Bartlett Regional Hospital

Board Compliance & Audit Committee Agenda
Date: June 24, 2022 Time: 12:00 Noon
Zoom videoconference

Public, staff and Board members may access the meeting via the following link
https://bartletthospital.zoom.us/j/92665113318
or call
1-888-788-0099 and enter webinar ID 926 6511 3318

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

CALL TO ORDER
APPROVAL OF AGENDA
APPROVAL OF THE MINUTES – February 15th BOD Compliance & Audit Committee meeting
– March 2nd BOD Annual Compliance Training
INFORMATIONAL – May 5th Hospital Compliance Committee draft meeting minutes

TRAINING

Whistleblower and Qui Tam action	10 minutes Nathan Overson, CO

NEW BUSINESS

A. Compliance Officer Report	35 minutes
1. New Compliance dashboard	Committee Discussion
2. Compliance initiatives update	
a. New Service Line Committee update	
b. 340B Oversight Committee update	
c. Compliance staff recruitment update	
d. Certificate of Need update	
B. Discuss section 1.2, 2.2 and 6 of the "2022 BRH Strategic Goals and Key Initiatives" document created by the Board	10 minutes Committee Discussion

FUTURE AGENDA ITEMS 5 minutes
A. Next Committee Education and Training

COMMITTEE MEMBER COMMENTS

ADJOURN - Next scheduled meeting: August

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting
Draft Minutes
February 15, 2022

Called to order at 12:30 PM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:
**Board Members: ***Iola Young, Committee Chair; *Brenda Knapp; *Deborah Johnston, Kenny Solomon-Gross, Mark Johnson, Hal Geiger

Staff/Other: Nathan Overson, Compliance Officer; Kim McDowell, CCO; Dallas Hargrave, HR Director

Previous Board Compliance Meeting Minutes Approval: ***Ms. Johnston made a MOTION to approve the December 20th 2021 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Knapp seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.***

COVID-19 Update:
Ms. McDowell gave the COVID update stating three COVID positive patients are currently in house, none on ventilators. There have been some increased activity through the Emergency Department. Those patients seem to be a mix of symptomatic patients related to COVID, and others with incidental COVID findings. Bartlett currently has nine employees out with COVID, and staffing remains stable at this time. Eleven new cases are reported from the city yesterday indicating a downward trend in positivity rates. Personal protective equipment and testing supplies remain stable.

Committee Compliance Training:
Mr. Overson gave an overview of how the Risk Management Plan is managed at Bartlett. Mr. Overson shared the distinction between patient safety and process improvement within the clinical setting being managed by Bartlett's Quality Department, compared to the insurance and legal liability consideration of Bartlett's Risk Management Program. Ms. Johnston asked whether the Risk Management Program would encompass more of the less traditional risk elements such as business risk. Mr. Overson said that what she may be describing is often referred to as enterprise risk management, which Bartlett does not include under its Risk Management Program.

Risk Management Plan Review:
There was some discussion about how dense and detailed the Risk Management Plan is. Ms. Knapp asked that perhaps for the next annual review cycle the document could be revised to make it easier for board members to follow. Mr. Solomon-Gross asked that all the board members look at the plan in order to discuss any thoughts when it goes to the full board.

Ms. Knapp made a MOTION to move the Risk Management Plan to the full board for approval, subject to minor editorial revision. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young passed the motion with change.

Compliance Officer Report:
Mr. Overson reviewed with the committee the newly approved compliance dashboard and the data metrics. Mr. Geiger asked that footnotes be created for the dashboard because of the necessity of keeping the individual descriptions small does not allow for the complicated ideas they represent to be fully appreciated without more information.

Mr. Overson gave an update on a Service Line Advisory Workgroup that has recently convened as a high priority compliance initiative. The workgroup will develop the operational framework for the Service Line Committee that has yet to be created. As the framework is being developed, the workgroup will also review new or proposed changes to existing lines of service within the hospital.

Executive session:
A MOTION was made by Ms. Knapp to recess into executive session:
To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)

The committee went into executive session at 1:18 PM and returned at 1:50 PM

Meeting Adjourned: 1:53 PM

Next Meeting: May

Bartlett Regional Hospital

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

Governing Board Annual Compliance Training
Draft Minutes
March 02, 2022

Training began at 5:30 PM

Board Members:
Iola Young; Deborah Johnston; Brenda Knapp; Kenny Solomon-Gross; Rosemary Hagevig; Mark Johnson; Lindy Jones; Hal Geiger; Lance Stevens, absent

Staff/Other: Nathan Overson, Compliance Officer; Jerel Humphrey, CEO; Robert Tyk, CFO; Kim McDowell, CCO; Sherri Layne, CBJ Law; Gail Moorehead, Senior Director of Quality; Scott Chille, IT Director; Debbie Kesselring, Med Staff Director; Karen Forrest, CBHO; Sara Dodd, Physician Services Director; Ursula Iha, Pharmacy Director; Angelita Rivera, Patient Access Services Director.

Governing Board Annual Compliance Training:
As recommended by the Board Compliance & Audit Committee, and as required by Office of the Inspector General, U.S. Department of Health and Human Services, the Bartlett Regional Hospital board of directors received their annual compliance training. Shannon Sumner and Susan Thomas of PYA, P.C., provided the annual compliance training. They presented an overview of the regulations and laws that inform the guidance of a Hospital Compliance Program, and the Board's responsibility for compliance. They also covered the formal Compliance Program Review and Risk Assessment that their firm completed for Bartlett in June 2021.
The training covered the following topics:

- Introductions and Project Team
- Compliance Program Guidance
- Overview of Fraud and Abuse Laws
- Compliance Program Fundamentals
- The Board's Responsibility for Compliance
- Compliance Program Assessment Executive Summary
- Compliance Risk Assessment Executive Summary
- Questions and Group Discussion
- Resources for the Board

The Board was engaged in asking questions, and discussion about regulatory expectations, and how Bartlett's Compliance Program met regulatory requirements. There was also conversation regarding the Compliance Program Review and Risk Assessment. It is anticipated that all board members will receive this training either live or view the recording; attestation forms will be collected upon completion.

Training Adjourned 6:57 PM

Bartlett Regional Hospital

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

Hospital Compliance Committee Meeting
Draft Minutes
May 05, 2022

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

Hospital Compliance Committee Members: Nathan Overson, Beth Mow, Scott Chille, Rachael Stark, Angelita Rivera, Jeanette Lacey, Jerel Humphrey, Karen Forrest, Gail Moorehead, Dallas Hargrave, Sara Dodd, Kim McDowell, Ursula Iha, Tami Lawson-Churchill, Robert Tyk, Debbie Kesselring, Karen Forrest

Education and Training:
Mr. Overson discussed the key compliance elements of a successful 340B program.

Compliance Program Activities Update:
Ms. Iha gave an overview of the current activities of the 340B Oversite Committee and the work toward completing the 340B program recommendations. She also reported that a key milestone, the policy and procedures manual, was completed.

Ms. Stark gave the HIPAA Privacy Officer update that included an overview of how employee profiles work in the "Fair Warning" software that had been implemented for tracking and monitoring appropriate access into BRH's electronic medical record system. She also reported that the program was running well.

Mr. Chille gave the HIPAA Security Officer update on BRH's cyber security program. He reported that Bartlett is in a good position, and successfully fending off thousands of cyber attaches every day.

Ms. Lawson-Churchill gave an overview of some of the new requirements enacted by BRH to comply with the new surprise billing rules and looking forward to reviewing our current configurations with a new contractor, PARA, for their price transparency tools and expertise.

Mr. Overson discussed the new services that the Service Line Advisory Workgroup have reviewed. He reported that the workgroup was running well. He also updated the group on the new Crisis Care Center Steering Committee that will be looking forward to the operational expertise of a contracted consulting company to help with the planning and implementation of the new crisis care services.

Compliance Officer Report:
Mr. Overson mentioned in his report Compliance has begun meeting with the various departments throughout Bartlett to help develop department level compliance plans.

Meeting Adjourned: 3:00 PM
Next Meeting Scheduled: July 20th at 2:00 PM

Element/Metric	Q1	Q2	Q3	Q4	YTD
Oversight					
% Completion of annual Board members compliance training	100%				100%
% Quarterly reports to Board	100%				100%
Compliance concerns/questions addressed as an outcome of education	38				38
Code of Conduct/Policies and Procedures					
% Completion of CoC attestation: physicians	N/A				
% Completion of CoC attestation: employees	N/A				
% Policy and procedure training: new employees	100%				100%
% Compliance policies and procedures reviewed per schedule	4%				4%
Policies: new or revised	2				2
Exclusion Screening					
% LEIE/SAM physician screening: prior to hire/contract	100%				100%
% LEIE/SAM employee screening: prior to hire/contract	100%				100%
% LEIE/SAM physician screening: monthly	100%				100%
% LEIE/SAM employee screening: monthly	100%				100%
% LEIE/SAM vendor screening: monthly	100%				100%
Education					
% Completion of new hire compliance training within 30 days of hire	100%				100%
% Completion of annual compliance training	100%				100%
% Completion of new hire HIPAA training within 30 days of hire	100%				100%
% Completion of annual HIPAA training	100%				100%
Compliance Investigations					
Number of hotline calls	0				0
Number of issues requiring compliance review	9				9
Number of issues closed	8				8
Number of issues pending	3				3
Average time to initiate compliance review	2				2
Average time to complete compliance review	14				14
Top three topics of concern reported: #1	340B				
Top three topics of concern reported: #2	HIPAA				
Top three topics of concern reported: #3	Billing				
Departmental Monitoring and Auditing					
% Denied claims requiring resubmission	N/A				
Average % of billing accuracy	N/A				
Number of potentially inappropriate IS access or login flags	6				6
Number of employees referred to HR for a compliance infraction	2				2

Element/Metric	Q1	Q2	Q3	Q4	YTD
Repayments/Overpayments					
Discovered by auditing and monitoring					
Number of claims	0				0
Repayment amount	$0.00				$0.00
Paid within 60 days	0				0
Discovered by internal review					
Number of claims	201				201
Repayment amount	$100,247.45				$100,247.45
Paid within 60 days	147				147
Government audits					
Number of claims	3				3
Repayment amount	$41,010.06				$41,010.06
Paid within 60 days	3				3

Comments/Suggested Action Items

N/A's represent areas where the process still needs to be developed, such as the Code of Conduct (CoC) attestations, or the process for data collection still needs to be developed.

Oversight	Definitions
% Completion of annual Board members compliance training	The percentage of board members who have received annual compliance training for a rolling four quarters. In the event of a new appointment to an unexpired term, this percentage will reflect the first full quarter following the new appointment.
% Quarterly reports to Board	The percentage of quarterly reports given to the Board Compliance and Audit Committee by the Compliance Officer or designee.
Compliance concerns/questions addressed as an outcome of education	Number of compliance consults with management or education sessions with staff (e.g. Compliance education at a staff meeting specifically addressing a concern or question).
Code of Conduct/Policies and Procedures	
% Completion of CoC attestation: physicians	The percentage of completed annual attestations for the Code of Conduct by medical staff for a rolling four quarters.
% Completion of CoC attestation: employees	The percentage of completed annual attestations for the Code of Conduct by employees for a rolling four quarters.
% Policy and procedure training: new employees	The percentage of new employees who have received policy and procedure training.
% Compliance policies and procedures reviewed per schedule	The percentage of policies and procedures that have been reviewed, and are within the periodic document review schedule.
Policies: new or revised	Number of new or materially revised compliance policies
Exclusion Screening	
% LEIE/SAM physician screening: prior to hire/contract	The percentage of physicians screened through the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and General Services Administration's (GSA) System for Award Management (SAM) prior to starting at Bartlett.
% LEIE/SAM employee screening: prior to hire/contract	The percentage of employees screened through the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and General Services Administration's (GSA) System for
% LEIE/SAM physician screening: monthly	The percentage of physicians screened through the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and General Services Administration's (GSA) System for Award Management (SAM) monthly.
% LEIE/SAM employee screening: monthly	The percentage of employees screened through the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and General Services Administration's (GSA) System for Award Management (SAM) monthly.
% LEIE/SAM vendor screening: monthly	The percentage of vendors screened through the Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and General Services Administration's (GSA) System for Award Management (SAM) monthly.

Education	
% Completion of new hire compliance training within 30	The percentage of employees completing new hire compliance
% Completion of annual compliance training	The percentage of employees who received annual compliance training
% Completion of new hire HIPAA training within 30 days of hire	The percentage of employees completing HIPAA training within 30 days of hire
% Completion of annual HIPAA training	The percentage of employees who received annual HIPAA training
Compliance Investigations	
Number of hotline calls	Number of hotline calls received
Number of issues requiring compliance review	Number of compliance issues requiring review
Number of issues closed	Number of compliance issues closed
Number of issues pending	Number of compliance issues pending
Average time to initiate compliance review	Average time to initiate compliance review measured in days
Average time to complete compliance review	Average time to complete compliance review measured in days
Top three topics of concern reported: #1	First of top three topics of concern reported to compliance
Top three topics of concern reported: #2	Second of top three topics of concern reported to compliance
Top three topics of concern reported: #3	Third of top three topics of concern reported to compliance
Departmental Monitoring and Auditing	
% Denied claims requiring resubmission	Percentage of denied billing claims requiring resubmission
Average % of billing accuracy	Average percentage of billing accuracy
Number of potentially inappropriate IS access or login flags	Number of flags identified by monitoring software of potential inappropriate IS access into medical records requiring additional review.
Number of employees referred to HR for a compliance infraction	Number of employees referred to HR for a compliance infraction
Repayments/Overpayments	
Discovered by auditing and monitoring	Discovered by internal auditing and monitoring
Number of claims	Number of claims
Repayment amount	Repayment amount
Paid within 60 days	Was it paid back within 60 days
Discovered by internal review	Discovered by Bartlett's regular internal processes
Number of claims	Number of claims
Repayment amount	Repayment amount
Paid within 60 days	Was it paid back within 60 days
Government audits	Any outside audit preformed under regulatory authority or by a government agency
Number of claims	Number of claims
Repayment amount	Repayment amount
Paid within 60 days	Was it paid back within 60 days

1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.		
	Initiative	**Owner**
1.1	Evaluate and expand affiliations and partnerships with other healthcare organizations.	Planning Committee
1.2	Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines.	Planning Committee
1.3	Recruit needed medical specialists.	Physician Recruitment Committee

2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.		
	Initiative	**Owner**
2.1	Develop a facility plan that provides for the efficient delivery of clinical services.	Planning Committee
2.2	Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively.	1. Planning Committee 2. Governance Committee
2.3	Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs.	Governance Committee

3. People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.		
	Initiative	**Owner**
3.1	Resolve electronic medical record system concerns.	1. Finance Committee 2. Quality Committee
3.2	Expand workforce development programs.	1. Planning Committee 2. Quality Committee
3.3	Explore feasibility of hospital run clinics and hospital employed providers.	1. Planning Committee 2. Finance Committee

4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.		
	Initiative	**Owner**
4.1	Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required.	Finance Committee
4.2	Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls.	Finance Committee
4.3	Monitor inflation, provider shortages, and labor shortages impact on budget.	Finance Committee
4.4	Evaluate service line impact on revenues.	Finance Committee

5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.		
	Initiative	**Owner**
5.1	Stay current on technology and resources to facilitate risk management, data security, and employee safety.	Quality Committee
5.2	Develop quality initiatives that exceed accreditation and regulation requirements.	Quality Committee

6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.		
	Initiative	**Owner**
6.1	Maintain a robust education and training program at all levels to assure compliance goals are achieved.	Compliance Committee