

## **Compliance and Audit Committee**

Thursday, September 14, 2023 10:00 A.M.

BOARD ROOM 4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>

Notice: Some Board Members may participate by videoconference.

#### Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

#### **AGENDA**

I. Call to Order and Record of Attendance Ms. Jennifer Tijerina 2 min II. Approval of the Minutes of Previous Meeting 1 min Compliance and Audit Committee Meeting – May 11, 2023 III. Presentation Regarding the Harris Health System Internal Audit Update 10 min Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon **Brantley Smith, Audit Director** IV. Executive Session Ms. Jennifer Tijerina 50 min (10 min) A. Presentation Regarding Harris County Auditor's Report on Highpriority Management Action Plans (MAPs) Related to the Telemedicine Audit. The Audit and any Related Information is Proprietary, Privileged, Confidential or Otherwise Legally Exempt from Disclosure, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann.

nort and Related

(20 min)

B. Presentation Regarding Harris County Auditor's Report on UT Provider Invoicing Audit Performed. The Report and Related Information are Not Subject to Disclosure, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002, Tex. Gov't Code Ann. §418.183, and Tex. Gov't Code Ann. §551.071

Ms. Sharon Brantley Smith, Audit Director

§418.183 - Ms. Errika Perkins, Chief Assistant County Auditor and

 Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon Brantley Smith, Audit Director



C. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – *Ms. Carolynn Jones* 

(20 min)

V. Reconvene Ms. Jennifer Tijerina 1 min

VI. Adjournment Ms. Jennifer Tijerina 1 min



# HARRIS HEALTH SYSTEM MINUTES OF THE BOARD OF TRUSTEES COMPLIANCE & AUDIT COMMITTEE MEETING Thursday, May 11, 2023 10:00 AM

	A CENIDA ITEM				
AGENDA ITEM		DISCUSSION	ACTION/RECOMMENDATIONS		
I.	Call to Order and Record of Attendance	Ms. Barbie Robinson, Presiding Chair, called the meeting to order at 10:02 a.m. It was noted there was a quorum present and the attendance was recorded. Ms. Robinson stated that only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .			
II.	Approval of the Minutes of Previous Meeting	Compliance and Audit Committee Meeting – February 9, 2023	Moved by Mr. Lawrence Finder, seconded by Ms. Carol Paret and unanimously approved the minutes of the previous meetings.		
III.	Presentation Regarding 2023 Culture of Compliance Survey Results	Ms. Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer, delivered a presentation regarding the 2023 Culture of Compliance Survey Results. She highlighted several successes in staff's understanding of and comfort with utilizing the Compliance Program, and identified opportunities to further enhance the Compliance Program, which the Compliance staff will act upon. A copy of the presentation is available in the permanent record.	As Presented.		
IV.	Presentation Regarding the Harris Health System Internal Audit Update	Ms. Errika Perkins, Chief Assistant County Auditor, Harris County Auditor's Office, delivered a presentation regarding Harris Health System Internal Audit. She presented on completed audits, in-progress audits, and upcoming audits as well as knowledge sharing related to digital preference cards for surgeons. A copy of the presentation is available in the permanent record.	As Presented.		
V.	Information Only				

A	GENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
Pr Cc Ha Di En	dependent Auditor's re-audit or the arris County Hospital istrict 401(k) Plan Year anded December 31, 222	Ms. Robinson stated that items V.A. and V.B. are reports only, and were presented in your packet for informational purposes. Copies of the reports are available in the permanent record.	
Pr Cc Ha Di Ye	dependent Auditor's re-audit ommunication for the arris County Hospital istrict Pension Plan ear Ended December 1, 2022		
VI. Execut	tive Session	At 10:17 a.m., Dr. Arthur Bracey stated that the Compliance & Audit Committee would go into Executive Session for Items "A through D" as permitted by law under Tex. Health & Safety Code Ann. §161.031 - §161.033, Tex. Occ. Code Ann. §151.002 and §160.002 - §160.015, Tex. Gov't Code §418.183, Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code §551.089.	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
A. Report by the		No Action Taken.
Executive Vice		
President, Chief		
Compliance and Risk		
Officer, Regarding		
Compliance with		
Medicare, Medicaid,		
HIPAA and Other		
Federal and State		
Health Care Program		
Requirements,		
Including Status of		
Fraud and Abuse		
Investigations,		
Pursuant to Texas		
Health & Safety Code		
§161.032, and		
Possible Action		
Regarding this Matter		
Upon Return to Open		
Session		
B. Report by the Senior		No Action Taken.
Vice President, Chief		
Cyber & Information		
Security Officer,		
Regarding Harris Health		
System's Cybersecurity		
Review, Pursuant to		
Tex. Gov't Code		
§418.183, Tex. Gov't		
Code §551.089, and		
Tex. Health & Safety		
Code §161.032		

	AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	C. Discussion Regarding		No Action Taken.
	Harris County Auditor's		
	Reports on the		
	Procurement Audit and		
	the Vendor Payment		
	Timeliness Audit. These		
	Audits and Any and All		
	Information are		
	Proprietary, Privileged,		
	Confidential or		
	Otherwise Legally		
	Exempt from		
	Disclosure, Pursuant to Tex. Health & Safety		
	Code §161.031 -		
	§161.033 and Tex. Occ.		
	Code §151.002 and		
	§160.002 - §160.015		
	3100.002 3100.013		
	D. Consultation with		No Action Taken.
	Attorney Regarding Qui		
	Tam Litigation Matter,		
	Pursuant to Tex. Gov't		
	Code Ann. §551.071		
	and Possible Action		
	Regarding this Matter		
	<b>Upon Return to Open</b>		
	Session		
VII	Reconvene	At 11:36 a.m., Ms. Barbie Robinson reconvened the meeting in open session; she	
V 11.		noted that a quorum was present and that no action was taken in Executive Session.	
VIII.	Adjournment	Moved by Mr. Lawrence Finder, seconded by Dr. Arthur W. Bracey, and unanimously	
		approved to adjourn the meeting. There being no further business, the meeting	
		adjourned at 11:37 a.m.	

Compliance and Audit Committee Minutes
May 11, 2023
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I certify that the foregoing are the Minutes of the Meeting of the Compliance and Audit Committee of the Board of Trustees of the Harris Health System held on May 11, 2023.

Respectfully submitted,

Ms. Barbie Robinson, Presiding Chair

Recorded by Cherry A. Pierson



#### Thursday May 11, 2023

### Harris Health System Board of Trustees Board Meeting – Compliance and Audit Committee Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to:

BoardofTrustees@harrishealth.org before close of business the day of the meeting.

COMPLIANCE & AUDIT COMMITTEE MEMBERS PRESENT		& AUDIT COMMITTEE ERS PRESENT	ADDITIONAL BOARD MEMBERS PRESENT	
Ms. Barbie Robinson (Chair)				
Dr. Arthur W. Bracey (Ex-Officio)				
Mr. Lawrence Finder				
Ms. Jennifer Tijerina				
Ms. Carol Paret				
HARRIS HEAL	TH EXECUTIVE LEADERS	HIP, STAFF & SPECIAL INVITED	GUESTS	
Alison Perez		Jeffrey Vinson		
Amy Smith		Jennifer Zarate		
Anthony Williams		Jerry Summers		
Arlen Alanis		Jessey Thomas		
Carolynn Jones		John Matcek		
Catherine Walther		Kari McMichael		
Cherry Pierson		Louis Smith		
Daniel Smith		Maria Cowles		
Derek Curtis		Matthew Schlueter		
Dr. Glorimar Medina		Michael Hill		
Dr. Jackie Brock		Nicholas J. Bell		
Dr. Jennifer Small		Olga Rodriguez		
Dr. Matasha Russell		Omar Reid		
Dr. Mohammad Zare		Randy Manarang		
Dr. Sandeep Markan		Sam Karim		
Dr. Steven Brass		Sara Thomas (Harris County Attorney's Office)		
Dr. Tien Ko		Sharon Brantley – Smith (Harris County Auditor's Office)		
Ebon Swofford (Harris County Attorney's Office)		Shawn DeCosta		
Elizabeth Winn (Harris County Attorney's Office)		Shelly Stevens		
Errika Perkins (Harris County Auditor's Office)		Tai Nguyen		
Dr. Esmaeil Porsa (Harris Health President & CEO)		Veronica Kasdorf		
Dr. Esperanza "Hope" Galvan		Victoria Nikitin		
Jack Adger (Harris County Purchasing Office)				

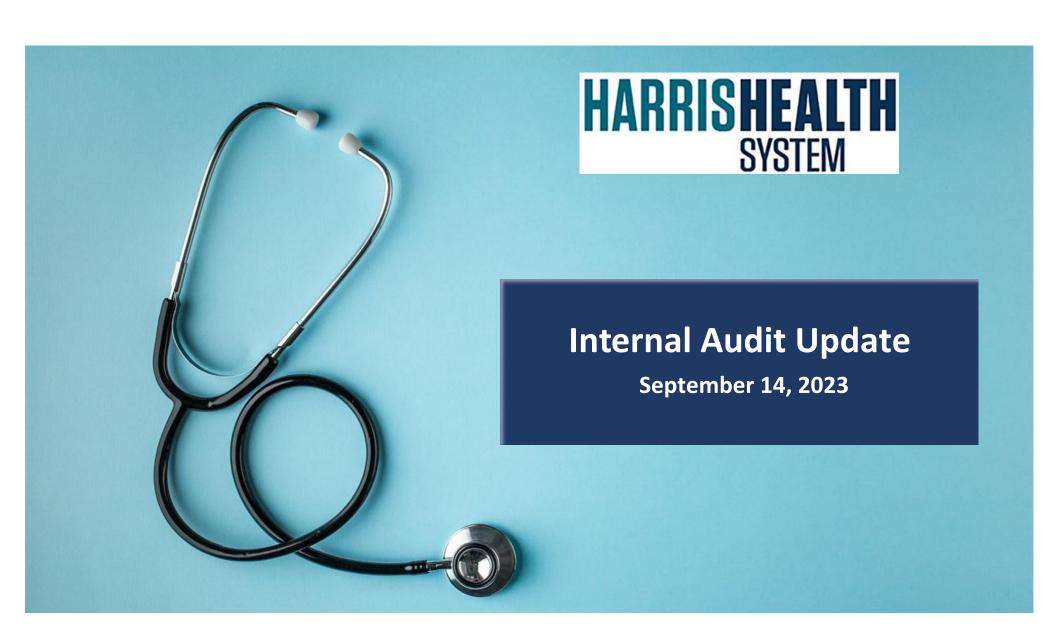


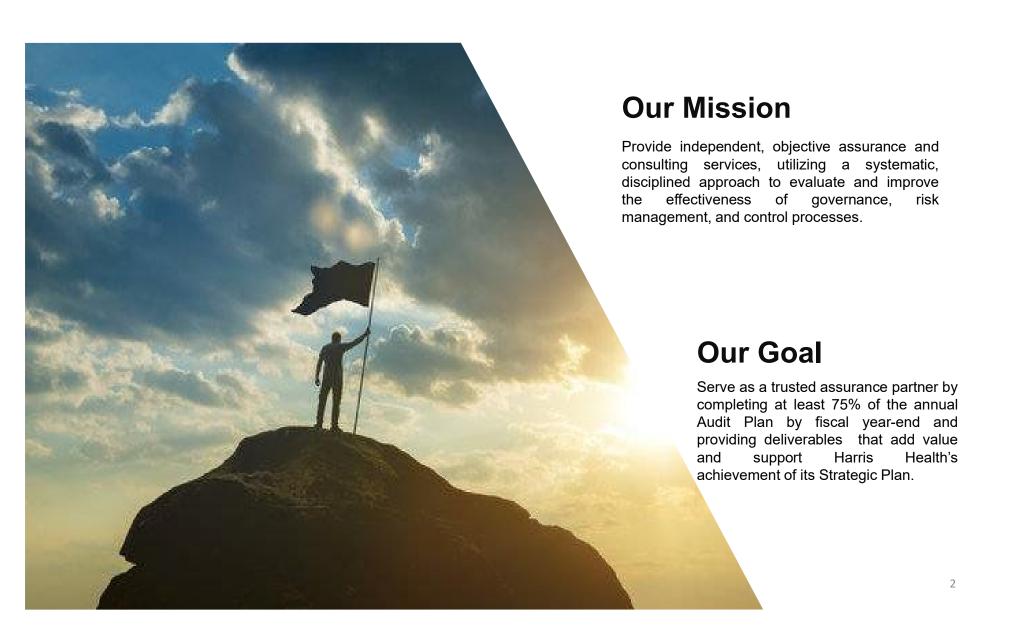
## Compliance and Audit Committee

### Thursday, September 14, 2023

Presentation Regarding the Harris Health System Internal Audit Update

Harris County Auditor's Office presentation to the Compliance and Audit Committee of the Internal Audit Update.





# FY 2023 Audit Plan Status



#### **Completed Audits**

- UT Provider Invoicing Audit
- Follow-up: Guidehouse Grant Process Assessment
- Physician Preference Cards Consulting Engagement

#### **In-Progress Audits**

- Baylor Provider Invoicing
- Follow-up: Correctional Health Pharmacy, Nursing, and Infection Prevention
- PeopleSoft Change Management
- Cybersecurity Training Compliance
- Medical Device Security Audit
- Non-Formulary Drug Process Review

### **Upcoming Audits**

- MWBE Program and Policy Audit
- HIPAA Privacy Controls Audit



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## **Objective**

Verify implementation of key recommendations from the 2019 Guidehouse Grant Accounting Process Assessment

## Scope

Validation procedures involved surveys and interviews with a sample of Grant Project Managers, and Grant Accounting personnel with People Soft Grant Module access; interviews with additional parties in the Finance Office and Corporate Compliance; and a review of Harris Health's current grant processes and related data for the period January 2021 through June 2023. This engagement did not focus on specific grant compliance.

## **Overall Conclusion**

Harris Health System (Harris Health) has implemented some of the selected recommendations from the 2019 Guidehouse Grant Accounting Process Assessment. Recommendations have not been fully implemented related to:

- Grant policy development
- Finalization of a roles and responsibility matrix for grant processes
- Basic training for grant stakeholders
- Ensuring access to the Grant Module and awareness of available functionalities
- Utilization of Grant Module alerts for non-financial due dates
- The inclusion of small grants in the periodic communication process

The absence of a centralized grant management function within Harris Health could be a contributing factor to the opportunities identified. Harris Health leadership should evaluate the cost-benefit of developing a system-level grant management function to ensure accountability and consistency across the organization.



## **Objective**

Understand the current state of physician preference cards at Lyndon B. Johnson Hospital (LBJ), Ben Taub Hospital (Ben Taub), and the Ambulatory Surgery Center (ASC) and assist management with documenting a plan and timeline for automating the preference cards in Epic.

## **Overall Conclusion**

The pavilions have been using manual pick sheets stored on shared network drives to record physicians' preferred tools, instruments, and supplies for medical procedures. Pick sheets are not always current, supplies listed on the pick sheets are not always found in Epic, and there are sometimes discrepancies in supply terminology between the pick sheets and in Epic. When the manual pick sheets are built out as preference cards in Epic, they will be centrally located along with all other patient care records and can be monitored for completeness and accuracy through a Preference Card Maintenance Dashboard. Additionally, there will be built-in access controls and permissions to prevent unauthorized modifications.

The plan and timeline developed during this engagement will serve as a guide for Ben Taub, LBJ, and ASC to complete the preference card automation process by March 2024. A summary of the plan is as follows:



Hire Service Line Coordinators to Assist with Implementation Provide User Training and Access to Epic Functionality Request Informatics Specialist to be Liaison for Clinical Staff and Epic Review and Clean-Up Base Procedure Records in Epic Evaluate and Update Manual Pick Sheet Content Build Physician Preference Cards in Epic Based on Procedure Records and Pick Sheets Validate and Test Preference Cards in Epic Establish Governance and Maintenance Processes

# Follow-up on Management Action Plans

At the end of each audit engagement, Internal Audit requests action plans and implementation dates from management to remediate the risks identified during the audit.

Internal Audit follows up to confirm implementation of the management action plans (MAPs) and provides details on any past-due MAPs with a HIGH priority.

Project Name	Total Outstanding MAPs	High Priority Past Due MAPs
Procurement Audit	4	0
Vendor Payment Timeliness	3	0
Telemedicine Audit	2	2
Business Continuity and Disaster Recovery	1	0
Total	10	2

# **Oustanding MAPs** ■ Procurement Audit ■ Vendor Payment Timeliness Audit ■ Telemedicine Audit Business Continuity and Disaster Recovery

# KNOWLEDGE SHARING

Annual Risk Assessment



During July through September of each year, Internal Audit conducts surveys and interviews with Harris Health leaders to identify, assess, and prioritize key risks that may impact individual business units and their ability to achieve objectives. We collaborate with Corporate Compliance on the interviews and risk assessment process to ensure adequate coverage of key risks and avoid duplication of effort.

Based on the assessment, we develop the Annual Audit Plan, consisting of several assurance and consulting engagements to complete in the coming year. We consult with Harris Health's Chief Executive Officer and the Compliance and Audit Committee (CAC) to ensure the proposed engagements are appropriate and value-added. In November of each year, we bring the Annual Audit Plan to the CAC for approval.

Risk assessment surveys were sent in July 2023. As of August 28, 2023, 29 (57%) of the 51 survey recipients responded.

Interviews began August 14, 2022 and are going well. We appreciate leadership's participation in the annual risk assessment process!

# KNOWLEDGE SHARING

Emphasizing the Importance of Cybersecurity in Healthcare

**Source:** Healthcare & Public Health Sector Coordinating Council, *Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients* (2023 Edition)



Harris Health launched the state-mandated Annual Cybersecurity Training on August 1, 2023. Internal Audit began the annual compliance assessment after the training closed on August 31. Results will be reported to the Compliance and Audit Committee in November.

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Cyber-attacks are an increasing threat across all critical infrastructure sectors. For the health sector, cyber-attacks are especially concerning as they can directly threaten not just the security of our systems and information, but also the health and safety of the American public.

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Healthcare professionals must wash their hands before caring for patients, and healthcare organizations must practice good cyber hygiene in today's digital world, including it as a part of daily universal precautions.

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Cybersecurity has expanded the scope of patient wellness to include protecting the technology, networks, and databases that enable uninterrupted and accurate patient care. This includes securing computer systems, protecting patients' information, including PHI, and training personnel to be cybervigilant.

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Healthcare records continue to be one of the most lucrative items on the underground market, ranging from \$250 to \$1,000 compared to other items like credit cards only selling for an average \$100. This demonstrates the value of PHI to cyberattackers. Therefore, protecting PHI is paramount at every level of an organization, from practitioners to executives.

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Recent highly publicized ransomware attacks on hospitals necessitated diverting patients to other hospitals. This led to an inability to access patient records to continue care delivery. Such cyber-attacks can delay critical care, expose sensitive patient information, and lead to substantial financial costs to regain control of hospital systems and patient data.

# Thank You



### Errika Perkins, MBA, CPA, CIA, CFE

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## Sharon Brantley Smith, MBA, CIA, CFE, CISA

Audit Director, Audit Division Sharon.BrantleySmith@harrishealth.org Cell: 832-679-6004





## Compliance and Audit Committee

Thursday, September 14, 2023

**Executive Session** 

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## HARRISHEALTH SYSTEM

# Compliance and Audit Committee

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## HARRISHEALTH SYSTEM

# Compliance and Audit Committee

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# Compliance and Audit Committee

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