NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Compliance and Ethics Committee meeting will be held on Wednesday, May 27, 2020, immediately following the Audit Committee meeting, via WebEx. The purpose of this committee meeting is to review and consider any matters within the committee's jurisdiction.

NOTE: This public board meeting shall be conducted only through communications media technology in accordance with Fla. Exec. Order No. 2020-69 (March 20, 2020) and § 120.54(5)(b)2., Florida Statutes.

The meeting shall be open to the public who may attend by calling toll free: (650) 479-3208 and when prompted use the Meeting Access Code: 471 496 328. **If you are considering calling in to attend the meeting via WebEx, please ensure your phone is set to MUTE when not commenting to avoid an echo that would greatly interfere with the sound making communication inaudible.**

Any person who decides to appeal any decision of the District's Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.

COMPLIANCE AND ETHICS COMMITTEE MEETING
3:30 p.m., April 28, 2020

The Compliance Committee meeting of the North Broward Hospital District was held at 3:30 pm. on April 28, 2020 via WebEx video conference.

1. **NOTICE**

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. **CALL TO ORDER** 3:31 p.m.

3. **COMMITTEE MEMBERS**

Present: Commissioner Nancy W. Gregoire, Chair
Commissioner Christopher T. Ure, Vice Chair
Commissioner Ray T. Berry
Commissioner Stacy L. Angier
Commissioner Marie C. Waugh

Senior Leadership Additionally Present: Gino Santorio/Chief Executive Officer, President, Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Brett Bauman/Sr. Associate General Counsel

4. **GOVERNER'S EXECUTIVE ORDER ANNOUNCEMENT**

General Counsel delivered the Governor's Executive Order for the record, as seen below.

"This public meeting of the Compliance Committee of the board of commissioners of the North Broward hospital district is being conducted through communications media technology in accordance with the Governor's Executive Order No. 2020-69, dated March 20, 2020, and § 120.54(5)(b)2., Florida Statutes. This meeting is open to the public who are able to attend this meeting via telephone conference call. The conference call information is currently posted on Broward Health's website. All the requirements of Florida's Sunshine Law are still in effect including the memorialization of minutes. While not a requirement under Florida law, we will attempt to record this meeting and post it on Broward Health's website for the public and for those who may not be able to attend this live telephone conference."

5. **PUBLIC COMMENTS** None.

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6. **APPROVAL OF MINUTES DATED FEBRUARY 19, 2020**

MOTION: **Compliance and Ethics Committee meeting minutes dated February 19, 2020, *passed* without dissent.**

7. **TOPIC OF DISCUSSION**

7.1. Chief Compliance Officer Report – Brian Kozik

7.1.1. Compliance Department Update – Brian Kozik

Prior to giving his monthly report, Mr. Kozik noted that the Broward Health system continued to maintain high standards, considering the current pandemic crisis.

Mr. Kozik reported on status and observations of audits that occurred in the past month, as listed below.

- Two-Midnight Rule audit, completed.
  - Error rate 22%.
  - Reported to OIG as a reportable event.
  - Finance has voided the claims in the amount of $103,940.49.
  - Additional testing in process at request of OIG.
- Focus Arrangements and Tracking and Remuneration audit commenced for first quarter of Year 5, in process.
  - 85% completed. Anticipated completion May 2020 due to virus crisis.
- Non-Focus Arrangements audit, in process.
  - 60% completed. Anticipated completion May 2020.
- Observation Stay / Condition Code 44, audit in process.
  - 85% completed.
- Acute Care Discharge Transfer audit, completed.
  - No issues identified.
  - Finance department experienced take backs at approximately $500k.
  - Report pending.
- Inpatient Psychiatric Stays Certification and Re-Certification, in process.
  - 75% completed. Completion anticipated May 2020.
- Medicare Payments for Bariatric Procedures, in process.
  - 70% completed. Completion anticipated May 2020.
- SafeGuard Services audit of BHMC Short Stay Claims to Medicaid.
  - 40% error rate.

  - SafeGuard initial findings report submitted to CMS.
  - Draft report to Medical Center still pending.
- Greenberg Traurig review of Broward Health's HIPAA Privacy Program, in process.
  - All policies and questionnaires requested are completed.
  - Positive feedback received.
  - On-site visit postponed due to pandemic.
- Broward Health North Coding audit.
  - Draft report pending review.
- Broward Health Coral Springs Coding audit.
  - Draft report pending review.
- C360, 2020 Conflict of Interest Disclosure Survey, distributed to key employees.
  - 86% completed.
- HIPAA Reported Breaches.
  - Broward Health experienced (56) breaches in 2019.
  - 116 patients were notified of PHI breach.
  - 2019 breaches were reported to the Office of Civil Rights (OCR).
  - Appropriate notifications were made to Secretary of HHS.

Mr. Kozik reported that the department was in process of reviewing the following compliance policies:

- Annual compliance policies under review, (9) in process.
  - Compliance and HR Protocol.
  - Compliance and General Counsel Protocol.
  - Investigations Policy.
  - Conflict of Interest Policy.
  - Compliance Education and Training Policy.
  - Sanction Screening Policy.
  - Tracking and Monitoring Activities.
  - Overpayments Policy.
  - Overarching Stark Policy.

Mr. Kozik briefly updated the status of completion for subjects listed below:

- Arrangement Contract Payment Guide, completed.
  - Lists essential steps in contracting process, related policy and procedure reference.

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- Corrective action plan tracking sheet implemented systemwide.
    - Auditing and Monitoring will utilize the same document.
- Training document created in Health Stream for *Florida's Public Records Law and Document Destruction.*
- Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs).
    - Training document created by revenue cycle team.
    - Training provided on Health Stream.
    - (185) individuals assigned to train.
    - 41% completed.
- Code of Conduct emails sent daily to teleworkers.
    - Reminders protecting patient information when accessing while teleworking.
    - Reminders protecting patient health data when printing.
    - Reminders protecting organization from phishing campaigns.
- (8) Compliance staff members on required personal leave. Anticipated until May 3, 2020.

7.1.2. OIG/CIA Update – Brian Kozik

- CIA Fourth Annual Report completed and received by OIG Monitor.
    - OIG response positive.
- Expedited waivers received from OIG Monitor during COVID19 crisis.
- CIA Compliance Year 5 training.
    - (15,500) health work force members assigned.
    - Training commenced on March 25, 2020 via Health Stream.
    - Completion date extended to June 25, 2020 to convenience clinical staff.
    - 42.44% completed.
    - Board of Commissioners assigned training as well.
- HIPAA breaches for month of March.
    - Reported to Monitor.
    - (3) Impermissible disclosures.
        - (2) patients impacted at BHIP.
        - (1) patients impacted at BHN.
        - Analysis performed.
        - Corrective action taken.
        - Patients impacted notified.

- Disclosure made to OIG Monitor on April 13, 2020 of report submitted to the Drug Enforcement Agency (DEA).

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- Theft of a controlled substances at Broward Health Imperial Point.
- Internal review of pharmacy department.
- Corrective action plan put in place.
- Pharmacy Technician suspended then terminated.
- Broward Sherriff's Office notified of incident.

- Transition plan for Compliance program post Corporate Integrity Agreement.
  - 90% completed.
- Centers for Medicare and Medicaid Services (CMS) blanket waivers of the Stark Law.
  - (18) waivers issued on March 30, 2020.
  - Only apply to financial relationships and referrals solely related to COVID-19.
    - No cap on nonmonetary compensation for physicians.
    - Hospitals can accept below market payments for leases and equipment or forgo them altogether.
    - Hospitals temporarily released of the writing and signature requirements.
    - Above fair market value compensation allowed, although Anti-Kickback. Statute could be implicated.
  - Broward Health is tracking activity related to waivers.

- Status on Compliance Work Plan FY 2020.

  - (27) REVIEWS IN TOTAL.

  - (8) REVIEWS COMPLETED.
    - Tracking Remuneration – Lease Agreements: Completed 9/26/19.
    - Tracking Remuneration – On Call Coverage Agreements: Completed 9/26/19.
    - Tracking Remuneration – Medical Director Agreements: Completed 9/26/19. Required a Plan of Correction.
    - Focus Arrangements CIA Year 4 Third Quarter (March 2019 – May 2019): Completed 10/3/19.
    - Focus Arrangements CIA Year 4 Year in Review (August 31, 2018 – August 30, 2019): Completed 12/16/19.
    - Gold Coast Home Health: Completed 12/26/19.
    - Two Midnight Rule: Completed 1/27/20. Required a Plan of Correction and, OIG Monitor notification.
    - Acute Care Discharge Transfers: Completed 3/9/20.

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- (6) REVIEWS IN PROCESS
  - Inpatient Psychiatric Hospital Services Certification and Recertification: 75% complete.
  - Non-Focus Arrangements (11-1-19 – 1/31/20). 60% complete; impacted by COVID-19.
  - Focus Arrangements CIA Year 5 Quarter 1 (9/19 – 11/19). 85% complete.
  - Medicare Payments for Bariatric Procedures. 70% complete; impacted by COVID-19.
  - Observation/MOON/Condition Code 44. 85% complete; impacted by COVID-19.
  - Coding Audits FY20-Quarter 2 BHIP. 15% complete; impacted by COVID-19.

- (11) REVIEWS PENDING.
  - EMTALA: Medical Screening Examination.
  - Graduate Medical Education (GME).
  - Three Day Window.
  - Clinical Trials Billing & Coding Review.
  - Tracking Remuneration – Employed Physician Agreements.
  - Coding Audits FY20-Quarter 2 BHMC.
  - Coding Audits FY20-Quarter 3 BHN.
  - Coding Audits FY20-Quarter 3 BHCS.
    Physicians at Teaching Hospitals (PATH).
  - Focus Arrangements CIA Year 5-Quarter 2 (December 2019 – February 2020).
  - Managed Care Auto-Renewal Project Audit.

Mr. Kozik was asked to give a quick update on the activities of the audit department, now that he was serving as the Interim Chief Internal Auditor.

The following subjects were briefly mentioned:

- Several changes to policies, procedures, how audits are conducted, concluded and how meetings are held and closed.
- Reports being rewritten under new format, which was modified to be much more organized and relevant to the audit. The feedback received was that the reports provided value to the

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organization, and a more constructive conversation back and forth between the auditor and leadership.

- The tone of the reports is less negative by replacing comments with positive wording.
- Each member of audit team will attend the regional compliance meetings.
- IS auditor included in the quarterly privacy security meetings.
- Audit member included on the auditing and monitoring team.
- Audit member included on record retention and destruction meeting committee.
- Audit plan currently under review.
- Meeting with Human Resources to commence recruitment of (3) vacant positions.

8. **ADJOURNMENT** 4:00 p.m.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer

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North Broward Hospital District Compliance Committee

May 27, 2020

2020 Healthcare Compliance Benchmark Survey Results: Compliance Officer Priorities

1. **HIPAA Security and Privacy.**
   - Nearly 60 percent of respondents identified HIPAA as a top priority
   - Similar percentage indicated their organization had encounters with OCR over breaches within the last three years.
   - 75 percent of respondents reported that their CCO had HIPAA Privacy as part of their compliance duties.
2. **Arrangements with Physicians.**
   - Very few enforcement actions focused on the written agreements themselves.
   - Problems usually arise from the decision-making process for entering the agreement, the physician selection process, and the actual performance of the services.
3. **Claims Processing.**
   - Both the DOJ and OIG have claims processing fraud as their number two fraud enforcement area.
   - Patterned error rates can quickly come to the attention of the OIG auditors and Centers for Medicare & Medicaid Services (CMS) contractors who are using various data analyses and mining methods to identify fraud.
4. **Physicians at Teaching Hospitals.**
   - This involves accurate hospital Medicare documentation and billing by physicians at teaching hospitals and was cited by the OIG as a high-risk area.

Compliance Officer Priorities (cont'd)

5. **Chargemaster Accuracy.**
    - This involves maintaining the Chargemaster that directly affects the reimbursement received for services.
    - The government and other third-party payers use this information to determine future reimbursement rates.
6. **Cost Reports**
7. **Executive and Board Behavior.**
    - How well executive leadership and Board members, professionally and personally, support the compliance program.
8. **Research Compliance.**
9. **Emergency Medical Treatment and Labor Act (EMTALA).**
    - Medicare requires participating hospitals providing emergency services to appropriately screen, stabilize, treat, and/or appropriately transfer emergency patients regardless of their insurance status.
    - CMS and the OIG cite this as a compliance high-risk area.
10. **Email and Social Media Communication.**
    - Concerns of protecting data, including Protected Health Information (PHI), against cyber-attacks in a variety of scams and practices.

Compliance Officer Priorities (cont'd)

11. Conflicts of Interest.

- This involves ensuring that patient care and business activities are conducted objectively and not motivated by desires for personal or financial gain.

12. Opioid Crisis.

- For Compliance Officers, it is not a top priority unless their areas of responsibility in their organization extend to pharmacy services or drug diversion from patient care.

Risk Assessment Best Practices

1. **Involve Stakeholders Every Step of the Way.**
   - Each of these individuals represent different roles and responsibilities within your organization, thus giving you a holistic representation of all of the aspects of your business and each risk that comes along with it.
2. **Tone from the Top**
   - Create a strong risk culture.
   - It is the responsibility of management and the board of directors to clearly communicate the company's culture and set the tone for compliance from the top.
   - Management buy-in is critical to ensure that the importance of risk awareness is emanated throughout the entire organization.
3. **Communication**
   - Key risks are identified and monitored by all departments.
   - Any new risks are identified, assessed, and mitigated properly.
   - Create awareness of risks through communication to the *entire* organization.
4. **Clear Risk Management Policies**
   - Risk Assessment policy should be clearly documented.
   - This includes mitigation of any and all identified risks.
5. **Continuous Monitoring**
   - Clear monitoring processes must be established to ensure that any and all risk mitigation efforts are working and effective.

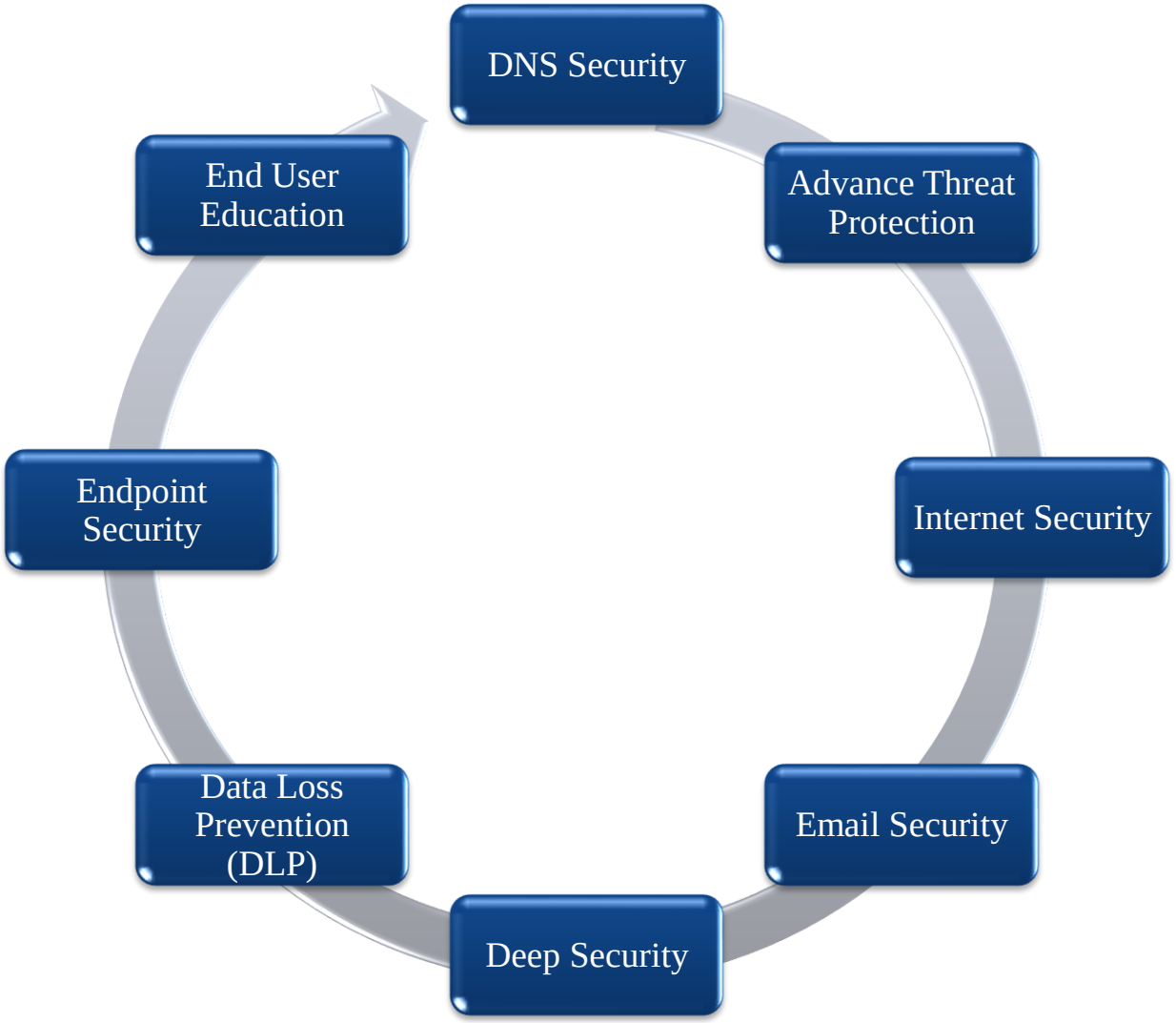
Risk Assessment (cont'd)

6. **Create a well-represented Steering Committee that will spearhead the ERM program**
    - Include representatives from strategy, finance, compliance and business and clinical operations.
    - Ensure a reporting structure is developed from sub-committees to the Board.
7. **Revisit risks and mitigation plans frequently**
    - Develop a schedule for revisiting identified risks and evaluating the effectiveness of mitigation plans.
8. **Embed approaches to risk identification and mitigation within day-to-day processes**
    - A strong ERM program should cultivate a proactive approach to continuous risk identification and improvement.
    - Communication, documentation and mitigation plans should be embedded within the day-to-day operations of all departments.

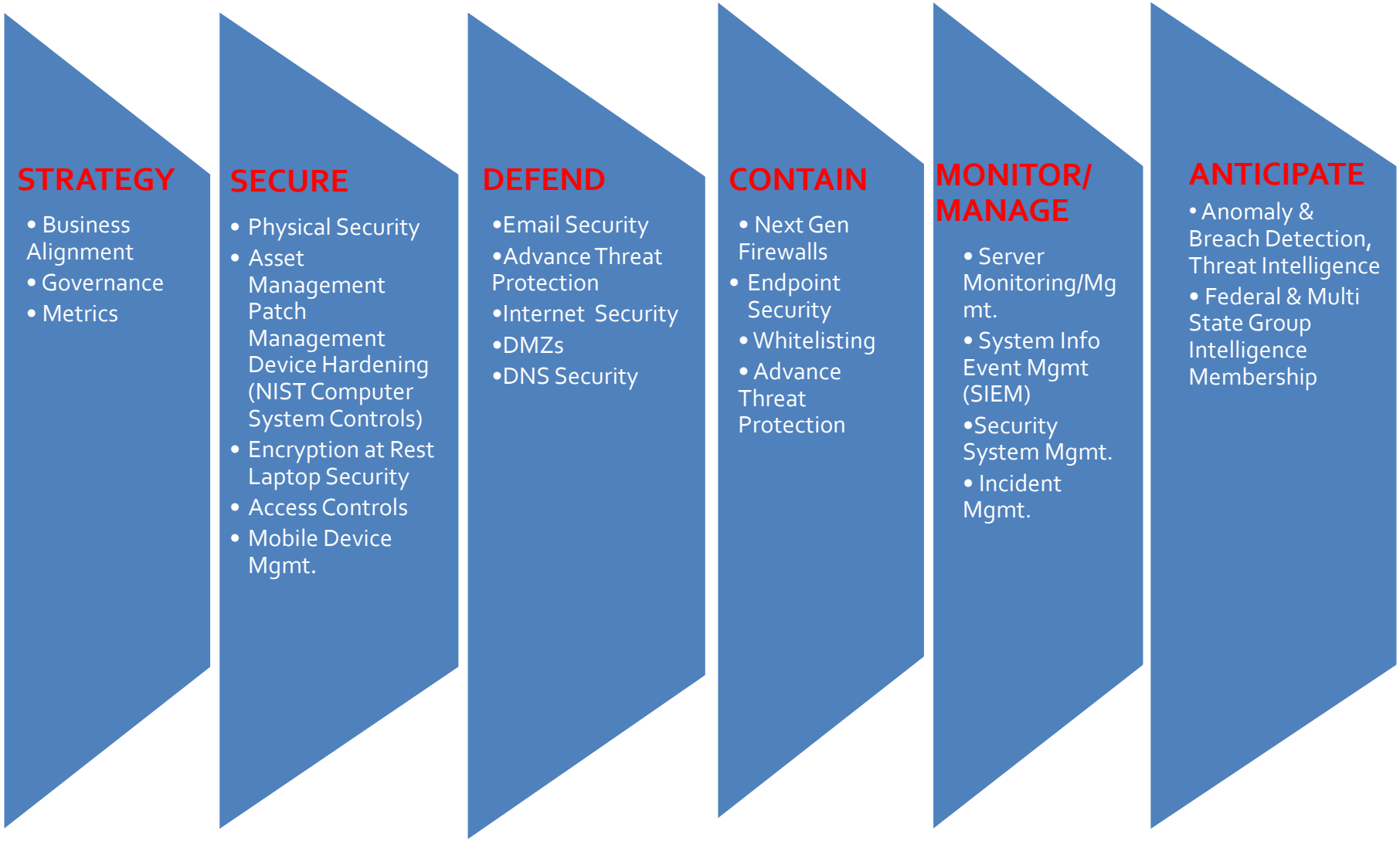
Broward Health Security Update

May 2020

‘Best Of The Breed”



The Power of Broward Health's Integrated Security



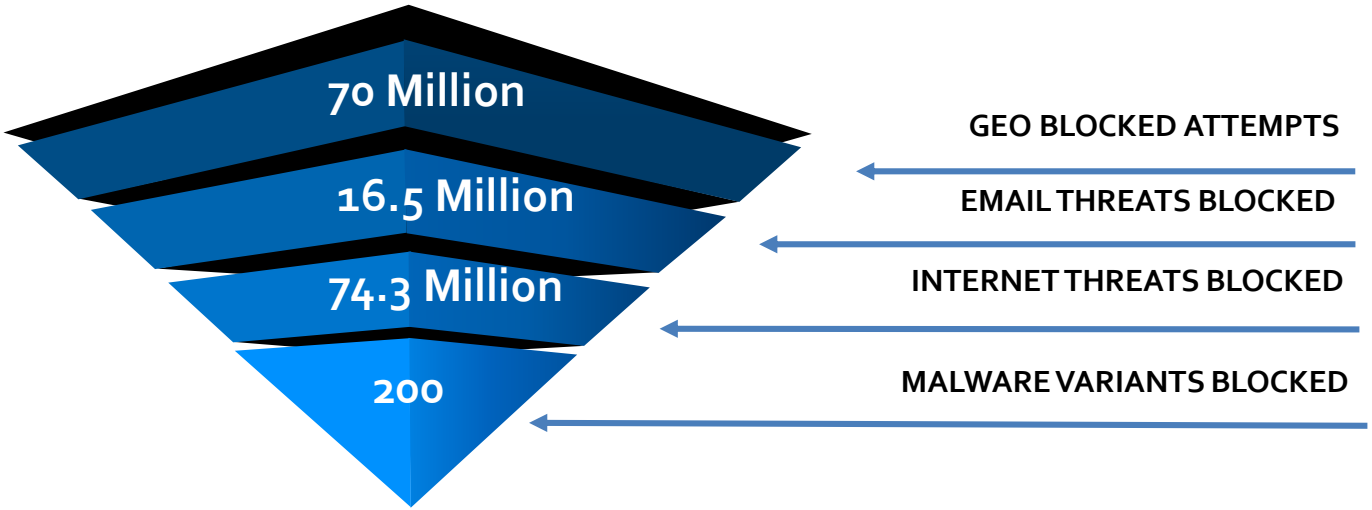
Service

KEY INITIATIVES

Increasing Cybersecurity Resilience

PROGRESS

Broward Health Defense In Depth Results Over The Past 90 Days.



1800 NW 49th Street
Fort Lauderdale, FL 33309
t 954.473.7100

SUMMARY OF REQUEST

DATE:	May 27, 2020
FACILITY:	Broward Health Corporate Offices
PROGRAM/PRODUCT LINE:	Broward Health Corporate
REQUEST:	Authorization to adopt the revisions to GA-004-500 Call Coverage Policy to address documenting the provision of call coverage and concurrent call coverage in one policy.
PURPOSE:	Policy Administration
CAPITAL REQUIRED:	Not applicable
FISCAL IMPACT:	Not applicable
BUDGET STATUS:	Not applicable
LEGAL REVIEW:	The policy is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved terms.

APPROVED: _____ DATE: _____
Gino Santorio 05/26/2020 15:38 EDT
Gino Santorio, President/CEO

M E M O R A N D U M

1800 NW 49th Street
Fort Lauderdale, FL 33309
t 954.473.7100

TO: Board of Commissioners

FROM: Gino Santorio, President/CEO

DATE: May 27, 2020

SUBJECT: Authorization to adopt the revisions to GA-004-500 Call Coverage Policy to address documenting the provision of call coverage and concurrent call coverage in one policy

BACKGROUND

NBHD has implemented a Call Coverage Policy (GA-004-500, revised 3/2019) in November 2017. The policy generally addresses the processes in place at NBHD for establishing call coverage panels, establishing call coverage schedules, and obtaining a call coverage agreement with NBHD. In its most recent review, the Independent Review Organization suggested that NBHD revise the Call Coverage Policy to address requirements related to documenting the provision of call coverage services, and to consolidate the Concurrent (Simultaneous) Call Coverage Policy with the Call Coverage Policy to address requirements related to concurrent call in a single policy.

ACTION/PROJECT DESCRIPTION

Authorization to adopt the revisions to GA-004-500 Call Coverage Policy to address documenting the provision of call coverage and concurrent call coverage in one policy.

FINANCIAL/BUDGETARY IMPACT

Not applicable.

JUSTIFICATION

Broward Health agrees with the IRO's recommendations to holistically address the requirements related to documenting the provision of call coverage, as well as the requirements pertaining to concurrent call in a single policy. The existing Concurrent (Simultaneous) Call Coverage policy will be formally retired once this policy is approved.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District Authorization to adopt the revisions to GA-004-500 Call Coverage Policy to address documenting the provision of call coverage and concurrent call coverage in one policy.

Scope

This policy applies to all Broward Health-affiliated hospitals.

Purpose

To establish a policy and procedure for the establishment of physician on-call rotational panels and lists, as applicable, for emergent medical examination, treatment, care, inpatient consultations, observation consultations and specialty urgent and emergency consultations as required by the Emergency Department to provide for appropriate examination and treatment for individuals who have been found to have an emergency medical condition following a medical screening examination ("Call Coverage"). This policy also provides for physicians to be on-call concurrently at two or more Broward Health-affiliated hospitals; provides how all hospitals involved where the physician is on-call shall be made aware of the details of the concurrent call schedule; and provides how the hospitals will respond when the on-call physician is not available because he/she has been called to another Broward Health-affiliated hospital.

Policy

This policy establishes guidelines, criteria, and review and approval processes that shall be followed to establish Call Coverage panels ("Call Coverage Panels") for qualified physicians who are members of the Medical Staff on a fair, equitable and non-exclusionary basis.

In recognition of the fact that Broward Health's employment agreements with employed physicians may require its employed physicians to provide Call Coverage for those diseases, infirmities, and injuries within the scope of his or her applicable specialty of practice ("Specialty"), all employed physicians who are otherwise qualified per this policy shall be included on a Call Coverage Panel for his or her given Specialty. Furthermore, physicians are permitted to take concurrent call at two or more Broward Health-affiliated hospitals, as provided within this policy.

As required, the Call Coverage Management Team, as defined herein, shall submit to the CEO or designated department a request to obtain a FMV & Commercial Reasonableness Report for the establishment of a Call Coverage Panel that includes on an open and non-exclusionary basis both employed and non-employed qualified physicians. The request shall specify: (i) the number of times that physicians on call were called and the number of times such physicians responded to such calls each month for the last year; (ii) the response time of the physicians when they responded to the calls described in subsection (i); (iii) the number of times that physicians on call received in-person requests and the number of times physicians responded to such in-person requests each month for the last year; (iv) the response time of the physicians when the physicians responded to in-person requests described in subsection (iii); (v) designate for such responses and information provided per (i) –(iii) above, a delineation of whether such call responsibilities were performed by employed or non-employed physicians; ~~and~~ (vi) the Broward Health facility/facilities for which the request is being made; (vii) whether concurrent call coverage is contemplated ("Call Coverage Request").

Upon receipt of a complete Call Coverage Request, the designated department, i.e. Legal shall proceed to obtain a FMV & Commercial Reasonableness Report. The Call Coverage Management Team and executive officers of the applicable Broward Health facility shall provide all information and documentation requested by the independent appraisers to facilitate the receipt of the FMV & Commercial Reasonableness Report. The results of that report shall be provided to the Call Coverage Management Team with any confidential information redacted as determined by the Chief Medical Officer. Any hospitals impacted by the physician's concurrent call assignment must be notified of t

schedule. The on-call physician taking concurrent call must have a backup plan to ensure that appropriate care is provided. In no case, however, shall a patient be transferred from one hospital to another for physician convenience.

Call Coverage Panels for any of Broward Health's clinical specialties shall be provided exclusively by employed physicians within a Specialty only if Broward Health determines that the inclusion of qualified non-employed physicians on such Call Coverage Panel cannot be determined to be Commercially Reasonable and consistent with Fair Market Value.

Broward Health shall, on an ongoing basis, monitor, review, evaluate and assess its Call Coverage arrangements as outlined in this policy. Participation in Call Coverage Panels shall comply with Applicable Federal and State Requirements, including the Federal Anti-Kickback Statute and the Physician Self-Referral Law (Stark).

Procedure

A. Determination of Call Coverage Need:

1. In order to meet the needs of Broward Health patients and to comply with applicable regulatory requirements, the Broward Health Chief Medical Officer ("CMO"), the Regional Chief Executive Officer for the applicable Broward Health facility ("Regional CEO"), the Regional Chief Medical Officer for the applicable Broward Health facility ("Regional RMO") and the Chief of Staff and applicable Department or Section Chair for the applicable Broward Health facility ("Medical Staff Representatives") (collectively, "Call Coverage Management Team"), will consult and determine whether a Call Coverage Panel is required for each Specialty or Department within the applicable Broward Health facility.
2. As part of the establishment of Call Coverage Panels, the Call Coverage Management Team will insure that the Medical Staff Office maintains an emergency Call Coverage Panel.

B. Establishment of Call Coverage Schedules:

1. As approved herein, each Specialty within a Broward Health facility may have only one (1) Call Coverage Panel, which shall include Call Coverage for uninsured patients and patients with insurance coverage and all specialty urgent and emergency consultations as required by the Emergency Department and Trauma Center.
2. Coordination of the Call Coverage Schedule:
    a. The Medical Staff Office Manager or designee shall be responsible for establishing, posting and distributing the monthly Call Coverage schedule. The Call Coverage schedule shall be made available no later than 30 days in advance of the month for which the schedule applies.
    b. No physician shall be permitted to change the Call Coverage schedule, including removing himself or herself from the Call Coverage schedule or placing himself or herself on the Call Coverage schedule, without prior written consent of the Regional CMO.
3. Qualified Physicians:
    a. In order to be a Qualified Physician, the physician shall be appropriately credentialed and a member of the Medical Staff in good standing, with the requisite training or certification in the clinical Specialty, as determined by the credentialing process.
        i. In determining whether a physician is a Qualified Physician, the MSO shall consult with the Call Coverage Management Team to determine whether a particular Specialty has additional criteria that must be met for a physician to be considered a Qualified Physician. The Call Coverage Management Team shall maintain a current list of Broward Health system-wide, Specialty-specific criteria, developed by, at minimum, the Broward Health Chief Operating Officer ("COO") or similarly equivalent position, CI

Regional Chief Medical Officers, Department Chair and, if applicable, Division Chief, Chiefs of Staff and Vice President of Quality and Case Management, in consultation with the Legal Department and Compliance Department, which criteria shall be provided to the MSO and the MEC of each hospital.

b. The MSO shall publicize the opportunity to participate in the Call Coverage Panel by posting the information in the MSO, on Broward Health intranet and internet sites, and in places frequented by physicians in the Broward Health facilities. The posting shall include information about the application process for participating in Call Coverage Panels.

c. The MSO shall timely review each application received by a physician to participate in the Call Coverage Panel and shall determine whether each such physician applicant meets the qualification requirements set forth in Section B.3.a above, such that the physician is a Qualified Community Physician.

d. The MSO shall provide the results of its review to the Call Coverage Management Team. If the Call Coverage Management Team determines a physician is not qualified, it will specify the reasons for the denial in a written response to the physician applicant. Such denials may be appealed in writing by the physician applicant to the CMO and the Chief Compliance Officer of Broward Health.

e. The MSO shall provide the contact information to the Call Coverage Management Team for each physician applicant it determines is a Qualified Physician. The Regional CEO and Regional RMO shall maintain a list of all such Qualified Physicians ("QCP List").

f. Before providing Call Coverage services, Broward Health shall enter into a written call coverage agreement for all non-employed Qualified Physicians ("Call Coverage Agreement") pursuant to Broward Health contracting policies and procedures, including its Physician Financial Arrangement Policy, Policy No. GA-004-441.

C. Call Coverage and Emergency Consultation Compensation:

1. Employed Physicians:
   a. Employed physicians are required to provide Call Coverage and Emergency Consultations per the terms of their employment agreements. Accordingly, they do not receive separate stipends for Call Coverage or Emergency Consultations.
   b. Broward Health, and not the employed physician, may bill for the professional services provided by employed physicians during their Call Coverage periods or during an Emergency Consultation.
2. Qualified non-employed Physicians:
   a. Call Coverage:
      i. Qualified non-employed Physicians may receive a stipend for Call Coverage, based upon the FMV & Commercial Reasonableness Report and their Call Coverage Agreement with Broward Health. Each Qualified Community Physician shall enter into a Call Coverage Agreement with Broward Health and follow the Broward Health policies and procedures related to physician arrangements prior to providing Call Coverage services.
      ii. Qualified non-employed Physicians may bill for the professional services provided to patients during their Call Coverage shifts.~~.~~
   b. Emergency Consultations:
      i. Physicians do not receive a stipend for Emergency Consultations. However, Qualified non-employed Physicians may bill for the professional services provided to patients during an Emergency Consultation.

3. Documentation of call services: All physicians providing Call Coverage shall document such services in accordance with their respective agreement with Broward Health for said services, as well as all applicable Broward Health policies, procedures, standards, and regulations governing Call Coverage.
4. ~~Documentation of call services and Payment:~~

a. All Physicians providing Call Coverage shall submit documentation evidencing the same in accordance with their respective agreements with Broward Health for said services. The documentation shall be consistent with this policy, and all applicable procedures, standards, and regulations of Broward Health, including but not limited to Broward Health policies, procedures, standards, and regulations governing on call coverage and services provided to uninsured patients.

b. Qualified non-employed Physicians shall document the coverage periods during which the Physician provided on-call coverage services, the Qualified non-employed Physician shall be required to complete and submit a Certification of Call Coverage Availability to Broward Health, which shall be incorporated and attached within the Qualified non-employed Physician's agreement with Broward Health to provide said services, within thirty (30) days of the last day of each calendar month in which call coverage was provided.

c. Broward Health shall not be obligated to pay a Qualified non-employed Physician for call coverage provided by the Qualified non-employed Physician if the Certification of Call Coverage Availability is not timely submitted, is incomplete, or is unsigned, and will do so only under exceptional circumstances as determined by Broward Health. Broward Health shall not be obligated to pay for call coverage provided by a Qualified non-employed Physician on Coverage Periods during which the Qualified non-employed Physician fails to comply with the obligations of Physician's agreement with Broward Health, or if Physician has not completed patient medical records as required pursuant to said agreement. Payment shall be made by Broward Health within thirty (30) days of receipt of the completed Certification of Call Coverage Availability.

i.5.

D. Response Times:

1. Call Coverage:
    a. Emergency Department: Physicians who provide Call Coverage for the Emergency Department shall respond to requests from Broward Health personnel in thirty (30) minutes or less, unless a shorter time frame is specified in the physician's Employment Agreement or Call Coverage Agreement.
    b. All Other Specialties: Physicians who provide Call Coverage for all other Specialties shall respond in an appropriate and timely manner to requests from Broward Health personnel for professional services, within the time frame specified in the physician's Employment Agreement or Call Coverage Agreement.
2. In-patient Emergency Consultations: Physicians who are called for an Emergency Consultation shall respond in an appropriate and timely manner.

E. Failure to Respond:

1. Call Coverage and Emergency Consultations: If the responsible on-call physician fails to respond to a page from Broward Health personnel, Broward Health personnel will follow Broward Health Policy NUR-001-003, Chain of Command.
2. Failure to appropriately respond as provided in this policy may result in corrective action, including corrective action under Applicable Federal and State Law, the terms of the physician's Employment Agreement or Call Coverage Agreement, as applicable, Broward Health's Enforcement of Disciplinary Standards Policy, Policy No. GA-003-238 for employed physicians, and the requirements of the Medical Staff. Such corrective action may include, without limitation, terminationlimitation, termination of the physician's Call Coverage Agreement, Emergency Consultation Agreement, or Employment Agreement, or removal from the Call Coverage Panel or from the Emergency Consultation list.

F. Removal:

1. A physician may be removed from a Call Coverage Panel or from an Emergency Consultation QCP List for any reason set forth in the physician's Employment Agreement, Call Coverage Agreement, or Emergency Consultation Agreement or upon termination of such agreement, for any reason. Such determination shall be made by the Call Coverage Management Team.

2. Reinstatement of a physician to a Call Coverage Panel or to the Emergency Consultation QCP List shall occur pursuant to the conditions and processes set forth in the physician's Employment Agreement or Call Coverage Agreement.

Document Retention

Broward Health will retain all documents relating to this policy for a period of seven (7) years after their creation. Documents may be considered a public record under Chapter 119, Florida Statutes and may be subject to disclosure, unless otherwise exempted.

Exceptions

Any exceptions to this policy must be approved in advanced and in writing by the Executive Vice President, Chief ~~Operating~~ Administrative Officer or similarly equivalent position; Vice President, Chief Compliance and Privacy Officer; General Counsel; and Regional Chief Executive Officer.

Interpretation and Administration of Policy

This policy will be assessed at least annually (and more frequently, if appropriate) and revised or updated as necessary. Within 30 days of the effective date of any revisions or additions to this policy, a description of the revisions will be communicated to all affected responsible persons at Broward Health and a copy of the revised policy will be made available. The Chief Compliance Officer and Internal Audit will monitor Broward Health's adherence to this policy and make routine, but no less than quarterly, reports to the Board.
Administration and Interpretation of this policy is the responsibility of the Chief Compliance Officer. In the event the terms of this policy conflict with any provision of the Medical Staff Bylaws, this policy shall control.

Related Policies

A. Enforcement of Disciplinary Standards Policy, Policy No. GA-004-238
B. Chain of Command, Policy No. NUR-001-003
C. **References**
1. Department of Health and Human Services, Office of Inspector General, Publication of the OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (Feb. 23, 1998).
2. Department of Health and Human Services, Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (Jan. 31, 2005).
3. United States Sentencing Commission, Guidelines Manual, ch. 8 (Nov. 2015).
4. Centers for Medicare & Medicaid Services, State Operations Manual, Appendix V, Interpretive Guidelines: Responsibilities of Medicare Participating Hospitals in Emergency Cases (July 19, 2019~~July 16, 2010~~).
5. Department of Health and Human Services, Office of Inspector General, OIG Advisory Opinions, available at https://oig.hhs.gov/compliance/advisory-opinions/ (last visited May 16, 2017)
6. Special responsibilities of Medicare hospitals in emergency cases. 42 CFR § 489.24(j)(2)(ii)
7. Rules and Regulations of the Medical Staffs of North Broward Hospital District. 2006.
~~5.~~8.

D. **Definitions**
See Policies and Procedures Glossary, Policy No. GA-004-237, for all definitions.