

Kaweah Delta Health Care District Board of Directors Meeting

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



DATE POSTED: February 11, 2026

NOTICE

Date: Tuesday, February 17, 2026

Location: Support Services Building, Copper 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/kaweahdeltahealthcaredistrictboardofdirectorsmeet>

You can also dial in using your phone.

Access Code: 460-561-181

United States: [+1 \(646\) 749-3122](tel:+16467493122)

SCHEDULE:

- **8:00 AM** – 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)

Mike Olmos • Zone 1
Board Member

VACANT • Zone 2

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
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Armando Murrieta • Zone 5
Vice President

Kaweah Delta Health Care District

Board of Directors Meeting

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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:

A handwritten signature in blue ink, appearing to read "Kelsie K. Davis".

Kelsie K. Davis

Board Clerk / Executive Assistant to the CEO

DISTRIBUTION:

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

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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 – Copper Conference Room
520 West Mineral King Avenue, Visalia, CA

Tuesday, February 17, 2026 {Committee Meeting}

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OPEN SESSION – 8:00 AM

- 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. [401K PLAN FINANCIAL STATEMENT AUDIT](#)** - Plan Year Ending June 30, 2025 – *Brian Conner and Anthony Alfaro, Baker Tilly.*
- 4. [MINUTES](#)** - Review of November 18, 2025 open minutes.
Requesting Committee Recommendation
- 5. [COMPLIANCE PRIVACY MANUAL](#)** – Review, discussion and possible recommendation to the Kaweah Health Governing Board for approval of a Compliance Privacy Manual, as presented – *Jill Berry.*
Requesting Committee Recommendation
- 6. CODE OF CONDUCT** – Review, discussion and possible recommendation to the Kaweah Health Governing Board for approval of the Code of Conduct, as presented – *Jill Berry.*
Requesting Committee Recommendation
- 7. [COMPLIANCE PROGRAM ACTIVITY REPORT](#)** – Committee review and discussion of the compliance Program Activity Report – *Jill Berry.*

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8. ADJOURN TO CLOSED SESSION

CLOSED SESSION – Immediately following the open meeting

1. **CALL TO ORDER**
2. **MINUTES** – Review of November 18, 2025 closed minutes.
Requesting Committee Recommendation
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (5 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 Employees' Retirement Plan Audit Required Communications

2025 Audit Results

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Agenda

1. Scope of Services
2. Executive Summary
3. Matters Required to be Communicated with Those Charged with Governance

Scope of Services

We have performed the following services for Kaweah Delta Health Care District

Annual Audit

Annual plan financial statements for the year ending June 30, 2025

Non-Attest Services

Assist management with drafting the plan financial statements for the year ending June 30, 2025

EXECUTIVE SUMMARY AS OF AND FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	6/30/2025	6/30/2024
	Employees Retirement Plan (in 000's)	Employees Retirement Plan (in 000's)
Audit Type	GAAS Audit	GAAS Audit
Opinion	Unmodified	Unmodified
Ending Net Assets	\$293,542	\$286,251
Net Investment Income	\$25,551	\$33,675
Employer Contributions	\$2,321	\$0
Benefits Paid and Expenses	\$20,581	\$19,778
Change in net assets	\$7,291	\$13,897
Net Pension Liability (NPL)	\$16,169	\$21,226
Change in NPL	(\$5,057)	(\$21,735)

Matters Required to be Communicated with Those Charged with Governance

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are responsible for forming and expressing an opinion about whether the financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with *accounting principles generally accepted in the United States of America*. Our audit of the financial statements does not relieve you or management of your responsibilities.



Matters Required to be Communicated with Those Charged with Governance

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). As part of an audit conducted in accordance with U.S. GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.



Matters Required to be Communicated with Those Charged with Governance

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

Our audit of the financial statements included obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control or to identify deficiencies in the design or operation of internal control. Accordingly, we considered the entity's internal control solely for the purpose of determining our audit procedures and not to provide assurance concerning such internal control.

Matters Required to be Communicated with Those Charged with Governance

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are also responsible for communicating significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Matters Required to be Communicated with Those Charged with Governance

Significant Accounting Practices:

Our views about qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures

The quality of the entity's accounting policies and underlying estimates are discussed throughout this presentation. There were no changes in the entity's approach to applying the critical accounting policies.

Matters Required to be Communicated with Those Charged with Governance

Significant Unusual Transactions:

No significant unusual transactions were identified during our audit of the entity's financial statements.



Matters Required to be Communicated with Those Charged with Governance

Significant Difficulties Encountered During the Audit:

We are to inform those charged with governance of any significant difficulties encountered in performing the audit. Examples of difficulties may include significant delays by management, an unreasonably brief time to complete the audit, unreasonable management restrictions encountered by the auditor or an unexpected extensive effort required to obtain sufficient appropriate audit evidence.

No significant difficulties were encountered during our audit of the entity's financial statements.



Matters Required to be Communicated with Those Charged with Governance

Disagreements With Management:

Disagreements with management, whether or not satisfactorily resolved, about matters that individually or in the aggregate could be significant to the entity's financial statements, or the auditor's report.

There were no disagreements with management.



Matters Required to be Communicated with Those Charged with Governance

Circumstances that affect the form and content of the auditor's report:

There were no circumstances that affected the form and content of the auditor's report.



Matters Required to be Communicated with Those Charged with Governance

Uncorrected Misstatements:

There were no non-trivial misstatements detected as a result of audit procedures that were communicated to management.



Matters Required to be Communicated with Those Charged with Governance

Representations Requested of Management

We requested certain representations from management that are included in the management representation letter dated December 19, 2025.

See Exhibit 1

Matters Required to be Communicated with Those Charged with Governance

Management's Consultation with Other Accountants:

When we are aware that management has consulted with other accountants about significant auditing or accounting matters, we discuss with those charged with governance our views about the matters that were the subject of such consultation.

We are not aware of instances where management consulted with other accountants about significant auditing or accounting matters.



Matters Required to be Communicated with Those Charged with Governance

Significant issues arising from the audit that were discussed, or the subject of correspondence with management:

No significant issues arose during the audit that have not been addressed elsewhere in this presentation.

Matters Required to be Communicated with Those Charged with Governance

Other findings or issues arising from the audit that are, in the auditor's professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process:

There are no items to report.



**THANK
YOU**

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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AUDIT AND COMPLIANCE COMMITTEE

Meeting Held: Tuesday, November 18, 2025 • GME West Conference Room

Attending: Board Members: Michael Olmos – Committee Chair, Dean Levitan, M.D.; Gary Herbst, 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 1:00pm.

Public Participation: None

Written Reports:

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

- **Prevention and Detection Issuances and Responses:** There have been several new bulletins and regulatory updates. The Compliance Department is moving towards more data-driven tracking, as reflected in this quarter's reports. The Compliance Department is working closely with departments to improve response rates to assignments. District policy CP.08: Regulatory Updates is being rolled out to department leaders to provide education and improve understanding of the expectations. Ms. Berry indicated the Compliance Preventionist is scheduling meetings to provide education to departments with low response rates. Ben Cripps provided the Committee with an overview of the process in which the Compliance Department distributes and monitors bulletins, indicating the expectation is that every assignment is responded to. The Committee asked for clarification on how an assignment is handled when leadership does not provide a response. Ms. Berry explained that non-responses are being escalated to the Chiefs responsible for those departments. Mr. Cripps indicated that when a new issue arises the Compliance Department reviews the bulletin then reviews the response from leadership and that responses are expected on all issued assignments.
- **Medicare Recovery Audit Contractor Activity:** Kaweah has seen a recent increase in recovery audit contractor work as compared to the previous quarter. Ms. Berry informed the Committee there was a reorganization with our RAC in response to a recent contract renewal with Medicare; and their work is now ramping back up. Compliance will continue to work with HIM and their team to determine how to move forward with requests.

Policies and procedures – Jill Berry provided the Committee with a high-level overview of new and revised policies and procedures noting:

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Kaweah Delta Health Care District

Board of Directors Committee Meeting

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- CP.16 Compliance Risk Assessment and Annual Compliance Workplan Development. Ms. Berry indicated a formal written process on how to identify and calculate risk and annual work plans has been created that align with previous practices by the Compliance Department. The Compliance Department will determine what is new, what needs to be reviewed, and will work with area leaders for new developments in their departments. Risks are scored based on significance to the organization and risk, including things such as criminal versus civil penalties, and activity. Current processes, including policies and procedures, auditing, and the presence of tight controls on high risk areas, weigh heavily on how issues are classified and handled.
- CP.17 Remote Non-Employee Electronic Medical Record System Access. Memorializes the current procedure and clarifies how the Compliance department will tighten controls on the number of non-employees who have access to Kaweah's medical record system. Mr. Cripps described the process that a non-employee must go through in order to be granted access to the system indicating there are a lot of enhancements that need to occur within this process. The committee discussed the culture within the organization compared to the culture in the medical offices. Ms. Berry provided the Committee with the various types of access, noting each user starts off with the bare minimum. The Committee asked if the private offices pay for their access to the system. Mr. Cripps informed the Committee Kaweah pays for the access of all users and explained the value of providing access to all requested non-employees to prevent one user from sharing their credential with the other staff and maintain the integrity of the Fairwarning system running in the background to detect potential breaches. The Compliance Department will work on implementing a renewal process where access is terminated when no activity has occurred within a set amount of time. Mr. Cripps reminded the committee that if a non-employee commits a breach and Kaweah is fined for the breach, it is the responsibility of the non-employee's office to remit the fine. Mr. Cripps provided the Committee with a brief background on how the Cerner system works.
- CP.13 Federal and State False Claims Act and Employee Protection Provisions. The only revision to this policy was the removal of specific dollar amounts for penalties due to the values for the penalties constantly changing.
- Committee Charters for Review and Approval:
 - Operational Compliance Committee Charter. This Committee will be a multidisciplinary, quarterly meeting. The Operational Compliance Committee will serve as a middle committee between work groups and the Audit & Compliance Committee. The Committee will compile data, review information that comes forth from the various sub-committees and other committees performing compliance-related activities. The committee will kick off after the first of the year. Mr. Cripps will be the Executive Sponsor, and the Compliance Department will support. High-risk area team members will be regular attendees.

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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- Policy and Procedure Committee Charter. This will be an organizational committee that will oversee policy and procedure management across the organization, including the policy and procedure system, and tighten controls over who has access and who can publish policies. It will be a multidisciplinary committee that will establish structure and provide framework for those who write, review, approve, and publish policies. The Committee asked if there is a cadence in which policies are to be reviewed. Ms. Berry explained that our current policy requires a review every three years, though there are some deficiencies across the organization. This committee will evaluate which policies are on the three-year track and which should be reviewed every year. The Committee discussed how to look up policies, communication to staff regarding policies, and consequences for failure to follow policies.

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

The Joint Commission Action Plan. Ben Cripps provided the Committee with a high-level overview noting:

- In 2023, Kaweah was cited for not monitoring the performance of contracts. The action plan is evidence to support ongoing work between physician/physician groups and Kaweah leadership. The Compliance Department sent out an annual attestation with four questions, upon receiving the attestations, the Compliance Department evaluated the responses. Based on the recent responses there are significant deficiencies in what Kaweah leadership's role is in understanding contracts. Mr. Cripps indicated his goal is to help improve and refine the process to ensure everyone who is a part of the physician contracting process knows what their role is (compliance, chief and service line director). Once established and agreed upon, Mr. Cripps will educate Leadership not only the process, but why we do what we do to create a more transparent, efficient, effective and expedited process to the extent possible for physician contracting and manage the process in a more disciplined way.
- Mr. Cripps indicated he is facing challenges in which physician groups, when contract terms are being negotiated, are not responding with a level of urgency. The Committee acknowledged that it is easy to identify the groups that are trying to gain an advantage. The Committee asked how Mr. Cripps will meet with all the physicians. Mr. Cripps indicated he will meet with the Executive Team and Directors to ensure they are consistently meeting with the physicians/physician groups. Mr. Herbst indicated the importance of meeting with physicians regularly with open communication.
- The Committee discussed the importance of physicians taking their concerns to the appropriate forum to avoid animosity amongst their peers.

Kaweah Delta Health Care District Board of Directors Committee Meeting

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- Mr. Cripps stated he is revising the Physician Contract Policy. Mr. Herbst stated it might be beneficial to have representatives from the valuation firm educate physicians on the fair market value process. Mr. Herbst suggested inviting the full Board of Directors to the education session.
- For the sake of time, the Committee deferred the Audit & Compliance Committee closed session “Conference with Legal Counsel – Anticipated Litigation” to the full Board of Directors meeting to be held on November 19, 2025.

Michael Olmos adjourned the open meeting at 2:30pm.

Requested Action: Audit and Compliance Committee make a recommendation to the Board of Directors for the Compliance Department to create a District Privacy Manual in policy and procedure system and move privacy-related policies currently located in the District Administrative Manual to the newly created District Privacy Manual.

Reason for Action:

- Having all privacy-related policies consolidated into one District Privacy Manual will allow end users to more easily identify and locate all Kaweah privacy policies when they are maintained in a single manual.
- Moving and consolidating the privacy-related policies into a District Privacy Manual will help to better align Kaweah's privacy-related policy management with Kaweah's Privacy Program activities.
- New and revised District Privacy Manual policies will be submitted to the Audit and Compliance Committee for review and approval in the same manner as Kaweah's Compliance Program policies.
- Maintaining the District Privacy Manual will be the responsibility of the Compliance Department in the same manner as Kaweah's Compliance Program policies.

Policies Proposed for Inclusion in District Privacy Manual:

- AP04 Access and Release of Protected Health Information (PHI)
- AP07 Communication with Law Enforcement Regarding Requests for Information and Requests to Interview Interrogate a Patient
- AP49 No information No presence in facility patient status
- AP53 Patient's Rights and Responsibilities, and Non-Discrimination
- AP64 Confidentiality Security and Integrity of Health Information
- AP103 Public Release of Patient Information
- AP107 Patient Privacy Use and Disclosure of Patient Information
- AP108 Patient Privacy Administration and Compliance Requirements
- AP150 Identity Theft Detection, Prevention, and Mitigation
- AP163 Photography and Video Recording of Patients and Staff
- AP71 District Facsimile (FAX) and Email Communications

Compliance Program Activity Report – Open Session

November 2025 through December 2025

Ben Cripps, Chief Compliance & Risk Officer



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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

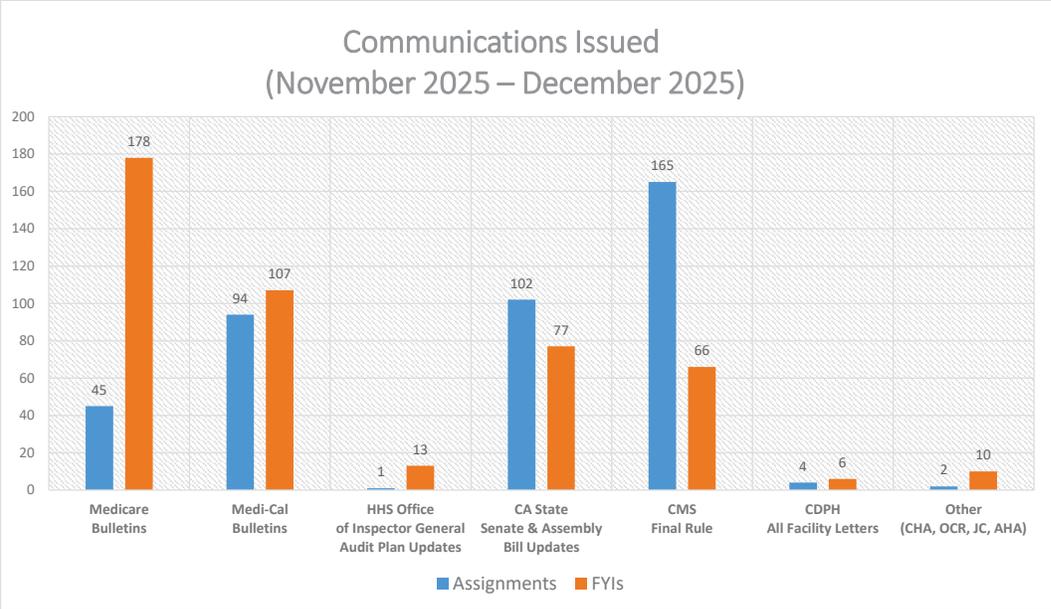
Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Compliance Matters – Preventive Compliance Process

Prevention & Detection

- **Review, Track, and Distribute Relevant Information Related to Regulatory Updates to Stakeholder Across the District**
 - California Department of Public Health (CDPH) All Facility Letters (AFL)
 - Medicare Monthly Bulletins
 - Medi-Cal Monthly Bulletin
 - US HHS Office of Inspector General (OIG) Monthly Audit Plan Updates
 - California State Senate and Assembly Bill Updates
 - US HHS Office of Civil Rights Activities and Focus Areas
 - California Hospital Association Communications
 - American Hospital Association Communications
 - Joint Commission Communications
- **Centers for Medicare and Medicaid Services (CMS) Final Rule** – Review and distribution of the 2026 CMS Final Rules for Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Inpatient Psychiatric Facility (IPF), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF) Prospective Payment System, Home Health Prospective Payment System, Hospice Wage Index and Payment Rate Update and Quality Reporting Program Requirements, Physician Fee Schedule (PFS), and End Stage Renal Disease (ESRD) Prospective Payment System.

Prevention & Detection - Issuance



Total Assignments: 413
Total FYIs: 457

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
- **Licensing Applications and Medicare/Medi-Cal Facility Enrollment** – Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH) and enrollment applications for Medicare or Medi-Cal. Ongoing communications and follow-up regarding status of pending applications.
 - Eleven (11) applications related to licensure were submitted.
 - Thirteen (13) applications for government payor enrollment and/or information were submitted.
- **DHCS Documentation Audit and Onsite Visit for Medi-Cal Enrollment**
 - SRCC Hanford Medical Oncology – Successful documentation audit and site visit, enrollment pending

Oversight

- **Medicare Recovery Audit Contractor (RAC) Activity** – Records preparation, tracking appeal timelines, and reporting
 - The following RAC Audit Activity took place between November 2025 – December 2025:
 - New Requests: Sixty-three (63) new RAC record requests were received.
 - Previously Open/Ongoing Requests:
 - Twelve (12) were reviewed and closed with no recovery after review of the medical records submitted
 - Twenty (20) were denied and are pending a decision from Care Management
 - Thirty-three (33) have had records submitted and are pending review by the RAC
 - Two (2) are pending a decision from Coding on whether to appeal to Level 1 with Noridian
 - Three (3) are closed and pending demand letter by the RAC
 - Two (2) are pending a response by the RAC on Kaweah’s discussion request.

Policies and Procedures and Program Related Processes:

- Compliance and Privacy Related Document Reviews and Revisions:
 - Code of Conduct Revision
 - Revise the CEO's message on Page 4 to remove Gary Herbst's information and replace with Marc Mertz's information.
 - Replace Kaweah Delta with Kaweah Health throughout document.
 - District Privacy Manual Development
 - Compliance Department to create a District Privacy Manual in policy and procedure system and move privacy-related policies from the AP Manual to the newly created District Privacy Manual.
(See attached request for Recommendation of Board action)

Auditing and Monitoring

- **Electronic Medical Record (EMR) User Access Privacy Audits** – Daily monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations
 - Average of one hundred and forty (140) daily alerts received and reviewed between November 1, 2025 – December 31, 2025.
 - Types of Alerts Reviewed:
 - Same Last Name: 75.5%
 - Co-Worker: 22.5%
 - VIP: 1.4%
 - Self-Access: 0.1%
 - Same Household: 0.5%
- **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 that screening was completed and no Excluded Individuals or Entities were identified.
 - Suppliers – Review of reports and certification by the Finance Department that screening was completed and no Excluded Individuals or Entities were identified.
 - Two (2) non-credentialed providers were identified on the Medicare Opt-Out list from November – December 2025. Findings were tracked and logged into the system. No additional action was required as providers were only referring and not treating.

The pursuit of healthiness



Agenda item intentionally omitted