

**TRI-CITY HEALTHCARE DISTRICT  
AGENDA FOR A REGULAR MEETING  
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE  
February 16, 2017  
8:30 a.m. – 10:30 a.m.  
Assembly Rm. 1  
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Action/ Recommendation	Requestor/ Presenter
1.	Call to order	5 min.		Chair
2.	Approval of Agenda	2 min.		Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item.	1 min.		Standard
4.	Ratification of Minutes- January 19, 2017	3 min.	Action	Chair
5.	Old Business - A) Fiscal Year 2017 – Financial Statement Audit Proposal	10 min.	Action	CFO
6.	<b>New Business – Discussion and Possible Action</b>			
	A) Interviews of community candidates for open community seat on the Audit, Compliance & Ethics Committee  1) Faith A. Devine 2) Bryan Gonzales, JD, MBA 3) John Harper, R.T. 4) Robert Knezek	1 hour	Action	Chair
	B) <b><u>Administrative/Compliance Policies</u></b> 1. #8610-530 – Notification to Pre-Hospital Personnel; Exposure to Infectious Disease 2. #8750-537 - Hiring and Employment: Definitions (DELETED) 3. #8750-539 – Screening Covered Contractors 4. #8750-540 – Pending Debarment, Criminal Charges or Adverse Action against Current Covered Contractors 5. #8750-541 – Conviction/Exclusion/License Revocation of Current Covered Contractors(DELETED) 6. #8750-542 – Covered Contractor Requirements to Report Changes in Certification (DELETED) 7. #8750-546 – Education and Training; Distribution/Certification of Code of Conduct and/or Policies	20 min.	Action	K. Topp

	Agenda Item	Time Allotted	Action/ Recommendation	Requestor/ Presenter
7.	Motion to go into Closed Session			
8.	Closed Session			
	a. Approval of Audit, Compliance & Ethics Closed Session Minutes of January 19, 2017 (Authority: Government Code Section 54957.2)	5 min.	Action	Chair
	b. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (1 Matter)	10 min.	Action	CCO
9.	Motion to go into open session			
10.	Open Session			
11.	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1).	1 min.		
12.	Committee Communications	5 min.		All
13.	Date of Next Meeting: March 16, 2017	1 min.		Chair
14.	Adjournment			Chair
15.	Total Time Budgeted for Meeting	2 hours		

*Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.*

*Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations*

**Tri-City Medical Center  
Audit, Compliance & Ethics Committee  
January 19, 2017  
Assembly Room 1  
8:30 a.m.-10:30 a. m.**

**Members Present:** Director Larry W. Schallock(Chair); Director James Dagostino, DPT, PT; Director Leigh Anne Grass; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; ~~Leslie Schwartz~~, Community Member; Dr. Cary Mells, Physician Member

**Non-Voting Members:** Steve Dietlin (CEO); Ray Rivas, Acting CFO; Kapua Conley, COO; Cheryl Bernard-Shaw, CCO

**Others Present:** Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant

**Absent:**

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Schallock.		
2. Approval of Agenda	It was moved by Director Dagostino and seconded by Mr. Leslie Schwartz to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Introductions	Committee members introduced themselves and provided a brief summary of their background and experience.	Information only.	
5. Compliance Overview Update	Ms. Cheryl Bernard-Shaw, CCO gave a comprehensive overview of the Compliance Program Plan for FY2015-2017. Ms. Bernard-Shaw stated her charge was to focus on physician contract compliance and ensure that the Compliance Program that was essentially initiated on paper was put into effect. She stated the majority of items listed	Information only.	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>on the plan have been completed and she will draft a new plan for FY2017-2019.</p> <p><i>Ms. Kathy Topp joined the meeting at 9:00 a.m.</i></p>	Information only.	
6. Audit/Finance Overview Update	<p>Mr. Ray Rivas provided a review of the audit process. He explained Moss Adams performed the FY2016 Financial Statement Audit and tested internal controls over patient charges, billings, cash collections, and write offs of accounts, etc. Mr. Rivas stated prior to the main field work the Auditors will come to the Audit Committee to report any changes to the regulations and describe their Scope of Services and areas of audit emphasis as well as the audit timeline.</p> <p>In August, the auditors will begin their field work and will present their findings to the Audit Committee and discuss the opinion they plan to issue. The Audit Committee, after hearing the audit presentation will then make a recommendation to the Board to accept the audit as presented.</p> <p>Chairman Schallock pointed out that this past year the Audit Committee had discussion as to whether to go out to bid to other audit firms or continue with Moss Adams. At that time the committee recommended Moss Adams be engaged to perform the Financial Statement Audit with a partner rotation. Mr. Dietlin stated it is best practice to rotate auditing partners to get a fresh set of eyes on the books.</p> <p>With regard to financial presentations, Mr. Rivas stated the financials are presented on a quarterly basis. At the February meeting he plans to present the December.</p>		Ms. Donnellan
7. Ratification of minutes – November 17, 2016	<p>It was moved by Mr. Leslie Schwartz and seconded by Ms. Kathryn Fitzwilliam to approve the minutes as presented. The motion passed with Directors Dagostino and Grass abstaining from the vote.</p>	Minutes ratified.	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
5. Old Business a. Community Member Opening	Chairman Schallock reported we have one vacancy on the committee and will be conducting interviews at the February meeting to fill that vacancy.		
6. New Business			
A) Administrative Policies & Procedures: 1) 8610-561 – Responding to Compliance Issues – Reports of Suspected misconduct Investigation	<p>Ms. Kathy Topp, Director of Education and Clinical Informatics explained a redlined copy of Policy 8610-561 was distributed to committee members today to reflect changes that were made to the policy. Ms. Bernard-Shaw stated when there is an investigation that involves the Executive Team, we want to assure the Board that they receive that information in timely manner, particularly if it involves the CEO or CCO. She explained revisions that have been proposed to the policy ensure that process is easy to implement.</p> <p>General Counsel, Ms. Racicot stated in October of 2016, the Committee had extensive discussion on this policy and it was sent back for further revisions. The policy presented today memorializes those discussions and address concerns raised by committee members.</p> <p>In response to a question raised by Director Grass, Ms. Bernard-Shaw explained what checks and balances are in place. Ms. Racicot stated Ms. Bernard-Shaw, in her role as Chief Compliance Officer, must have some discretion to determine reports that may be closed and that she has a process in place to make those judgments and ultimately she reports to the Board.</p> <p>Mr. Cumming questioned if there is a central document that contains the definitions of certain terms used in the policies. Ms. Topp stated there is not a central document however, when deemed necessary, definitions are contained in the individual policies.</p> <p>Minor revisions were recommended by committee members for clarity.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>It was moved by Mr. Cumming to recommend approval of Compliance Policy 8610-561 with revisions as described. Director Dagostino seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve Policy 8610-561 with revisions as described; item to appear on Board Agenda and contained in Board Agenda packet</p>	<p>Ms. Donnellan</p>
<p>B) FY2017 Financial Statement Audit</p>	<p>The committee had extensive discussion regarding the process of selecting an auditor for the FY 2017 Financial Statement Audit. Committee members gave their impressions of the Audit Team that was utilized in the FY2016 audit.</p> <p>Director Grass expressed concern that some liabilities were not listed on the FY2016 audit.</p> <p>After further discussion, it was moved by Ms. Kathryn Fitzwilliam to direct management to see an engagement proposal from Moss Adams to perform the FY2017 Financial Statement Audit. Mr. Leslie Schwartz seconded the motion. The motion passed with Director Grass voting no.</p>	<p>Recommendation to direct management to seek an engagement proposal from Moss Adams to perform the FY2017 Financial Statement Audit; item to appear on Board agenda.</p>	<p>Ms. Donnellan</p>
<p>7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)</p>	<p>Chairperson Schallock made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes and two matters of Potential Litigation.</p>		
<p>8. Motion to go into closed session</p>	<p>It was moved by Director Dagostino and seconded by Mr. Jack Cumming to go into closed session at 9:51 a.m. The motion passed unanimously.</p>		
<p>9. Open Session</p>	<p>The committee returned to open session at 10:23 a.m. with attendance as previously noted.</p>		
<p>10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code,</p>	<p>Chairperson Schallock reported no action was taken in closed session.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
Section 54957.1)			
11. Comments from Committee Members	None.		
12. Date of Next Meeting	Chairperson Schallock stated the Committee's next meeting will be held on February 16, 2017.	The committee's next meeting is scheduled for February 16, 2017.	
13. Adjournment	Chairperson Schallock adjourned the meeting at 10:24 a.m.		

RECEIVED  
1-17-17

FAITH A. DEVINE  
2722 Loker Avenue West, Ste. H  
Carlsbad, CA 92010

January 12, 2017

Teri Donnellan, Executive Assistant  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056

Re: Audit/Compliance/Ethics Committee Opening

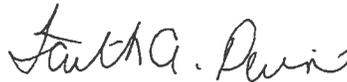
Dear Ms. Donnellan:

I am writing in reference to the community member opening on the Audit/Compliance/Ethics Committee advertised in the The Coast News, and am enclosing my resume for consideration. As described in my resume, I was a federal prosecutor for over 23 years specializing in complex financial fraud, waste and abuse. I have worked with several Offices of Inspector General. I presently serve as a consultant for private clients in the area of fraud prevention and recovery.

I believe my experience matches the criteria outlined in the advertisement. I have extensive experience in finance and accounting issues, and have summarized thousands of pages of financial records. I have also prosecuted a number of health care fraud cases and am familiar with billing codes, certifications, and cost reporting. I am a resident of Carlsbad and am interested in using my experience to serve the local community.

Please feel free to contact me if you would like to discuss my qualifications further or need additional information. I can be reached at 760-842-7095 or by e-mail at [faithdevine@att.net](mailto:faithdevine@att.net).

Very truly yours,

  
Faith A. Devine

Enc.

**FAITH A. DEVINE**  
2722 Loker Avenue West, Suite H  
Carlsbad, California 92010  
TEL (760) 842-7095 FAX 760-400-8361  
E-mail: faithdevine@att.net

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## **PROFESSIONAL EXPERIENCE**

**July 2015 to present Attorney/Consultant**

Specializing in compliance and fraud prevention.

**2001- July 2015 Assistant U.S. Attorney  
U.S. Attorney's Office, San Diego, CA**

- Investigated and prosecuted criminal and civil cases for federal agencies involving fraud, waste, and abuse in the areas of health care fraud, defense contractor fraud, and other government procurement fraud.

**1991-2001 Assistant U.S. Attorney  
U.S. Attorney's Office, Los Angeles, CA**

- Investigated and litigated civil violations of the False Claims Act including health care fraud, defense contractor fraud, and other government procurement fraud.

**1989-1991 Associate Attorney  
Graham & James, Los Angeles, CA**

Litigated complex commercial, class action, and securities cases for financial institutions, corporations and government agencies.

**1988-1991 Associate Attorney  
Cameron, Hornbostel & Buttermann, New York, NY**

Represented foreign corporations, financial institutions, and governments in connection with business transactions, regulatory issues involving international trade, and immigration.

## **EDUCATION**

J.D., Hofstra University School of Law, New York, Top 10%, 1989  
BBA, International Finance and Marketing, University of Miami, *cum laude*, 1986

## **BAR ADMISSIONS**

California, 1990

## **PROFESSIONAL ORGANIZATIONS**

- Member, Carlsbad Chamber of Commerce, Government Affairs Committee.
- Member, North County Bar
- Member, Association of Certified Fraud Examiners.

## **COMMUNITY**

- 1995-2001 – Judge Pro Tem (Los Angeles Small Claims Court)
- 1989-2001 – Director, Barnsdall Art Park Board of Overseers
- 2001-2015 – San Pacifico Homeowners Association

# BRYAN GONZALES, JD, MBA

Carlsbad, California | (619) 777-6884 | gonzalesmgmt@gmail.com | linkedin.com/in/gonzalesbryan

*Committed to serving residents and leading employees with passion, excellence, and integrity.*

January 4, 2017

RECEIVED  
1-6-17

Teri Donnellan  
Executive Assistant  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056

**RE: Tri-City Healthcare District Board of Directors Committee  
Audit/Compliance/Ethics Committee**

Dear Ms. Donnellan:

It is with great pleasure that I submit the attached resume for consideration to join the Audit/Compliance/Ethics Committee as Community Member.

I live with my wife and three children in the City of Carlsbad. As a JD/MBA, entrepreneur and current-CEO of a healthcare company, I possess a strong understanding of finance, accounting and financial statements related to healthcare. Moreover, I also have hands-on experience with audits, ethics and compliance.

I am extremely motivated to join this committee and would appreciate an opportunity to present myself.

Thank you for your time and consideration.

Sincerely,



Bryan Gonzales, JD, MBA

*Enclosure: Résumé*

# BRYAN GONZALES, JD, MBA

Carlsbad, California | (619) 777-6884 | gonzalesmgmt@gmail.com | linkedin.com/in/gonzalesbryan

*Committed to serving residents and leading employees with passion, excellence, and integrity.*

**Transformative C-Suite Executive:** Built \$220M Organization; Repositioned 2 Companies; Led 100+ Employees

Impressive track record of analyzing diverse organizations, identifying untapped opportunities, and opening million-dollar revenue streams. History of producing remarkable results upon hire after evaluating current practices, pinpointing ineffective patterns, and pushing management teams outside their comfort zones to achieve unprecedented results. High-energy leader respected for instilling a sense of urgency while challenging the status quo and building an underlying confidence in the team that sustains prolonged organizational success. Entrepreneur with substantial experience in real estate, healthcare and automotive operations. Core competencies include:

- Strategic & Adaptive Planning
- Team Building & Inspiration
- Startups & Turnarounds
- Human Resources (HR) Strategies
- Financial & Budget Leadership
- Influential Communications
- Organizational Vision & Effectiveness
- Revenue & Efficiency Maximization
- Real Estate & Facilities Management
- Top-Tier Talent Acquisition & Development
- Risk Mitigation & Regulatory Compliance
- Legal Counsel & Contract Negotiation
- Change Management
- Strategic Partnerships
- Client & Board Relations
- Community Projects
- Consensus Building
- P&L Management

## CAREER SUCCESS

**PACIFIC MEDICAL CARE INC. & PACIFIC BAY RECOVERY INC., San Diego, CA** 2015 to Present

*Visionary provider of expert, customized healthcare services from multiple locations and mobile diagnostic/treatment centers.*

### Chief Executive Officer / Corporate Counsel

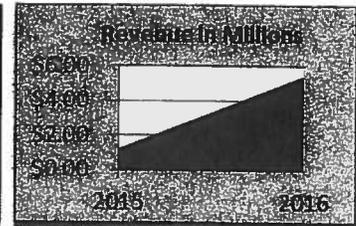
Optimize operations, profitability, and goal attainment while driving strategic direction. Lead and motivate managerial staff and 100 indirect reports to peak performance levels. Direct and continually improve all financial, legal, human resources, provider relations, compliance, risk, privacy, and real estate functions. Design and consistently achieve ambitious short- and long-term plans; monitor key performance indicators (KPIs) to track results. Evaluate financial performance and proactively address legal issues while deftly steering top corporate decisions and refining organizational structure.

**Saved companies from financial uncertainty by establishing financial, legal, and reporting infrastructure. Successfully transformed these organizations in need of operational planning, improved financial reporting, and executive oversight. Quadrupled size of companies, transforming both businesses into vital, responsive, and highly productive organizations.**

- **Grew revenue of Pacific Bay Recovery from \$1.2 million in 2015 to \$6.0 million in 2016.** Substantially reduced operational expenses and decreased headcount by 20 while achieving higher patient incomes.
- **Guided paperless transition to electronic health record (EHR) systems.** Consolidated 2 EHR systems, each with 30% use, into a single system that enjoyed 100% use.
- **Maximized company revenue/reimbursement** by opening payer channels, markets, licensing opportunities, and strategic alliances. Renegotiated vendor/material contracts, streamlined supply chain, and earned Joint Commission accreditation.

**Boosted bottom-line profit by 50+% year-over-year (YOY) and increased efficiency tenfold**

by redesigning billing processes; eliminated massive exposure to liabilities. Built reporting infrastructure to include production reports, cash flow analyses, patient statements, and account payable schedules. Reconciled general ledger and clarified requirements for Workers' Compensation insurance. Established new system of reporting that included patient statements, expense controls, trends, and cash flow analysis. Re-organized cases for general counsel; enhanced format for better usability.



- **Ensured full regulatory compliance with OSHA, HIPAA, and anti-kickback laws** by implementing sound internal policies and verification tests.
- **Improved employee satisfaction** by revamping/creating HR policies. Wrote new employee handbook, reined in overtime, implemented performance reviews, approved paid time off (PTO) requests, and reduced pay periods from 26 to 24.
- **Strengthened provider relationships** by opening/improving communication channels, renegotiating contracts, offering better tools, and practicing active listening.
- **Hired and mentored 10 outstanding professionals**, 4 of whom are key players within the organization. Identified and stopped corporate theft.

"Bryan has a unique combination of legal knowledge, business acumen, and IT expertise. Combined with incredible organizational skills, determination, a vigorous work ethic, and a forceful-but-friendly personality, Bryan almost single-handedly brought Pacific to the next level. I can state without reservation that the company is at least a year ahead of where it would have been without him at the helm." — *James M. Hester, General Counsel, Pacific Medical Care and Pacific Bay Recovery*

"Leading by example in all his endeavors, Mr. Gonzales not only helps his clients and customers, but also his coworkers and staff by supporting them in doing their best and improving professionally. Personally, Mr. Gonzales has helped me achieve a much higher level of productivity than I ever would've achieved on my own, and thanks to his ambitious and positive demeanor, I also enjoy my work now more than ever." — *Tommy Luker, IT Systems Administrator, Pacific Medical Care*

**COMPREHENSIVE HEALTHCARE PARTNERS, Burbank, CA**

2013 to 2015

Healthcare management, billing, and collections firm with \$100+ million in accounts receivable across 40+ medical providers. Company specializes in private, workers' compensation, and personal injury sectors.

**Chief Operating Officer / General Counsel**

Greatly enhanced domestic operations and fiscal performance while training/managing global project teams. Refined revenue cycles; set/achieved income goals. Advised and responded to all legal matters. Conducted deep financial analysis and instituted OSHA/HIPAA protocols.

Settled \$1+ million in client accounts receivable per month and increased amount per settlement.

- **Saved \$500,000 annually** by establishing new purchasing procedures, introducing financial controls, right-sizing staff, and streamlining vendor list.
- **Stopped \$300,000+ in legal penalties** with effective responses and preventive measures.

**GONZALES LAW FIRM, APC, Long Beach, CA**

1997 to 2015

Law firm providing wide array of legal/business services for clients of all sizes, from all industries.

**Attorney / Business Consultant**

Protected clients from liability by structuring/drafting agreements in compliance with anti-kickback/referral and privacy laws. Represented buyers, sellers, and landlords/renters in residential and commercial real estate transactions. Structured high-impact business strategies and formed entities for startups, turnarounds, and divestitures. Designed and enhanced documentation/policies for licenses, privacy protections, employment regulations, joint ventures, buy/sell agreements, NDAs, MOUs, LOIs, employee handbook, and OSHA/HIPAA compliance. Prosecuted Chapter 7, 13, and 11 bankruptcies.

Grew business to become the premier workers' compensation medical provider law firm in the State of California, with \$120 million in accounts receivable.

- **Litigated/settled \$50+ million in medical provider business disputes** with insurance companies.
- **Empowered multiple 8+ location medical systems to stay profitable** by restructuring businesses to comply with new state laws. Collectively, these clinics served 40,000+ patients annually.
- **Obtained Special Use Permit in the City of Las Vegas.** Received unanimous vote, overcoming denials to win approval at public hearing. Persuaded 70 community members, 500 hearing attendees, TV audience, and City Council.
- **Effectively managed 150+-unit residential income properties** and led development projects from design to inspection.

**DAKINE AUTOMOTIVE GROUP INC., Downey and South Gate, CA**

1999 to 2009

Multi-franchise dealerships selling new and used automobiles.

**Dealer Principal / General Manager / General Counsel**

Maximized profits while establishing, purchasing, selling, renovating, and voluntarily terminating automobile franchises/locations. Created and led the in-house Legal Department, and supervised outside counsel. Recruited, trained, coached, and directed 300+ employees. Steered all land, insurance, banking, and inventory initiatives. Personally created every document and process.

Scaled single-location, 80-employee business generating \$12 million in annual revenue, into a business with 2 franchises, 6 locations, and 303 employees producing \$220 million/year.

**EDUCATION / CREDENTIALS**

**Master of Business Administration (MBA), Entrepreneur, Babson College, Wellesley, MA, 2013**

**Juris Doctor, Whittier Law School, Los Angeles, CA, 1997**

**Bachelor of Arts, International Relations, University of Southern California, Los Angeles, CA, 1993**

**Professional Licenses: State Bar of California – 1997 | California Department of Real Estate – 1999 (Broker)**

# John Harper, R.T. (R) (MR)

3534 Normount Road • Oceanside, CA 92056 • 760-310-5655 • [johnaharper@cox.net](mailto:johnaharper@cox.net)

## EDUCATION

**University of California Los Angeles**

1984

*Bachelor of Arts: Political Science/Public Administration*

**Pasadena City College**

1977

*Associate Arts: Radiologic Technology*

## EXPERIENCE

**Sr. Solutions Sales Specialist & Product Specialist**

2010-Present

*Philips Healthcare*

*San Diego, CA*

Manage Sales in Western Territories (California, Southwest and Pacific Northwest) for Philips *IntelliSpace Portal*, a post-processing thin-client solution for CT, MRI, Nuclear Medicine and Ultrasound. I am responsible for clinical presentations of multimodality modules and meeting established quarterly Sales Quotas. With strong clinical workflow expertise, I promote sales of this solution to customers through presentations and live demonstrations to achieve successful closure of orders. In addition, I am responsible for training and promotion of sales to internal Philips Account Executive and Management teams. Sell as both lead sales person and as support sales role as needed.

Specialized expertise includes working knowledge of all clinical and informatics workflow including radiology reporting, RIS/HL7, DICOM Modality Worklist, network architecture, security access, PHI, EMR and PACS.

**PACS Product Sales Specialist**

2006 – 2010

*DR Systems, Inc.*

*San Diego, CA*

DR Systems is a healthcare IT and software development company specializing in diagnostic imaging, information systems, and medical data transfer. Conduct professional sales demonstrations in support of U.S. Sales, provide training to Sales staff, and assist Senior Sales and Marketing in the development new sales strategies and presentation material. Responsibilities included post-sale customer relations and problem solving in addition to quality control and direct input in to on-line training modules for PACS, Mammography, Reporting and specialty cardiac solutions.

**3D Imaging Business Support Manager**

2001-2006

*BarcoView, LLC. (formerly Voxar, Ltd., below)*

*Duluth, GA*

BarcoView, LLC. is a leading display technology development and manufacturing company specializing in commercial, military and life-critical products. BarcoView purchased software "startup", Voxar, Ltd. of Scotland to enhance the Barco medical display applications with important 3D technology. As a Voxar Regional Sales Manager, I was promoted to 3D Imaging Business Support Manager and led the effort to transition Voxar to BarcoView with our important PACS partners.

**Western Regional Sales Manager**

2001-2005

*Voxar, Ltd.*

*Edinburgh, Scotland*

Voxar developed and marketed advanced 3D software processing algorithms for third party integration and standalone clinical medical imaging

- Developed quarterly and annual sales forecasts, executed sales campaigns and achieved pipeline targets.
- Achieved sales targets during all years, building pipeline sales for the Western U.S. region
- Increased annual Western Region sales successively each year growing from \$3.5M to \$5.0M

**Western Regional PACS Sales Executive**

1999-2001

*Data General Corporation/EMC*

*Boston, MA*

- Clinical Applications Specialist followed by a promotion to Western Regional Sales Executive representing Data General's PACS offering.

**Senior Diagnostic MRI Technologist**

1993-1999

*TriCity Hospital Medical Center & Mediscan, LLC.*

*Oceanside, CA*

- Performed Lead MRI Technologist roles for an acute and trauma care medical center and an outpatient imaging center at TriCity Hospital Medical Center
- Performed Lead MRI Technologist role and management of MRI operations at a dedicated outpatient imaging center, Mediscan, LLC.

## **PROFESSIONAL CERTIFICATIONS**

The American Registry of Radiologic Technologists (License #133177)

Registration Categories: Radiography and Magnetic Resonance Imaging (designations: "R", "MR")

## **CONTINUING EDUCATION**

Continuing education certifications include study in cardiovascular post-processing, neuroradiology and oncology imaging for all modalities (CT, MR and NM). Neuroradiology continuing education includes an understanding of MRI neuro perfusion, diffusion tensor imaging and spectroscopy.

**December 12, 2016.**

**Ms. Teri Donnellan  
Executive Assistant  
Tri-City Medical Center  
4002 Vista Way  
Oceanside, CA 92056**

**Dear Ms. Donnellan:**

**In response to your ad, I am applying for Community Member Position on the Audit/Compliance/Ethics Committee at TCMC. My professional experience has been in finance, budgeting, institutional research, instruction, planning and administration at Wayne State University (WSU), Georgetown University (GU), West Coast University (WCU), and Wayne County Community College (WCCC). I have the requisite skills and experience to perform the duties and responsibilities associated with serving on this committee in as much as the fact that I served on this Committee as well as the Finance Committee several years ago. I have a BS in Mathematics from Central Michigan University and an MBA in Management from Wayne State University.**

**In the last several years, I have been consulting and teaching as an adjunct instructor at ITT-Tech and Kaplan College in the San Diego Area. Also, I volunteer at Carlsbad Library Arts Foundation and North Coast Calvary Church Career Transitions Program..**

**Enclosed please find a copy of my resume and references.  
After reviewing my resume, if you should feel there is a mutual  
interest, please contact me as to any possibilities.**

**Respectfully,**

A handwritten signature in black ink that reads "Robert J. Knezek". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

**Robert J. Knezek**

**3216 Via de Canto**

**Carlsbad, CA 92010**

**[rjkrikrik@aol.com](mailto:rjkrikrik@aol.com)**

**760-828-0515**

**ROBERT J. KNEZEK**  
**3216 VIA DE CANTO**  
**CARLSBAD, CA 92008**  
**(760) 434-1004**  
**e-mail address: rjkrjkrjk@aol.com**

A twenty year administrator with financial, student personnel, facilities, strategic planning and general management skills. Private sector exposure as financial analyst in auto industry. Would be excellent senior level manager to address finance, budgeting, planning, and student personnel requirements for an organization. Highly proficient in financial analysis, computer modeling and applications for planning purposes. Interfaces well with outside organizations and government agencies. Effective manager of people. Practices TQM principles. Major strengths and expertise include:

- Student Program Administration
- Financial Planning and Analysis
- Budgeting, Forecasting & Strategic Planning
- Creating Participatory Organizational Culture
- Automating and Linking Organizational Information
- Facilities/Buildings/Grounds Assessments
- Contract Administration/Services
- Information & Technology Management
- Personnel Administration, Training, & Development
- Representation of Organization to Outside Agencies

Organized and focused, with great flexibility to handle task, manage projects, and solve problems. Demonstrated leadership traits and strong communication abilities. Teaching experience in Accounting, Management Principles, Business, Statistics, and Computer Applications.

## **PROFESSIONAL HISTORY**

Adjunct Instructor @ ITT-Tech and Kaplan College, taught business and math courses  
2007-present

Executive Consulting for the Non-Profit Sector-Affiliated Consultant  
(2004 to present)

Los Angeles County Office of Education, Downey, CA (4/99- 10/03)  
Position: Administrative Services Manager for grant funded division  
with \$200M in grants distributed over 30 affiliated programs.  
Supervise thirty-five people in Finance, Facilities, Information Systems, and Program  
Monitoring. Responsible for refunding process, finance, budget, facilities, and program  
oversight.

West Coast University, Los Angeles, CA (4/96-5/98)

Position: Vice President for Administration and CFO for a small urban university with multiple campus operations in Southern California. Supervised approximately forty staff in all administration and finance functions. Responsible for budget and planning functions, controllership, purchasing, personnel, facilities, and other general administrative areas.

Federal Emergency Management Agency, Pasadena, CA (6/95-4/96)

Position: Manager of Finance, for the FEMA Office for Southern CA.

Managed the oversight of earthquake relief funds for the Northridge Earthquake Disaster Project. Supervising eight staff and providing financial oversight of several billion dollars of aid to the Northridge Area. Responsible to and interface with FEMA HDQ in Washington DC.

Georgetown University, Washington, DC (8/88-5/93):

Position: Director of Finance and Administration for the Division of Student Affairs and Auxiliary Services which included Student Affairs, Athletics, Protective Services, Yates Intramural Complex, Residence Halls, and several student run businesses.

Responsibilities: General financial administration of the division. Representation of the division in financial committees. Interfaced with other administrators on financial matters. Participation in and development of strategic planning for the division, with responsibility for strategic planning, financial planning, and assessment of facility needs maintenance.

Wayne State University, Detroit, Michigan (6/70 to 7/88):

Position: Senior Financial Staff within the Office of Budget and Planning (11/82 to 7/88)

Responsibilities: Preparation of major parts of annual budget requests to the state of Michigan. Preparation of financial analyses, revenue projections, planning studies and computerized modeling. Coordination and/or preparation of various reports required by state and federal agencies. Representation of the university at state and federal agencies. Execution of budget control and internal budget analysis.

Position: Research Associate within the Office for Institutional Research (7/75 to 10/82)

Responsibilities: Preparation of state and federal reports. Preparation of institutional cost studies, personnel and other resource utilization analyses, revenue projections, and enrollment management studies and planning. Coordination and/or preparation of various reports required by state and federal agencies.

Position: Research Assistant within the Office for Institutional Research (6/70 to 6/75)

Responsibilities: Preparation of state reports. Preparation of institutional cost studies, enrollment analysis, tuition analyses, other resource utilization analyses. Performance of general institutional research analysis as required by management.

Ford Motor Company (Motorcraft Div.) Livonia, Michigan (3/69 to 5/70)

Position: Financial Analyst in the Department of Financial Analysis, Divisional

Controller's Office Responsibilities: Performed salaried personnel expense and headcount analyses for the division. Participated in annual divisional budget preparation. Marketing channel analyses.

Wayne County Community College, Detroit, Michigan (9/69 to 6/88):

Position: Adjunct Business Instructor. Responsibilities: Taught accounting, management, and computer applications courses.

**Other Positions:**

Highland Park and Brighton Schools, Highland Park and Brighton, Michigan 9/67 to 12/68) Responsibilities: Taught secondary math.

General Motors Corporation: intermittent jobs (1962-67)

-Cadillac Div., Detroit MI. (6/66 to 9/67), computer operator and methods and procedures analyst.

-Chevrolet Div., Van Nuys Ca. (1/65 to 5/65), production.

-Chevrolet Div., Saginaw MI. (5/62 to 12/64), performed machine inventory studies, capital expenditure analyses, and worked as a draftsman in plant engineering.

**Education:**

Wayne State University, Detroit, Michigan (1967-69) MBA Degree. Major concentration in Management with minor concentrations in Finance, Labor Relations, and Operations Research.

Central Michigan University, Mt. Pleasant, Michigan (1965-67). B. S. Degree with Major in Mathematics and with minor in Physical Science.

Delta College, University Center, Michigan (1961-63) 60 credits of engineering coursework.

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## PROFESSIONAL REFERENCES

**-Mary Elizabeth Shutler, Ph.D.,** Dean of Arts and Sciences, National University, {former Vice President for Academic Affairs and Provost, West Coast University, and former Vice President for Academic Affairs at CSULA} 20341 Alta Hacienda Drive, Walnut, CA 91789 **(909) 595-4447**

**-Mary Jo. Heeb, PH.D.** Associate Professor, Dept. of Molecular and Experimental Medicine, Scripps Research Institute, MEM180, 10550 Tory Pines Road, La Jolla, CA 92037 **(858) 784-2185**

**-Thomas Franco, LLB,** Department Chair, Business Studies Wayne County Community College, 801 Fort Street, Detroit, MI 48226 **(313) 548-2047**

**-James Selover, PH. D.,** President, Carlsbad Library Arts Foundation, 6927 Mimosa Drive, Carlsbad, CA 92011, **(760) 268-0541**

**-Ingrid Stuliver, Ph.D.,** Director of Research, Tri-City Hospital Corporation, 4002 Vista Way, Oceanside CA 92056 **(619) 977-8689**

Administrative Policy Manual  
Compliance

ISSUE DATE: 5/04

SUBJECT: ~~Emergency Response Employees,~~  
Notification of Pre-Hospital  
Personnel; Exposure to Infectious  
Disease

REVISION DATE: 7/04; 12/05; 05/09

POLICY NUMBER: 8610-530

Department Approval:	10/16
Administrative Policies & Procedures Committee Approval:	05/09 10/16
<del>Operations Team Committee Approval:</del>	<del>05/09</del>
Organization Compliance Committee Approval:	11/16
Medical Executive Committee Approval:	01/17
Audit, Compliance and Ethics Committee Approval:	
<del>Professional Affairs Committee Approval:</del>	<del>06/09</del>
Board of Directors Approval:	06/09

A. **PURPOSE:**

1. Both federal and California law establish requirements for reporting exposures of pre-hospital emergency medical personnel to certain infectious diseases.

B. **DEFINITIONS:**

1. Pre-hospital emergency medical care personnel may include Registered Nurse (RN), Emergency Medical Technician (EMT), lifeguard, fire fighters, peace officers, volunteers, and physicians who provide pre-hospital emergency medical care or rescue services.
2. Reportable disease or condition means those diseases listed in Section I and prescribed by Title 17, CCR Sections 2500-2640 and Title 8, CCR Section 5199 Appendix A.-

C. **CALIFORNIA REPORTING LAW:**

1. Under specified circumstances, pre-hospital emergency medical care personnel exposed to a person afflicted with a disease or condition listed as reportable and transmitted through oral contact or secretions of the body must be notified that they have been exposed to a disease as defined in Section I [Health and Safety Code Section 1797.188
2. Notification of exposure: The pre-hospital emergency medical care person who provided services must give their name and phone number to the TCMC Base Hospital Coordinator or the "Radio Nurse" at the time patient is transferred from their care to the admitting health facility. Pre-hospital emergency medical care persons may also give their name and phone number to the transporting party to relay to the hospital.
3. The TCMC Base Hospital Coordinator or the "Radio Nurse" shall complete the "Confidential Morbidity Report (CMR Form)" and submit to the California Department of Public Health (CDPH).
4. Exposed personnel arriving at TCMC are directed to Occupational Health/Emergency Department for evaluation and treatment.
5. If the exposed personnel do not arrive at TCMC, the TCMC Base Hospital Coordinator or "Radio Nurse" must report the name(s) and telephone number(s) to the county health officer, as soon as the patient is diagnosed with a reportable disease or condition. The phone number to call is 619-515-6620 (San Diego County Community Epidemiology Branch).
6. The County Health Officer is then responsible for informing the involved pre-hospital emergency medical care personnel of the exposure. The statute does not provide for any release of information from hospitals to pre-hospital emergency medical care personnel.
7. Furnish other pertinent information related to the occurrence as may be requested by the local health officer or CDPH.

**D. FEDERAL LAW:**

1. The Ryan White Comprehensive AIDS Resources Emergency Care Act, requires medical facilities to give a report to the "designated officer" (DO) of the pre-hospital emergency response service when personnel are exposed to specified infectious diseases (see Section I for list of diseases) during the transport of a patient to the hospital. The TCMC Base Hospital Coordinator or designee maintains a current list of facilities and designated officers.
2. The hospital is responsible for initiating reports only regarding infectious pulmonary tuberculosis. Reports regarding questions about all other infectious conditions (i.e. Hepatitis B, HIV infection (including AIDS), Diphtheria, Meningococcal disease, Plague, Hemorrhagic fevers (ex. Lassa, Marburg, Ebola, Crimean-Congo), Rabies, and others yet to be identified) will be initiated by the DO of the pre-hospital emergency response service.

**E. SCOPE OF RESPONSIBILITY:**

1. The duties of Tri-City Healthcare District terminate upon discharge of the patient for conditions arising from the emergency or at the end of the 60-day period (beginning on the date the victim is transported by the emergency response employee to the hospital), whichever period is shorter. A response must be made as soon as possible but not later than 48 hours after the request is made.
2. This time period can be extended to a maximum of 90 days if the request for information is received within 30 days of the applicable 60-day period.
3. The Act does not authorize or require a facility to test any patient for any infectious disease.
4. The Act does not authorize or require any facility, designated officer or emergency response employee to disclose identifying information with respect to a patient or an emergency response employee.
5. The designated officer and any emergency response employee to whom disclosure is made must maintain the confidentiality of HIV test results and may be personally liable for unauthorized release of any identifying information about the HIV results.

**F. EVALUATION:**

1. TCMC receives by mail, fax, phone, or in person a request from the DO for information about possible exposure to one of the above infectious diseases.
2. These are all referred to and evaluated by the TCMC Base Coordinator.
3. After hours and on weekends, the ED "Radio Nurse" will review the request.
4. If the request is made without a Confidential Morbidity Form, one is completed by the TCMC Base Coordinator or "Radio Nurse" to gather appropriate information.
5. Infection Control can be contacted for assistance.
6. One of the following determinations is made:
  - a. The pre-hospital emergency medical personnel were exposed.
  - b. The pre-hospital emergency medical personnel were not exposed.
  - c. Facts about the case are insufficient to determine an exposure.
7. **Infection Control will notify TCMC Base Coordinator of potential exposure if a patient was transferred via ambulance/EMS.**

**G. RESPONSE:**

1. All requests must be answered and shall be made in writing ASAP but no later than 48 hours after receiving the request. The response will be sent by fax whenever possible. The information provided to the DO will include the name of the infectious disease, the date the patient was transported and the run number of the EMS call.
2. If a response is sent by mail, the DO will be notified by telephone that the response has been sent. The DO, within 10 days, must inform the facility whether the notification has been received.
3. The local public health officer will be contacted when:
  - a. The hospital reviewer is unable to make an independent determination that the pre-hospital emergency medical personnel were exposed to a reportable disease or condition.
  - b. The public health officer will resubmit the request to TCMC after evaluation. TCMC staff will make the follow-up report to the DO.
4. If the patient dies and a different facility is responsible for determining the cause of death, a copy

of the request will be sent to that facility for the follow-up.

H. **CONFIRMED AIRBORNE DISEASES:**

1. If a patient is transported by pre-hospital emergency medical personnel to TCMC and is determined to have infectious pulmonary tuberculosis, the Infection Control Practitioner or designee will send a notice to the DO of the Emergency Medical Service that transported the patient.
2. This notice shall be made as soon as is practicable, but no later than 48 hours after a positive Mycobacterium tuberculosis culture is obtained or notification of a positive culture is received from San Diego Health and Human Services TB Control Program.
3. Notice will include the date, run number, and infectious disease involved.

I. **REPORTABLE DISEASE LIST, TITLE 17, CALIFORNIA CODE OF REGULATIONS, SECTION 2500:**

1. The following communicable diseases can be transmitted through oral contact (for example mouth to mouth respirations) or by mucus membrane or non-intact skin contact with secretions (including blood) from the patient.
  - a. Acquired Immune Deficiency Syndrome (AIDS)
  - b. Diphtheria
  - c. Human Immunodeficiency Virus infection (HIV)
  - d. Hepatitis, Viral
  - e. Invasive Group A Streptococcal Infection
  - f. Leprosy (Hansen Disease)
  - g. Measles (Rubella)
  - h. Meningococcal Infections (*Neisseria meningitidis*)
  - i. Mumps
  - j. Pertussis (Whooping cough)
  - k. Plague, Pneumonic
  - l. Poliomyelitis, Paralytic
  - m. Rabies
  - n. Rubella (German Measles)
  - o. Tuberculosis
  - p. Viral Hemorrhagic Fevers (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses)
  - q. Anthrax
  - r. Botulism (infant, food-borne, wound, other)
  - s. Cholera
  - t. Food-borne Disease
  - u. Smallpox

J. **REFERENCES:**

1. California Healthcare Association Current Consent Manual
2. Title 22, California Code of Regulations, Section 70737 (General Acute Care Hospital) and 71535 (Acute Psychiatric Hospital).
3. [https://www.cdph.ca.gov/HealthInfo/Documents/Reportable\\_Diseases\\_Conditions.pdf](https://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf)
4. <https://www.dir.ca.gov/title8/5199a.html>
2. <http://www.dir.ca.gov/title8/5199.HTML>

ISSUE DATE: 5/12

SUBJECT: Hiring and Employment: Definitions

REVISION DATE: 12/12

POLICY NUMBER: 8750-537

Human Resources Department Approval Date(s):	05/16
Administrative Policies and Procedures Approval Date(s):	09/16
Organizational Compliance Committee:	09/16
Medical Executive Committee Approval Date(s):	n/a
Audit, Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	12/12

#### A. PURPOSE:

~~This Policy sets forth hiring and employment definitions relating specifically to Tri-City Healthcare District's (TCHD) Compliance Program. These Policies supplement TCHD's existing hiring and employment practices, as developed and maintained by its Human Resources Department.~~

#### B. DEFINITIONS:

~~As used herein, the following phrases shall have the following meanings:~~

- ~~1. **Adverse Action.** Adverse action means, with respect to a professional license, registration, or certification, any negative finding, unfavorable decision or action, or any decision or action that could have a negative or unfavorable implication. It includes, but is not limited to: revocation, denial, fine, monitoring, probation, suspension, letter of concern, guidance, censure, reprimand, disciplinary action, restriction, required counseling, loss, voluntary or involuntary surrender, initiation of inquiry, investigation or other proceeding that could lead to any of the actions listed.~~
- ~~2. **Covered Contractor.** A Covered Contractor is an individual or entity that has a contractual relationship with the District (other than employment), including:
  - ~~a. Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and physician extenders such as physician assistants and nurse practitioners;~~
  - ~~b. Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to any federal or state health care program.~~~~
- ~~3. **Federal health care program.** The phrase "Federal health care program" shall have the same meaning as set forth at 42 U.S.C. 1320a-7b(f) and includes, by way of example, Medicare and Medicaid.~~
- ~~4. **GSA EPLS.** The General Services Administration's ("GSA") Excluded Parties List System.~~
- ~~5. **OIG LEIE.** The U.S. Department of Health & Human Services, Office of Inspector General's ("OIG") List of Excluded Individuals/Entities.~~

#### C. QUESTIONS RELATED TO THE POLICIES:

~~Any questions concerning the Hiring and Employment Policies, or questions that are not specifically addressed by the Hiring and Employment Policies, should be directed to the District's Compliance Officer.~~

**D. AUDIT AND DOCUMENTATION:**

~~The District shall audit and document compliance with the Hiring and Employment Policies. Such audit shall be conducted pursuant to 8750-553. Relevant documentation shall be maintained in the District's Compliance Program files consistent with the District's document retention practices.~~

**Administrative Policy Manual  
Compliance**

**ISSUE DATE:** 05/12

**SUBJECT:** Hiring and Employment; Screening Current Employees/Covered Contractors

**REVISION DATE(S):**

**POLICY NUMBER:** 8750-539

<del>Human Resources Department Approval Date(s):</del>	<del>05/16</del>
<del>Administrative Policies and Procedures Approval Date(s):</del>	<del>09/16</del>
<del>Organizational Compliance Committee:</del>	<del>09/16</del>
<del>Medical Executive Committee Approval Date(s):</del>	<del>01/17</del>
<del>Audit, Compliance and Ethics Committee Approval Date(s):</del>	<del>05/12</del>
<del>Board of Directors Approval Date(s):</del>	<del>05/12</del>

**A. PURPOSE:**

1. ~~Policy 8750-539 provides (1) To provide a statement~~ guidance of the Tri-City Healthcare District's (TCHD'S) policy regarding screening current employees and Covered Contractors.

**B. DEFINITIONS:**

1. **Covered Contractor** – an individual or entity that has a contractual relationship with TCHD (other than employment), including, but not limited to:
  - a. Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;
  - b. Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to any federal or state health care program.
2. **Adverse Action** – Adverse action means with respect to a professional license registration, or certification, any negative finding, unfavorable decision or action, or any decision or action that could have a negative or unfavorable implication. It includes, but is not limited to: revocation, denial, find, monitoring, probation, suspension, letter of concern, guidance, censure, reprimand, disciplinary action, restriction, required counseling, loss, voluntary or involuntary surrender, and initiation of inquiry, investigation or other proceeding that could lead to any of the actions listed a final event or status that could impair the Contractor's ability to perform the ~~Services being contracted for or for services that are in the process of being provided. Such Event (s) can prevent TCHD from billing for a service or providing a service.~~
  - b. ~~already contracted for .~~
  2. ~~GSA EPLS – The General Services Administration's (GSA) Excluded Parties List System.~~
  3. ~~OIG LEIE – The U.S. Department of Health & Human Services, Office of Inspector General's (OIG) List of Excluded Individuals/Entities.~~
  3. OIG List of Excluded Individuals/Entities is located at <https://exclusions.OIG.hhs.gov>.
  4. ~~Excluded Parties List System (EPLS) is located at <http://www.epls.gov>~~
  - 5.4. System for Award Management (SAM) is located at <https://www.sam.gov>.
  - 6.5. Medi-Cal Suspended and Ineligible Provider List at <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>.
  7. ~~Excluded Parties List System (EPLS) is located at <http://www.epls.gov>~~
  - ~~System for Award Management (SAM) is located at <https://www.sam.gov>~~

**C. SCREENING CURRENT EMPLOYEES/COVERED CONTRACTORS:**

1. Periodically, but at least on an ~~annual~~ ~~a quarterly~~ ~~quarterly~~ ~~monthly~~ basis and **prior to contracts being considered for approval by the Board of Directors**, the ~~District~~**TCHD** shall screen ~~current employees/Covered Contractors~~ against the:
  - a. Office of Inspector General's List of Excluded Individuals/Entities (OIG LEIE), and
  - b. United States ~~General Services Administration~~ Excluded Parties List System (U.S.GSA EPLS); and
  - b.c. System for Award Management (SAM).**
2. Periodically, but at least on an annual basis, the District shall require each ~~Contractor~~**employee** to certify in writing that the ~~Covered Contractor~~**employee**:
  - a. Has not been charged with or convicted of committing any criminal offense;
  - b. Does not have any charges pending for violating any criminal law;
  - c. Has not been debarred, excluded or otherwise deemed ineligible for participation in Federal health care programs;
  - d. Is not the subject of or otherwise part of any ongoing federal or state investigation; and
  - e. Possesses a current professional license, registration, or certification, as applicable, and is in good standing with, and has had no Adverse Action taken by, any and all authorities granting such license, registration or certification, as applicable.
  - e.f. May also provide a certification in writing. All Contracts are to be evaluated and assessed on an annual basis per CMS (Center for Medicare and Medicaid Service) regulations and provide a certificate in writing. W when the Contract is evaluated and assessed on an annual basis per CMS (Center for Medicare and Medicaid Service regulations and provide certificate in**
3. In the event that the ~~Covered Contractor~~**employee** cannot provide the certification set forth in Section II.B above, the ~~Covered Contractor~~**employee** shall provide complete and accurate information with respect to the matters at issue.
4. In addition, as specified in 8750-~~5405~~**42**, ~~employees and Covered Contractors~~ are required to report **any criminal convictions under state or federal law**, in writing to the ~~District~~**Human Resources Department within five (5) working days of such convictions** ~~any changes relevant to the certification set forth in Section II.B above and/or Section II.F of Policy 8750-538 immediately upon becoming aware of any such change(s).~~

**D. RETENTION:**

1. ~~Subject to legal constraints, the District~~**TCHD** shall not knowingly retain any ~~employee or Covered Contractor~~ if the ~~employee/Covered Contractor~~:
  - a. Has been convicted of a criminal offense that has a bearing on the (a) trustworthiness of the ~~employee/Covered Contractor~~, or (b) ability of the ~~employee/Covered Contractor~~ to perform relevant job responsibilities; or
  - b. Has been convicted of committing a health care fraud-related criminal offense; or
  - c. Is currently debarred, excluded or otherwise ineligible for participation in Federal health care programs; or
  - d. Does not have a current professional license, registration or certification as applicable, and/or is not in good standing with, and/or has had **an** Adverse Action taken by, the relevant state authorities that grant such license, registration or certification, as applicable.
  - e. **When the Covered Contractor is a member of the TCHD Medical Staff, there shall be coordination between the Medical Staff Office and the Chief Compliance Officer in order to ensure appropriate action and follow-up is conducted.**
  - f. **When a Covered Contractor is identified as being impacted by this policy, or as soon as possible thereafter, TCHD employees, Medical Staff and Board of Directors shall consult with the Chief Compliance Officer and/or Legal Counsel to determine the appropriate action to be taken.**

**E. DOCUMENTATION:**

1. ~~Tri City Healthcare District TCHD~~ shall document compliance with 8750-539. For **Covered Contractors employees**, such documentation shall be maintained in the employee's personnel **Covered Contractors's** file consistent with the ~~District's TCHD's~~ document retention policies. ~~For Covered Contractors, such documentation shall be maintained in the relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

F. **RELATED DOCUMENT(S):**

1. **Administrative Policy 8750-540 Pending Debarment, Criminal Charges or Adverse Action Against Current Covered Contractors**
2. **TCHC Board Policy #14-008 – Board Document Retention Policy**

G. **REFERENCE(S):**

- 3-1. **Medi-Cal law, Welfare and Institutions Code (W&I Code) sections 14043.6 and 14123 mandates that providers be suspended convicted of a felony, misdemeanor or breach of contractual agreements.**

Administrative Policy Manual  
Compliance

ISSUE DATE: 05/12

SUBJECT: ~~Hiring and Employment; Pending  
Debarment, Criminal Charges or  
Adverse Action Charges against  
Current Employees /Covered  
Contractors~~

REVISION DATE:

POLICY NUMBER: 8750-540

~~Human Resources Department Approval Date(s):~~ 05/16  
Administrative Policies and Procedures Approval Date(s): 09/16  
Organizational Compliance Committee: 11/16  
Medical Executive Committee Approval Date(s): 01/17  
Audit, Compliance and Ethics Committee Approval Date(s):  
Board of Directors Approval Date(s): 05/12

A. **PURPOSE:**

- ~~1. Policy 8750-540 provides (1)To provide a statement~~ guidance regarding of the action-(s) of  
the the Tri-City Healthcare District's (TCHD's) will take when a Covered Contractor has a  
pending suspension, debarment, exclusion action, criminal conviction or Adverse Action.  
policy regarding pending charges against a its employees or Covered Contractor (s)rs.

B. **DEFINITIONS:**

- Adverse Action** – Adverse action means with respect to a professional license, registration, or certification, any negative finding, unfavorable decision or action, or any decision or action that could have a negative or unfavorable implication. It includes, but is not limited to: revocation, denial, fine, monitoring, probation, suspension, letter of concern, guidance, censure, reprimand, disciplinary action, restriction, required counseling, loss, voluntary or involuntary surrender, and initiation of inquiry, investigation or other proceeding that could lead to any of the actions listed.
- Covered Contractor** – A Covered Contractor is an individual or entity that has a contractual relationship with TCHD (other than employment), including but not limited to:
  - Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;
  - Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to a federal or state health care program.
- Federal Health Care Program** – The phrase “Federal health care program” shall have the same meaning as set forth at 42 U.S.C. 1320a-7b(f) and includes, by way of example, Medicare and Medicaid.

A.C. **ACTION PENDING RESOLUTION OF CHARGES:**

- If the District TCHD learns that:
  - A current ~~employee or~~ Covered Contractor has been charged with a criminal offense bearing on trustworthiness, or the ability of the ~~employee/~~ Covered Contractor to perform relevant **contractual** job responsibilities; **and/or**;
  - A current ~~employee or~~ Covered Contractor has been charged with a criminal offense related to health care fraud,

- c. A federal agency has issued a notice proposing to debar, exclude, or otherwise deem the current ~~employee or~~ Covered Contractor ineligible to participate in any Federal health care program, or;
  - d. A state agency or authority has proposed to take an Adverse Action (~~as defined in 8750-537~~) against a professional license, certification or registration of a current ~~employee or~~ Covered Contractor;
2. Then, pending resolution of the charges:
- a. If the ~~employee /~~ Covered Contractor is in a position that involves direct responsibility for, or involvement in, patient care or billing any federal, state or private payer, then the ~~employee shall be placed on Administrative Leave and the~~ Covered Contractor shall be removed from that position **or the contract will be terminated subject to review by the CCO and/or Legal.**
  - b. If the ~~employee /~~ Covered Contractor is not in a position that involves direct responsibility for or involvement in, patient care or billing any federal, state or private payer, then the ~~employee /~~ Covered Contractor shall not be appointed to such a position.
  - b.c. **If the Covered Contractor is a credentialed Medical Staff member, the matter shall be resolved through the coordination of the Medical Staff Office and the Chief Compliance Officer.**
3. TCHD shall make reports to the CCO and Contracts department regarding compliance with the reporting requirements of this policy.
- 3.4. At the discretion of TCHD, reports will be made to the appropriate licensing authority.

**B.D. DOCUMENTATION:**

1. ~~Tri-City TCHD shall document compliance with 8750-540. For employees~~ Covered Contractors, such documentation shall be maintained in the employee's **Covered Contractor's** personnel file consistent with the ~~District's TCHD's~~ document retention policies. ~~For Covered Contractors, such documentation shall be maintained in the relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

**C.E. REFERENCES: ED RELATED DOCUMENTS:**

1. **42 U.S. Code § 1320a-7b – Criminal penalties for acts involving Federal health care programs.**

**Administrative Policy Manual  
Compliance**

**ISSUE DATE:** 05/12

**SUBJECT:** Hiring and Employment;  
Conviction/Exclusion/License  
Revocation of Current Employees of  
/Covered Contractors

**REVISION DATE(S):**

**POLICY NUMBER:** 8750-541

~~Human Resources Department Approval Date(s): 05/16~~  
~~Administrative Policies and Procedures Approval Date(s): 09/16~~  
~~Organizational Compliance Committee: 11/16~~  
~~Medical Executive Committee Approval Date(s): 01/17~~  
~~Audit, Compliance and Ethics Committee Approval Date(s):~~  
~~Board of Directors Approval Date(s): 05/12~~

**A. PURPOSE:**

1. ~~Policy 8750-541 provides (1) To provide a statement guidance of the District's TCHD's policy regarding the criminal conviction, debarment or exclusion of employees or Covered Contractors, or the revocation of the professional license, certification or registration of an employee or Covered Contractor.~~

**B. DEFINITION(S):**

- ~~**Covered Contractor** — A Covered Contractor is an individual or entity that has a contractual relationship with TCHD (other than employment), including:~~
- ~~Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;~~
  - ~~Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to a federal or state health care program.~~

**C. ACTION FOLLOWING CONVICTION/PROHIBITION/LICENSE REVOCATION:**

1. ~~If a District TCHD employee or Covered Contractor:~~
  - a. ~~Has been convicted of a criminal offense that bears on trustworthiness, or the ability to perform relevant job functions or is related to health care fraud, or~~
  - b. ~~Has been debarred, excluded or otherwise deemed ineligible to participate in Federal health care programs, then, subject to legal constraints, the District TCHD shall terminate the employee or the Covered Contractor.~~
2. ~~If a District TCHD employee or Covered Contractor has had his or her professional license, registration, or certification revoked, cancelled or otherwise removed or nullified, then (assuming that such license, registration or certification is needed to fulfill the duties and obligations of the employee or Covered Contractor), subject to legal constraints, the District TCHD shall terminate the employee or Covered Contractor or suspend such person pending the reinstatement of his/her license, registration or certification.~~

**D. DOCUMENTATION:**

1. ~~The District TCHD shall document compliance with 8750-541. For employees Covered Contractors, such documentation shall be maintained in the employee's Covered Contractor's personnel file consistent with the District's TCHD's document retention policies. For Covered~~

~~Contractors, such documentation shall be maintained in relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

**Administrative Policy Manual  
Compliance**

**ISSUE DATE:** 5/12

**SUBJECT:** Hiring and Employment;  
Employee/Covered Contractor  
Requirements to Report Changes in  
Certification

**REVISION DATE(S):**

**POLICY NUMBER:** 8750-542

<b>Department Approval Date(s):</b>	<b>05/16</b>
<b>Administrative Policies and Procedures Approval Date(s):</b>	<b>09/16</b>
<b>Organizational Compliance Committee:</b>	<b>11/16</b>
<b>Medical Executive Committee Approval Date(s):</b>	<b>01/17</b>
<b>Audit, Compliance and Ethics Committee Approval Date(s):</b>	
<b>Board of Directors Approval Date(s):</b>	<b>05/12</b>

**A. PURPOSE:**

1. ~~Policy 8750-542 provides (1) To provide a statement guidance of the District's Tri-City Healthcare District's (TCHD) policy regarding the requirement that employees/Covered Contractors report changes to their last certification regarding criminal acts, Adverse Action, and other events, to the District TCHD.~~

**B. GENERAL POLICY:**

1. ~~District TCHD employees and Covered Contractors are required to report any changes to their most recent certification made per Administrative Policy 8750-538 and/or 8750-539 to the District TCHD immediately.~~

**C. SPECIFIC POLICY:**

1. ~~As provided in Administrative Policies 8750-537-538 through 8750-541, the District TCHD screens prospective employees and Covered Contractors and requires current employees and Covered Contractors to certify to the absence of criminal activity, exclusion, or Adverse Action, etc.~~
2. ~~In addition, each District TCHD employee/Covered Contractor must report any criminal convictions under state or federal law, in writing to the Compliance Department within five (5) working days of such conviction. is required to notify the District, through a written communication to his or her supervisor and the Chief Compliance Officer, immediately — but no later than two days — following a change in the information obtained by the District during the most recent screening, and/or the information provided by the employee/Covered Contractor on the most recent certification.~~

**D. RELATED DOCUMENT(S):**

1. ~~Administrative Policy 8750-538 — Hiring and Employment; Screening for Eligibility of Prospective Employees/Covered Contractors~~
2. ~~Administrative Policy 8750-539 — Hiring and Employment; Screening Current Employees/Covered Contractors~~
3. ~~Administrative Policy 8750-540 — Hiring and Employment; Pending Charges Against Current Employees/Covered Contractors~~
4. ~~Administrative Policy 8750-541 — Hiring and Employment; Conviction/Exclusion/License Revocation of Current Employees/Covered Contractors~~



- F. RELATED DOCUMENT(S):**
- 1. Compliance Certification Form**
  - 2. New Employee Orientation Compliance Certification Form**

Need to clarify wording related to the Compliance policies and procedures to be reviewed

### COMPLIANCE CERTIFICATION FORM

"I hereby certify that I have read, understand, and will comply with Tri-City Healthcare District's (TCHD) Compliance Program Code of Conduct and the Tri-City Health District TCHD's Policies and Procedures. I understand that my agreement with this certification is a condition of my employment and/or new contract with Tri-City Health District TCHD. I also acknowledge that my failure to comply with Tri-City Health District TCHD's Compliance Program Code of Conduct, and Tri-City Health District TCHD's Policies and Procedures could lead to the imposition of the disciplinary process (if an employee) or appropriate sanction (if not an employee)."

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Position: \_\_\_\_\_

**Need to clarify wording related to  
the Compliance policies and  
procedures to be reviewed**

**NEW EMPLOYEE ORIENTATION  
COMPLIANCE CERTIFICATION**

I hereby certify that I have read, understand, and will comply with Tri-City Healthcare District's (TCHD) Compliance Program Code of Conduct and TCHD's Policies and Procedures.

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Print Name

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Signature

Date

I hereby understand that my agreement with this certification is a condition of my employment with TCHD. I also acknowledge that my failure to comply with TCHD's Compliance Program Code of Conduct, and TCHD's Policies and Procedures could lead to me being subjected to the disciplinary process.

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Print Name

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Signature

Date