

# Bartlett Regional Hospital

## Board Compliance & Audit Committee Agenda

Date: November 18, 2022 Time: 12:00 Noon

Zoom videoconference

Public, staff and Board members may access the meeting via the following link

<https://bartlethospital.zoom.us/j/99426258856>

or call

1-888-788-0099 and enter webinar ID 994 2625 8856

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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 – [BOD Compliance & Audit Committee meeting – August 19<sup>th</sup>](#)

INFORMATIONAL – Hospital Compliance Committee draft meeting minutes – November 8<sup>th</sup>

### PUBLIC COMMENT

### TRAINING

Annual Compliance Risk Assessment

Nathan Overson, CO

### NEW BUSINESS

Compliance Officer Report

[Compliance dashboard](#)

Committee Discussion

### OLD BUSINESS

A. Compliance initiatives update

Committee Discussion

1. New Service Line Committee update

Nate Rumsey, MBA, PE, PMP | Business Development Strategist

2. 340B Oversight Committee update

Ursula Iha, BPharm RPh | Director of Pharmacy

3. Certificate of Need update

B. Discuss section 6 of the “2022 BRH Strategic

Committee Discussion

C. [Goals and Key Initiatives” document created by the Board](#)

Committee Discussion

### FUTURE AGENDA ITEMS

Next Committee Education and Training

### COMMITTEE MEMBER COMMENTS

ADJOURN - Next scheduled meeting: February

# 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

August 19, 2022

**Called to order at 12:01 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, Hal Geiger, Mark Johnson

**Staff/Other:** Nathan Overson, Compliance Officer; David Keith, CEO; Kim McDowell, CCO; Dallas Hargrave, HR Director; Bob Tyk, CFO; Nate Rumsey, Erin Hardin

**Board Compliance & Audit Committee Meeting Agenda Approval:** *Ms. Knapp made a MOTION to approve the Agenda for the Board Annual Compliance & Audit Committee as presented. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting agenda without change.*

**Ms. Young asked if there any members of the public that would like to speak or give public comment. Hearing none, Ms. Young continued with the agenda.**

**Previous Board Compliance Meeting Minutes Approval:** *Ms. Johnston made a MOTION to approve the June 24<sup>th</sup>, 2022, 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.*

### **Committee Compliance Training:**

Mr. Overson gave an overview of the Hospital's Code of Conduct and how it is Bartlett's commitment to provide our services in compliance with all state and federal laws governing its operations and consistent with the highest standards of business and professional ethics. There was discussion from the Board about the attestation from staff. Mr. Overson explained that there is attestation to the Code of Conduct at new hire and onboarding for physicians, but the annual compliance training currently does not include an annual attestation. Part of the Compliance Department's education initiative is to add and track attestations for all employees and physicians annually.

### **Compliance Officer Report:**

Mr. Overson reviewed new compliance dashboard and the data metrics with the Committee. Ms. Young asked for clarification on the "unit calculation" under "topic of concern" on the dashboard. Mr. Overson spoke to an identified issued concerning a National Drug Code (NDC) unit of measure calculation that was suspected of not calculating correctly out of the Electronic Medical Record (EMR), or possibly the pharmacy dictionary. Billing charges were not affected; however, action was taken to bring in a third-party expert to resolve the concern. The third-party expert is currently testing a solution and it is anticipated that they will have a fully implemented solution shortly.

**Compliance Initiatives Update:**

Mr. Rumsey, the newly hired Business Development Strategist, gave an update on the development of Service Line Committee's operational definitions and scope. He spoke to the goal of solidifying the overall process and the organization of the committee itself.

The Certificate of Need Request for Determination for the Emergency Room renovation/expansion has been submitted and we should hear back on the determination within 30 days.

The 340B Oversight Committee is approximately 90% complete with implementing recommendations from a 340B program review.

**Board Strategic Goals and Key Initiatives:**

The Committee discussed section 6 of the "Board Strategic Goals and Key Initiatives" document. Mr. Overson spoke to the excitement of having additional staff to help develop a more comprehensive education plan for the Hospital that would include department specific training on compliance risks and training metrics that could be measured.

**Next Training Topic:**

It was decided that the next training topic would be decided after the Board members, and the CEO, attend the upcoming governance training. The thought was that there may be a compliance topic that arises from governance training that could be used as a relevant training topic for this committee.

**Meeting Adjourned:** 11:56 PM

**Next Meeting:** November 18<sup>th</sup> Noon

Compliance Officer	Nathan Overson
As of Date	9/30/2022
Date Reviewed with Compliance Committee	11/8/2022
Date Reviewed with Board	11/18/2022

Element/Metric	Q1	Q2	Q3	(YTD)
<b>Oversight</b>				
% Completion of annual Board members compliance training	100%	100%	100%	100%
% Quarterly reports to Board	100%	100%	100%	100%
Compliance concerns/questions addressed as an outcome of education	38	32	45	115
<b>Code of Conduct/Policies and Procedures</b>				
% Completion of CoC attestation: physicians	N/A	N/A	100%	
% Completion of CoC attestation: employees	N/A	N/A	100%	
% Policy and procedure training: new employees	100%	100%	100%	100%
% Compliance policies and procedures reviewed per schedule	4%	15%	8%	9%
Policies: new or revised	2	1	0	3
<b>Exclusion Screening</b>				
% LEIE/SAM physician screening: prior to hire/contract	100%	100%	100%	100%
% LEIE/SAM employee screening: prior to hire/contract	100%	100%	100%	100%
% LEIE/SAM physician screening: monthly	100%	100%	100%	100%
% LEIE/SAM employee screening: monthly	100%	100%	100%	100%
% LEIE/SAM vendor screening: monthly	100%	100%	100%	100%
<b>Education</b>				
% Completion of new hire compliance training within 30 days of hire	100%	100%	100%	100%
% Completion of annual compliance training	100%	100%	100%	100%
% Completion of new hire HIPAA training within 30 days of hire	100%	100%	100%	100%
% Completion of annual HIPAA training	100%	100%	100%	100%
<b>Compliance Investigations</b>				
Number of hotline calls	0	0	0	0
Number of issues requiring compliance review	9	7	11	9
Number of issues closed	8	9	9	9
Number of issues pending	3	2	4	3
Average days to initiate compliance review	2	1	2	2
Average days to complete compliance review	14	14	12	13
Top three topics of concern reported: #1	340B	Unit	Consent	
Top three topics of concern reported: #2	HIPAA	HIPAA	Security	
Top three topics of concern reported: #3	Billing	Document ation	Document ation	
<b>Departmental Monitoring and Auditing</b>				
% Denied claims requiring resubmission	15%	13%	9%	12%
Average % of billing accuracy	85%	87%	91%	88%
Number of potentially inappropriate IS access or login flags	6	9	4	6
Number of employees referred to HR for a compliance infraction	2	1	1	1

Element/Metric	Q1	Q2	Q3	(YTD
<b>Repayments/Overpayments</b>				
<u>Discovered by internal audits</u>				
Number of claims reviewed by the audit committee	0	10	30	40
Number of claims requireing resubmission	0	1	0	1
Repayment amount	0	0	0	0
Paid within 60 days	0	0	0	0
<u>Discovered by internal monitoring</u>				
Number of claims	201	169	115	485
Repayment amount	\$100,247	\$181,967	\$129,603	\$411,818
Paid within 60 days	147	132	86	365
<u>Government audits</u>				
Number of claims	3	0	11	14
Repayment amount	\$41,010	\$0	\$27,761	\$22,924
Paid within 60 days	3	0	2	5

### Comments/Suggested Action Items

N/A's represent areas where the process still needs to be developed.

# Definitions

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	Definitions
% 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	Definitions
% 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 Award Management (SAM) prior to starting at Bartlett.
% 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.
<b>Education</b>	<b>Definitions</b>
% Completion of new hire compliance training within 30 days of hire	The percentage of employees completing new hire compliance training within 30 days of hire
% 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
<b>Compliance Investigations</b>	<b>Definitions</b>
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
<b>Departmental Monitoring and Auditing</b>	<b>Definitions</b>
% 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
<b>Repayments/Overpayments</b>	<b>Definitions</b>
<u>Discovered by internal audits</u>	<u>Discovered by internal auditing</u>
Number of claims reviewed by the audit committee	Number of claims reviewed by the audit committee
Number of claims requireing resubmission	Number of claims requiring resubmission
Repayment amount	Repayment amount
Paid within 60 days	Number of claims where the amount was paid back within 60 days
<u>Discovered by internal monitoring</u>	<u>Discovered by Bartlett's regular internal processes</u>
Number of claims	Number of claims identified for overpayment by internal processes
Repayment amount	Repayment amount
Paid within 60 days	Number of claims where the amount was paid back within 60 days
<u>Government audits</u>	<u>Any outside audit preformed under regulatory authority or by a government agency</u>
Number of claims	Number of claims identified for overpayment by an outside audit
Repayment amount	Repayment amount
Paid within 60 days	Number of claims where the amount was paid back within 60 days



<b>1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.</b>		
	<b>Initiative</b>	<b>Owner</b>
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

<b>2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.</b>		
	<b>Initiative</b>	<b>Owner</b>
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

<b>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.</b>		
	<b>Initiative</b>	<b>Owner</b>
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

<b>4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.</b>		
	<b>Initiative</b>	<b>Owner</b>
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

<b>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.</b>		
	<b>Initiative</b>	<b>Owner</b>
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

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