

COMPLIANCE

COMPLIANCE AWARENESS

All employees should be able to appropriately respond to the following questions:

- Are you aware of the Compliance Program?
- Who is the Corporate Compliance Officer?
- Are you familiar with examples of questionable activity in your area?
- What is your responsibility for reporting questionable activity?
- How do you report issues of concern?

WHAT IS CORPORATE COMPLIANCE?

A Compliance Program is a formalized effort to *prevent, detect, and correct* violations of the laws and regulations relating to the healthcare industry.

COMPLIANCE BACKGROUND

- March 3, 1997 - Guideline issued by Office of Inspector General (OIG) regarding Clinical Laboratory Compliance.

Voluntary

- February 23, 1998 - Guideline issued by OIG regarding Hospital Compliance.

Voluntary

- January 31, 2005 -
Supplemental Guidelines issued by OIG.

Voluntary

- January 1, 2007 - Deficit Reduction Act of 2005

PURPOSE OF THE PROGRAM

- To ensure we meet our obligation of compliance with the federal, state, and local laws and regulations that govern the healthcare industry and our own policies and procedures.

CODE OF CONDUCT

- Mandatory compliance with the Code of Conduct is a condition of continued employment.

PURPOSE OF COMPLIANCE:

- To monitor and track fraud alerts released by the Office of the Inspector General and the Texas Department of Human Services.
- To review and report on legal and regulatory issues presented by employees, medical staff members, or other persons.
- To implement internal monitoring programs as appropriate to ensure legal and regulatory compliance.
- To develop compliance educational programs.

REQUIREMENTS
OF COMPLIANCE:

- Associate exit interviews
- Associate, Medical Staff Members, and Independent Contractor Responsibilities
- Open environment for internal reporting of suspected non-compliance
- To develop compliance educational programs
- Monitoring and Auditing
- Disciplinary actions
- Cooperating with Governmental Investigations
- Public Relations and Compliance

COMPLIANCE PROGRAM

BENEFITS:

- Commitment to honest & responsible conduct.
- Increases likelihood of detecting, preventing, and correcting potentially questionable activity at early stage.
- Encourages employees to report potential problems and allow for internal review.
- Early detection and reporting minimizes loss to the government (false claims) & healthcare organizations (civil damage, sanctions)

PATIENT CARE

- Each patient receives a written statement of patient rights upon admission.
- Involve patients in their care and obtain consent for treatment.
- EMTALA
- HIPAA



EMPLOYMENT PRACTICES / WORKPLACE CONDUCT

- Conflicts of Interest: outside activities or interests influence your decision to make objective decisions
- Disability and Equal Employment Opportunity: without discrimination, reasonable accommodations
- Harassment: Inappropriate behavior
- Workplace violence
- License and Certification Renewals

EMPLOYMENT PRACTICES / WORKPLACE CONDUCT

- Hiring or retention of excluded individuals or entities: people who have been excluded for participation in a government program.
- Substance abuse
- Gifts and fundraising among associates
- Personal use of LHP resources
- Workplace health and safety regulations

COMPLIANCE WITH LAWS AND REGULATIONS

- FALSE CLAIMS ACT: The act establishes liability for any person who knowingly presents or causes to be presented a false claim to the U.S. government for payment.
- STARK LAW: Governs physician self-referral for Medicare and Medicaid patients. The law is named for United States Congressman Pete Stark, who sponsored the initial bill.



BILLING AND CODING

- Submit claims only for services provided.
- Notify supervisor immediately if a coding error has been detected.
- Maintain current, complete, and accurate documentation.



REPORTING

COMPLIANCE CONCERNS

If you become aware of a situation at Seton Medical Center Harker Heights that you believe is questionable,

you have an

obligation to take action

and report it!

INVESTIGATION OF REPORTED CONCERNS

- Regardless of reporting method used, all reported compliance concerns will be documented and promptly investigated.
- To the fullest extent of Federal and State laws, strict **confidentiality** will be maintained within the reviewing of reported concerns.

COMPLIANCE ISSUE: RETALIATION

- Retaliation for reporting suspected question areas of concern is **NOT TOLERATED!**
 - Certain laws, such as the Federal False Claims Act, specifically supports protection of employees who reports a concern.
- If you experience any such retaliation, please report it directly to the Corporate Compliance Officer immediately.

COMPLIANCE ISSUE: CONFLICT OF INTEREST

- Exists if an outside interest affects your ability to make objective decisions in carrying out your job responsibilities.
 - Conflicts of interest, or the appearance of a conflict of interest, shall be avoided at all times.
- If, at any time, you believe you have a potential conflict of interest, you are **OBLIGATED** to report it.

CONFLICT OF INTEREST: EXAMPLES

- Employee accepts **items or services of value** from a SMCHH vendor and also interacts with the vendor in his/her employee role.
- Employee holds a **board membership** of an outside organization and actively participates in decisions potentially impacting SMCHH.
- Employee is involved in making decisions that directly affect the hiring process or other employment-related decisions pertaining to a family member (**nepotism**).
- While SMCHH employees are permitted to be employed outside of SMCHH, this activity may not interfere with or be incompatible with duties to SMCHH (i.e. selling products to SMCHH)

GIFTS/BUSINESS COURTESIES

Basic Principle:

Do not accept anything that might be viewed as potentially influencing one's objective judgment on behalf of SMCHH.

General Rules:

- Do not accept cash or cash equivalents (Patient tipping & Gift Certificates)
- Do not accept any gifts from Patients
(Exception: Perishable or consumable items of small value (i.e. \$50 or less & shared with the employee's work unit)).

GIFTS/BUSINESS COURTESIES

“ The impulse to reciprocate for even small gifts is a powerful influence on people's behavior. Individuals receiving gifts are often unable to remain objective; they re-weigh information and choices in light of the gift.”

Dana J. Lowenstein, in "A Social Science Perspective on Gifts to Physicians from Industry," JAMA, 2003

COMPLIANCE ISSUE: CONFIDENTIALITY

- Safeguard a patient's medical information against loss, defacement, tampering, use by, or disclosure to unauthorized persons.
- Do not discuss patient condition in common areas (i.e. halls, elevators, social gatherings)
- Examples of Confidential Health Information
 - Medical Records,
 - Electronic Records,
 - Communication (verbal or written)

HIPAA PRIVACY

THINK TWICE...

- Consider the following questions before disclosing or viewing patient information
 - Does the person I am sharing this information with *have a need* to know this information?
 - Is this information *required* for me to do my job?
 - Am I using the *minimum amount* of information necessary for me to do my job?

PROTECTED HEALTH INFORMATION

1. Names
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death
4. Phone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code



HIPAA PRIVACY DO'S

- Avoid discussions about patients in elevators, cafeteria lines, nurses' stations, and other public places, both inside and outside the facility
- Return patient information to its appropriate location or destroy it properly
- Take extra precautions if you bring your children or other guests to work to ensure they don't see PHI
- Dispose of patient information by shredding it or putting it in a locked box for future destruction according to organization policy
- If you must discuss information in a place where others may overhear, keep your voice low and avoid using patients' names or other identifiers



HIPAA PRIVACY DON'TS

- Do not discuss patients other than when necessary for work-related purposes
- Never post information about patients on the internet
- Never take a photo in a patient care area unless for approved purposes and with the official hospital camera
- Do not leave PHI unattended
- Do not share Passwords
- Do not share information you overhear or see as you work with anyone who doesn't need to know
- Do not throw away PHI in a wastebasket without shredding

COMPLIANCE TOPICS:

ELECTRONIC MEDIA

- “All messages or other information composed, sent or received are the sole property of SMCHH.”
- Examples of misuse of electronic communication system.
 - Loading unlicensed/unauthorized software
 - Sending/receiving personal email
- Do not share passwords or allow others to operate systems under your user ID and password.
- Protect your password.
- Lock your computer when not in use.

DEFINITIONS: WASTE

Definition: Activities involving payment or the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent but the outcome of poor or inefficient billing or treatment methods causes unnecessary costs.

Examples: Purchase of unneeded supplies or equipment, purchase of goods at inflated prices.

DEFINITIONS: ABUSE

Definition: Abuse includes practices that, either directly or indirectly, result in unnecessary costs to the Medicare program. Appears similar to fraud except that it is not possible to establish that acts were committed knowingly, willfully, and intentionally.

Examples: Providing medically unnecessary services or services, Charging in excess for services or supplies, Billing Medicare based on a higher fee schedule than for non-Medicare patients.

CODE OF ETHICS

Conduct:

The hospital will represent and conduct itself in an **honest, decent, and proper manner** in all interactions with our customers and the community at large.

The hospital will respect our **patient's right** to be informed of the existence of business relationships educational institutions, other health care providers, payers, or networks that may influence the patient's treatment and care.

Admission/transfer/discharge:

The hospital will **not discriminate** in the admission/treatment of patients or the provision of accommodations and services based on race, creed, color, disability, or nation of origin.

Emergency services will be available to all:
without regard to ability to pay.

The hospital will treat all patients with **dignity and respect:**

To the extent that it is practical and possible we will involve patients/their surrogates in decisions regarding the care that we provide to them.

The hospital staff will fairly and accurately represent our capabilities and ourselves. Decisions to treat, admit, transfer, or discharge a patient will be made **within the limits of our capability to render care or service.**

The hospital will provide care for our patients in the most **appropriate setting**, or when necessary, seek transfer to more appropriate settings.

Decisions made to discharge a patient or transfer a patient to a different level of care will be made in such a manner that the **clinical needs of the patient are appropriately addressed.**

CASE STUDY :

FALSE CLAIMS

- Tenet Healthcare (\$900 Million, July 2006) - physicians kickbacks for referrals, outliers, up-coding, bill padding.
- HCA (\$731 Million, December 2000) - Unnecessary lab tests, up-coding, billing for non-reimbursable advertising and costs.
- Tap Pharmaceuticals (\$559 Million, 10/01) - Kickbacks to Dr.'s for providing free samples then billing Medicare, Fraudulent pricing and marketing of Lupron.

REPORTING ISSUES OF CONCERN

- Employee Relations
(Harassment, attendance, benefits, etc.)
- Corporate Compliance Officer

COMPLIANCE RESPONSIBILITY

Administration

Chief Nursing Officer

EVERYONE!!!

Chief Executive Officer

Chief Financial Officer

Physicians

Managers

Associates