



November 8, 2022

**NOTICE**

The Kaweah Delta Health Care District Board of Directors will meet in an Audit and Compliance Committee meeting at 9:30 AM on Tuesday, November 15, 2022 in the Kaweah Health Support Services Building - Granite Conference Room {520 W. Mineral King Ave., Visalia}.

The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Audit and Compliance Committee meeting immediately following the 9:30 AM meeting on Tuesday, November 15, 2022 in the Kaweah Health Support Services Building – Granite Conference Room {520 W. Mineral King Ave., Visalia} pursuant to Government Code 54956.9(d)(2).

All Kaweah Delta Health Care District regular board and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

The disclosable public records related to agendas are available for public inspection at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA and on the Kaweah Delta Health Care District web page <https://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
Michael Olmos, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio  
Board Clerk  
Executive Assistant to CEO

DISTRIBUTION:  
Governing Board  
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Chief of Staff  
<http://www.kaweahhealth.org/about/agenda.asp>

# KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS AUDIT AND COMPLIANCE COMMITTEE

Tuesday, November 15, 2022

Kaweah Health Support Services Building, Granite Conference Room  
520 West Mineral King Ave, Visalia, CA 93291

ATTENDING: Directors; Mike Olmos (Chair) & Garth Gipson; Gary Herbst, Chief Executive Officer; Malinda Tupper, Chief Financial Officer; Keri Noeske, Chief Nursing Officer; Rachele Berglund, Legal Counsel; Ben Cripps, Chief Compliance & Risk Officer; Amy Valero, Compliance Manager; Michelle Adams, Executive Assistant

## OPEN MEETING – 9:30AM

**Call to order** – *Mike Olmos, Audit and Compliance Committee Chair*

**Public / Medical Staff participation** – Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.

### 1. **Written Reports** – Committee review and discussion of written reports

1.1 [Compliance Program Activity Report](#) – *Amy Valero*

### 2. **Verbal Reports**

2.1 Compliance Program – Provide an update on the status of Compliance Program activity – *Ben Cripps*

2.1 Internal Audit Activity Update – Provide an update on the status of the Internal Audit Program activity – *Ben Cripps*

### 3. **Approval of Closed Meeting Agenda** – Kaweah Health Specialty Clinic Conference Room – immediately following the open meeting

- o Conference with Legal Counsel – Anticipated Litigation  
Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (6 cases)  
– *Ben Cripps and Rachele Berglund (Legal Counsel)*

**Adjourn Open Meeting** – *Mike Olmos, Audit and Compliance Committee Chair*

## CLOSED MEETING – Immediately following the 9:30AM open meeting

November 15, 2022 - Audit and Compliance Committee

Page 1 of 2

*Mike Olmos – Zone I*  
Secretary/Treasurer

*Lynn Havard Mirviss – Zone II*  
Vice President

*Garth Gipson – Zone III*  
Board Member

*David Francis – Zone IV*  
President

*Ambar Rodriguez – Zone V*  
Board Member

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

**Call to order** – *Mike Olmos, Audit and Compliance Committee Chair*

1. **Conference with Legal Counsel - Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (6 cases) – *Ben Cripps and Rachele Berglund (Legal Counsel)*

**Adjourn** – *Mike Olmos, Audit and Compliance Committee Chair*

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.*

# Compliance Program Activity Report – Open Session

August 2022 through October 2022

Ben Cripps, Chief Compliance & Risk Officer



[kaweahhealth.org](https://kaweahhealth.org)



# Education

## Live Presentations

- Compliance and Patient Privacy – Management Orientation
- Operational Compliance Educational Update – Kaweah Health Medical Group
- Compliance and Privacy Education
  - Tulare Rural Health Clinic
  - Radiology and Imaging
  - Lindsay Rural Health Clinic
  - Exeter Rural Health Clinic
  - Urgent Cares
  - Clinical Documentation Improvement (CDI)

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

- Visitor Guidelines
- Compliance Anonymous Information Line
- Compliance Assessments

# Prevention & Detection

- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk.
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG audit Plan issues to area potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk.
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk.

# Prevention & Detection (continued)

- **Patient Privacy Walkthrough** – Observation of regulatory signage and privacy practices throughout Kaweah Health; issues identified communicated to area management for follow-up and education.
- **User Access Privacy Audits** – Fairwarning daily monitoring of user access to identify potential privacy violations.
  - Kaweah Health Employees
  - Non-employee users
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG exclusion list review and attestations.
- **Medicare PEPPER Report Analysis** – Quarterly review of Medicare Inpatient Rehabilitation, Hospice, Mental Health, and Acute Inpatient PEPPER statistical reports to identify outlier and/or areas of risk; evaluate with Kaweah Health leadership quarterly at PEPPER Review meeting.

# Oversight, Research & Consultation

## Ongoing

- **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** – Forms preparation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications.
  - *Kaweah Health / USC Urology Clinic Licensing* – Consultation and submission of licensing application to the California Department of Public Health (CDPH); ongoing communication, scheduling and oversight of on-site licensing visit; survey completed on October 6, 2022, without deficiencies; clinic licensed and operable.

# Oversight, Research & Consultation

## New

Linqcare Consent Telehealth Workflow – Research and consultation regarding verbal consent process for Rural Health Clinic (RHC) Mental Health Telehealth provider/services. Research determined that verbal consent for telehealth treatment is appropriate for the Conditions Of Admission (COA) and COAs are not required to be printed or mailed to the patient unless requested. Research and findings were shared with leadership.

Provider Acting As Locum – Research and consultation to determine whether a locum at a Rural Health Clinic (RHC) can cover physician vacancies. Research determined that Locums may only be used to fill certain types of vacancies according to CMS guidelines. Research and findings were shared with leadership.

Dialysis Coding – Consultation on appropriate charting for dialysis patients. The Compliance Department completed a comprehensive review of the billing guidelines surrounding this concern. In addition, we met with the provider to evaluate their charting and billing practices. Following our review and subsequent discussion, the Compliance Department determined that appropriate practices were in place to ensure billing compliance. The results were shared with Dialysis leadership.

# Oversight, Research & Consultation

## New

EMTALA and Patient Rights Signage – Consultation to ensure signage is properly displayed. The Compliance Department worked with Risk Management and Emergency Department Leadership to ensure appropriate placement of signage in accordance with CMS regulations and Kaweah Health policy. In addition, the Compliance Department and Leadership determined modifications of EMTALA signage were necessary, and new processes were implemented to ensure compliance going forward.

Billing Surgeons for the use of Registered Nurse First Assistants (RNFAs) – Research and consultation on billing surgeons for the use of RNFAs during procedures. The Compliance Department determined billing surgeons for the use of RNFAs is sound from a regulatory perspective; however, from an operational perspective, it is impossible to implement given the unique billing and contracting requirements with the various physician groups.

# Auditing & Monitoring

## New

Admit Source D – An internal audit was completed of all encounters in which a patient was transferred to the Mental Health, Skilled Nursing or Rehabilitation Facilities between January 2022 – July 2022 to evaluate the proper use and reporting of Admission Source D. The audit noted a 95% compliance rate. Education was provided to staff. All errors were reviewed and corrected by Patient Access Leadership.

Inpatient Rehabilitation Audit – An external audit of five (5) randomly selected rehabilitation inpatient accounts was completed to evaluate Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) key areas and coding guidelines. The audit noted a 99.8% accuracy. The results of the review have been shared with leadership.

# Projects

No Surprises Act – Provided consultation to evaluate new compliance standards for the No Surprises Act (effective January 2022). The new law aims to protect consumers from excessive out-of-pocket costs and prohibits surprise balance bills when receiving emergency health care services from out-of-network providers at in-network facilities. The bill also requires healthcare facilities to provide good-faith estimates for procedures for cash-pay patients and new signage requirements. A spreadsheet was created outlining all elements of the Act, all of which are now compliant as of October 26, 2022.

Business Associate Agreement Validation – Extensive review, validation and collection of Business Associate Agreements (BAA) within the Compliance 360 Contract Database System. In collaboration with the Materials Management Department, who oversees all non-provider contracts, Compliance has initiated a validation process of BAAs to ensure accurate storage within the system and removal of non-valid agreements. Leadership has been re-educated to ensure BAAs are acquired, when appropriate, when executing new agreements. The result of the extensive review is intended to identify and execute (when necessary) agreements for all required vendors and ensure an organized process through the contracts management system for ease of access.