

# Bartlett Regional Hospital

Board Compliance Committee

Date: October 22, 2018

Time: 7:00 AM

## Agenda

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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 -- June 28<sup>th</sup> BOD Compliance Committee Meeting

#### OLD BUSINESS

A. Policy Review 5 minutes

#### NEW BUSINESS

A. Committee Education and Training 20 minutes

1. 7 Elements of an Effective Compliance Program Nathan Overson, CO

B. Compliance Officer Report 15 minutes

1. 2019 Compliance work plan Committee Discussion  
2. Compliance Dashboard Committee Discussion

C. Compliance Staff Report 5 minutes

1. Compliance log Nathan Overson, CO

FUTURE AGENDA ITEMS 5 minutes

#### EXECUTIVE SESSION

COMMITTEE MEMBER COMMENTS 5 minutes

ADJOURN - Next meeting: December 11<sup>th</sup> 5:15 pm

# Bartlett Regional Hospital

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

## Compliance Committee Meeting Minutes June 28, 2018

Called to order at 5:15 p.m., by Board Compliance Committee Chair, Bob Urata, MD

### Compliance Committee and Board Members:

**Board Members:** Bob Urata, MD and Marshal Kendziorek

**Staff:** Chuck Bill, CEO; Jane Mores, CLO; Denise Plano, Director of Quality, Nathan Overson, Compliance Officer; and Rachael Stark, HIM Director

**Agenda Approval:** *Dr. Urata made a MOTION to approve the agenda as presented. Hearing no requests for change, the agenda was approved.*

**Consent Agenda Approval:** *Mr. Kendziorek made a MOTION to move the consent agenda, Dr. Urata seconded the motion.*

**Previous Board Compliance Meeting Minutes Approval:** *Mr. Kendziorek made a MOTION to approve the minutes with a change to "next meeting date" to reflect the actual date of the meeting. Hearing no requests for additional changes, the minutes were approved with change.*

**Policy Review Update:** Mr. Overson provided an update on the current status of the compliance policies. The Policy Management Policy is the last policy that has yet to be finalized from the list of policies that legal counsel, Hall Render, recommended for Bartlett Regional Hospital's (BRH) compliance program. A work group has convened to create a draft to present to leadership for review. It is anticipated to be ready for review in the near future. Mr. Bill noted that Beth Mow, the Contracts Manager, has been voluntarily appointed to be the policy coordinator for Policy Tech, BRH's document control program. The new policy and the coordinator responsibility will bring additional structure and clarity to the policy approval process.

### Department Reports:

**HIPAA Privacy Audit Report:** Ms. Stark provided a year-to-date update on our HIPAA (Health Insurance Portability and Accountability Act) monitoring program. Two moderate breaches were reported on. Mr. Kendziorek inquired about process change to prevent the same breaches from happening in the future. Ms. Stark explained the process surrounding these two breaches, and the implementation of the process changes. Dr. Urata inquired about whether lack of automation was to blame, and whether new equipment was needed. Ms. Stark explained that human factors were the root cause, and that the system changes and training would address the gaps in the process. Ms. Plano mentioned that Ms. Stark was getting additional professional compliance training from HCCA (Health Care Compliance Association).

Ms. Stark provided information about proactive Meditech user access monitoring. The HIM department performs 10 random checks per month to make sure access to medical records was appropriate. It also reviews user profiles for access level appropriateness.

Dr. Urata asked about a recent Alaska Supreme Court case regarding HIPAA, and whether it would affect or change processes at BRH. Ms. Mores who was somewhat familiar with the case concluded that the holding in this case would mostly affect the private physician offices not the hospital. After Ms. Stark's report she was excused from the meeting.

**340B Audit Report:** BRH's 340B drug discount program is part of the BRH's 2018 OIG (Office of Inspector General) work plan, and is an important financial program to BRH. In 2017 BRH saved \$1.7 million as a participant in the 340B program. Mr. Overson provided an update of the Pharmacy Department's activity on recommendations from The Alinea Group. The Alinea Group specializes in pharmacy compliance, and recently performed a 340B professional audit at BRH. The audit report listed HRSA (Health Resources and Services Administration) best practice recommendations for BRH.

A group discussion began on departmental scan rates of meds, and how the Quality Department is tracking and reporting this metric. High medication scan rates are a key component to transitioning to a charge on administration model. The recommendation of having a compliance oversight component of the program was also discussed. The solution of having a standing agenda item of a 340B program reported at the Hospital Compliance Committee could satisfy this recommendation.

**Education and Training:** Dr. Urata asked for a standing agenda item, in this meeting, for education and training on the "7 Elements of an Effective Compliance Program." It was agreed that training on 1 or 2 of the elements would be covered in subsequent meetings. Mr. Overson gave an overview of how education and training is performed for new hires, directors and topics of concern are communicated through the Chief of Staff to the Medical Staff.

**Compliance Officer Report on Hospital Audit Status:** Mr. Overson gave an overview of the revenue cycle group looking at individual departments and targeted topics in the monthly "billing compliance" meetings. He also talked about how we track compliance to "Conditions of Participation". Mr. Overson gave some context to two aspects of how compliance views billing/coding vs. clinical practice, and how they are interconnected from CMS's (Centers for Medicare & Medicaid Services) and OIG's perspective. With different levels of auditing, Dr. Urata asked what the mechanism for requesting an outside auditor was. The discussion then lead to the risk assessment approach to the OIG work plan performed each year.

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

**Dr. Urata closed the meeting:** "I want the record to show that the committee, and the board really appreciates the work that Denise (Ms. Plano), and Nathan (Mr. Overson) have done, and also for Jane (Ms. Mores) for your contribution, and also for you Chuck (Mr. Bill)..."

**Meeting Adjourned** 6:10 pm

**Next Meeting** 10/22/2018 at 7:00 AM