Kaweah Delta Health Care District
Board of Directors Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: August 7, 2026

NOTICE

Date: Thursday, August 13, 2026
Location: Support Services Building, Granite Conference Room
Address: 520 West Mineral King Avenue, Visalia, California

Please join my meeting from your computer, tablet or smartphone.
https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti
You can also dial in using your phone.
Access Code: 460-561-181
United States: +1 (646) 749-3122

SCHEDULE:

- **3:00 PM** – Open Session
- **Immediately following the open session** – Closed Session
  Pursuant to:
  - Government Code §54956.9(d)(2) (Anticipated Litigation – Significant Exposure)

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:
In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Board Clerk at (559) 624-2330. Notification at least 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the meeting.

POSTING NOTICE:
All Kaweah Delta Health Care District regular Board and committee meeting notices and agendas are posted at least **72 hours** prior to the meeting (and **24 hours** prior to special meetings) in the Kaweah Health Medical Center, Mineral King Wing, near the Mineral King entrance, in accordance with Government Code §54954.2(a)(1).

PUBLIC RECORDS:
Disclosable public records related to this agenda are available for public inspection at:
Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)

400 West Mineral King Avenue, Visalia, CA 93291
You may also request records by contacting the Board Clerk at (559) 624-2330 or **kedavis@kaweahhealth.org**, or by visiting the District's website at **www.kaweahhealth.org**.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Prepared by:

Kelsie K. Davis
Board Clerk / Executive Assistant to the CEO

DISTRIBUTION:
Governing Board, Legal Counsel, Executive Team, Chief of Staff, **www.kaweahhealth.org**

Kaweah Delta Health Care District
Board of Directors Meeting

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Kaweah Health
MORE THAN MEDICINE. LIFE.

This agenda is posted in compliance with the Ralph M. Brown Act, including amendments enacted under Senate Bill 707.

AUDIT AND COMPLIANCE COMMITTEE MEETING

Support Services Building – Granite Conference Room
520 West Mineral King Avenue, Visalia, CA

Thursday, August 13, 2026 {Committee Meeting}

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OPEN SESSION – 3:00 PM

1. **CALL TO ORDER**
2. **PUBLIC / MEDICAL STAFF PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
3. **MINUTES** - Review of May 22, 2026 open minutes.
   Requesting Committee Recommendation
4. **COMPLIANCE PROGRAM ACTIVITY REPORT** – Committee review and discussion of the Compliance Program Activity Report – *Ben Cripps*
5. **PRIVACY POLICY** – Review, discussion and possible recommendation to the Kaweah Health Governing Board for approval of policy, as presented - *Ben Cripps*
   Requesting Committee Recommendation
   5.1. AP49 No Information, No Presence in Facility Patient Status
6. **AUDIT & COMPLIANCE PROGRAM CHARTER** – Committee review and discussion of the Audit & Compliance Program Charter – *Ben Cripps*

Requesting Committee Recommendation

7. **ANNUAL BOARD COMMITTEE EVALUATION** – Committee review and discussion of the Committee's effectiveness – *Ben Cripps*

8. **ADJOURN TO CLOSED SESSION**

CLOSED SESSION – Immediately following the open meeting

1. **CALL TO ORDER**
2. **MINUTES** – Review of May 22, 2026 closed minutes.
   Requesting Committee Recommendation
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (4 cases) – *Ben Cripps and Rachele Berglund (Legal Counsel)*
4. **ADJOURN CLOSED SESSION**

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Agenda Posting and Public Records
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Kaweah Delta Health Care District
Board of Directors Committee Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

AUDIT AND COMPLIANCE COMMITTEE - Open
Meeting Held: Friday, May 22, 2026 • Support Services Building, Granite Conference Room
Attending: Board Members: Dean Levitan, M.D. – Committee Chair, Mike Olmos; Marc Martz, Chief Executive Officer; Malinda Tupper, Chief Financial Officer; Rachele Berglund, Legal Counsel; Ben Cripps, Chief Compliance & Risk Officer; Jill Berry, Director of Corporate Compliance; and Michelle Adams, Executive Assistant – Recording.

Mike Olmos called to order at 10:00am.

Public Participation: None

Minutes – Review of the February 17, 2026 open meeting minutes.
Recommendation for approval: Dr. Dean Levitan made a motion to recommend approval of the February 17, 2026 Open Meeting minutes to the Board of Directors as presented. Mike Olmos seconded the motion. Motion carried, 2-0.

Compliance Program Activity Report – Jill Berry provided the Committee with a high-level overview noting:

- The Compliance Department has been very active in providing education to staff.
- Prevention and Detection
  - Medicare and Medi-Cal bulletins comprised the bulk of the regulatory updates that were sent out this quarter.
  - The Compliance Department has started tracking compliance adherence for assignments, notating departments that are non-compliant with the 15-day response standard. Ben Cripps described the escalation process for assignments that do not receive a response to the Committee and provided an example from a recent CMS survey. Mr. Cripps indicated education has been very active amongst the Executive Team, in person through department staff meetings, and department leadership. The education will be ongoing. The tracking data will be brought to this Committee in the future.
- EMR User Access Privacy Audits. Ms. Berry explained the majority of alerts are same last name, followed by co-worker alerts. The Committee asked if we know why an employee's access a colleague's record; is it because they want to know what is going on with their peers? Ms. Berry confirmed that it is frequently curiosity or concern regarding the colleague and explained that it is not always easy to determine a privacy breach between coworkers because often times there is a

business need. The Committee asked how many of the 149 monthly alerts received are appropriate. Ms. Berry indicated about three or four investigations are opened per day, of those only one or two a month require a full investigation. Mr. Cripps provided additional context stating a lot of alerts automatically close based on the established filters.

- The Compliance Department has observed an increase in RACs. There were 15 new requests. Of the ongoing RAC requests that were previously reported: eight were reviewed and closed, twenty-one are pending appeals, six are still under review, two were denied and closed, and seven are pending documentation review and a decision by the RAC. Mr. Cripps provided the Committee with an overview of what RACs are, explaining RACs are hired by Medicare to identify improper payments through tools and technology and are incentivized to collect the money. The Committee discussed the process of appeals noting that levels 2 and 3 appeals are done within the care system itself. Ms. Berry noted CMS kicked off 100% pre-pay review process for claims Inpatient Rehab patients where Medicare is the primary payor beginning May 1st. The Committee asked if that slows down the process. Mr. Cripps indicated it slows down the payment process. The Committee discussed Kaweah's process of sending patients to rehab while going through the preapproval process, further noting the census in rehab is up which is good because it is profitable. Ms. Berry indicated she has heard that of three of the Medicare pre-pay review cases that were reviewed and approved, with recommendations on documentation improvement. The Committee questioned who is financially incentivized to audit. Mr. Cripps indicated the recovery audit side is, but not the prepayment end noting acute rehab is highly regulated and expensive. Marc Mertz thinks we have become too conservative, it's proven that patients who go to rehab have better outcomes. The Committee discussed reasons why the census in rehab is up so much concluding we are being more aggressive in treating patients and we are sending our patients to rehab instead of SNF, it's more expensive but patients stay for a shorter duration.
- OIG Exclusion Report. There were a couple of findings on the exclusion list, but two providers were identified as excluded after services rendered at Kaweah. One referring provider was identified as excluded from participation in Medicare, but the payor for the visit was not identified as Medicare, resulting in no significant issues. Mr. Cripps indicated having a strong process avoids a large repayment. The Committee discussed the fact that none of the above mentioned physicians were on Kaweah's active Medical Staff. The Committee discussed the various things that could cause someone to end up on the excluded provider list such as committing fraud or outstanding debt on loans.
- Policies and Procedures.

- CP.03 Physician Contracting Policy is an entire rewrite using policies from other institutions. The new version provides a better framework, includes a conflict of interest section, strengthens documentation expectations for time studies. The flowsheet from the old version was removed and a new checklist was created to assist with the flow of contract negotiations but is not included within the policy. Mr. Cripps provided the Committee with an overview of the new checklist workflow and indicated it has worked well with Emergency Medicine negotiations. Mr. Cripps informed the Committee that Doug Penner has been hired as the new Director of Physician Contracts, indicating part of his role will be to help support monthly meetings between the physician groups and Kaweah leadership. The Committee asked if there is a different workflow for exclusive versus non-exclusive contracts. Mr. Cripps stated in the previous version exclusive provider contracts needed to go to MEC, but the proposed policy requires all policies to go to MEC. Instead of seeking advanced approval for groups, Mr. Cripps will meet quarterly with the Board of Directors in closed session and provide a review of group activity. Mr. Mertz reminded the Committee we are working within legal parameters so a quarterly review would provide the Board of Directors with more detail than they are used to. The Committee discussed the pros and cons of publicizing physician group contract negotiations in open session of the Board of Director meetings for transparency. The Committee discussed the feedback that will be received from the physician side on the new requirements for documenting physician time. Mr. Cripps informed the Committee that the Physician Contracting team is working with ISS to develop a new tool to make it easier for physicians to document their time. Mr. Mertz reminded the Committee that in addition to compliance, we also want a return on our investment. He shared that physician groups will be invited to meet with the Executive Team going forward.
- CP.15 Fair Market Value Policy – This is a new policy that creates a framework for Fair Market Value valuations, it sets specific information regarding percentiles and tiering surrounding recruitment and a process to escalate to the Fair Market Value Executive Committee. All Chiefs and leaders who oversee physician contracts will be required to attend an education session next month. The Committee discussed a concern that Physicians have raised stating they do not agree with the valuation they receive from Kaweah and want other opinions. Mr. Cripps described why Kaweah uses Sullivan Cotter noting Sullivan Cotter is approved by the OIG, best practice is to use three survey sources and Sullivan Cotter uses a blend of three sources, and Sullivan Cotter has the most respondents to their survey. Mr. Cripps shared, it is important to avoid opinion shopping and to have a standardized process. The Committee discussed that Sullivan Cotter provides a low and high valuation and the majority of our physicians are in the

75th percentile. The Committee discussed how physicians become aware of the policies. Mr. Cripps indicated they are in the packet.

Recommendation for approval: Dr. Dean Levitan made a motion to recommend approval of the policies to the Board of Directors as presented. Mike Olmos seconded the motion. Motion carried, 2-0.

Dean Levitan, M.D. adjourned the open meeting at 11:05am.

Compliance Program Activity Report – Open Session

April 2026 through June 2026

Ben Cripps, Chief Compliance & Risk Officer

Education

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- PolicyTech System – Various Policy Reviewers, Approvers, and Owners
- Preventive Compliance Process – Various Department Leaders
- Patient Privacy Training – Clinic Leaders and Staff

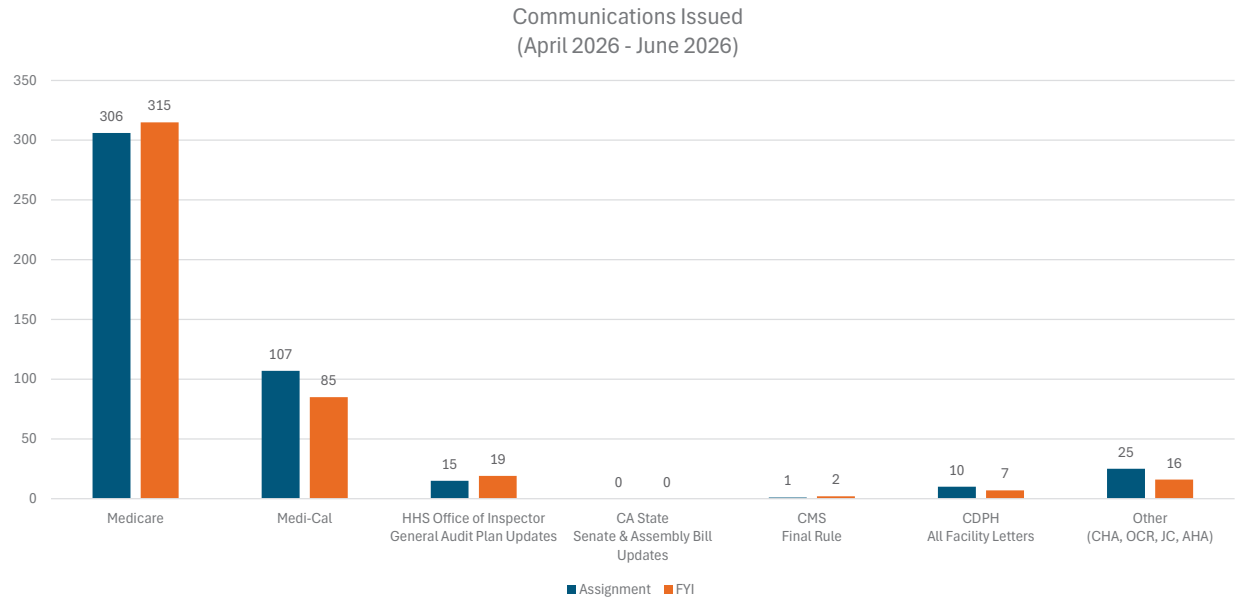
Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Compliance Matters – Code of Conduct
- Compliance Matters – Privacy Policy Manual and Privacy Policies
- Compliance Policy Updates – Distributed via Email to Leaders

Prevention & Detection

- Review, Track, and Distribute Relevant Information on Regulatory Updates to Stakeholders Across the District
  - Medicare Monthly Bulletins and Communications
  - Medi-Cal Monthly Bulletins and Communications
  - US HHS Office of Inspector General (OIG) Audit Plan Updates and Communications
  - California State Senate and Assembly Bill Updates
  - California Department of Public Health (CDPH) All Facility Letters (AFL)
  - US HHS Office of Civil Rights Activities and Focus Areas
  - California Hospital Association Communications
  - American Hospital Association Communications
  - Joint Commission Communications

Prevention & Detection - Issuance



Total Issued: 908
Assignments: 464
FYIs: 444

Oversight

- Fair Market Value (FMV) Oversight – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.

- Electronic Medical Record (EMR) User Access Privacy Audits – Monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations.
  - An average of one hundred and forty-two (142) daily alerts were received between April 1, 2026 – June 30, 2026.
    - 91.4% were automatically closed by FairWarning analysis tools.
    - 8.60% required further review/investigation by Compliance Department staff.
  - Types of Alerts Received:
    - Same Last Name: 78.85%
    - Co-Worker: 19.98%
    - VIP: 1.09%
    - Self-Access: 0.05%
    - Same Household: 0.03%

Recovery Audit Contractor Activity

- Medicare Recovery Audit Contractor (RAC) Activity – Requests reviewed, records prepared and submitted, appeal timelines tracked, and results reported. The following RAC Audit Activity took place between April 2026 – June 2026:
  - New RAC Requests:
    - One hundred and seventy (170) new RAC record requests were received.
  - Open/Ongoing RAC Requests:
    - Six (6) were reviewed and closed by the RAC with no recovery after submission of documentation.
    - Four (4) were denied by the RAC and closed.
      - Two (2) will not be appealed after review by the Coding Department.
      - Two (2) will not be appealed after review and determination that therapy services were billed during home health services.
    - One hundred and fifty-nine (159) are still pending documentation review and decision by the RAC.
  - Dollar amount involved in quarterly activity:
    - Billed amount $7,654,249.
    - Payment Amount $1,729,424.
    - Recouped Amount $41,950.
    - DRG Denials Two (2) Medical Necessity Denials two (2).

Auditing and Monitoring

- Office of Inspector General (OIG) Exclusion Report Verification – Quarterly monitoring of OIG exclusion reports and attestations.
  - Medical Staff and Advanced Practice Providers – Review of reports and certification by Medical Staff Office of screening completion and no Excluded Individuals or Entities were identified between April 2026 – June 2026.
  - Suppliers – Review of reports and certification by Finance Department of screening completion and no Excluded Individuals or Entities were identified between April 2026 – June 2026.
  - Medicare Opt-Out List:
    - Eight (8) non-credentialed providers were identified on the Medicare Opt-Out list between April 2026 – June 2026. Findings were tracked and logged into the system. No additional action was required as providers were only referring and not treating.
  - Medicare Exclusion List between April 2026 – June 2026:
    - One (1) non-credentialed provider was identified as excluded from participation from Medicare for a ten (10) year period beginning in 2020. After review, it was found that the physician was listed as a supervising physician for the nurse practitioner in Kaweah's system but was not listed on the billing statement. Medicare was not the payor on the claim. The identified provider was removed from the master file.
    - One (1) non-credentialed provider was identified as having a prior Americans with Disability Act discrimination conviction but was reinstated without restrictions on his license.

Compliance Policies and Procedures:

- Review and Revisions to Current Policies:
  - AP49 No Information, No Presence in Facility Patient Status – The policy has been revised to add a new section to reflect the process that has been implemented to meet compliance with AB 894 (2025), which requires hospitals to inform patients that they have a right not to have their information in the hospital's information directory.

Compliance Program Processes:

- Operational Compliance Committee:
  - Committee meeting was held in June 2026 with participation from Compliance, Patient Accounting, Revenue Integrity, ISS, Finance, HIM, Human Resources, and Care Management.
  - New and updated Compliance and Privacy policies, the Privacy Manual, the Responsible Use of AI policy, Preventive Compliance, recent compliance and privacy trends, the upcoming Utilization Management Program relationship with Corro Health, and compliance risk areas were discussed.
  - Quarterly meetings will be ongoing.

- Policy and Procedure Committee:
  - Leadership survey has been performed and results will be evaluated by executive team.
  - Committee is meeting regularly with PolicyTech.
  - PolicyTech is evaluating Kaweah's policy management system and offering information on potential administrative management and workflow revisions that may improve policy management workflows.

Licensing and Facility Enrollment

- Licensing Applications -- Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH):
  - Eleven (11) applications related to facility licensure were submitted.
  - One (1) application for Program Flex Waivers are pending with CDPH.

- Medicare/Medi-Cal Facility Enrollment – Forms preparation and submission of facility enrollment applications for Medicare and Medi-Cal. Ongoing communications and follow-up regarding status of pending applications. Research and guidance provided to:
  - Twelve (12) applications for government payor enrollment and/or information changes were submitted.

The pursuit of healthiness

Kaweah Health
MORE THAN MEDICINE. LIFE.

Policy Number: AP49	Date Created: No Original Creation Date Set
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
No Information, No Presence in Facility Patient Status	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE: To provide for the privacy and safety of Kaweah Health patients and staff when there is a determined risk or per the patient's request.

POLICY: The status of "No Information" may be initiated for personal reasons by the patient, at the specific request of a patient or a patient's legal representative, as a result of a directive from a law enforcement agency regarding a patient in custody, or at the discretion of a Kaweah Health supervisor if a patient and/or staff are at risk of endangerment. Some examples include patients in custody, victims of a crime, or victims of domestic violence (not an all-inclusive list).

DEFINITION: *No Information Status*: Information regarding the patient will not be divulged and their presence in the facility will not be acknowledged.

PROCEDURE:

I. Right of Patient to Be Excluded from Hospital Directory:

A. At the time of admission to the hospital or as soon as reasonably possible in cases of patient incapacity or emergency treatment circumstances, the Patient Access team member completing the patient's admission will inform the patient verbally that the patient has the right to have their information excluded from the hospital's directory.

B. The patient must also be provided with a copy of Kaweah's notice form (Right to Prohibit Information from Being Included in Hospital Directory) for the patient's review. A copy of the patient's completed form will be maintained in the patient's permanent medical record.

C. If a patient chooses to have their information excluded from the hospital's directory, the patient will be assigned "No Information" status and handled in accordance with this policy.

~~I.~~II. Any patient that comes into the Emergency Room as a result of a violent crime will be assigned a "No Information" status.

~~II.~~III. A "No Information" status may be requested through direct contact with the Physician, the staff assigned to the patient's care, the Nurse Manager, the Nurse Supervisor, or through the admission office. The individual receiving the request will inform the other individuals indicated above.

~~III.~~IV. The admission office will assure that the appropriate status code is entered into the patient care computer system. This code will "flag" the patient on the census to indicate the "No Information" status.

A. Nursing and Patient Care staff on the nursing units will see the "No Information" star next to the patients name on the Cerner electronic patient census. The nursing staff who access the patient record will see a flag next to the patient name. Patient Access will see a confidential indicator on the patient census indicating "No Information" status.

B. Other staff responding to inquiry regarding a patient on another unit will search for the patient by name.

C. Whenever a flag appears, Kaweah Health staff shall not acknowledge the patient's presence in the facility.

D. The census for PBX staff and Information Desk staff/volunteers will not show the patient on the census if they have been identified as "No Information."

IV. When a patient has been placed under the "*No Information"* status:

A. Any media requests for information on the patient will be directed to the Nursing Supervisor or Director of Media Relations. They will respond that no information is available and, where appropriate, the media will be referred to the law enforcement agency.

B. If a visitor calls or arrives at the hospital, no information regarding the patient will be given and the patient's presence will not be acknowledged.

C. The global statement that can be used for inquiries about a "No Information" patient is, "I cannot confirm or deny that this person is a patient at this facility. I have no information for you."

V. When a patient is assigned a "No Information" status, staff will provide to the patient and/or their 2 patient-identified visitors, a summary sheet describing the "No Information" status (see attached "No Information Status" patient/visitor handout).

A. The patient under the "No Information" status will be required to follow the rules and regulations stated in the patient/visitor handout.

VI. Cancellation of "*No Information"* status may be made by the patient or patient's legal representative if that is where it originated. If a patient or their legal representative requests a "No information" status and fails to follow any rules associated with "No information" status, including informing visitors of their presence in the facility, hospital staff may cancel the "No information" status. If originated by law enforcement or hospital staff and information is disseminated, further restrictions may be applied.

VII. Law Enforcement may request "No Information" status for a patient who is in custody. If *"*No Information*"* status was originated by law enforcement, there will be consistent communication between Kaweah health and the law enforcement agencies.

VIII. In cases where "No Information" status can be voluntarily changed prior to discharge from the facility, the staff member receiving the change request is responsible to ensure that the Nursing Supervisor and Admitting Physician are notified. Any victim of a violent crime will remain in "No Information" status until discharge. The Nursing Supervisor may evaluate each case individually and in collaboration with all necessary parties change status prior to discharge.

AP107 - Patient Privacy Use and Disclosure of Patient Information

SEC 132 - Security of Prisoners at Kaweah Health

Policy Number: AP49	Date Created: No Original Creation Date Set
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	
No Information, No Presence in Facility Patient Status	

Kaweah Health

No Information Status

You are being placed under Kaweah Health's "No Information" status

What that means to you and your family or friends:

- If anyone calls or comes to the hospital and asks about you, they will be told you are not here.
- You will not receive any incoming telephone calls because the operator does not know you are here.
- Your use of a telephone to call family or friends will be at the discretion of hospital staff.
- You may have two (2) visitors. You will provide these two (2) visitors with a passcode that only they can use to see you. The passcode is not to be shared with anyone else. Limited medical information will be provided to the identified visitors over the phone, even with the passcode. Staff will give more in depth information to these visitors in person as they are able. The identified visitors will be expected to share any appropriate information with other family members as needed. Calls from non-approved visitors will not be accepted, and no information about you or your condition will be released to non-approved individuals.
- Any flowers or gifts being delivered to you will be refused at the front desk. They do not know you are here.
- You may ask to stop the "No Information" status if you were the one who asked for it to start.
- If you asked for the "No Information" status and you or your visitors share where you can be found in the hospital with other people, the "No Information" status may be cancelled by hospital staff.
- If the "No Information" status was started by the hospital and you or your visitors talk to other people about your stay in the hospital, stricter rules may be used.
- You and your visitors must agree to follow these rules for the entire time you are in the hospital.

THIS IS NOT A PART OF THE PERMANENT RECORD

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Kaweah Delta Health Care District

Subcategories of Department Manuals not selected.

Policy Number: AP49	**Date Created: No Original** Creation Date Set
Document Owner: Ben Cripps (Chief Compliance & Risk Management Officer)	**Date Approved: 03/22**/2023
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance & Risk Management Officer)	

No Information No Presence in Facility Patient Status

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PURPOSE: To provide for the privacy and safety of Kaweah Health patients and staff when there is a determined risk or per the patient's request.

POLICY: The status of "No Information" may be initiated for personal reasons, at the specific request of a patient or a patient's legal representative, as a result of a directive from a law enforcement agency regarding a patient in custody, or at the discretion of a Kaweah Health supervisor if a patient and/or staff are at risk of endangerment. Some examples include patients in custody, victims of a crime, or victims of domestic violence (not an all-inclusive list).

DEFINITION: *No Information Status*: Information regarding the patient will not be divulged and their presence in the facility will not be acknowledged.

PROCEDURE:

I. Any patient that comes into the Emergency Room as a result of a violent crime will be assigned a "No Information" status.

II. A "No Information" status may be requested through direct contact with the Physician, the staff assigned to the patient's care, the Nurse Manager, the Nurse Supervisor, or through the admission office. The individual receiving the request will inform the other individuals indicated above.

III. The admission office will assure that the appropriate status code is entered into the patient care computer system. This code will "flag" the patient on the census to indicate the "No Information" status.

A. Nursing and Patient Care staff on the nursing units will see the "No Information" star next to the patients name on the Cerner electronic patient census. The nursing staff who access the patient record will see a flag next to the patient name. Patient Access will see a confidential indicator on the patient census indicating "No Information" status.

B. Other staff responding to inquiry regarding a patient on another unit will search for the patient by name.

C. Whenever a flag appears, Kaweah Health staff shall not acknowledge the patients presence in the facility.

D. The census for PBX staff and Information Desk staff/volunteers will not show the patient on the census if they have been identified as “No Information.”

IV. When a patient has been placed under the “*No Information”* status:

A. Any media requests for information on the patient will be directed to the Nursing Supervisor or Director of Media Relations. They will respond that no information is available and, where appropriate, the media will be referred to the law enforcement agency.

B. If a visitor calls or arrives at the hospital, no information regarding the patient will be given and the patient’s presence will not be acknowledged.

C. The global statement that can be used for inquiries about a “No Information” patient is, “I cannot confirm or deny that this person is a patient at this facility. I have no information for you.”

V. When a patient is assigned a “No Information” status, staff will provide to the patient and/or their 2 patient-identified visitors, a summary sheet describing the “No Information” status (see attached “No Information Status” patient/visitor handout).

A. The patient under the “No Information” status will be required to follow the rules and regulations stated in the patient/visitor handout.

VI. Cancellation of “*No Information”* status may be made by the patient or patient’s legal representative if that is where it originated. If a patient or their legal representative requests a “No information” status and fails to follow any rules associated with “No information” status, including informing visitors of their presence in the facility, hospital staff may cancel the “No information” status. If originated by law enforcement or hospital staff and information is disseminated, further restrictions may be applied.

VII. Law Enforcement may request “No Information” status for a patient who is in custody. If *“*No Information*”* status was originated by law enforcement, there will be consistent communication between Kaweah health and the law enforcement agencies.

VIII. In cases where “No Information” status can be voluntarily changed prior to discharge from the facility, the staff member receiving the change request is responsible to ensure that the Nursing Supervisor and Admitting Physician are

notified. Any victim of a violent crime will remain in “No Information” status until discharge. The Nursing Supervisor may evaluate each case individually and in collaboration with all necessary parties change status prior to discharge.

AP107 - Patient Privacy Use and Disclosure of Patient Information

SEC 132 - Security of Prisoners at Kaweah Health

Kaweah Health

No Information Status

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- **If anyone calls or comes to the hospital and asks about you, they will be told you are not here.**
- **You will not receive any incoming telephone calls because the operator does not know you are here.**
- **Your use of a telephone to call family or friends will be at the discretion of hospital staff.**
- **You may have two (2) visitors. You will provide these two (2) visitors with a passcode that only they can use to see you. The passcode is not to be shared with anyone else. Limited medical information will be provided to the identified visitors over the phone, even with the passcode. Staff will give more in depth information to these visitors in person as they are able. The identified visitors will be expected to share any appropriate information with other family members as needed. Calls from non-approved visitors will not be accepted, and no information about you or your condition will be released to non-approved individuals.**
- **Any flowers or gifts being delivered to you will be refused at the front desk. They do not know you are here.**
- **You may ask to stop the "No Information" status if you were the one who asked for it to start.**
- **If you asked for the "No Information" status and you or your visitors share where you can be found in the hospital with other people, the "No Information" status may be cancelled by hospital staff.**
- **If the "No Information" status was started by the hospital and you or your visitors talk to other people about your stay in the hospital, stricter rules may be used.**
- **You and your visitors must agree to follow these rules for the entire time you are in the hospital.**

THIS IS NOT A PART OF THE PERMANENT RECORD

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

AUDIT AND COMPLIANCE COMMITTEE

MISSION AND PURPOSE: To promote an organizational culture that encourages ethical conduct and a commitment to compliance with laws, rules, and regulations and provide oversight of the structure and operation of the Compliance and Internal Audit Programs.

To assist Kaweah Health's Board of Directors in fulfilling its responsibility for the oversight and governance of Compliance Program Administration, Kaweah Health's Audited Financial Statements, systems of internal controls over financial reporting, operations, and audit processes, both internal and external.

Kaweah Health's Board of Directors is committed to full implementation of effective Compliance and Internal Audit Programs. Creating and reinforcing compliance and a system of appropriate internal controls is a priority of the Board of Directors, Chief Executive Officer, Chief Compliance and Risk Officer, and Senior Management.

AUTHORITY: The Compliance and Audit Committee has the authority to conduct or authorize investigations into matters within the Committee's scope of responsibilities, retain independent counsel, consultants or other resources to assist in investigations and audits, seek information it requires from employees or external parties, and to meet with Kaweah Health Officers, consultants, or outside counsel as needed.

COMPOSITION: The Compliance and Audit Committee is comprised of the following Members:

- Board Members (2) – The Board President or Secretary/Treasurer and Board Member Appointee
- Senior Leadership – Chief Executive Officer and Chief Financial Officer
- Legal Counsel/Compliance Advocate – Rachele Berglund
- Chief Compliance and Risk Officer
- Director of Corporate Compliance
- Compliance Manager

MEETINGS: The Committee shall meet at regularly scheduled intervals, with the authority to convene additional meetings as necessary. The Committee is authorized to request attendance from members of management or others to provide information that would be relevant to the Committee.

The Committee may meet in an executive session when necessary and permissible by applicable laws.

SPECIFIC RESPONSIBILITIES:

1. Review developments of the Compliance and Internal Audit Programs to enable the Committee to make recommendations to the Board of Directors when appropriate.
2. Provide oversight as needed to ensure that the Compliance and Internal Audit Programs effectively facilitate the prevention and/or detection of violations of law, regulations, and Kaweah Health policies.
3. Ensure autonomy and review resources assigned to the Compliance and Internal Audit Programs to assess their adequacy relative to the program's effectiveness.
4. Ensure annual review of the Office of Inspector General's Work Plan and other relevant resources to identify potential risk areas and assess their impact on Kaweah Health.
5. Monitor physician contracts and payments made to physicians to ensure appropriateness and compliance with laws and regulations.
6. Convene the Executive Fair Market Value Committee, a sub-Committee of the Compliance Committee, as necessary to ensure that physician contracts are established within fair market value.
7. Review the Compliance and Internal Audit Annual Plans, activities, staffing and structure; ensure that the Chief Compliance and Risk Officer's (or designee(s)) access to information, data and systems is not restricted or limited in any way.
8. Select or dismiss independent accountants responsible for completing Kaweah Health's Financial Statement and Retirement Plan Audits (subject to approval by the Kaweah Health Board of Directors); review and approve fees paid to independent accountants; approve or disapprove consulting services provided by independent accountants to ensure independence and objectivity.
9. Meet with the independent accountants prior to, during, and after the annual audit to evaluate, understand and report to the Board on the various aspects and findings of the audit as follows:
    a. Audit scope and procedural plans
    b. Significant areas of risk and exposure and management's actions to minimize them
    c. Adequacy of Kaweah Health's internal controls, including computerized information system controls and security
    d. Significant audit findings and recommendations made by the independent accountants

e. The annual Audited Financial Statements, related Footnotes Disclosure, and the Independent Accountant's Report thereon

f. The independent auditor's qualitative judgments about the appropriateness, not just the acceptability, of accounting principles and financial disclosures and how aggressive (or conservative) the accounting principles and underlying estimates are or should be

g. Serious difficulties or disputes with management encountered during the course of the audit

10. Reviews and evaluates management's written response to the independent accountants' management letter. Instructs the Internal Audit Leadership to confirm complete implementation of any Management action required by external auditor's Management Letter.

11. Review legal and regulatory matters that may have a material effect on the organization's financial position, financial statements, and/or reputation.

12. Monitor effectiveness and timeliness of responses to identified issues.

13. Monitor education, training, and preventive activities.

14. Review and evaluate the effectiveness of the Kaweah Health Compliance and Internal Audit Programs.

15. Recommend, review, and approve revisions to the Compliance Program's Code of Conduct and Compliance Policies Manual.

16. Report Committee actions and recommendations to the Kaweah Health's Board of Directors.

Presented to the Compliance and Audit Committee on August 13, 2026 for approval.

Annual Board Committee Evaluation

Evaluations due to the Board Governance Committee by the end of November

Committee Information
Committee Name: Audit & Compliance Committee
Year of Evaluation: 2026
Committee Chair: Dean Levitan, M.D.
Executive Assistant: Michelle Adams
Date Completed: August 13, 2026

1. Charter Alignment
Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Comments:
Are any charter responsibilities unclear, outdated, or missing?

2. Meeting Effectiveness

Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective
Meetings were well-organized and productive: ☐ Yes ☐ No
Agendas focused on governance (not only reporting): ☐ Yes ☐ No
Materials were provided in advance and were useful: ☐ Yes ☐ No
Meeting frequency was appropriate: ☐ Yes ☐ No

Comments:

3. Oversight and Decision-Making
Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Comments:

4. Strategic Value
Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Comments:

5. Membership and Participation
Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Comments / Suggested Changes:

6. Communication and Reporting
Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Comments:

7. Committee Work Plan Alignment
Did the committee operate in alignment with its annual work plan? ☐ Yes ☐ No ☐ Partially

Comments:

8. Overall Effectiveness
Overall Rating: ☐ Highly Effective ☐ Effective ☐ Needs Improvement ☐ Ineffective

Summary of Committee Performance This Year:

9. Key Improvements for Next Year

1. _____
2. _____
3. _____
4. _____

5. _____

10. Charter Review

Does the committee recommend changes to its charter? ☐ Yes ☐ No
If yes, please describe:

11. Additional Comments

Agenda item intentionally omitted