

# CORPORATE COMPLIANCE

Crouse Health



# Corporate Compliance Purpose

TO PREVENT FRAUD, WASTE & ABUSE

- FRAUD = deception or misrepresentation an individual or organization makes, where that deception could results in an unauthorized benefit.
- WASTE = acting in a manner that results in unnecessary cost or consumption of healthcare resources
- ABUSE = improper or excessive behavior or incidents inconsistent with accepted medical or business practices.



# CORPORATE COMPLIANCE

## Examples of Fraud, Waste & Abuse

- Kickbacks
- Stark Act
- Identity Theft
- Falsifying or forging records/documents
- Billing/Payment (up-coding, bundling, services not provided)
- Medical Care (under and over utilization, not medically necessary)
- Overproduction
- Material movement, over ordering
- Accepting gifts/tips
- Disregarding your professional standards



# Elements of an effective program

- Individual named as Compliance Officer and committee established
- Policies & Procedures and Standards of Conduct
- Education and Training
- Auditing and Monitoring
- Discipline/Sanctions guidelines
- Lines of Communication (Anonymous methods for reporting issues and concerns)
- Procedures for responding timely to issues and concerns



# Compliance officer and committee

- **Compliance Officer**

- Primary responsibilities include:
  - Overseeing the compliance program and evaluating its effectiveness
  - Updating at least annually, policies & procedures, standards of conduct and compliance work plan
  - Reporting at least quarterly to the compliance committee and Board of Directors
  - Investigating matters related to the compliance program, including coordinating internal investigations

- **Compliance/Revenue Cycle Committee**

- Responsibilities include:
  - Assisting the organization, Senior Leadership and Board of Directors in fulfilling its oversight of the detection and prevention of fraud, waste and abuse, violations involving laws, regulations or policies, and in meeting its fiduciary duties.
  - Meets quarterly, reports to the Board of Directors quarterly.



# CORPORATE COMPLIANCE Dept

## Office of Corporate Compliance

<b>Katie Shepard, Director/Compliance Officer</b>	<b>315-470-7477</b>
<b>Jeff Robinson, HIPAA Security Officer</b>	<b>315-470-2861</b>
<b>Lauren Hartung, Compliance Specialist</b>	<b>315-470-2997</b>
<b>Sherine Lazarow, Senior Compliance Administrator</b>	<b>315-470-8821</b>
<b>Michelle Bush, Policy &amp; Contract Administrator</b>	<b>315-470-8337</b>
<b>Samantha Bello, Compliance Specialist, CMP</b>	<b>315-470-2368</b>
<b>Dwayne Cleveland, 340B Manager</b>	<b>315-470-3204</b>
<b>Jason Bender, Pharmacy Charge Auditor</b>	<b>315-470-3494</b>
<b>Anonymous Compliance Hotline</b>	<b>315-470-7770</b>

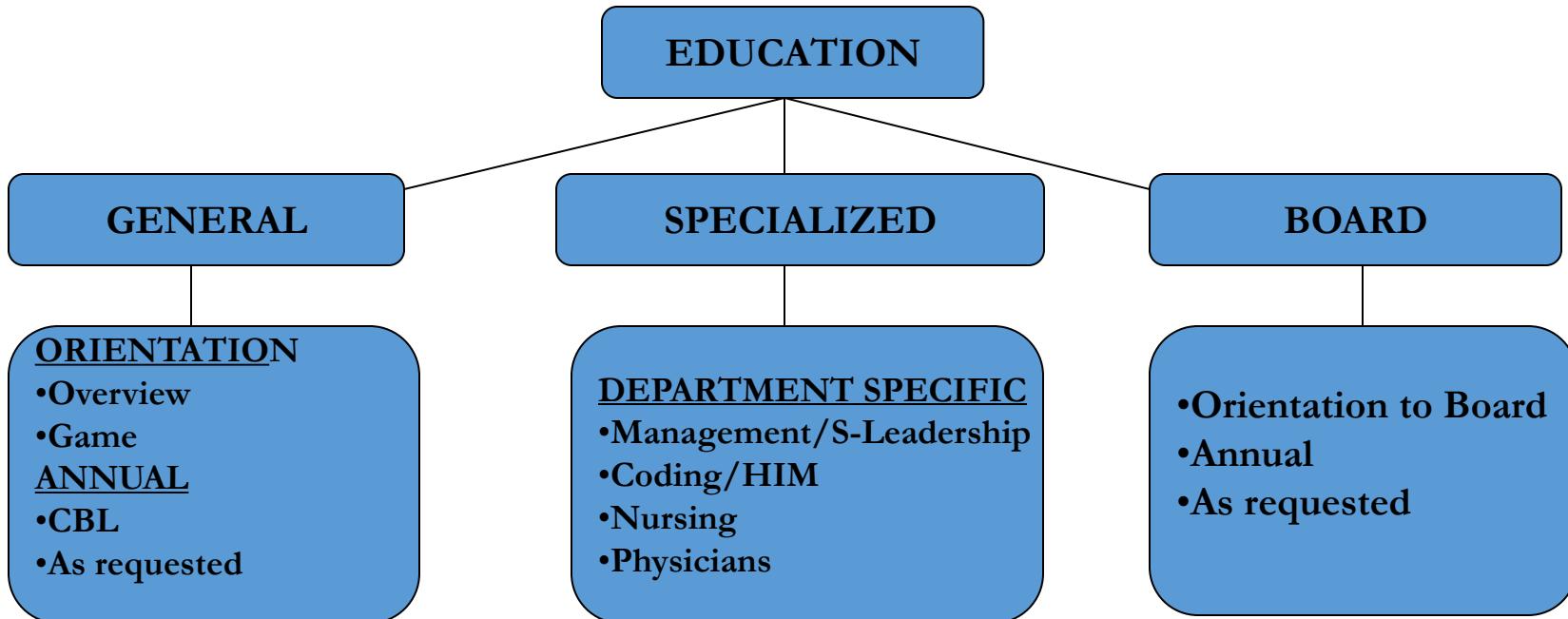


# POLICIES & PROCEDURES AND STANDARDS OF CONDUCT

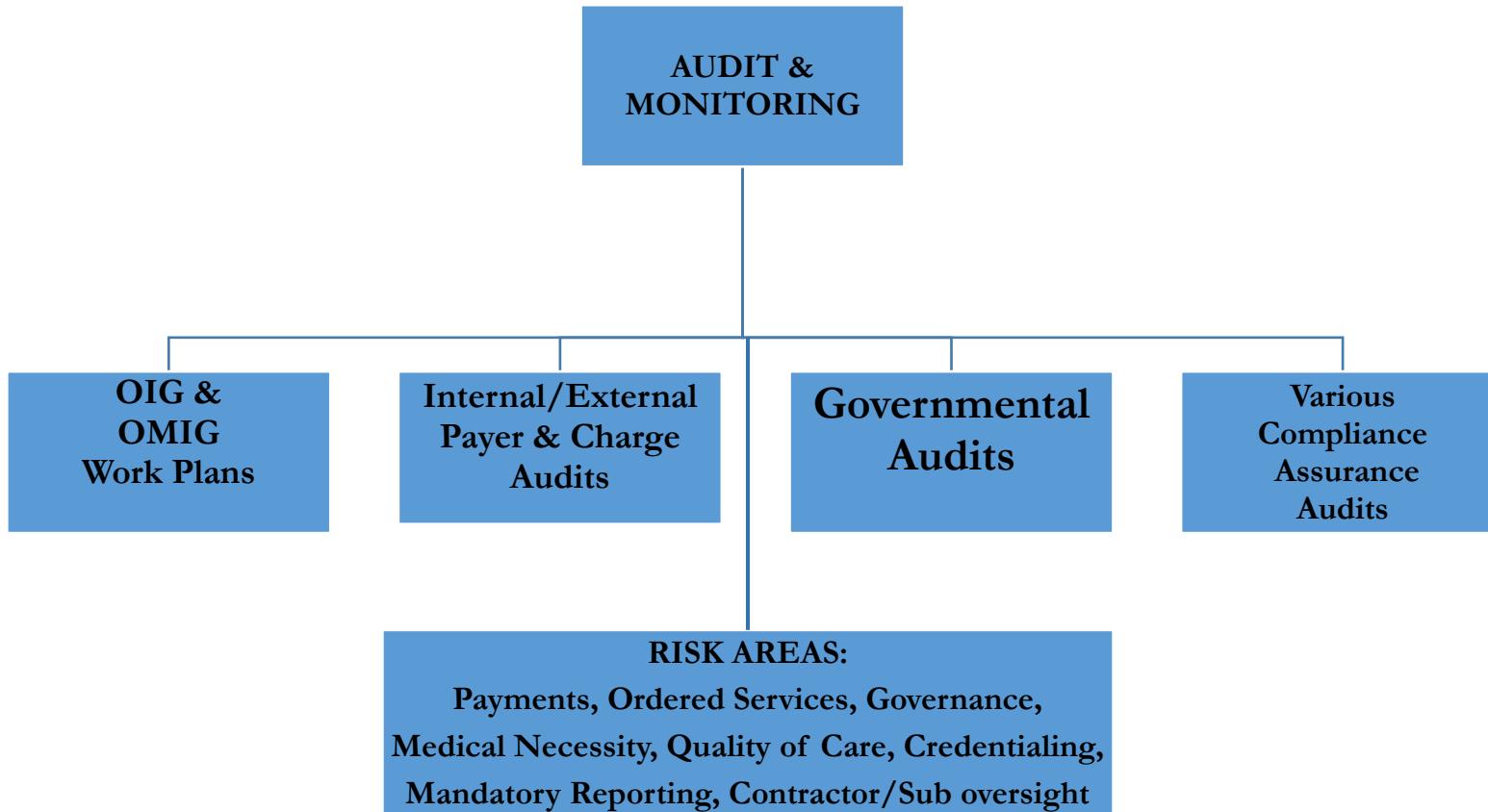
- Policies that relate to Compliance
  - Addresses elements of an effective compliance program
  - Addresses HIPAA
- All compliance-related policies can be found on the website; Crouse.org
- Our standards or Code of Conduct can also be found on Crouse.org
  - Look for the Corporate Compliance Handbook
- Policies and Handbook are reviewed annually



# EDUCATION AND TRAINING EXAMPLES



# Auditing and monitoring examples



# DISCIPLINES AND SANCTIONS

- All persons who are affected by the hospital's risk areas (including employees, chief executives, contractors, subcontractors, & governing members) must report their good faith belief of any suspected or actual violations of applicable local, state, or federal law or hospital policy and procedures, including without limitation, the hospital's compliance program and code of conduct.
- The hospital has also adopted a strict non-intimidation, non-retaliation stance prohibiting any intimidation and/or retaliation against any person who in good faith reports a suspected or actual violation.
- **The hospital reserves the right to implement any and all appropriate sanctions necessary after determining the level and severity of the violation through the investigation process.** Crouse Hospital also reserves the right to review each violation and determine whether the employee will be subject to a law enforcement investigation.



# Lines of communication

- **ANONYMOUS**
  - Corporate Compliance Hotline 315-470-7770
  - Corporate Compliance Reporting Form (on the Intranet page)
- **INFORMATION FOUND ON WEBSITE**
  - Handbook
  - Code of Conduct
  - Policies
  - Reporting methods
  - Fact sheets (intranet)



# RESPONDING TIMELY TO ISSUES

- Regardless of the source of the complaint or concern, the hospital takes potential compliance issues seriously and investigates compliance issues promptly.
- All investigations will be logged and documented according to policy.
- The response to an investigation will be determined by the type of noncompliant activity that is suspected and/or verified.
- The Compliance Officer or his/her designee shall respond to the individual who initially raised the compliance issue directly following the conclusion of the investigation and within the limits of applicable confidentiality laws and regulations.
- For those concerns received on an anonymous basis, every effort will be made to follow up.



# Workplan

- Annually reviewed and addressed
  - Living document- can be modified in addition to annual review on an as needed basis
- Shared with Committee and Board
- Risk-based
- Categories
  - Auditing
  - Monitoring
  - Training and Education
  - Compliance and Risk Assessments
  - Miscellaneous



# Deficit Reduction Act of 2005

- The Deficit Reduction Act of 2005 requires any entity that receives at least \$5 million per year in Medicaid payments to make certain information available to its employees, contractors and agents. This information includes:
  - The Federal and New York State False Claims Acts
  - The rights of employees to be protected as whistleblowers
  - The entity's policies and procedures for detecting and preventing fraud, waste and abuse
- The hospital, in accordance with applicable local, state or federal law, and hospital policies and procedures, including, without limitation, the hospital's Corporate Compliance Program and Code of Conduct, fully complies with all applicable whistleblower protections.



# False Claims Act

As old as 1863, this Act was originally proposed by Abraham Lincoln to prevent scams against the federal government. Still used today; prescription drug purchase, nursing homes, weapons and defense purchases, natural resource contracts and low income housing.

## FEDERAL

- Allows a civil action to be brought against a health care provider who:
  - Knowingly presents, or causes to be presented, a false or fraudulent claim for payment
  - Knowingly makes or uses a false record or statement to get a claim paid
  - Conspires to defraud the government by getting a claim allowed or paid
  - ‘Reckless disregard’ to the truth or facility of information
- May 2009, no longer needs to be an “intent” of getting a false claim paid.
- **False claim cases going to court are now based on whether the false record or statement was “material” to getting the claim paid.**
- A provider who receives monies to which they are not entitled, and retains those monies is an **overpayment**.



# False claims act, cont.

## STATE

- Similar to federal False Claims Act (technical differences).
- Medicaid.
- Recoverable damages are between 2-3 times the value of the amount falsely received.
- Filer may have to pay the government's legal fees.
- Allows private individuals to file lawsuits in state court.
- If suit concludes with payments back to the government, person who started the case can receive monetary compensation.



# Whistleblowers

An individual who chooses to become a whistleblower have rights that are federally protected under whistleblower laws.

## **Whistleblower Protections:**

- Prohibits an employer from discriminating against an employee in the terms or conditions of his or her employment.
- The employee is entitled to all relief necessary to make the employee whole (i.e.- 15 -30% of the recovery/settlement/judgment)
- FCA liability extends to any conspiracy to violate any requirement of the FCA like retaliation against whistleblowers, which is against the law.
- Federal Enforcement and Recovery Act (FERA) of 2009, allows the government to intervene **beyond the statute of limitations**, in an existing qui tam suit by amending a complaint with new allegations.
- 31 U.S.C 3730 (h)



# Claim development and submission

- Trained and credentialed coders review the chart to determine what DRG (diagnostic related group), HCPCS (healthcare common procedure coding system) or E&M (evaluation and management) code(s) to apply
  - Use of the CDM (charge description master) for proper charge amount
  - That set of codes is run through a scrubber to make sure it is accurate
- Trained staff in the Business Office then review the claim and run it through a second scrubber for accuracy
  - The bill is now sent to the appropriate payer
- Other considerations after bill has been submitted-
  - Overpayments and refunds
  - Handling bad debt
  - Write offs and adjustments



Crouse is a non-profit, tax exempt organization and therefore must follow strict rules outlined by the Internal Revenue Service (IRS)

Do not solicit tips or gifts from patients or their families. You may not accept monetary gifts. If a patient insists on giving you a monetary gift, you must refer them to the Crouse Health Foundation.



All Individual's must report any suspected or actual non-compliant behavior. Examples of non-compliant behavior include:

- Fraudulent billing suspicion
- Incorrect patterned claim activity
- Misrepresentation
- Stealing

Participating in non-compliant behavior and/or failing to report improper conduct can result in disciplinary action up to and including termination

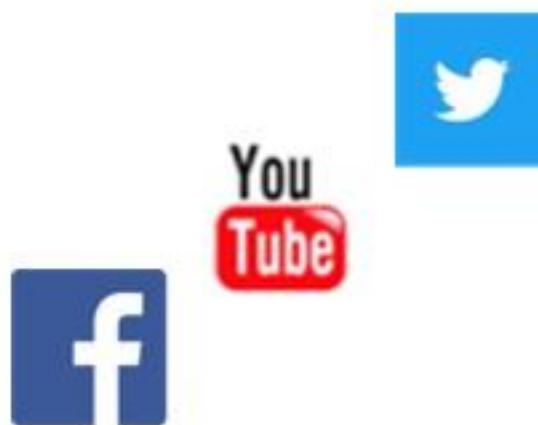


The official use of social media at Crouse Heath is overseen and authorized by the Communications Department.

Social media includes Face Book, Twitter, You Tube or any other web platforms where information can be exchanged.

Crouse Health sees benefits to social media for:

- \* Consumer health
- \* Community engagement
- \* Emergency communications
- \* Media relations
- \* Service recovery opportunities



- The code of conduct found in the Employee Handbook applies to postings on social media by a CH employee.
- NO Patient information can be shared or posted. Posting of patient information may result in termination.
- Employees may not use CH's name or attributes in their screen name or sign on.
- Employees may not use social media to harass, discriminate, or make disparaging (i.e. nasty, insulting) comments about the Hospital, leadership, patients, guests.



## Social Media Guidelines:

- \*Comply with patient confidentiality/HIPAA policies
- \*Not on work time
- \*No photographs



Staff should always remember that your reputation is reflected on every post. There is no going back. The information is always retrievable!



**HIPAA – Health Information Portability and Accountability Act** is a guideline for the way we protect patient privacy.

**HIPAA** establishes patients rights to control their health information and places limits on how health information can be shared



## Protected Health Information or (PHI): is

- \* Individually identifiable as it relates to a person's health (past, present & future)
- \* Can be oral, written, paper, or electronic
- \* Examples of some identifiable information:

Name

Address

Telephone #

Medical record #

Date of birth

Social security #

Employer

Email address



Patients sign a 'Consent for Treatment' form which gives Crouse permission to share their information for:

- Treatment
- Payment
- Operations



All other uses for PHI besides Treatment, Payment or Operations must have a patient's specific authorization: (i.e. request for their own records, your request for your records, Attorneys, subpoenas, parents of minor children)

- \* Patients can rescind the authorization at any time
- \* Patients have the right to review and amend their medical record



**It is illegal and inappropriate to view and/or access a co-worker, family member, public figure, neighbor or even your own Medical Record because you're curious.** Access and viewing of records is legal and appropriate if you are physically treating the patient. In some cases, we are required by law to notify the individual that you accessed their info.



1. Throw all paper containing PHI in the HIPAA bin
2. Do not leave medical records open or unattended
3. Close doors and privacy curtains when discussing PHI
4. Keep confidential PHI to yourself
5. Verify fax numbers before sending faxes

**CONFIDENTIAL**



6. Don't share your PC sign on or password
7. Sign off when you leave your PC
8. Use equipment containing PHI responsibly
9. Do not copy PHI onto other forms of electronic media



HIPAA **security** is an extension of HIPAA **privacy** that addresses the unique security issues *associated with electronic data*.

Security regulations working hand-in-hand with privacy regulations to provide a specific set of standards for electronic PHI or ePHI.

ePHI is any PHI  received, processed, transmitted or stored by hospital computers or removable computer media 



It is the hospitals' responsibility is to ensure the confidentiality, integrity, and availability of electronic PHI. This is achieved through:

1. Policies, procedures and technical solutions that will protect electronic PHI.
2. Workforce compliance through education, monitoring electronic activity, auditing, and having disciplinary actions in place for non-compliance.



Patients in NYS have certain rights and protections which are guaranteed by state and federal laws and rules.

Patients are given information in the Patients Rights Booklet.

There are 21 items in the Patients' Bill of Rights which outline the patient's rights while receiving care, treatment, and services.

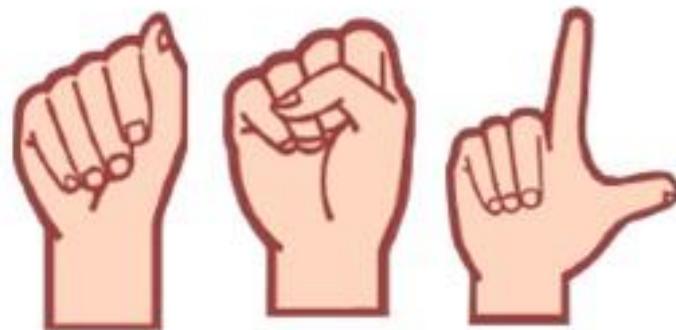
## THE PATIENT'S BILL OF RIGHTS



## Where to find the Rights

- ▶ NYS provides the information in two booklets:
  - "Your Rights as a Hospital Patient in NYS"
  - "Deciding About Health Care: A Guide for Patients and Families"
- ▶ The booklets must be provided to **every patient** and the Bill of Rights **displayed in all clinical areas and main entry points** of the hospital.





The Hospital must provide some form of skilled interpreters – It is a Patient Right.



- Limited English Abilities Patients
- Deaf Patients



Examples of New York State advance directives are:

- **Health Care Proxy**
- **MOLST**
- **Living Will**
- **Durable Power of Attorney**
- **Surrogate:**



# FAMILY HEALTH CARE DECISION ACT (FHCDA)

## WHAT DO I NEED TO KNOW?

- The attending physician of the patient that lacks capacity makes the determination that the patient needs a surrogate.
- Potential surrogates are chosen in this order: (1) court-appointed guardian (2) individual designated orally by incapacitated individual (3) spouse or domestic partner (4) adult son or daughter (5) parent (6) adult brother or sister (7) close relative or friend.
- Surrogates can make all decisions in accordance with the patient's wishes, religious and moral beliefs. If those are unknown, the surrogate shall make the decision in the best interests of the patient



## Language and Auxiliary Aids

- Crouse Hospital shall provide for the needs of sensory diminished/loss and limited English proficient individuals as a basic patient right. Crouse Hospital shall not deny services, segregate, exclude or treat those differently who are deaf, hard of hearing, vision diminished/loss or limited English proficient. Assistive devices and services shall be provided when indicated or necessary with no charge or cost to the patient.
- Issues should be identified by the first person interacting with the patient. Use of assistive devices should be implemented as soon as possible after the communication issues are discovered. The admission assessment questions assist and guide staff in determining methods to identify the patient's needs both from a communications and a resources need.
- Communication needs and devices are addressed within the medical record and communicated between team members.
- Crouse Hospital strongly discourages the use of family, family minors, friends or employees to act as interpreters because of their emotional ties with the patient or due to a lack of medical terminology to adequately translate the communications of the health provider. It is in the patient's and hospitals best interest to use an interpreter who is certified in medical terminology
- Title VI, Civil Rights Act of 1964; Section 504, Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990



# Non-English Speaking Patients

- Interpreter services must be provided within 10 minutes of an identified need or request by an emergency patient and within 20 minutes for an inpatient or outpatient.
- Any patient that speaks a foreign language has the right under law to have the use of an interpreter (even if they seem proficient in English).
- If there is a need for immediate assistance, we recommend that the first choice be Language Line (either by telephone or the Ipad).
- Each unit should have at least one cart/WOW with Language Line available.
- There are a number of Ipad with Language Line available. Please check with your department leadership for locations.
- Document # 1284 has a list of in-person interpreter companies to use if the Ipad does not work well with the patient. These companies generally need 24 hours notice to arrive.



# American Sign Language/Hard of Hearing and Visually Impaired Patients

- Sign language services must be offered within 10 minutes for an emergency situation and 20 minutes for routine care/appointments
- For services for the deaf, American Sign Language (ASL) MUST be offered within 10 minutes for an emergency situation and 20 minutes for routine care/appointments.
- Use of an on-site interpreter is suggested for complex communications. Otherwise, the Ipad with Language line for ASL is encouraged.
- Document # 1284 has a list of in-person sign language companies.
- Certain documents in Braille are available in the Patient Access department. Magnifying sheets are available in all nursing units – please reach out to your leadership team for assistance.
- Printing out documents and using the copy machine to increase the font size can be helpful for some patients.



# Resources at Crouse

- P0226 – Sensory Diminished/Loss & Limited English Proficient Person Services
- 1284 – Limited English Proficiency Mini Poster
- 6054 – Sensory Precaution- Blind
- 6054A – Sensory Precaution- Visually Impaired
- 6054B – Sensory Precaution- Deaf
- 6054C – Sensory Precaution- Hard of Hearing
- 9512 – Discrimination is Against the Law poster
- Reach out to your leadership team or the Risk Management Department (also the Section 1557 Coordinator) if you have questions

