



TAHOE FOREST HOSPITAL DISTRICT

2017-02-15 Board Governance Committee

Wednesday, February 15, 2017 at 9:00am

Tahoe Conference Room - Tahoe Forest Hospital

10054 Pine Avenue, Truckee, CA 96161

Meeting Book - 2017-02-15 Board Governance Committee

2/15/17 Board Governance Committee

AGENDA

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ITEM 1 - 5: See Agenda

6. APPROVAL OF MINUTES

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7. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

7.1. 2016 Compliance Program Annual and 4th Quarter Report OPEN SESSION Informational Report.pdf Page 6

7.2. 2017 Corporate Compliance Work Plan final.pdf Page 9

7.3. Contracts

7.3.1. Jacob Blake - Professional Services Agreement.pdf Page 12

7.3.2. UC Davis Health System Cancer Care Network.pdf Page 37

7.4. Policies

7.4.1. Board Compensation and Reimbursement- ABD-03.pdf Page 66

ITEMS 8 - 10: See Agenda



GOVERNANCE COMMITTEE

AGENDA

Wednesday, February 15, 2017 at 9:00 a.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; Randy Hill, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **CLOSED SESSION**

5.1. **Hearing (Health & Safety Code § 32155)**

Subject Matter: 2016 Corporate Compliance Annual Report – Closed Session

Number of items: One (1)

5.2. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code 549.56.9 (e)(1))

5.3. **Conference with Legal Counsel; Anticipated Litigation (Gov. Code § 54956.9(d)(2) & (d)(3))**

A point has been reached where, in the opinion of the Board on the advice of its legal counsel, based on the below-described existing facts and circumstances, there is a significant exposure to litigation against the District.

Facts and circumstances that might result in litigation but which the District believes are not yet known to potential plaintiff or plaintiffs. (Gov. Code 549.56.9 (e)(1))

6. **APPROVAL OF MINUTES OF: 11/16/2016**

7. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

- 7.1. **Corporate Compliance Program Annual Report**..... ATTACHMENT
Committee will review the 4th quarter and 2016 annual compliance report prepared by The Fox Group.

7.2. Corporate Compliance Work Plan..... ATTACHMENT
Committee will review the 2017 Corporate Compliance Work Plan prepared by The Fox Group.

7.3. Contracts

New, amended, and auto renewed contracts are submitted to the Governance Committee for review and consideration for recommendation of approval by the Board of Directors.

7.3.1. Jacob Blake, M.D. – Professional Services Agreement..... ATTACHMENT

7.3.2. UC Davis Health System Cancer Center Network Participation and License Agreement
..... ATTACHMENT

7.4. Policies

7.4.1. ABD-03 Board of Directors Compensation and Reimbursement Policy ATTACHMENT
Committee will review revisions for the TFHD Professional Courtesy Policy.

8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

9. NEXT MEETING DATE

The next Governance Committee meeting is tentatively scheduled for March 14, 2017 at 9:00 a.m.

10. ADJOURN

☐Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



GOVERNANCE COMMITTEE

DRAFT MINUTES

Wednesday, November 16, 2016 at 8:00 a.m.
Tahoe Conference Room - Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting cancelled due to lack of quorum. Action Items will be moved to the December 7th, 2016 Governance Committee Meeting.

DRAFT



Board Informational Report

By: Jim Hook
Corporate Compliance
Consultant, The Fox Group

DATE: February 23, 2017

2016 Compliance Program 4th Quarter Report and Annual (Open Session)

The Compliance Committee is providing the Board of Directors(BOD) with a report of the 4th Quarter 2016 Compliance Program activities report and 2016 Annual Report (open session). This report assists the BOD to meet its obligations to be knowledgeable about the content and operation of the seven components of the Compliance Program.

2016 Corporate Compliance Program Annual Report

OPEN SESSION

Period Covered by Report: **January 1, 2016 –December 31, 2016**

Completed by: **James Hook, Compliance Consultant, The Fox Group**

1. Written Policies and Procedures

1.1. The District's Corporate Compliance Policies and Procedures are reviewed and updated as needed. The following policies were reviewed or revised by the Compliance Department with recommendations to the Board of Directors:

- 1.1.1. Physicians and Professional Services Policy/Procedure #ABD 21
- 1.1.1. Credit Balance Refunds to Medicare within 60 days DPFS 1610
- 1.1.2. Exclusion Screening and Review AGOV 1607.1

2. Compliance Oversight / Designation of Compliance Individuals

2.1. Corporate Compliance Committee Membership as of December 31, 2016:

- 2.1.1. The Fox Group – Compliance Consultants
- 2.1.2. Ben Durie-Legal Consul HLB
- 2.1.3. Judy Newland, RN – Chief Operating Officer
- 2.1.4. Karen Baffone RN- Chief Nursing Officer
- 2.1.5. Harry Weis – Chief Executive Officer
- 2.1.6. Crystal Betts – Chief Financial Officer
- 2.1.7. Denise Hunt – Director of Health Information Management/ Privacy Officer
- 2.1.8. Jake Dorst – Chief Information and Innovation Officer
- 2.1.9. Jayne O'Flanagan – Chief Human Resources Officer
- 2.1.10. Stephanie Hanson, RN – Compliance Analyst

3. Education & Training

- 3.1. The Board of Directors received a presentation on Compliance Program elements, risk areas for hospitals, and responsibilities of Board members for oversight 2/2016.
- 3.2. Compliance program training to physicians and allied health professionals completed 5/2016.
- 3.3. Compliance program training to new directors, managers and supervisors every quarter.
- 3.4. All new employees are oriented to compliance on first day orientation by Compliance Analyst.
- 3.5. "Compliance Corner" continues periodically in the monthly employee newsletter providing on-going compliance education for staff.
- 3.6. Compliance Analyst attended Annual Compliance Institute conference 2016.

OPEN SESSION

4. Effective Lines of Communication/Reporting

4.1. A Compliance log is maintained for all calls to the Compliance Hotline and other reports made to the Compliance Department.

4.1.1. Two calls were received on the Hotline for the 4th quarter. A total of 4 calls were received on the Compliance Hotline for calendar year 2016.

4.1.2. 24 reports were made directly to the Compliance Department for the year.

4.2. HIPAA violations are reported to the Privacy Officer. The Privacy Officer maintains a log of reported events and investigations.

5. Enforcing Standards through well-publicized Disciplinary Guidelines

5.1. Ninety two percent of Health Stream corporate compliance modules were completed for eligible employees for the calendar year 2016.

5.2. All new staff hires, and newly privileged physicians, receive criminal background checks and are checked against the OIG and GSA list of exclusions. All vendors are checked using the vendor credentialing program annually, and ongoing monitoring continues at various intervals.

6. Auditing & Monitoring

6.1. Two audits were completed during the 4th quarter as part of the 2016 corporate compliance work plan.

6.1.1. Physician payment audit (ED on call): No discrepancies noted in payments.

6.1.2. Physician hospitalist payment audit: two payments adjusted.

6.2. A total of 10 of 14 audits planned in the 2016 Corporate Compliance Workplan were completed in 2016. Three audits are pending and will be completed in 2017. One audit was addressed through a compliance investigation.

7. Responding to Detected Offenses & Corrective Action Initiatives

7.1. Investigations of suspected and actual breach incidents were initiated. Several investigations revealed no violations. Remediation measures including; additional staff training, changes in processes, updated policies and procedures, were implemented to prevent further violations.

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2017 TFHS WORK PLAN**

Tahoe Forest Hospital System is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for focus in the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG's 2017 Work Plan, and risk areas identified by the Tahoe Forest Health System.

OBJECTIVE / ACTION	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
A. Identify, review and revise P&Ps related to Compliance 1. AGOV-20 False Claims Act Policy 2. AGOV-21 Non-Discrimination 3. AGOV-12/13 CC Violation/Suspected 4. AGOV-10 Contract Review Policy 5. AGOV-49 Payment of Professional Service Agreements 6. Code of Conduct	CHR/CFO/CCO	Policy approval	X X X	 X X X			
2. High Level Oversight							
A. Corporate Compliance Officer provides quarterly and annual compliance reports to the Governance Committee of the Board of Directors. Report forwarded to the Board. B. Board Evaluation of District Compliance Program	CEO/CCO	Quarterly and Annual report to Board/Evaluation of Compliance Program	X	X	X	X	
3. Education, Training, & Communication							
A. Education and Training to the Code of Conduct(CofC)	CHR	100% completion of CofC training	X				
B. Review and revise Health Stream training content related to compliance and HIPAA	CHR	Updated training content		X			
C. BOD compliance training program	CCO	Annual training at Board of Directors Retreat.	X				
D. Compliance orientation and training for new Directors/Managers	CCO/CCA	Training competed within one month of hire.	X	X	X	X	

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2017 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
E. Annual Compliance training for Directors, Managers and Supervisors		Annual/Update training 2 nd quarter		X			
F. Medical staff compliance orientation and compliance training	CCA	Meet with each new physician	X	X	X	X	
G. Medical Staff annual compliance update	CCO	Annual update completed		X			
H. Bi-monthly communication to staff using the pacesetter (Privacy, Non-discrimination, compliance reporting)	CCO/CCA	Articles published	X	X	X	X	
I. Compliance Training for high-risk departments (SNF, HH, Business Office, TFHCS, etc.)	CCO/CCA	Targeted training completed	X	X	X	X	
4. Monitor and Audit		Audit and Monitoring Source					
		Internal Audit	External Audit	1ST Qtr	2nd Qtr	3rd Qtr	4th Qtr
A. Hospital: Patient admission Criteria/appropriate patient status (2 midnight rule) (OIG WP)	CNO	X				X	
B. Hospital: Patient inpatient admission Criteria Certification (CAHS Guidance from CMS)	CNO	X				X	
C. Hospital: Physician credentialing	CEO		X				X
D. Audit Skilled Nursing Facility RUG assignment (OIG WP)	CNO	X				X	
E. Review billing for NPs and PAs for incident-to billing compliance (billing and payment)	CFO	X			X		
F. Physician payment audit (Medical Director/Preceptor, MSC physicians, ED on call, Hospitalist)	CFO/CCO	X		X	X	X	X
G. Employee Access Audit	PRIVACY OFFICER/CCO/CCA	X			X		
H. Hospice Medical record documentation to support claims submission (OIG WP)	CNO	X				X	
I. Home Health documentation for PPS, including documentation of face-to-face visits and new COPs	CNO	X		X			X

**TAHOE FOREST HOSPITAL SYSTEM
CORPORATE COMPLIANCE PROGRAM
2017 TFHS WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
4. Monitor and Audit (Con't)		Audit and Monitoring Source					
		Internal Audit	External Audit	1ST Qtr	2nd Qtr	3rd Qtr	4th Qtr
J. Physician Arrangements Audit//Leases/FMV/Use of Terms/Board approval/Timely signatures	CCO/CCA			X			
K. Medical record documentation and CPT coding for prolonged E&M services	CFO		X		X		
L. Medical record documentation and billing for Transitional Care Management/Chronic Care Management	CNO	X					X
M. External Audit for Coding for ICD 10	CFO		X		X		X
N. Annual Compliance Health Stream training (100% staff complete annual system-wide compliance training in Health Stream)	CHR	X					Ongoing
O. Annual MSC E/M billing and medical records audit	CFO		X				X
5. Response, Investigation, Corrective Action, Reporting							
A. Respond, investigate, and follow up all Hotline calls / complaints within 30 days.	CCO	100% within 30 days					Ongoing
B. HIPAA 2016 annual report of unauthorized disclosures to HHS	CFO	Timely Submission	X				
6. Enforcement and Discipline							
A. Enforce Exclusion policy for employees, medical staff and vendors	CHR/CCO	Audit for compliance					Ongoing
7. Responding Promptly to Detected Offenses and Undertaking Corrective Action							
A. Respond, investigate, and report to State and Federal authorities for HIPAA and other Compliance issues	CCO/CFO	100% timely completion					Ongoing

7.3. Contracts

Contracts redacted.

Available for public viewing via a Public Records request.



TAHOE FOREST HEALTH SYSTEM

Origination Date: 05/2000
Last Approved: 11/2015
Last Revised: 11/2015
Next Review: 10/2016
Department: Board - ABD
Applies To: System

Board Compensation and Reimbursement, ABD-03

PURPOSE:

To provide reimbursement to the Board of Directors, consistent with legislative regulations, for the performance of the duties of their office.

POLICY:

- A. As allowed by [California Health & Safety Code, Section 32103](#), and Local Health Care District Law, and required by the Political Reform Act (as amended by AB 1234, 2005), the payment of One Hundred Dollars (\$100.00) per meeting not to exceed five (5) meetings a month as further defined below, is authorized as compensation to each member of the Board of Directors. Each member of the Board of Directors shall further be allowed his/her actual necessary traveling and incidental expenses incurred in the performance of official business of the District.
- B. For the purpose of compensation, a meeting is defined as:
1. Regular and Special Board Meetings;
 2. Board Committee meetings;
 3. Hospital District meetings at which the Board member is present as a designated Board representative (e.g., Medical Executive Committee, Bioethics Committee, IVCH Foundation, TFHS Foundation, TIRHR Board)
 4. Meetings of governmental agencies and community organizations, etc. where the Board member is representing the TFHD (i.e., Rotary, Tahoe City Breakfast Club, Truckee Daybreak Club). To be compensated, the Board member must be on the program or speaking to an item on the agenda related to the Hospital District at the request of the Board President or Chief Executive Officer.
 5. Conferences, seminars and other educational meetings do not qualify for meeting compensation.
- C. Members of the Board of Directors of the Tahoe Forest Hospital District and their eligible dependents shall be eligible to participate in the health, dental, vision and life insurance programs of Tahoe Forest Hospital District in a manner, including appropriate discounts, comparable to that offered to the Management Staff of the District.

PROCEDURE:

- A. Board members are responsible for notifying the Executive Assistant in writing of meetings attended in the prior month, noting the day and purpose of each meeting prior to the last business day of each month.

- B. Board members shall also provide brief oral reports on meetings attended at the expense of TFHD at the next regular Board meeting.
- C. TFHD provides compensation to Board members per meeting and provides reimbursement for actual and necessary expenses incurred by Board members in the performance of official duties; therefore, all agency officials, including Board members shall receive training in ethics pursuant to AB 1234. The ethics training shall last for at least two hours and occur every two years. These ethics courses may be taken at home, in-person, or online.
- D. Board of Directors Travel Allowance
 - 1. Meals will be reimbursed up to a daily per diem rate based on the location of the conference subject to IRS per diem guidelines.
 - 2. Air Fare for Board Members only.
 - 3. Parking and/or taxi fees and other transportation expenses will be reimbursed.
 - 4. If driving, mileage will be reimbursed at current IRS rates.
 - 5. Hotel room will be covered in full for Board Member.
 - a. If, however, the lodging is in connection with a conference or organized educational activity that does not qualify as a meeting and is conducted in compliance with California Government Code, Section 54952.2(c), including ethics training required by California Government Code, Section 53234, then lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor as long as the group rate is available to the Board member at the time of booking. If the group rate is not available, then the Board member shall use comparable lodging.
 - 6. Tuition fees for Board Members will be paid in full.
 - 7. Conference educational materials (books, audio tapes, etc.) not to exceed \$50.
 - 8. Receipts are required for all reimbursable expenses.
 - 9. Board members shall use government and group rates offered by a provider of transportation or lodging services for travel and lodging when available.
 - 10. All expenses that do not fall within the adopted travel reimbursement policy of the IRS reimbursable rates shall be approved by the Board, in a public meeting before the expense is incurred.
- E. Upon election or appointment to a seat on the Board of Directors of the Tahoe Forest Hospital District, the appropriate paperwork which is necessary to complete for enrollment will be given to the Board Member by the Human Resources Department. Coverage will begin on the first of the month following election or appointment to the Board of Directors and completion of the necessary enrollment forms

Related Policies/Forms:
References: California Government Code, §§ 53232.2(d), (e), 53232.3(a), 53235(a), (b) (d). §§54950 - 54963 ; California Health & Safety Code, Section 32103
Policy Owner: Clerk of the Board
Approved by: Chief Executive Officer

All revision dates:

11/2015, 01/2014, 01/2012, 01/2010

Attachments:

No Attachments