

# CORPORATE COMPLIANCE

Crouse Health



# 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 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.



# 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>Anonymous Compliance Hotline</b>	<b>315-470-7770</b>

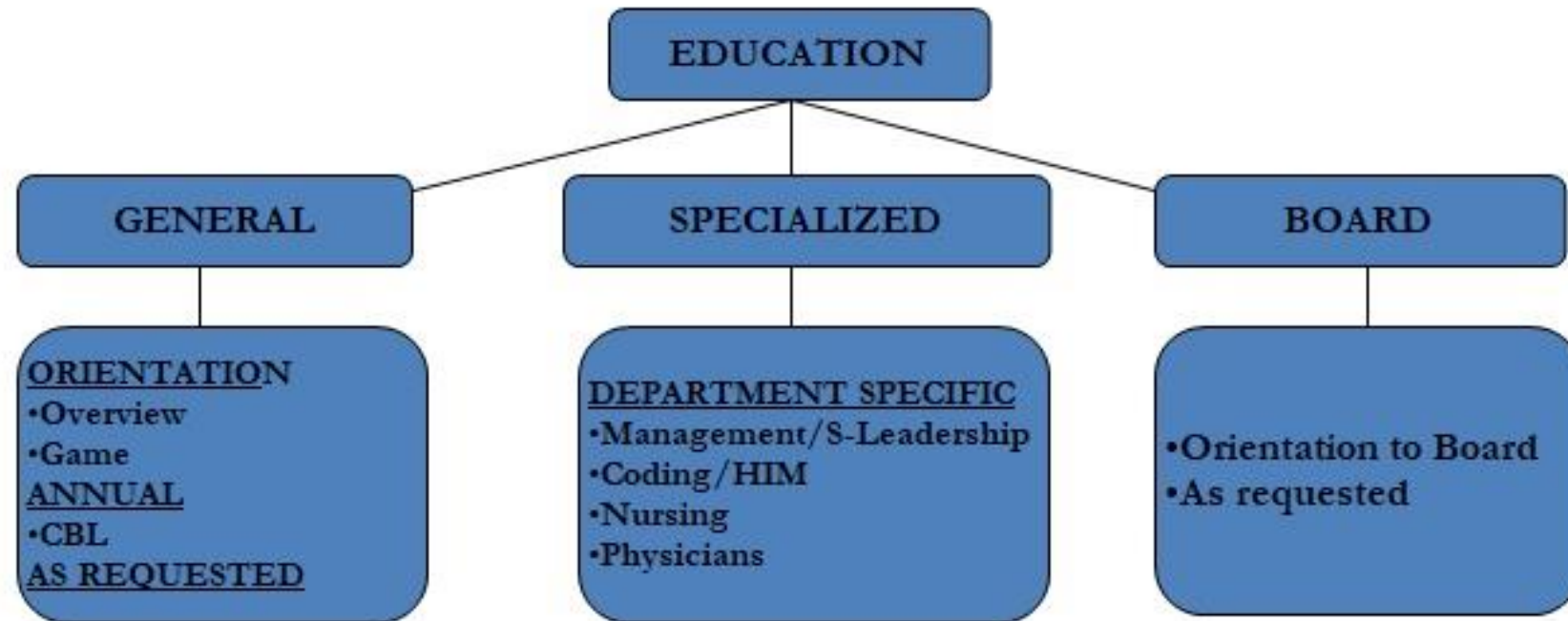


# POLICIES & PROCEDURES AND STANDARDS OF CONDUCT

- 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







# DISCIPLINES AND SANCTIONS

- All affected individuals must report his/her good faith belief of any suspected or actual violation of applicable local, state or federal law or hospital policies 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.
- Investigations into reported allegations may result in disciplines which follow hospital Human Resource guidelines.
- **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

- The purpose of an investigation is to identify those situations in which applicable laws and regulations may not have been followed; to facilitate corrective action as necessary; and to implement procedures to ensure future compliance.
- 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



# 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 whistleblower's, 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)



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 Employees 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



**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



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



# FAMILY HEALTH CARE DECISION ACT (FHCDA) ●

## WHAT DO I NEED TO KNOW?

The FHCDA does not apply to individuals without decision-making capacity who have developmental disabilities or who reside in mental health facilities, if health care decisions can be made under other laws or regulations. If no other laws or regs apply, then FHCDA would be valid.

Having a health care proxy, advance directive or living will is still strongly encouraged. 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. For individuals without surrogates, FHCDA authorizes the attending physician to act as the surrogate for routine medical treatment. For major medical treatment, the attending must have agreement from another physician.



Healthcare providers must provide individuals with disabilities full and equal access to their health care services and facilities.

Providers are also required to provide aids and services to:

- Ensure no individual is excluded or denied services, and to facilitate effective communication, with individuals with disabilities



The Americans with Disabilities Act requires public accommodations (like Crouse Health) to have policies and procedures ● in place that make clear:

- Individuals with disabilities will not be denied services, segregated or otherwise treated differently.
- Aids and services will be provided at no cost to the patient.



Healthcare providers must take reasonable steps to ensure individuals with disabilities are not denied services, excluded or otherwise treated differently.

Appropriate aids and services must be made available to patients and companions with a disability.

- Visually Impaired Aids & Services
- Hearing Impaired Aids & Services
- Language Assistance Aids & Services





The following areas of a hospital are required to be wheelchair accessible:

- At least 10% of patient rooms and bathrooms and;
- All public use and common areas



Exam Rooms ● and Medical Equipment ● are required to be ADA compliant.



# Crouse Hospital Nondiscrimination Statement

Crouse Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation or gender identity. Crouse Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation or gender identity. Crouse Hospital values the diversity and inclusion of our patients, their visitors, employees, physicians, volunteers, students and others.

## Crouse Hospital:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Crouse Hospital Operator at 470-7111.

If you believe that Crouse Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation or gender identity, you can file a grievance with:

Crouse Hospital Patient and Guest Relations  
736 Irving Avenue, Syracuse, NY 13210  
Phone: (315) 470-7087  
Fax: (315) 470-1339

You can file a grievance in person, over the phone, by mail, fax or through the hospital website at

<http://crouse.org/services/patient-guest-relations/contact/>.

If you need help filing a grievance, Patient and Guest Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

