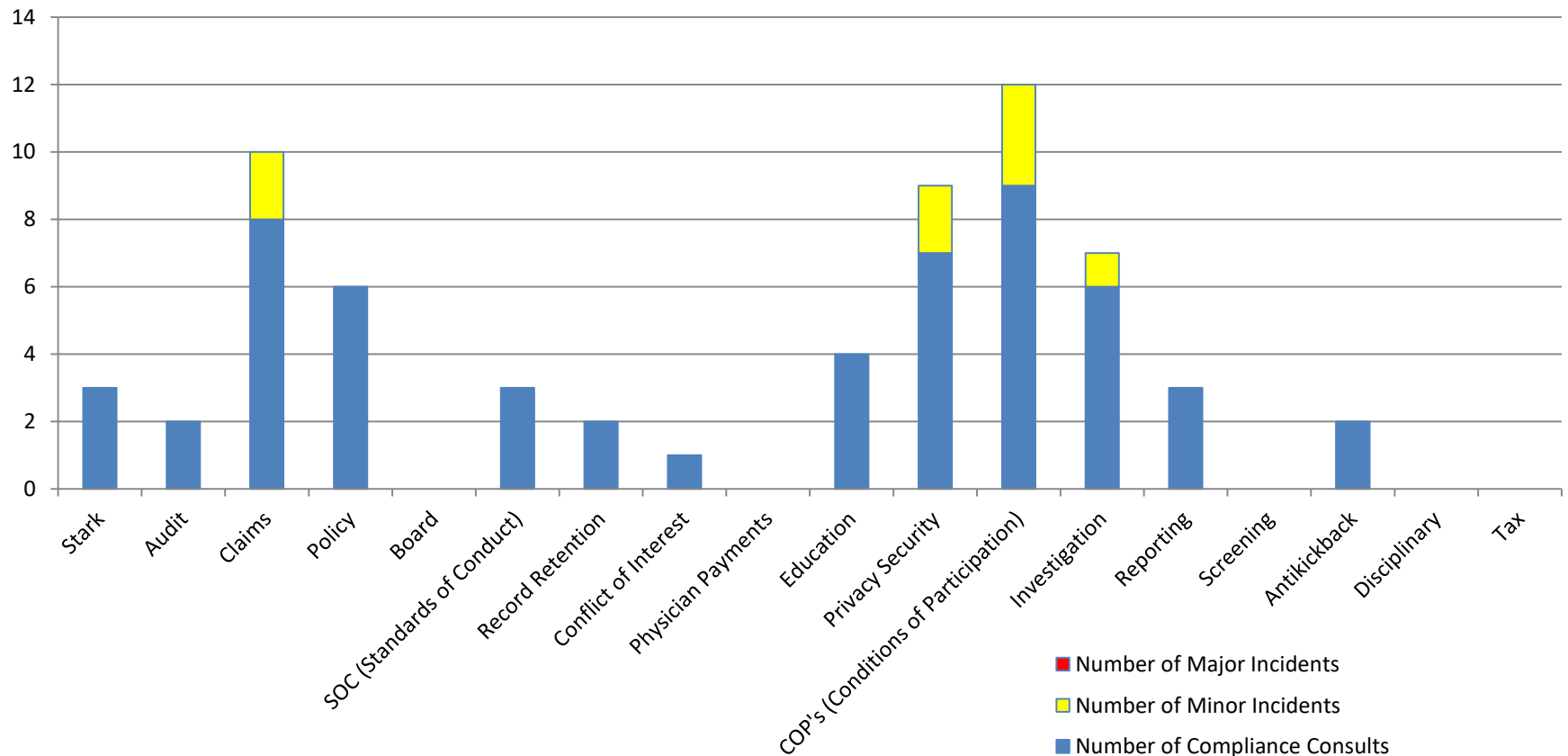


# Reported Incidents

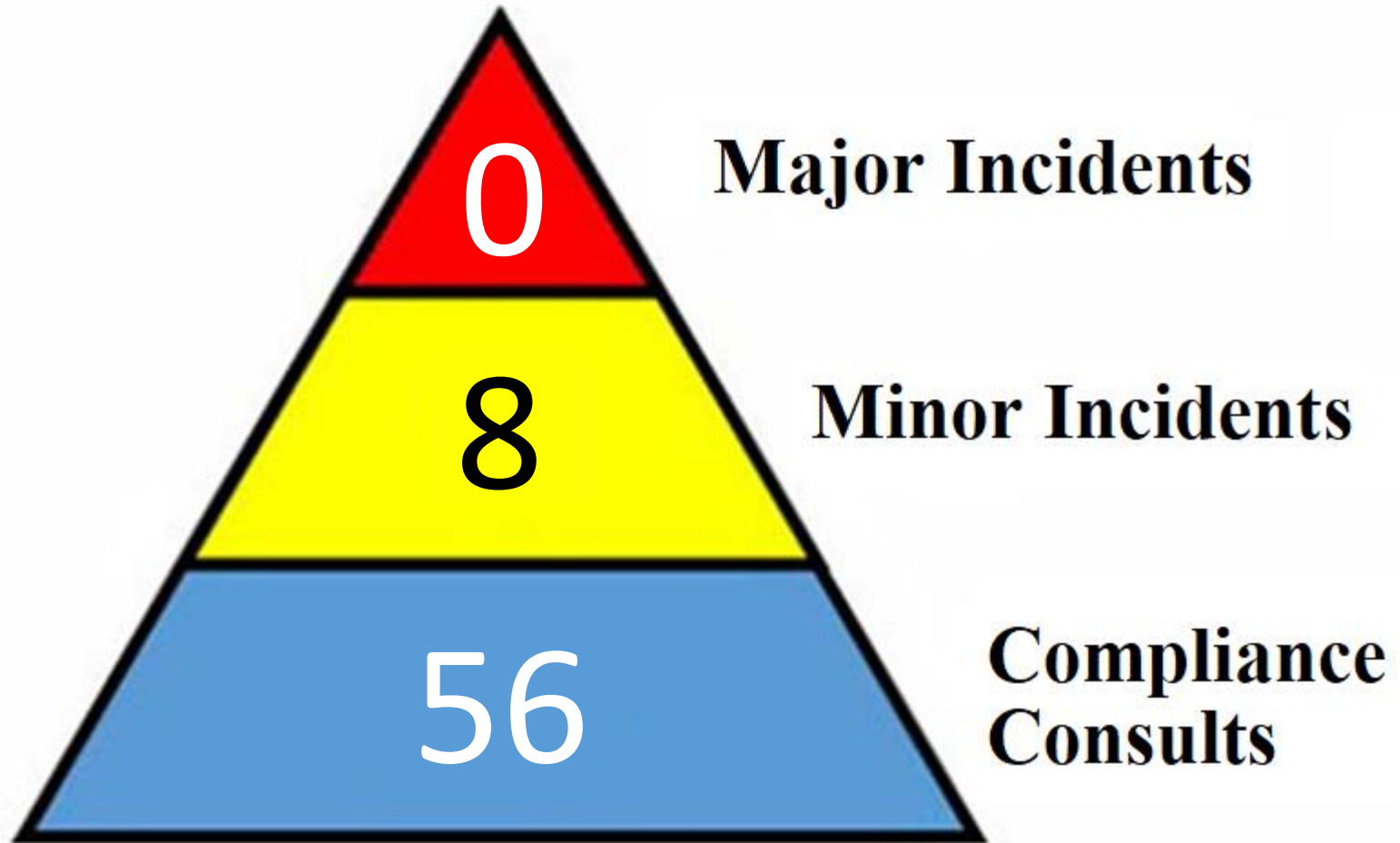
## CY Q1 2021



# Reported Incidents Rolling 12 Months



# Reported Incidents Rolling 12 Months



**COMPLIANCE RISK ASSESSMENT/WORKPLAN 2021 - Last Updated 05/15/2021**

**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)   | Monitor/Audit<br>/Annual External Audit | Rx Director<br>CO        | 3rd Party Review in Process |
| Data Security - HIPAA Security | HIPAA                | 1                 | 1                       | HIPAA security risk assessment  | Monitor/Audit<br>/External Audit        | IT Director<br>CFO<br>CO | Oct-2019                    |
| 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<br>MS Director        | May-2020                    |
| Sanction Audits                | Contracts<br>Payroll | 3                 | 2                       | Medicare Exclusion Database   | Monitor/Audit                           | Contracts Manager        | Dec-2021                    |
| MACRA                          | CMS Reporting        | 1                 | 1                       | Check annually whether providers fall in to reporting requirements for prior year.                                  | Monitor/Audit                           | PS Director              | Jan-2021                    |
| PEPPER REPORT                  | CMS Reporting        | 1                 | 2                       | Compliance, Case Management, Quality to review outliers (Program for Evaluating Payment Patterns Electronic Report) | Monitor                                 | CM Director              | Apr-2021                    |

**OIG AND STATE WORK PLANS**

| ITEM                                 | RISK AREA     | RISK - Likelihood | RISK - Potential Impact | DETAIL   | AUDIT OR MONITOR | RESPONSIBLE PARTY               | Last Performed              |
|--------------------------------------|---------------|-------------------|-------------------------|--|------------------|---------------------------------|-----------------------------|
| OIG Item#1<br>Report OEI-02-20-00520 | Revenue Cycle | 1                 | 1                       | Use of Medicare Telehealth Services During the COVID-19 Pandemic   | Monitor/Audit    | HIM Director<br>PFS Director/CO | 3rd Party Review in Process |
| 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<br>CM Director/CO  | Apr-2021                    |
| 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<br>EMS/Employee Health                | Mar-2020                         |
| OIG Item #12            | Revenue Cycle | 1 | 2 | Drug Waste of Single-Use Vial Drugs   | Audit/Monitor,<br>craneware audit-external | PFS Director<br>Rx Director<br>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<br>PFS Director<br>PS Director/CO | Cycle to Cover 2020<br>Completed |
| State Work Plan Item #2 | Revenue Cycle | 2 | 2 | Duty to Return Overpayment (MCD provider self-audits)                           | Monitor/Audit                              | PFS Director<br>PS Director/CO                         | Cycle to Cover 2020<br>Completed |
| State Work Plan Item #3 | Revenue Cycle | 2 | 2 | Alaska Medicaid Audit Requirements (MCD provider self-audits)                   | Monitor/Audit                              | PFS Director<br>PS Director/CO                         | Cycle to Cover 2020<br>Completed |

### 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                | May-2021       |
| New BOD Training Modality                           | To be updated and available for new board members               | CO/BOD            | Oct-2020       |
| Yearly BOD Training                                 | To be identified - board specific expectations                  | CO/BOD            | Oct-2020       |
| Just in time or Hot Topic BOD Training              | Added to the BOD Compliance Committee agenda as a standing item | CO                | Oct-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       | May-2021       |

### Improvement Work Group

| ITEM                   | RISK - Likelihood | RISK - Potential Impact | DETAIL  | RESPONSIBLE PARTY   | COMPLETE   |
|------------------------|-------------------|-------------------------|---|---------------------|------------|
| Reuse of Visit numbers | 1                 | 1                       | Review and align elopement, AMA and Canceled Discharge policies | CO/Policy Committee | In process |

|                                  |   |   |   |   |            |
|----------------------------------|---|---|---|---|------------|
| Medicaid Provider Self-Audit     | 1 | 1 | State overpayment audits (Due March 31)   | PFS Director<br>PS Director/CO                | Completed  |
| Telehealth                       | 1 | 2 | Develop a hospital wide standards for tracking compliance for telehealth services | Rev Cycle/CO                                  | In process |
| Fair Warning Implementation      | 2 | 2 | Program Solution for real-time profile based medical record access monitoring     | IT/HIM/CO                                     | In review  |
| Price Transparency               | 1 | 1 | New price transparency rules for 2021   | PFS Director<br>HIM Director/CO               | Completed  |
| Wasting of Single-Use Vial Drugs | 1 | 2 | Improve Process to Increase Accuracy of Wasting of Single-Use Vial Drugs          | PFS Director<br>Rx Director<br>PS Director/CO | In process |

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