Governance, Compliance and Ethics

Agenda

Committee Members
Chair: Reina Gonzalez, JD
Byron Cryer, MD
Ramon Miguez, PE
Yasim Simon, JD
Lisa Sutter

Agenda for the ***Governance, Compliance and Ethics Committee Meeting of the Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, May 7, 2025, at 11:00 AM***, at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Executive Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via WebEx. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2311 010 7333; meeting password: 1234) to join the meeting. The ***Governance, Compliance and Ethics Committee*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Governance, Compliance and Ethics Committee*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

	PAGE	TIME (MIN)	PRESENTER(S)
I. Declare a Quorum Present/Call to Order/Mission Statement ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity The agenda has been developed by the Chief Governance Officer in consultation with the Committee Chair and reviewed and affirmed by Counsel.			Chair
II. Public Comments Regarding Agenda Items *See public comment registration information and rules at*			

	PAGE	TIME (MIN)	PRESENTER(S)
https://www.parklandhospital.com/board-of-managers			
III. Reports Requiring Deliberation(s) or Possible Action			
A. Discussion Regarding Board & Committee Attendance	*5-7*	10	Saul Cordero, PE, FACHE
B. Presentation of the 2025 Compliance and Ethics Program Functions Assessment Executive Summary by Ankura	*8-15*	15	Lisa Taylor - Ankura
IV. Executive Session Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §§551.071			
A. Receive Report from Chief Compliance and Ethics Officer regarding the 2025 Compliance and Ethics Program Functions Assessment Conducted by Ankura (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occ. Code §160.007)	*16-42*	20	Lisa Taylor Melanie Roberts
B. Review and Potential Discussion on the Following Compliance and Ethics Reports: (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007) i. FY25 Compliance Program Assessments ii. FY25 Compliance Risk Assessment & Enterprise Risk Management Survey iii. 2025 Bi-Annual ONE Survey with Culture of Compliance Questions iv. FY25 Compliance and Ethics Training v. FY25 YTD Q2 Investigations Unit Dashboard Excerpt – Substantiated Case Reviews vi. Health Care Compliance Association (HCCA) Chief Compliance Officer Roundtable Event	*43-52*	15	Chair Melanie Roberts
C. Review and Discussion of Quarterly Report on Open Compliance Reviews and Audit Reports (Tex. Gov't Code §551.071)	*53-54*	15	Steve Roth, JD
D. Institutional Ethics Committee Report (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007)	*55-68*	15	Jennifer Wimberly, MD

	PAGE	TIME (MIN)	PRESENTER(S)
V. Possible Deliberation Regarding Documents Received by the Committee			
A. Fiscal Year Quarter Two (FY Q2) and Year-to-Date (YTD) Compliance Department Reports: i. Sanction Screening Results ii. Conflicts of Interest Program Activities and Dashboard iii. Education and Training Activities iv. Auditing and Monitoring Activities Dashboard v. Investigations Unit Dashboard with Description of Industry Benchmark Categories vi. Work Plan, Departmental Goals and/or Objectives Dashboard vii. Key Performance Indicators viii. Policies in Review	69-103		Chair
VI. Action Item			
A. The Board may take action on any agenda item(s) above	*105*		Chair
VII. Closing Remarks	*106*		
VIII. Adjourn			

III. Reports Requiring Deliberation(s) or Possible Action

III. Reports Requiring Deliberation(s) or Approval

III (A). Discussion Regarding Board & Committee Attendance

Attendance to Board & Committee Meetings

Board Member Attendance to Committee Meetings

Management Attendance to Board and Committee Meetings

III. Reports Requiring Deliberation(s) or Approval

III (B). Presentation of the 2025 Compliance and Ethics Program Functions Assessment Executive Summary by Ankura.

Parkland Compliance Program Effectiveness Assessment – Full Report

May 2025

ankura

Parkland

Parkland Health - Ankura Team

Assessment Lead

Lisa Taylor

Lisa is an expert in Compliance and Privacy. She has developed and implemented effective and efficient compliance and privacy programs in both healthcare and manufacturing. Lisa utilizes lean processes to assist clients in implementing effective and efficient compliance and privacy programs.

Assessment SME

Kasie Ray

Kasie is an experienced compliance professional with expertise in multiple areas including healthcare compliance, federal grant compliance, and Human Resources. She is primarily focused on assessing the development, implementation, and effectiveness of compliance programs for healthcare systems.

Assessment SME

Ana Simon

Ana Simon is an experienced compliance professional with expertise in research compliance and healthcare disputes. She is primarily focused on clinical trial research compliance and coverage analysis auditing. Ana has supported the development of expert witness reports for managed care-related disputes.

Assessment SME

Samir Almhiemid

Samir has experience in various areas of healthcare operations that include HIPAA Privacy, CURES Act compliance, and clinical research budgeting/negotiations. Primarily, he focuses on the evaluation and development of privacy programs for healthcare systems.

Assessment SME / Project Manager

Meera Patel

Meera has experience conducting compliance and privacy effectiveness and risk assessments for various healthcare entities. She has drafted multiple compliance and privacy policies, performed due diligence on company documents, and prepared reports with actionable recommendations.

Project Description & Table of Contents

Ankura was engaged by Parkland Health to review the current design, structure, and elements of the organization's Compliance Program against government guidance and industry best practices to identify gaps and opportunities.

I.	Assessment Approach and Foundational Findings	4
II.	Compliance Assessment Findings	8
IV.	Appendix	25

Assessment Approach Executive Summary

Compliance Effectiveness Assessment Process

Ankura used the following process to review the current design, structure, and elements of the Parkland Compliance Program:

- Documents reviewed - 335
- Interviews with compliance and operations leaders and managers – 33
- Evaluate alignment with guidance documents and industry best practices
- Identify detailed recommendations for enhanced effectiveness
- Work with Parkland Compliance Program leadership to develop strategy for implementation of recommendations

Seven Elements of Effective Compliance and Privacy Programs

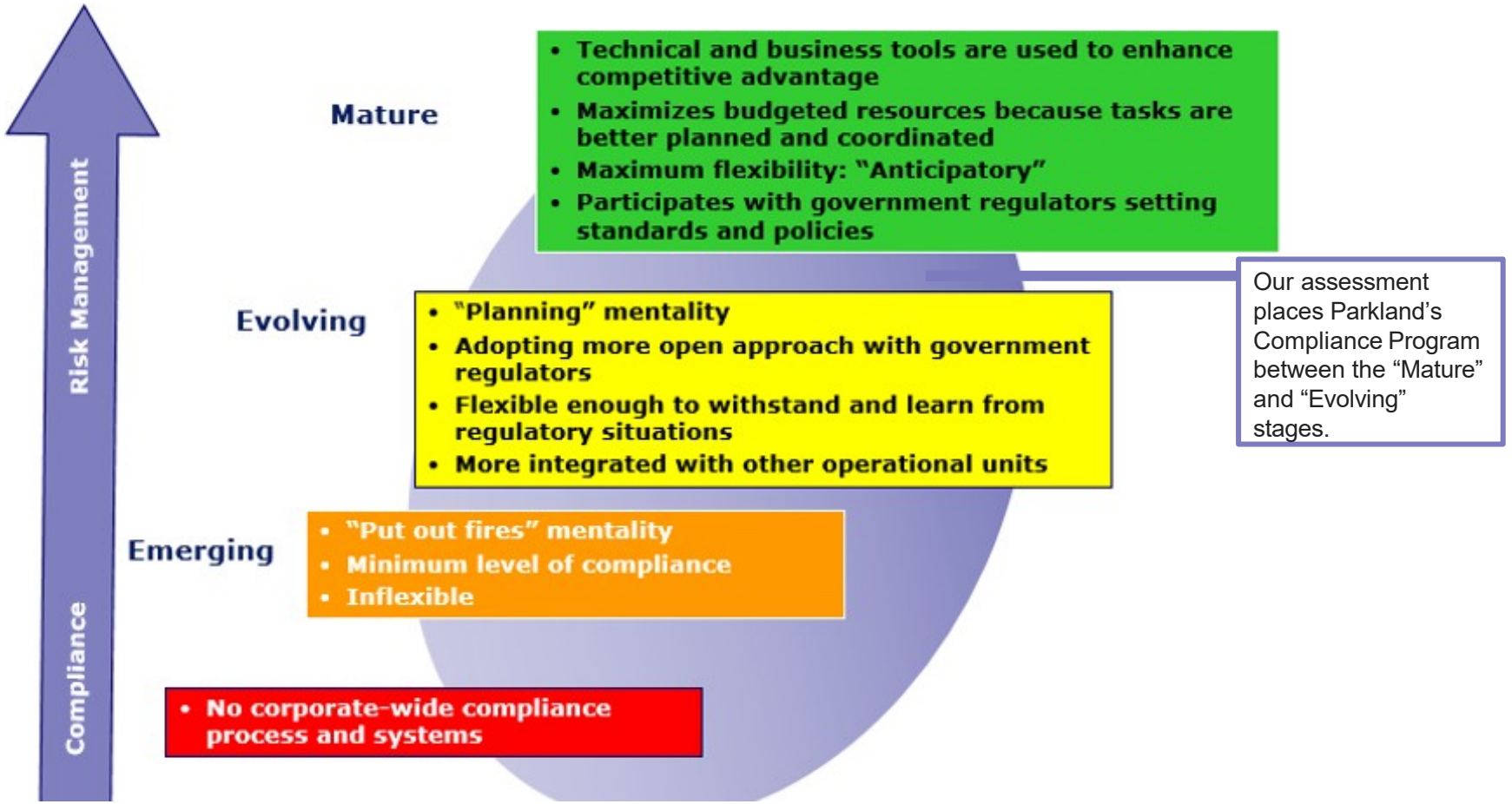
Ankura leveraged the United States Sentencing Commission Guidelines for Effective Compliance Programs (September 2018), OIG's General Compliance Program Guidance (GCPG) (November 2023), Measuring Compliance Program Guidance (March 2023), the United States Department of Justice Evaluation of Compliance Programs (updated September 2024) and the Health Insurance Portability and Accountability Act to assess Parkland's Compliance Program, aligning them with government expectations to prevent fraud, waste, abuse, and compliance risk.

Compliance

1. **Standards of Conduct, Policies & Procedures**
2. **Compliance Program Administration**
3. **Screening and Evaluation**
4. **Communication, Education, and Training**
5. **Monitoring, Auditing, and Internal Reporting Systems**
6. **Discipline for Non-Compliance**
7. **Investigation and Remedial Measures**

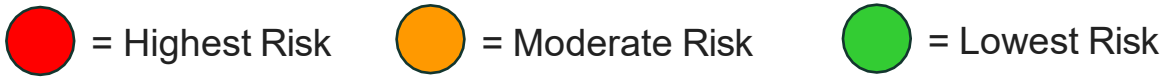
Note: Please see appendix for comprehensive references list

What Does Your Data Say About Your Program?



Culture of Compliance

For purposes of this presentation, recommendations are “ranked” according to the potential for organizational risk.



The following slides will outline each recommendation with an assigned a risk rank. At a glance, our assessment found:

Risk Rank	# of occurrences
	0
	9
	25

Further, this presentation identifies 3 current initiatives as industry best practice while also identifying 5 opportunities for best practice implementation.

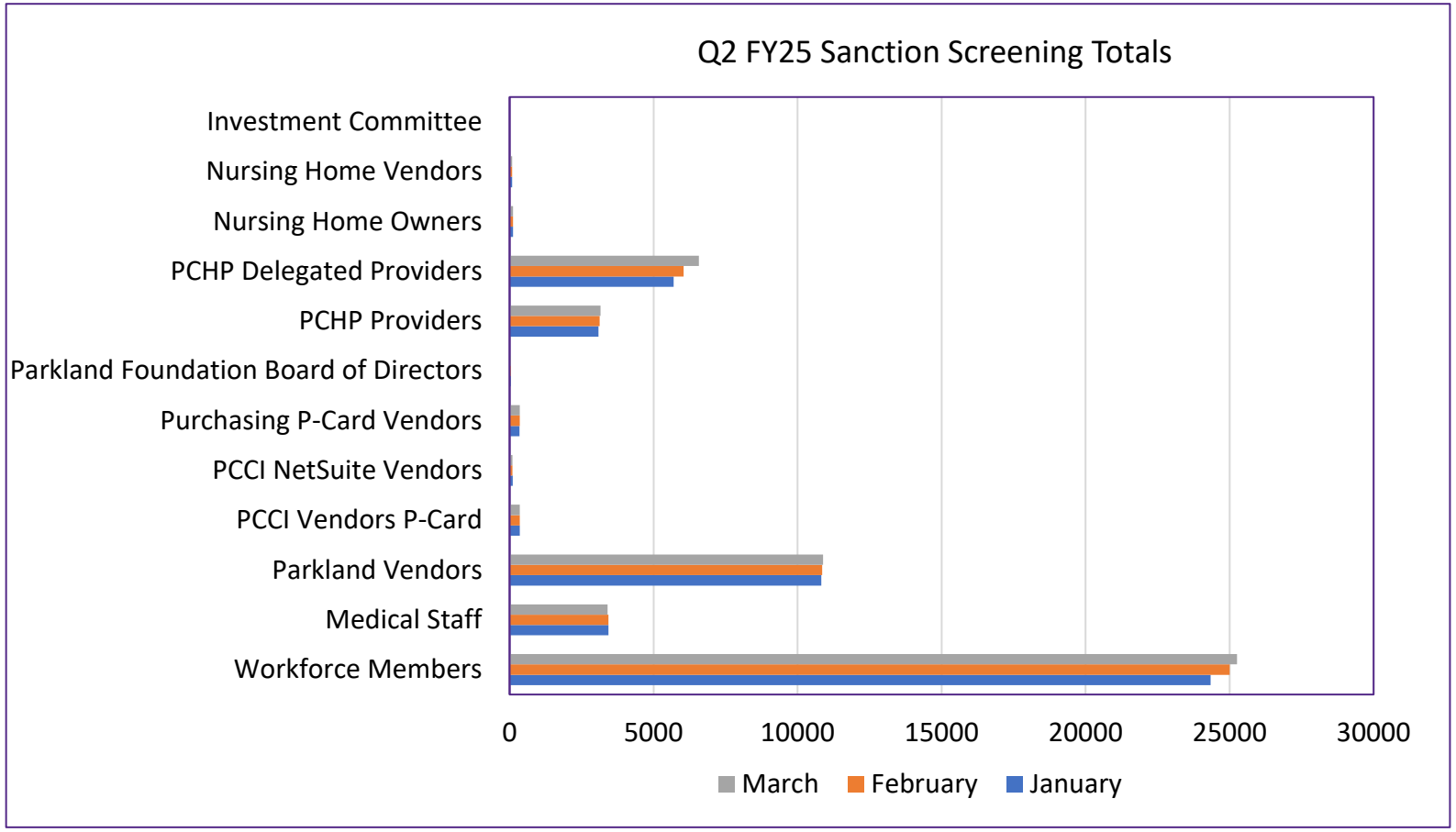
V. Possible Deliberation Regarding Documents Received by the Committee

V (A). Fiscal Year Quarter Two (FY Q2) and Year-to-Date (YTD) Compliance Department Reports:

i. *Sanction Screening Results*
ii. *Conflicts of Interest Program Activities and Dashboard*
iii. *Education and Training Activities*
iv. *Auditing and Monitoring Activities Dashboard*
v. *Investigations Unit Dashboard with Description of Industry Benchmark Categories*
vi. *Work Plan, Departmental Goals and/or Objectives Dashboard*
vii. *Key Performance Indicators*
viii. *Policies in Review*

FY25 Q2 Sanction Screening Results

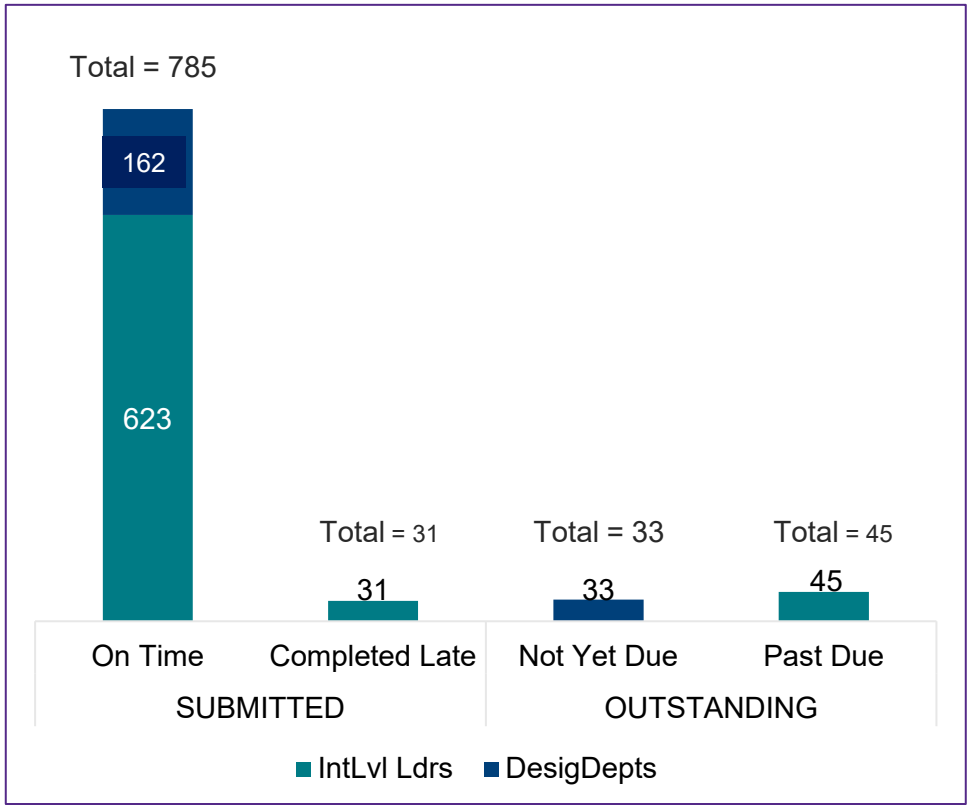
- 148,252 total screenings
- 80 preliminary matches identified by vendor; all requiring further analysis by CED
- 79 cleared following CED analysis
- 1 confirmed match [2]



[1] Workforce Members as defined for this report is a sub-set of the larger universe outlined in Parkland policy. This report only includes Employees, Terminated Employees with Pay, Non-Employees, and Non-Remunerative Residents.
[2] All compliance risks have been mitigated. No action required. Case File: 2212-PARK-30009-01

FY25 Q2 Conflicts of Interest Dashboard
Scheduled Annual Assignments

Assigned
October 2024 through March 2025



* Minus terms, other changes to assignment criteria

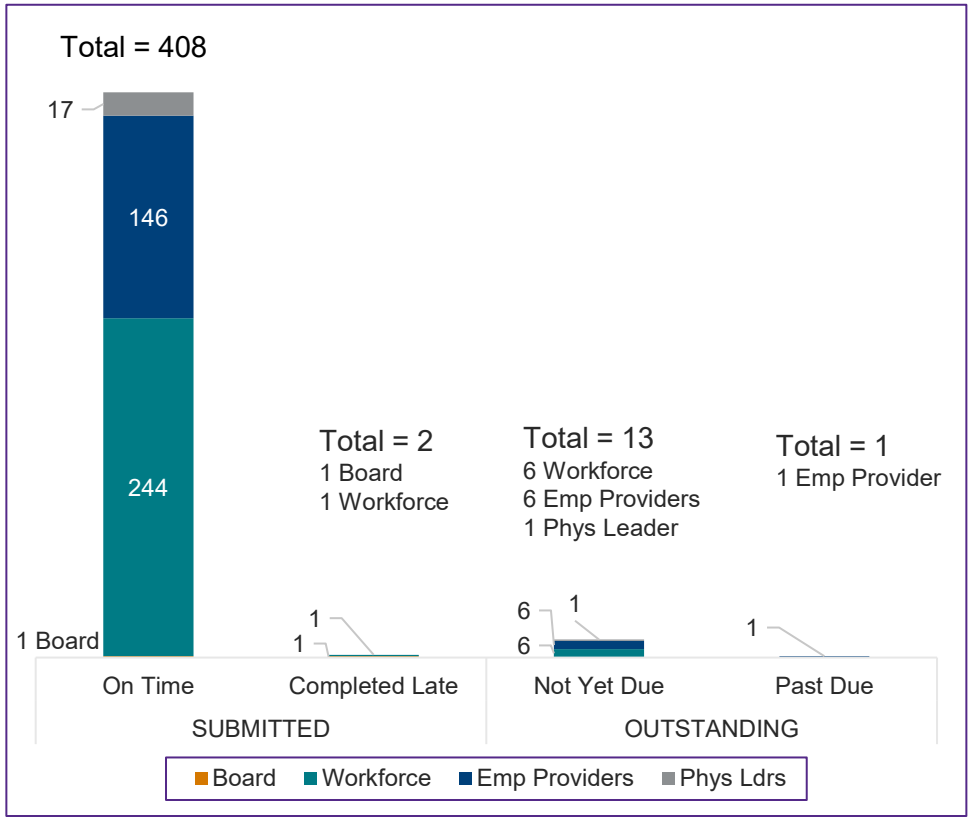
Submitted
October 2024 through March 2025

Assigned Group	Review in Process	Management Plan Issued	Review Complete	No Disclosures** (no review needed)	Total
Intermediate-Level Leaders	75	0	47	532	657
Designated Departments, pt 1	3	0	3	156	162
Total Submissions	**78**	**0**	**50**	**688**	**816**

**To be designated as No Action Needed upon COI Workgroup approval

FY25 YTD Q2 Conflicts of Interest Dashboard
Non-Annual Assignments
(New Hire/Appt, Rehire, Change in Position, Return from Leave, Unscheduled)

Assigned
October 2024 through March 2025



* Minus terms, other changes to assignment criteria

Submitted
October 2024 through March 2025

Assigned Group	Review in Process	Management Plan Issued	Review Complete	No Disclosures** (no review needed)	Total
Board Members	1	0	0	1	2
Workforce Members (Non-Providers)	23	5	10	210	248
Employed Providers	25	3	102	17	147
Physician Leaders	3	0	0	14	17
Total Submissions†	**52**	**8**	**112**	**242**	**414**

**To be designated as No Action Needed upon COI Workgroup approval
† Includes 4 submissions that were not assigned (i.e., self-reported)

FY25 Q2 Training & Education Activities

Lunch & Learn

Feb 26 – Conflicts of Interest

Topics:

- Ethical Commitment to Objectivity
- Maintain Appropriate Relationships
- What Could Be a Conflict of Interest
- How to Request a Disclosure Statement
- Conflicts of Interest Management Process

Liaison Program

Special Invite to Lunch & Learn Session

(No Official Meeting)

Parkland Now

Mar 3rd - FY25 Conflicts of Interest Disclosure Program Campaign Announcement

Leadership Forum

Feb 6th – Accounting of Disclosures Update, FY25 COI Campaign, Lunch & Learn Dates

Mar 6th – Patient Privacy & Safety Posts, Joint Presentation with Quality & Safety

FY25 YTD Q2 Compliance Training Reports Review

Situation: Compliance Training Reports are reviewed monthly to track the completion of mandatory training for Workforce Members. Recent reports have identified issues such as delinquency, duplicate training assignments, and records of Workforce Members who are no longer with Parkland.

Background: Monthly Training reports are provided to Compliance Operations from Training and Development have shown ongoing discrepancies, including multiple training assignments for the same individual and outdated records. These issues impact the accuracy of Key Performance Indicators tracking and reporting.

Assessment: Failure to address these issues may lead to non-compliance risks, inefficient training management, and inaccurate reporting. Compliance Operations has been working with OTM Business Partners to notify managers of these discrepancies and ensure necessary corrections are made.

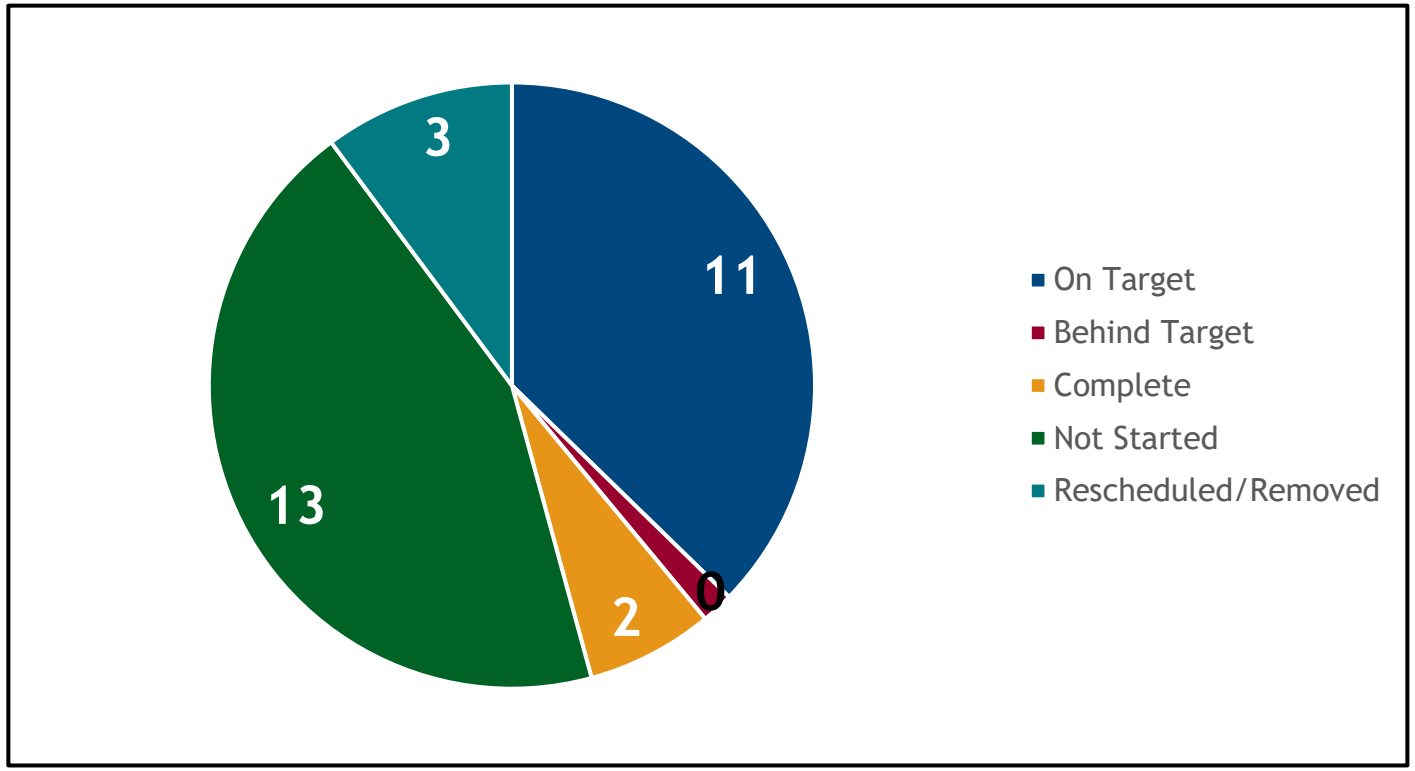
Recommendation: A systematic approach should be established to ensure timely completion of training and to prevent recurring issues, such as duplicate assignments and outdated Workforce Members records. Immediate supervisors are accountable for new hire compliance with these deadlines and are expected to escalate unusual circumstances to their Talent Management Business Partner as stated in OTM policy 5000-1500 New Employee Orientation.

Duplicate training assignments	Delinquency *(More than 30 days from due date)*				Workforce Members no longer with Parkland
Not counted as delinquent	> 30 Days	>50 Days	>60 Days	>100 Days	Removed from system
2	7	3	2	1	5

FY25 YTD Q2 Compliance Revenue Cycle Audit Updates

Risk Assessment & Ad-hoc ("AH") Audit Activity

Total # Audits	On Target	Behind Target	Complete	Not Started	Rescheduled / Removed
27	11	0	2	13	3



Phase Breakdown for **On Target & Behind Target** Audits

Audits In Review	• Single Visit Coding • Clinical Research • JZ & JW Modifiers • High Risk Diagnosis Code (HCC) • Peritoneal Dialysis (PD) • Mobile Immunization Clinic • DSHS Family Planning Program
Audits In Reconsideration Process	• No Surprises Act
Audits In Expanded Review	• Medicare Bad Debt • Referral Source Payment Review
Audits In Corrective Action in Process ("CAP")	• CR-002-025 / Attorney-Client Privileged Review

FY25 YTD Q2 Compliance Audit Schedule

All dates within FY25 YTD October 1, 2024, through September 30, 2025, unless otherwise denoted.

FY25 YTD audits started in FY24

Expected Quarter	Expected Month	Actual Quarter	Actual Month	Audit Number & Topic	Primary Stakeholders for Notice of Audit
Q1	October	Q4-FY24	September 2024	CR-002-025 / Attorney-Client Privileged Review	
Q2	January	Q3-FY24	June 2024	CR-001-25 / Medicare Bad Debt	James Blasingame Keri Disney-Story
Q1	October	Q1	October	CR-003-025RP / No Surprises Act	Kyle Cross Gerry Baker
Q1	October	Q1	October	RA-005-025 / Duplicate Evaluation & Management (E/M) Codes on same Date of Service (Emergency Department)	Natalie Rodriquez Dawn Marchetto
Q1	October	Q1	October	RA-015 / Apheresis – Medicine Services	Judy Herrington
Q1	November	Q1	November	CA-2405 / Referral Source Payment Review	Compliance & Ethics
Q4	July	Q1	November	RA-012-025 / Peritoneal Dialysis	Denise Harrington Pat Shirey
Q2	January	Q2	January	RA-008-025 / High Risk Diagnosis Coding (HCC)	Mandy Transou LaKeysha Moore Gerry Baker
Q3	April	Q2	February	RA-020-025 / DSHS Family Planning	Nicole McKinley Carmen Bowling

Audit prioritization of ‘actual’ quarter/month start date vs. ‘expected’ is determined by a variety of factors.

FY25 YTD Q2 Compliance Audit Schedule

All dates within FY25 YTD October 1, 2024, through September 30, 2025, unless otherwise denoted.

Expected Quarter	Expected Month	Actual Quarter	Actual Month	Audit Number & Topic	Primary Stakeholders for Notice of Audit
Q2	January	Q2	February	RA-014-025 / JZ and JW Modifier	Elizabeth Unachukwu Carrie Berge
Q2	January	Q2	February	RA-021-025 / Clinical Research Billing	Leticia Blea Susan Partridge
Q3	April	Q2	February	RA-016-025 / Mobile Immunization Clinic	Eboni Joseph-Wilson Francesco Mainetti
Q2	January	Q2	March	RA-004-025 / Single Visit Coding	Mandy Transou LaKeysha Moore Gerry Baker
Q2	February	Tabled for FY25	Tabled for FY25	RA-007-025 / Medicare Notices: Hospital-Issued Notices of Noncoverage (HINN) and Medicare Outpatient Observation Notice (MOON)	Tabled for FY25 HIM Operations Monitoring Completed in FY24
Q2	March	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-003-025 / Claim Edits – High Dollar, High Volume, Regulatory Requirement or Recommended	Population Health – TBD Kairon Francois Gerry Baker
Q2	January	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-013-025 / Remote Patient Monitoring Services	Molly Case Dr. Brett Moran
Q3	April	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-009-025 / Oncology Services	Judy Herrington Sobha Fuller
Q3	April	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-002-025 / Gynecology Specialty Clinic Protocols	Eboni Joseph-Wilson Francesco Mainetti

Audit prioritization of ‘actual’ quarter/month start date vs. ‘expected’ is determined by a variety of factors.

FY25 YTD Q2 Compliance Audit Schedule

All dates within FY25 YTD October 1, 2024, through September 30, 2025, unless otherwise denoted.

Expected Quarter	Expected Month	Actual Quarter	Actual Month	Audit Number & Topic	Primary Stakeholders for Notice of Audit
Q3	April	Pending Not Yet Assigned	Pending Not Yet Assigned	CR-004-025RP / Senate Bill 490 – Itemized Bill	Gerry Baker Kairon Francois
Q3	May	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-010-025 / Auto Appending Modifiers	Paris Branch Gerry Baker
Q3	May	Cancelled	Cancelled	RA-018-025 / Medicare Quarterly Credit Balance Report (Re-Audit)	Cancelled – CMS regulatory change in requirements for reports effective Dec. 1, 2024
Q4	July	Pending Not Yet Assigned	Pending Not Yet Assigned	RA-011-025 / RN Led Clinic	Population Health – TBD Sobha Fuller
Q4	July	Pending Not Yet Assigned	Pending Not Yet Assigned	EPMO Productivity Build for Vascular Access Team	Melayne Martin Kathleen Doherty Dawn Marchetto
Q4	July	Pending Not Yet Assigned	Pending Not Yet Assigned	Medicare Write-Offs and Adjustments	Gerry Baker

Audit prioritization of ‘actual’ quarter/month start date vs. ‘expected’ is determined by a variety of factors.

FY24/25 YTD Q2 Pharmacy Part D Gap Analysis Review

Gap Analysis Details	
Audit Phase	Corrective Action Plan
Date Started	June 2024
Projected Completion	March 2025
Risk Level	Medium

Summary

Background

The scope of this analysis included regulatory requirements for Medicare, Medicaid, and Commercial insurance billing and reporting requirements regarding prescription drugs. Parkland's retail pharmacy processes that included, Ron J. Anderson Pharmacy, mail order pharmacy and other Parkland retail pharmacies. Review included current policy and procedures, rules and regulations, prescriptions and reports produced in the Fiscal Year (FY) 2024.

Objective, Scope & Key Risks

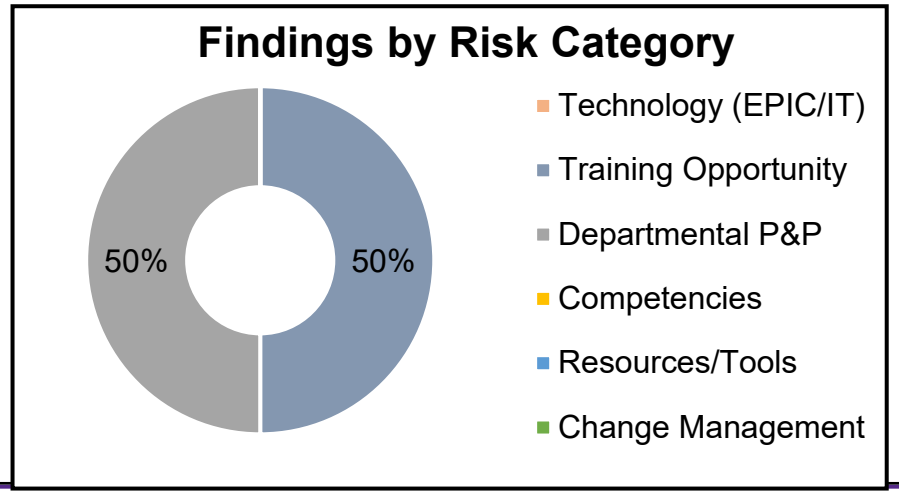
The objective of this gap analysis was to evaluate Parkland Health's Prescription Drug Benefit Program (Part D) and Vendor Drug Program processes for retail and central fill pharmacies to ensure compliance with Centers for Medicare & Medicaid Services (CMS), Texas Health & Human Services (HHS), and applicable state and federal regulations and laws.

Findings Summary

The analysis identified gaps in processes for encounter payment reconciliation, monitoring process for encounters in refund work queues for potential overpayment issues and updates to policy and procedures.

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Monitoring Refund Work Ques	High Risk	Create process for reviewing work ques for potential overpayments
Payment Reconciliation	Medium Risk	Create process for reconciliation of payments
Missing or invalid information in policy and/or procedure	Minimum Risk	Update policy/procedures to document current guidelines and workflows



FY25 YTD Q2 – Risk Level & Scoring Methodology

Risk Level & Scoring Methodology

These ratings are based on assessing financial, reputational, compliance, and operational (including management information, technology, and personnel) risks.

Risk	Control	Description	Error Rate Score
Critical	Ineffective	• Risk of loss of licensure or ability to operate a functional area/dept; • High volume or dollars of overpayments and/or risk for fines identified	76% – 100%
High	Needs Significant Improvement	• Impacting organization and employee performance as well as patient care; • Moderate volume or dollar of overpayments and/or risk for fines identified	51% – 75%
Medium	Partially Effective	• Eventual impact on organization and employee performance as well as patient care if not remediated quickly; • Minimum volume or dollar of overpayment and/or risk for fines identified	26% – 50%
Low	Effective	• Potential future impact to organization and employee performance if not remediated; • Minimum to no overpayments and/or risk for fines identified	6% – 25%
Minimum	Top Performer	• Minimal impact to organization and employee performance; • Minimum to no overpayment and/or risk for fines identified	0% – 5%

FY25 YTD Q2 Audit: Peritoneal Dialysis (PD) Clinic High Risk Findings

Audit Details	
Audit Phase	Preliminary Reconsideration
Date Started	November 2024
Projected Completion	March 2025
Risk Level	Pending

Audit Summary

Background

Peritoneal dialysis is a new service line with CMS enrollment effective 12/16/2022. Prior Office of Inspector General (OIG) audit identified inappropriate payments made for dialysis services that were found medically unnecessary, not properly ordered, undocumented or did not comply with Center's for Medicare and Medicaid Services (CMS) consolidated billing requirements

Objective, Scope & Key Risks

New service line review to identify any potential vulnerabilities in operational processes to include presence of policy & procedures, training and conditions of coverage requirements, medical necessity, medical record documentation, claims submission, coding and charging practices. Includes data from April 1st, 2024, through June 30, 2024.

Audit Findings Summary

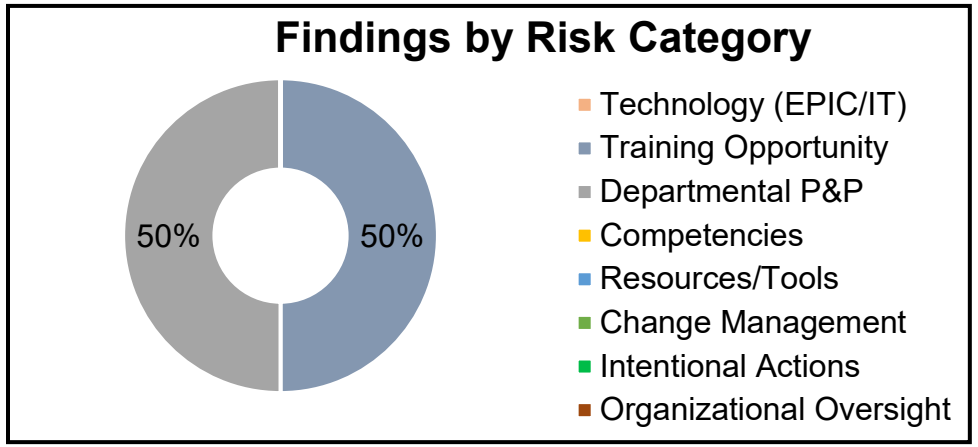
Findings related to coding, charging, documentation and billing identified.

Error Rate(s)

Preliminary Review Findings – 100% Error Rate

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Missing PDx of ESRD or AKI	**High Risk**	Pending
Missing or unsigned progress note	**High Risk**	Pending
Incorrect Charges	**High Risk**	Pending
No claims submitted to payors	**High Risk**	Pending



FY25 YTD Q2 Audit: Avoidable Days – High Risk Findings

Audit Details	
Audit Phase	Corrective Action Plan
Date Started	November 2024
Projected Completion	March 2025
Risk Level	Pending

Audit Summary

Background

This analysis was performed to determine whether Medicare and Medicaid patient encounters deemed as "Avoidable Days" by Parkland Health met inpatient medical necessity criteria during their hospital stay as billable and reimbursable services based upon Centers for Medicare and Medicaid Services (CMS) and Texas Medicaid & Healthcare Partnership (TMHP) regulatory guidance.

Objective, Scope & Key Risks

Hospital admissions that do not meet medical necessity criteria pose a significant risk of financial penalties, reimbursement denials, and potential legal repercussions for the healthcare facility. This can lead to increased administrative burdens, reduced revenue, and compromised patient care. Dates of services from FY 2023 were reviewed.

Audit Findings Summary

Payors billed for days that did not meet the medical necessity guidelines causing potential overpayments and over-utilization of beneficiary days.

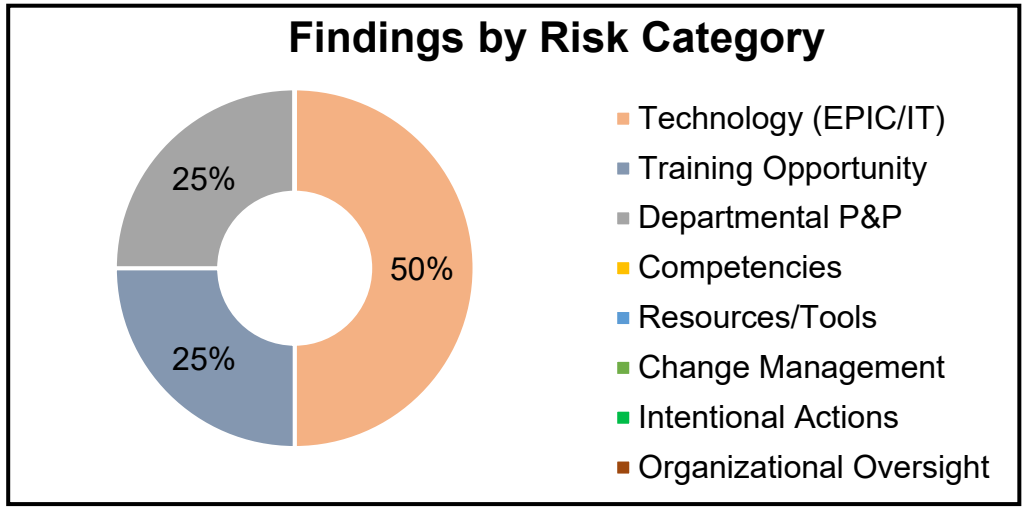
Error Rate(s)

Preliminary Findings Error Rate - 82.5%

Expanded Findings Error Rate – 87.5%

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Billing of non-medically necessary days to payors	**High Risk**	Create workflow to provide notification to billing of any avoidable days



FY25 YTD Q2 Audit: Medicare Bad Debt

Audit Details	
Audit Phase	Expanded Review Reconsideration
Date Started	June 2024
Projected Completion	October 2024
Risk Level	Pending

Audit Summary

Background

Determine compliance with Federal requirements when claiming Medicare reimbursement for bad debts and to determine whether the Parkland's policies and procedures for collecting Medicare deductible and coinsurance amounts from beneficiaries are in compliance with Federal regulations for the reimbursement of bad debt.

Objective, Scope & Key Risks

Inaccurate assignment of Medicare bad debt can cause inappropriate reporting on the Medicare Cost Report. This can result in costly damages, penalties, and result in the unfeasible stewardship of Federal healthcare dollars. Reviewed financial adjustment/write-off procedure code 600024 "Uncollectible Bad Debt Final" applied to the accounts between October 1, 2022, to September 30, 2023.

Audit Findings Summary

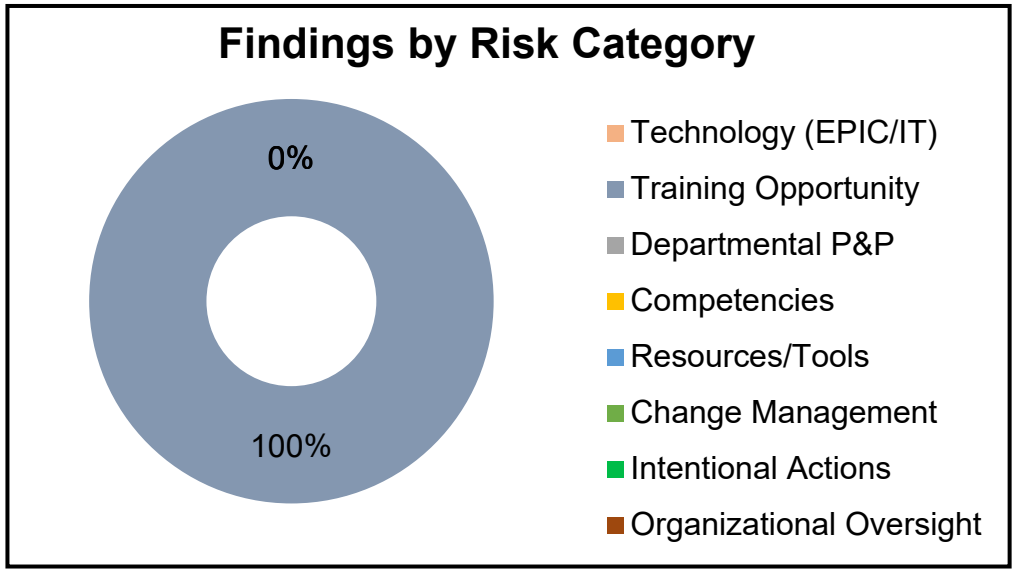
Our preliminary review findings resulted in an effective control rate that was greater than the 5% threshold thus resulting in an expanded review to appropriately identify and quantify potential opportunities.

Error Rate(s)

Preliminary – 22% and Expanded – 26% Pending Reconsideration

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Missing or Untimely Issuance of Patient Statements	**Low Risk**	Pending
Unclaimed Bad Debt	**Low Risk**	Pending



FY25 YTD Q2 Audit: No Surprise Act

Audit Details	
Audit Phase	Preliminary Review
Date Started	October 2024
Projected Completion	February 2025
Risk Level	Critical

Audit Summary

Background

The No Surprises Act (NSA) is a federal law enacted by the U.S. Congress as part of the Consolidated Appropriations Act of 2021, with key provisions taking effect on January 1, 2022. The law was established to protect patients from unexpected, often exorbitant medical bills, especially when patients receive care from out-of-network providers or facilities without their prior knowledge or consent.

Objective, Scope & Key Risks

To assess compliance with the No Surprises Act, ensuring that Parkland Health is effectively preventing surprise medical billing, adhering to transparency requirements, and implementing necessary processes to protect patients from unexpected out-of-network charges.

Audit Findings Summary

In our review outcome, the controls, and processes to ensure compliance with the NSA are generally ineffective.

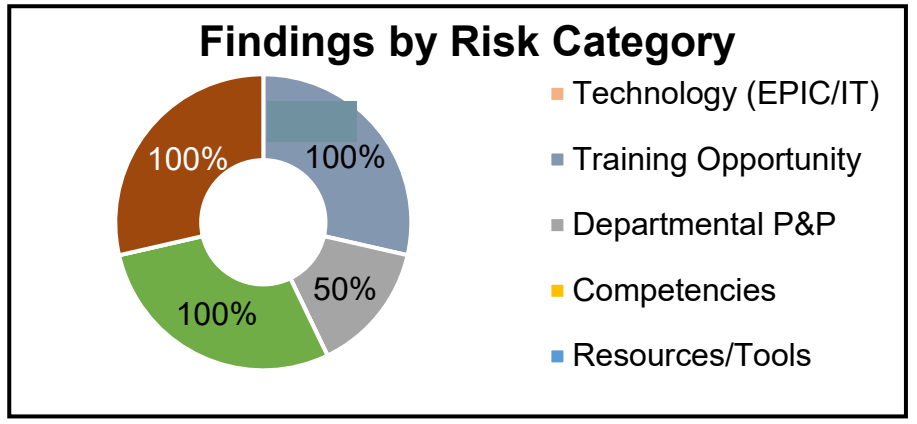
We found that the GFE form is non-compliant with regulatory requirements. In addition, our findings showed that the GFE was not provided 32% of the time as of the effective date as Parkland was not actively live with the GFE form upon effective date.

Overall Control Rating:

Preliminary Finding 97.5% error rate

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Non-compliant GFE Form due to missing required language	Critical Risk	GFE form revised to bring in compliance with required language
Non issuance of GFE form when required (Majority identified was prior to organizational go live, though still past the regulatory effective date)	Critical Risk	Not Applicable (GFE forms are being issued since organizational go live)
GFE not issued in patient's preferred language	Critical Risk	Pending
Missing required documentation indicating patient's communication preference for the GFE	Critical Risk	Pending



FY25 YTD Q2 Audit: Duplicate Emergency Room E/M

Audit Details	
Audit Phase	Completed
Date Started	October 2024
Projected Completion	February 2025
Risk Level	Low Risk

Audit Summary

Background
Office of Inspector General (OIG) identified duplicate emergency room visits on the same day as area of high risk for overpayments.

Objective, Scope & Key Risks
To determine if duplicate emergency E/M facility services were billed by Parkland Health.

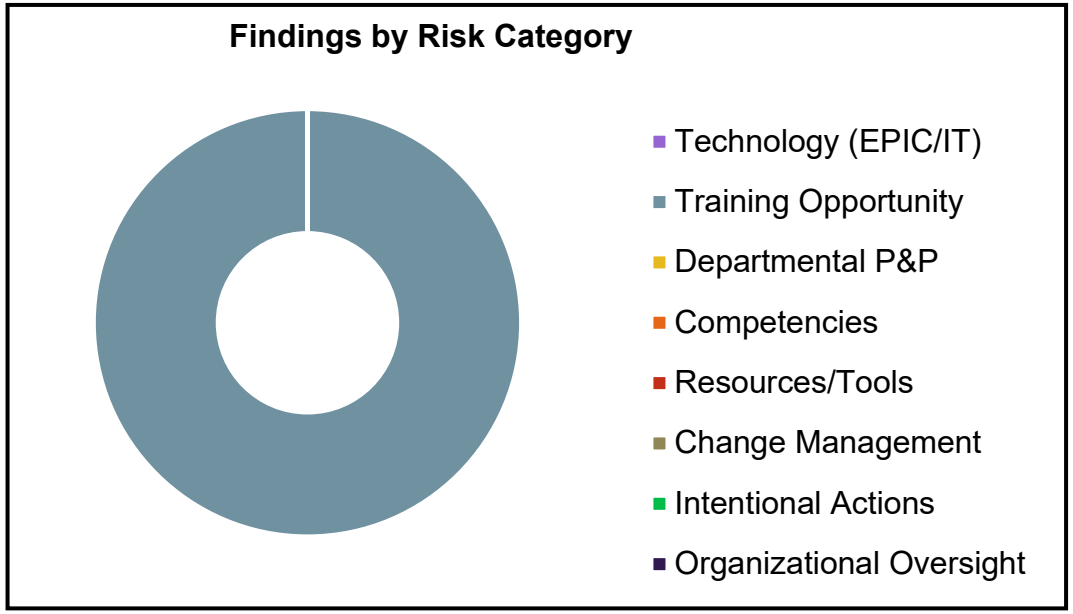
Dates of services reviewed 01/01/2024 – 06/30/2024 and includes Traditional Medicare and Medicare Managed Care payors.

Audit Findings Summary
Attending on (1) claim that did not oversee patient care

Error Rate(s)
Preliminary Findings 2.5%
*No Expanded Review Performed

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
Attending on (1) claim that did not oversee patient care	Low Risk	Resubmit corrected claim



FY25 YTD Q2 Audit: Apheresis Medicine Services

Audit Details	
Audit Phase	Completed
Date Started	October 2024
Projected Completion	February 2025
Risk Level	Minimum

Audit Summary

Background
Nurse and Advanced Practice Provider (APP) peer feedback concerning charging processes for apheresis services.

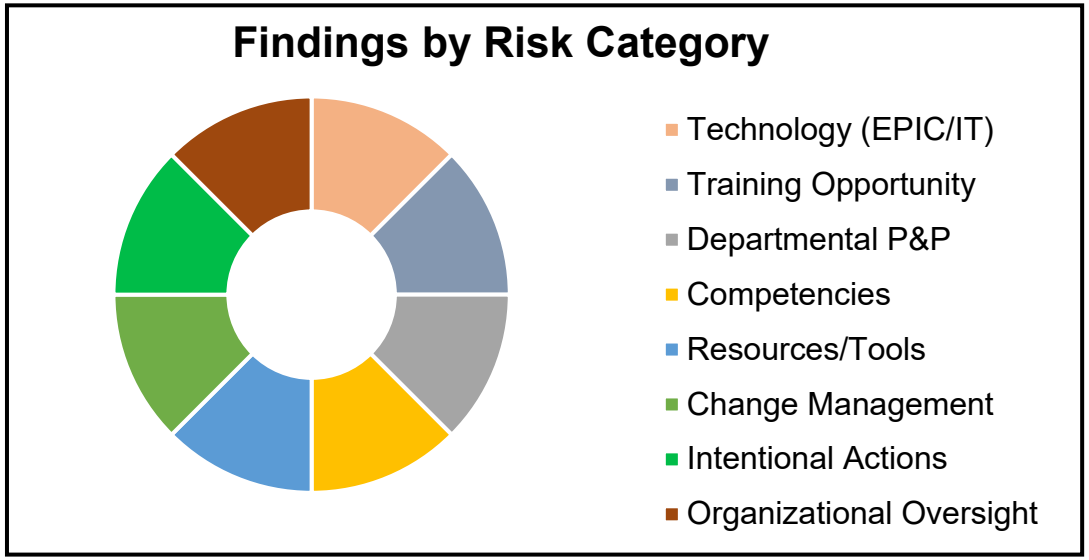
Objective, Scope & Key Risks
Charging and medical record documentation is critical to providing patients with quality care and is required to receive accurate payment for furnished services. Failure to do so could result in denials, recoupment of payments and penalties & fines. Dates of services reviewed from October 1, 2023 – March 31, 2024 and included Traditional & Medicare Health Maintenance Organizations (HMO), Traditional & Medicaid HMO's, and Commercial payors.

Audit Findings Summary
No audit findings.

Error Rate(s)
0%

Audit Findings & Corrective Actions

Finding(s)	Rating	Required Action(s)
None	**Minimum Risk**	None



FY25 YTD Q2 Open Audits

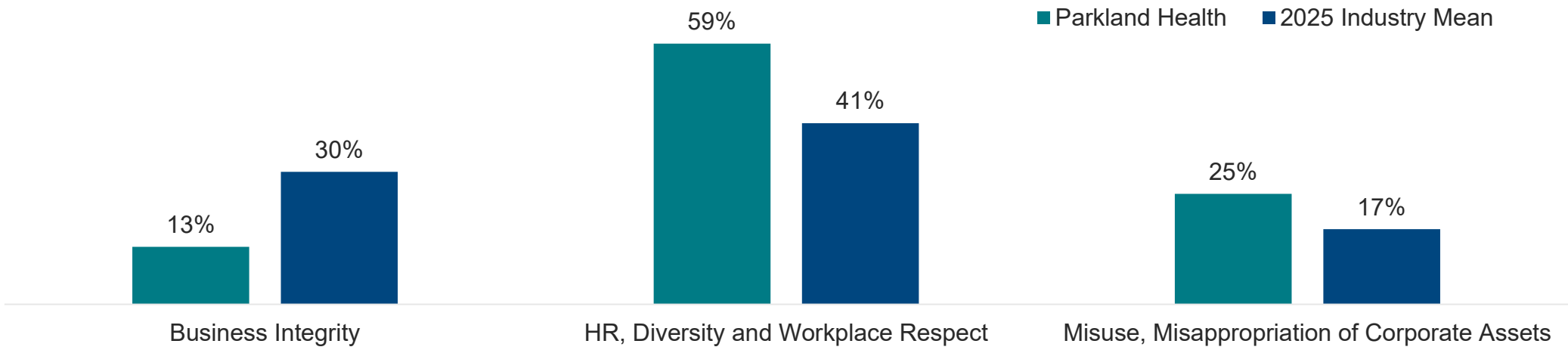
Topic	Phase	Month Started	Projected Completion
Auto-Coding High Risk Diagnosis Codes	In Review	January	April
DSHS Family Planning Program	In Review	March	June
Assignment of JZ and JW Modifiers	Pre-Work	March	June
Clinical Trial Billing	Pre-Work / Scoping	March	June
Mobile Immunization Clinic	Pre-Work / Scoping	March	June
Auto Coding Simple Visit Coding	Pre-Work / Scoping	March	June

FY25 YTD Q2 Investigations Unit Dashboard
Case Review Overview – Parkland (OTM & Compliance)

All Case Reviews (CR) – OTM and Compliance				
Grand Total	Intake Method			
	Direct to Compliance/OTM	Hotline Phone	Hotline Website	Access Intelligence
408	28.2%	20.1%	43.4%	8.3%

Top 4 Case Review Categories	
1st Workplace Behavior	2nd Privacy
3rd Quality/Pt Safety	4th Conflicts of Interest

Overall CRs (inc. OTM cases) by Benchmark Categories*



Next slide contains Benchmark Category descriptions.

Description of Industry Benchmark Categories

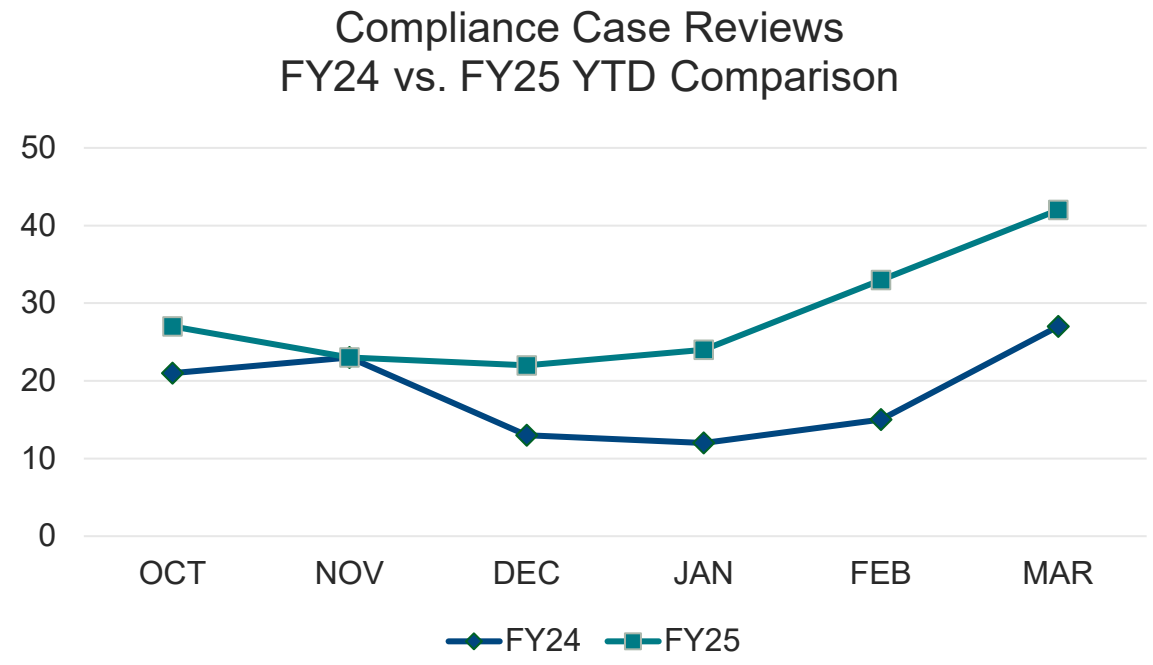
Benchmark Rollup	Benchmark Sub-categories	Sub-category Elements		
Business Integrity	Customer Relations, Business Quality	Service Quality	Responsiveness	
		Contract Obligations	Customer-Business Interactions	
	Compliance, Regulatory, Legal	Code of Conduct Violations	Conflicts of Interest	
		Regulatory Violations	Document Falsification	
		Criminal Acts	Trade Union Relations	
	Billing, Finance, Vendors	Billing Disputes	Accounting	Vendor Relations
HR, Diversity and Workplace Respect	Human Resources	Co-worker Interactions	Pay/Benefits	
		Scheduling	Workload	
	Unfairness, Management Issues	Employee-Mgmt. Interactions	Unfair Treatment/Favoritism	
		Humiliation	Dispute Resolution	
	Discrimination, Harassment, Retaliation	Protected Class Discrimination	Sexual Harassment	
		Workplace Harassment	Management/Co-worker Retaliation	
	Staffing	Staff Shortages	Staffing Impacts on Quality	
Misuse, Misappropriation of Corporate Assets	Privacy, Information Security	Data Breaches	Cyber Threats	
		Hardware Security	HIPAA	
	Fraud, Theft, Property Damage	Fraud Allegations	Questionable Financial Practices	Damage to Company Assets

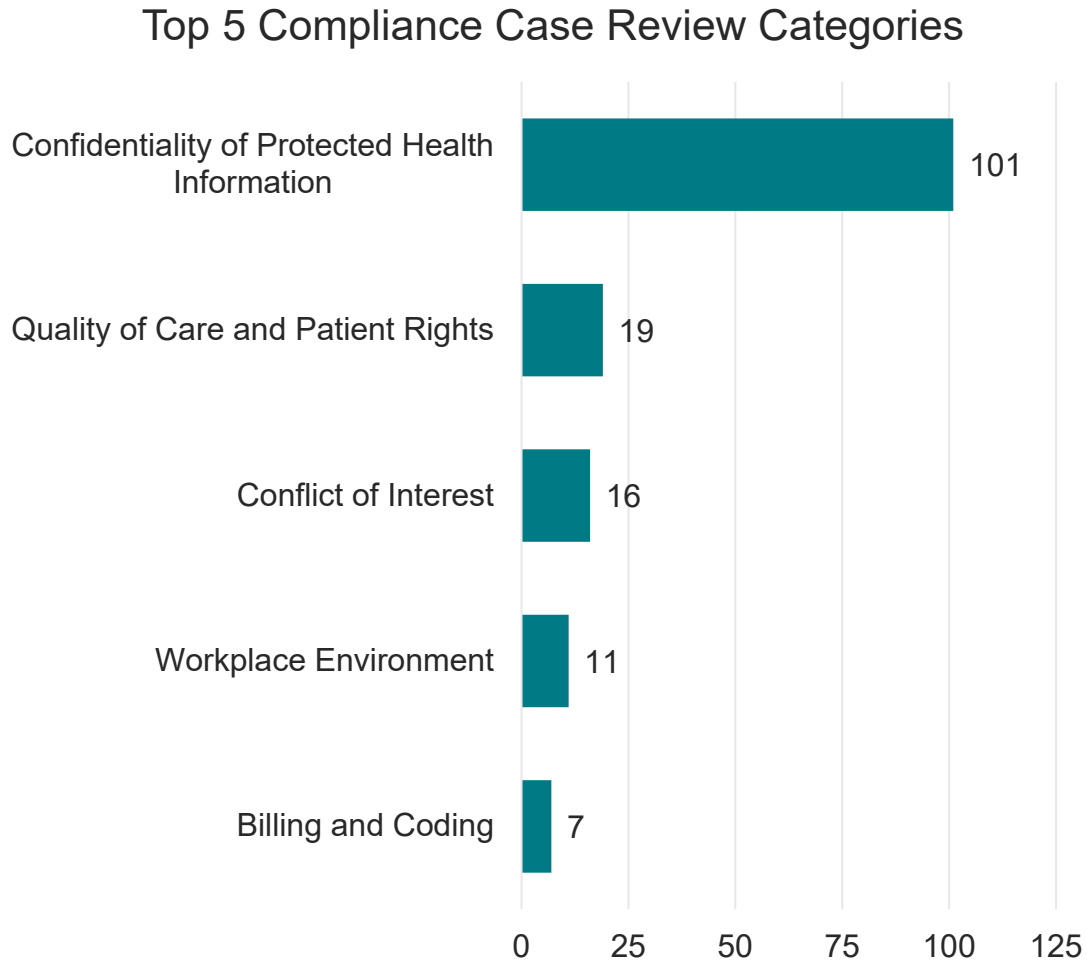
Source: Ethico

FY25 YTD Q2 Investigations Unit Dashboard

Compliance & Privacy Case Reviews and Inquiries - Overview

All Compliance Case Reviews (CR) and Inquiries					
Grand Total	CR Total	Inquiries	Hotline Phone	Hotline Website	Access Intelligence
379	171	208	9.9%	15.2%	19.9%





FY25 YTD Q2 Investigations Unit Dashboard

Compliance & Privacy Case Reviews - Details

Compliance Case Reviews (non-Privacy)								
Total Opened	In Process	Closed	ACP	Substantiated %	Anonymous %	Average days to Close	CAPs Issued	Average CAP to Close	Safety Posts
73	23	50	3	28.8%	28.8%	26 Days	10	18 Days	1

Information Privacy and Security Case Reviews									
Total Opened*	In Process	Closed	Breaches	Substantiated %	Anonymous %	Average days to Close	CAPs Issued	Average CAP to Close	Safety Posts
98	26	72	8	51.0%	3.1%	18 Days	37	18 Days	13

Imprivata Access Intelligence (IAI) – Electronic Health Record Access Monitoring (December 2024 – March 2025**)							
Total Alerts	Alerts Resolved by Imprivata Access Intelligence Vendor Resources	Alerts Requiring Formal Case Review	Type of Formal Case Review		In Process	Closed Cases	Substantiated %
			Household Snooping	Co-worker Snooping			
4,285	4,194	31	17	14	13	18	94.4%

*Includes Imprivata Access Intelligence Case Reviews
**IAI Monitoring System Implemented in December 2024.

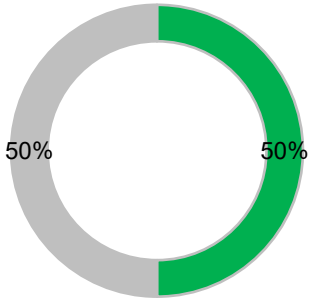
Summary Overview

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]

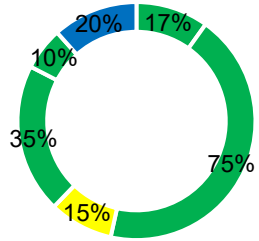
Program Resources and Committees

Investigations



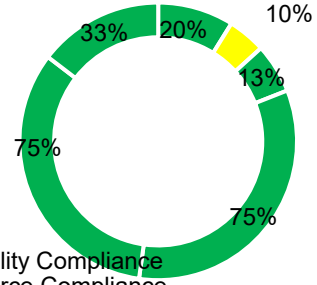
- Transparency of Disciplinary Outcomes
- Percentage To Completion

Privacy



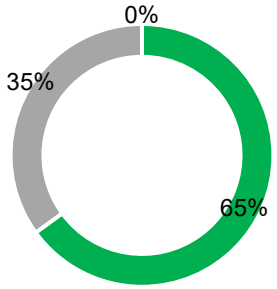
- P&P Written Guidance
- Emerging Tech
- PHI w/CBOs
- Notice of Privacy Practice
- Accounting of Disclosure Data Analysis
- Accounting of Disclosure Data Collection

Regulatory



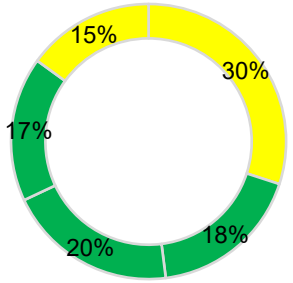
- Nursing Facility Compliance
- Referral Source Compliance
- Regulatory Change Management
- HRSA & Grant-Funded Compliance
- Expanded Post Acute Care
- New Service Lines

Audit



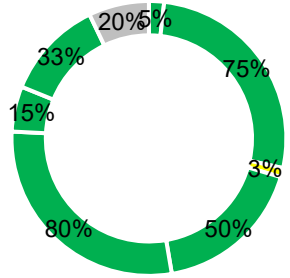
- Post Implementation No Surprises Act
- Future Start: Regulatory SB490
- Futures Start: Email Privacy

Program Operations



- Accessibility Updates to Compliance Materials
- Risk Based Training
- FAQs and Learning Aids for Policy
- Availability of Guide (Code of Conduct)
- On Demand Learning

Administration



- Audit: TeamMate Implementation Project
- Patient Privacy Intelligence Monitoring
- Regulatory Monitoring Software Implementation
- SAI: COI Software Implementation
- Effectiveness Review/Charter Compliance
- Sanction Screening Software Replacement
- Cascaded Goal:

Future Start

On Target

Delayed

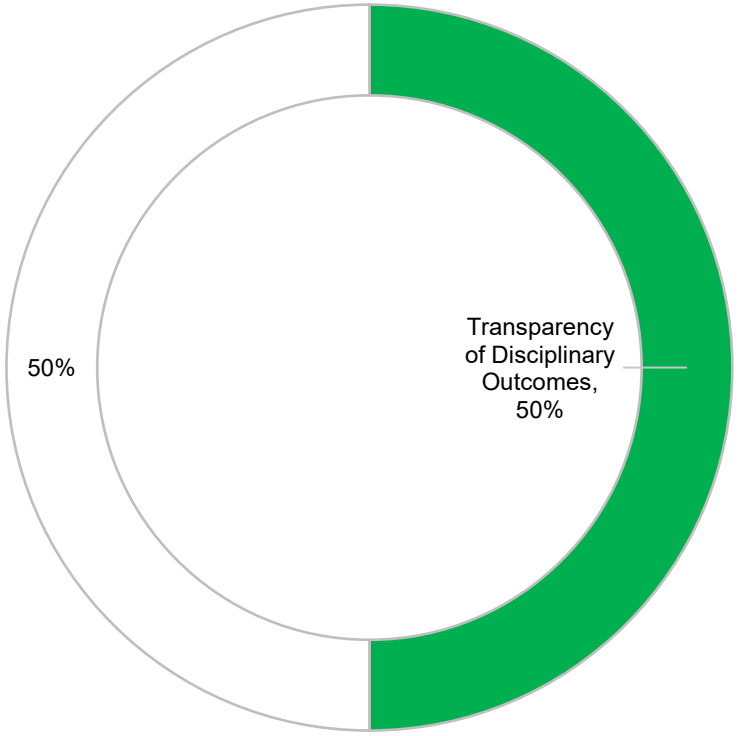
Behind Target

Complete

Investigations

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]



Objective 1: Transparency of Disciplinary Process (Rewards/Incentives)

Activity/Deliverable: Establish communication avenues to share educational opportunities related to identified trends and outcomes in the instance misconduct is identified through investigation procedures.

Q2 Results:

Two trends identified in Q1:

1. Documentation in EMR – Falsification. Discipline ranged from Final Written Warnings to Termination based on Just Culture Analysis
2. Charging – Inappropriate charging of E/M as a separately billable item when performed on the same day as a procedure resulting in material overpayments. Development of final CAP is in process; coaching and/or discipline may be warranted based on final root-cause analysis.

One trend identified in Q2:

1. Privacy Violations - 18 cases involving inappropriate viewing of PHI (with same household address or immediate co-worker designation) closed since Between Dec 2024 and March 2025 with a 94.4% substantiation rate (17 of 18). 11+ additional cases are In Process. Action Plan: Department level training added to all Corrective Action Plans for Safety Huddles. Message trend to IPSC (completed), LCC (completed), and ECC. Evaluate training and education opportunities including possible Leadership Form, Town Hall, Parkland Now, Annual Training, and more.

Launch Date: 12/05/2024

Anticipated End Date: 09/30/2025

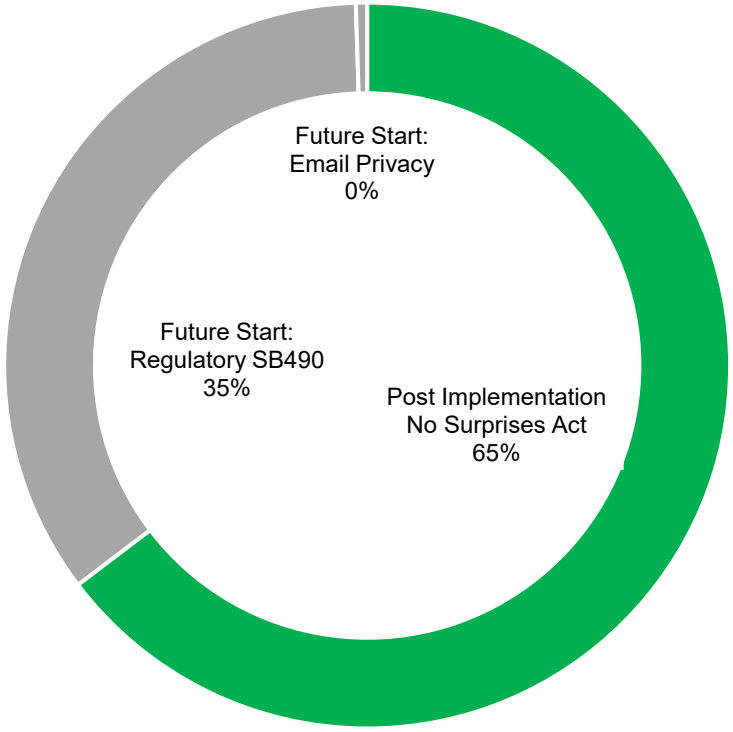
Current Status: **On Target**

Future Start	On Target	Delayed	Behind Target	Complete

Audit

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]

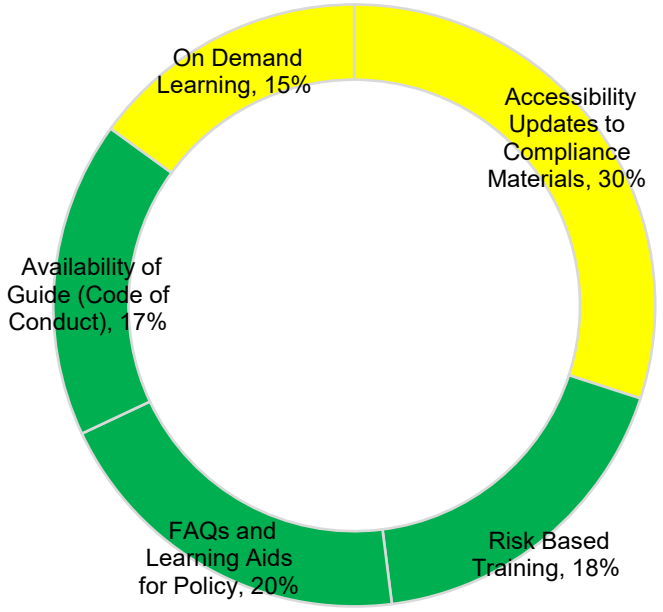


Objective 1: Post Implementation No Surprises Act	Activity/Deliverable:	1. Follow Up on NSA and GFE initiative dependent on communication from CMS. 2. Identification and process built around GFE substantially in excess ($400) from final bill Follow up audit complete. Targeted training pending.
	Q2 Results:	1/2/2025
	Launch Date:	9/30/2025
	Anticipated End Date:	On Target
	Current Status:	
Objective 2: Initiative Regulatory	Activity/Deliverable:	Regulatory SB490. Sec.185.002. ITEMIZED BILL REQUIRED. Post Implementation Initiative.
	Q2 Results:	Future start
	Launch Date:	7/1/2025
	Anticipated End Date:	8/31/2025
	Current Status:	Future Start
Objective 3: Initiative Based on Identified Risk	Activity/Deliverable:	Privacy: Email (process documentation, update forthcoming)
	Q2 Results:	Future Start
	Launch Date:	7/1/2025
	Anticipated End Date:	Unknown
	Current Status:	Future Start

Program Operations

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]

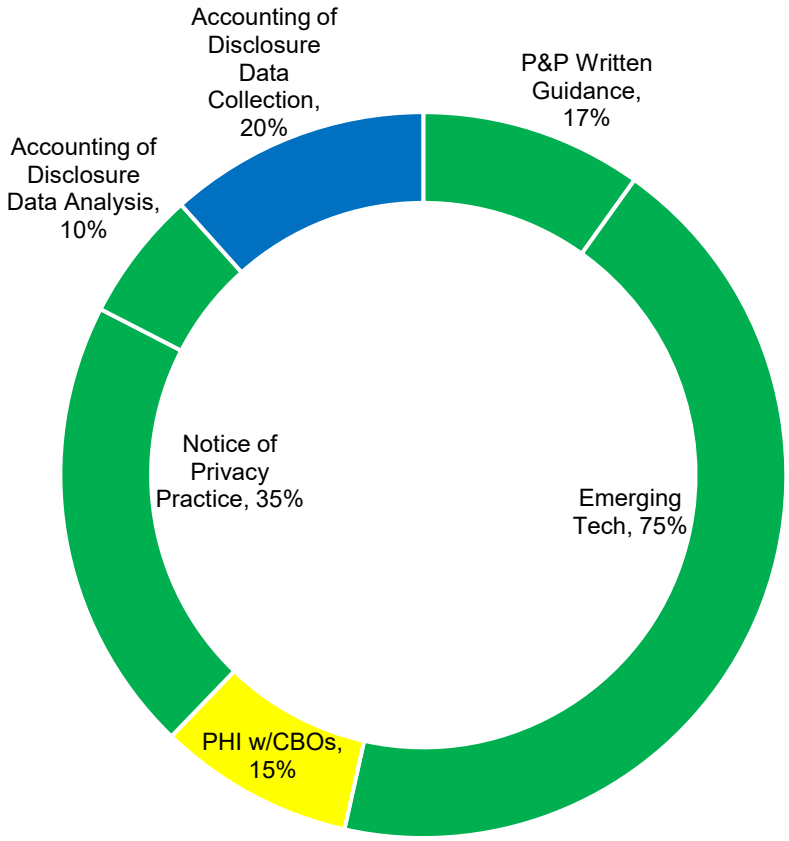


Objective 1: Accessibility Updates to compliance materials	**Activity/Deliverable:**	Website, Intranet/SharePoint site, Printables are accessible according to the standards of OTM and Health Equity.
	Q2 Results:	Met with OTM L&D. Re-publication of existing CED material after accessibility changes are complete.
	Launch Date:	11/21/2024
	Anticipated End Date:	8/31/2025
	Current Status:	**Delayed pending Accessibility Standards**
Objective 2: Risk Based Training	**Activity/Deliverable:**	Curriculum and format under review for best possible delivery.
	Q2 Results:	Working with OTM Learning and Development to produce course material.
	Launch Date:	10/1/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**On Target**
Objective 3: Operational Integration	**Activity/Deliverable:**	Publish Frequently Asked Questions (FAQs) to aid in the understanding and application of policy guidance into operations
	Q2 Results:	Resident/Fellow Conflicts of Interest FAQ published. Compliance Training FAQ written and waiting for edits.
	Launch Date:	9/1/2024
	Anticipated End Date:	8/31/2025
	Current Status:	**On Target**
Objective 4: Availability of Guide (Code of Conduct)	**Activity/Deliverable:**	At-a-glance publication of: Code of Conduct. Create new Code of Conduct supplemental guidance and "at-a-glance" communications tailored to topics and categories of benefit to the workforce.
	Q2 Results:	Code of Conduct edits pending equity language. Pictures are refreshed. AI language included.
	Launch Date:	1/2/2025
	Anticipated End Date:	8/31/2025
	Current Status:	**On Target**
Objective 5: On Demand Learning	**Activity/Deliverable:**	On Demand Learning Library, Expanded Learning Library through on-demand educational content
	Q2 Results:	Script for OnDemand Learning Introduction video is written and waiting for edits/approval
	Launch Date:	1/2/2025
	Anticipated End Date:	9/30/2025
	Current Status:	**Delayed pending edits**

Privacy

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]

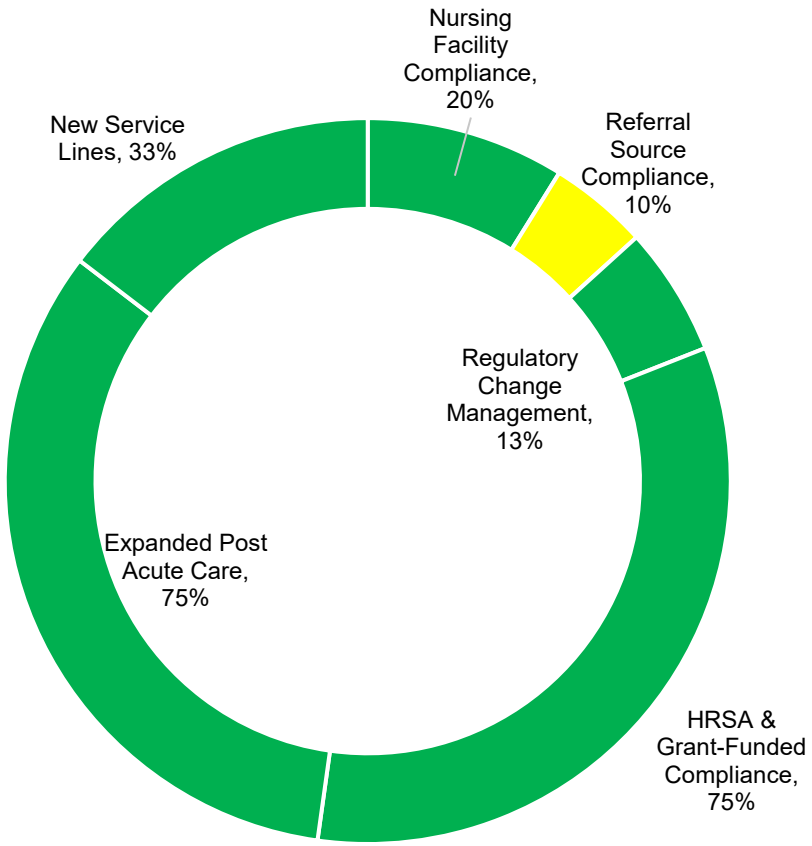


Objective 1: Program Development	**Activity/Deliverable:**	Policy, Procedures, and Written Guidance
	Q2 Results:	ECC approval of policies in Q1
	Launch Date:	10/1/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**On Target**
Objective 2: Evolving Updates	**Activity/Deliverable:**	Early and active collaboration with operational leaders supporting strategic priorities with emerging technology and new/evolving regulatory requirements.
	Q2 Results:	AI language approved by BOM. Planned dissolution of workgroup in near future.
	Launch Date:	10/1/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**On Target**
Objective 3: Program Development	**Activity/Deliverable:**	Sharing PHI with Community Based Organizations
	Q2 Results:	Meetings held
	Launch Date:	10/1/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**Delayed**
Objective 4: Evolving Updates	**Activity/Deliverable:**	Notice of Privacy Practice Update
	Q2 Results:	Refresh in Progress. Go Live 2/2026
	Launch Date:	10/1/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**On Target**
Objective 5: Program Development	**Activity/Deliverable:**	Accounting of Disclosures (Data Collection)
	Q2 Results:	Survey completion as of 12/31/2024
	Launch Date:	11/30/2024
	Anticipated End Date:	1/31/2025
	Current Status:	**Complete**
Objective 6: Program Development	**Activity/Deliverable:**	Accounting of Disclosures (Data Analysis)
	Q2 Results:	Potential workgroup formation. Report to
	Launch Date:	11/30/2024
	Anticipated End Date:	9/30/2025
	Current Status:	**On Target**

Regulatory

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]

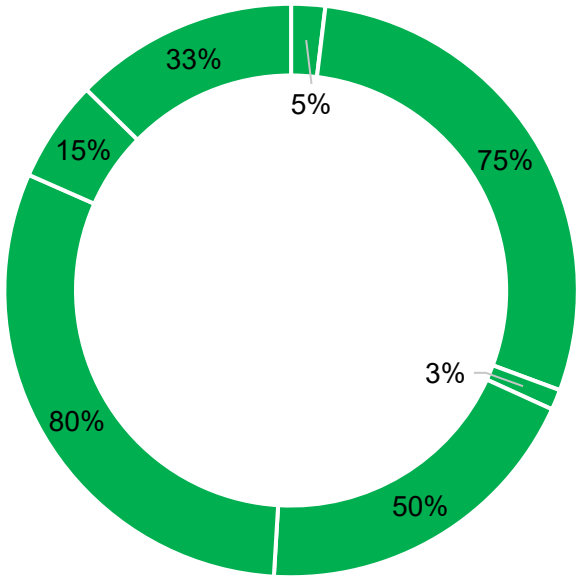


Objective 1: Program Development	Activity/Deliverable:	Nursing Facility Compliance
	Q2 Results:	Program under development for nursing home compliance
	Launch Date:	12/5/2025
	Anticipated End Date:	On going in FY26
	Current Status:	On Target
Objective 2: Program Development	Activity/Deliverable:	Referral Source Compliance
	Q2 Results:	Audit plan for 2nd audit; continue to develop training: communicate lessons learned
	Launch Date:	10/1/2024
	Anticipated End Date:	Ongoing into FY26
	Current Status:	Delayed
Objective 3: Program Development	Activity/Deliverable:	Regulatory Change Management
	Q2 Results:	Refine new Reg Change Management process. Operational priority in FY26
	Launch Date:	10/10/2024
	Anticipated End Date:	9/30/2025 (possibly ongoing into FY26).
	Current Status:	On Target
Objective 4: Program Development	Activity/Deliverable:	HRSA and grant-funded program compliance
	Q2 Results:	Gap analysis complete, Recommendations made. CAP issued.
	Launch Date:	12/1/2024
	Anticipated End Date:	8/31/2025
	Current Status:	On Target
Objective 5: Program Development	Activity/Deliverable:	Expanded post-acute compliance (Pharmacy, Durable Medical Equipment, HH)
	Q2 Results:	Pharm-gap analysis complete. Participation in service line stand-up.
	Launch Date:	3/1/2025
	Anticipated End Date:	Ongoing into FY26
	Current Status:	On Target
Objective 6: Program Development	Activity/Deliverable:	New Service Lines (HD Dialysis, Remote Patient Monitor, Mobile Immunizations)
	Q2 Results:	Mobile Imm - CAP Phase; HD Dia - CAP Phase. Rmt Pt Mont - not yet started. 7/1/2025 (ahead of schedule)
	Launch Date:	9/30/2025
	Anticipated End Date:	Ongoing
	Current Status:	On Target

Administration

FY25 YTD Q2 Compliance and Ethics Department Workplan

[includes department goals and/or objectives]



- Audit: TeamMate Implementation Project
- Patient Privacy Intelligence Monitoring
- Regulatory Monitoring Software Implementation
- SAI: COI Software Implementation
- Effectiveness Review/Charter Compliance
- Sanction Screening Software Replacement
- Cascaded Goal:

Objective 1: Program Development	**Activity/Deliverable:**	TeamMate Implementation Project
	Q2 Results:	Interdepartmental meeting
	Launch Date:	2/17/2025
	Anticipated End Date:	6/30/2025
	Current Status:	**On Target**
Objective 2: Program Development	**Activity/Deliverable:**	Patient Privacy Intelligence Project Implementation
	Q2 Results:	PPI software implemented and operational
	Launch Date:	FY24
	Anticipated End Date:	6/30/2025
	Current Status:	**On Target**
Objective 3: Program Development	**Activity/Deliverable:**	Regulatory Monitoring Software Implementation
	Q2 Results:	Technology Launched
	Launch Date:	3/24/2025
	Anticipated End Date:	8/29/2025
	Current Status:	**On Target**
Objective 4: Program Development	**Activity/Deliverable:**	SAI: COI Software Implementation
	Q2 Results:	Project Plan Progression
	Launch Date:	11/18/2024
	Anticipated End Date:	4/30/2025
	Current Status:	**On Target**
Objective 5: Program Development	**Activity/Deliverable:**	Triennial External Effectiveness Review/Charter Compliance: Forvis & Ankura Reviews
	Q2 Results:	Field work complete. Report issue pending.
	Launch Date:	12/2/2024
	Anticipated End Date:	3/31/2025
	Current Status:	**On Target**
Objective 6: Program Development	**Activity/Deliverable:**	Sanction Screening Software Implementation
	Q2 Results:	Addendum signed
	Launch Date:	4/21/2025
	Anticipated End Date:	Ongoing into FY26
	Current Status:	**On Target**

Objective 7: Program Development	**Activity/Deliverable:**	Cascaded Goal
	Q2 Results:	
	Launch Date:	
	Anticipated End Date:	
	Current Status:	

Future Start | **On Target** | **Delayed** | **Behind Target** | **Complete**

FY25 Key Performance Indicators Report – Legend

Target Measurement Scale		
Goal = 100%	100%	
	92-99%	
	≤ 91%	
Goal = 95%	95%	
	86 - 94%	
	≤ 85%	
<60 days	Target met in less than 60 days	
	61 - 70 days	
	Beyond 71 days	
110 Days	Target met in less than 110 days	
	111 days - 120 days	
	Beyond 121 days	
30-40 Days	Target met in less than 40 days	
	1 days - 55 days	
	Beyond 56 days	

Key		
Performance metric did not occur therefore, nothing to report for period.		
On Target		
Delayed		
Behind Target		
Future Start		

FY25 YTD Q2 Key Performance Indicators Report

Compliance Metrics – FY 2025 – Key Performance Indicators							Parkland Health
I. Compliance Program			Performance Metrics	Target	Q1 Total	Q2 Total	Calculation Methodology and Notes
A.	Integration of Compliance into Standards, Policies and Procedures	1.	New and revised compliance policies and procedures are published in Policy Manager within 60 days of approval of the policy by the committee.	<60 days	▲	100%	Measured by the time in calendar days from the final approval of policies by the approving committee to the publication date in Policy Manager.
B.	Compliance Education and Training	1.	New Workforce members complete assigned Compliance and Privacy education within 30 calendar days of assignment.	100%	100%	99%	Using Pathways reporting tool, measuring time in calendar days between assigned date and completion date.
		2.	Workforce members complete assigned annual Compliance and Privacy refresher education by due date.	100%			Using Pathways reporting tool, measuring time in calendar days between assigned date and completion date. Note: The statistics for the Compliance Annual Training are reported starting in August of the fiscal year.
		3.	Epic Community Connect POI Users complete the required privacy training within 30 calendar days of issuance of Epic credentials.	100%	89%	73%	Using Pathways reporting tool, measuring time in calendar days between assigned date and completion date.
		4.	Workforce Members complete specialty training following a reclassification into a designated job code or cost center. Within 30 days if assignment.	100%	88%	▲	Using PeopleSoft data to identify employees who reclassify into an identify job code or cost center that requires specialty training such as billing & reimbursement, correctional health, etc.). *Specialty Training taken out of catalogue in December for revisions.

FY25 YTD Q2 Key Performance Indicators Report

Compliance Metrics – FY 2025 – Key Performance Indicators				Parkland Health			
I. Compliance Program		Performance Metrics		Target	Q1 Total	Q2 Total	Calculation Methodology and Notes
C.	Open Lines of Communication – Ethics and Compliance Line Reporting	1.	Escalated Case Reviews have an approved validity within 30 calendar days of assignment date.	95%	50%	▲	Measured by time in calendar days between date assigned to investigator until date listed as investigation closed with a validity determination documented. (Substantiated, Unsubstantiated, Partially Substantiated)
		2.	All Routine Case Reviews have an approved validity within 60 days of assignment date.	95%	94%	99%	Measured by time in calendar days between date assigned to investigator until date listed as investigation closed with a validity determination documented. (Substantiated, Unsubstantiated, Partially Substantiated)
		3.	All Routine Case Reviews have final approved investigation documentation within 30 days of investigation close date.	95%	93%	87%	Measured by time in calendar days between investigation close date and investigation documentation completed date. (New Investigation Date Field.) . (Source: myCM)
		4.	Investigation-related Corrective Action Plans are completed within the designated timeframe agreed to at the time of acceptance by the department.	95%	75%	93%	Measured by time in calendar days between CAP assigned date and CAP completion date in Compliance Line. Will have subset of assigned departments with department level detail.
		5.	Breach Notifications completed within designated reporting required.	100%	100%	100%	Roll up of distinct measurement for each required notification requirement: 5a OCR online notification (60 days) 5b Notification of Impacted individuals (90 days) 5c Notification of State Attorney General (30 days)
		6.	On average, Internal Inquiries are completed within 30 days of assignment.	30 Days	9 Days	14 Days	Measured by time in calendar days between Issue Open Date and Issue Closed Date. Issue Closed Date will be the date a reply is sent to the Requestor. Inquiries assigned to the CIU only.

FY25 YTD Q2 Key Performance Indicators Report

Compliance Metrics – FY 2025 – Key Performance Indicators						Parkland Health
I. Compliance Program		Performance Metrics		Target	Q1 Total	Q2 Total	Calculation Methodology and Notes
D.	Detecting and Identifying Risk Auditing and Monitoring	1.	Revenue Cycle Compliance Audits completed within 110 total days from initial start of the audit through issuance of the Final Review Summary.	110 Days	49 Days	72 Days	Total days calculated for an **average** of the number of days to complete every audit in the reporting quarter. Identified by calculating the days between the date the Notification of Audit document is emailed to the department and the date the Final Review Summary is emailed to the department. **(Any applicable days working other priority projects will be carved out of the total days)**
		2	If needed, Corrective Action Plan (CAP) follow-up initiated by Compliance Analyst/Director within 30-40 days of pending CAPs. **Pending CAPs:** CAP that has not been completed by attestation signature, CAP action description and date.	30-40 Days	▲	▲	Identified by calculating days between CAP email sent date and CAP follow-up email date. Due date shall be noted as date CAP sent plus 30-40 days.
E.	Detecting and Identifying Risk Conflicts of Interest Disclosure	1.	New hire, reclassified and rehired personnel of Parkland Health complete their **initial** Conflicts of Interest Disclosure Statement within thirty (30) calendar days of assignment.	100%	97%	100%	Roll-up of collected COI Disclosure Statements from new hires, reclassified and rehired: 1a workforce members, 1b employed by third party employers (contract, etc.), 1c Board Members, and 1d Physician Leaders
		2.	Parkland Health personnel complete an assigned Conflicts of Interest Disclosure Statement within thirty (30) calendar days of request by the Compliance and Ethics Department (examples: annual, "ad-hoc," etc.)	100%	98%	92%	Roll-up of COI Disclosure statement requested by CED from: 2a workforce members, 2b employed by third party employers (contract, etc.), 2c Board Members, and 2d Physician Leaders

FY25 Q2 Compliance and Privacy Policies in Review

Policy	Last Published	Revisions Expected	Status
SYS.COMP.034 Non-Retaliation	**06/30/2024**	**YES**	**Scheduled for Presentation to Executive Compliance Committee (ECC) in Q3**
SYS.COMP.039 Reporting Obligations	**06/30/2024**		
SYS.COMP.040 Internal Investigations	**02/23/2023**		
SYS.COMP.042 Unannounced Visits by Government Representatives	**06/27/2024**		
SYS/COMP.043 Search Warrants	**06/27/2024**		

FY25 Q2 Compliance and Privacy Policies in Review

Policy	Last Published	Revisions Expected	Status
SYS.COMP.058 Conflict of Interest Policy	**08/25/2003**	**YES**	**Scheduled for Presentation to Executive Compliance Committee (ECC) in Q3**
SYS.COMP.060 Gifts to or From Patients	**06/13/2022**		
SYS.COMP.070 Advance Beneficiary Notice	**01/31/2025**		
SYS.COMP.071 Provider Based Status Determination	**06/27/2024**		

VI. Action Item

VI (A). The Board may take action on any agenda item(s) above.

VII. Closing Remarks

VIII. Adjourn