

General Compliance Training

Preventing Fraud, Waste and Abuse



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This training module is provided by the **Compliance Office of Good Samaritan Hospital**.
It is based on the Hospital's Compliance Plan.

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Letter from the Compliance Officer

To all our co-workers:

Good Samaritan Hospital is committed to ensuring that we provide care to our patients and conduct business according to the many rules, regulations and policies that govern the complex business of healthcare.

Our **Compliance Program** and **Code of Conduct** have been adopted by the Hospital's Board of Trustees to provide standards that will guide our staff to act with integrity and ensure we achieve the mission of quality patient care for our community.

The information in this **Compliance Module and the policies we reference** will provide you a review of some of the important regulations we must follow and help you in the performance of your duties.

Whether you are a direct-care giver, provide support services or submit claims for payment of our services, your actions bring our Compliance Program to life. Compliance is not just a set of policies. It is the good work of our staff every day.

If you become aware of or believe that violations of our policies are occurring, I urge you to discuss the matter with your Department Director, Human Resources or the Compliance Office. If you are not comfortable discussing within your department or your concerns are not answered, you may call me personally at 213-977-2338 or report the concern anonymously to our **Compliance Helpline** at **1-866-294-9592**.

Thank you for your commitment to compliance. After you read this Module, please complete the Post-test for our records.

Sincerely,

Joan Finney

Joan Finney
Compliance Officer

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What is Compliance?

It is **knowing** the rules and **following** the rules, regulations, policies and laws created by the government, insurance programs and payers. When we treat patients who are covered by Medicare, Medicaid and other federal health care programs, we must follow their requirements. These regulations have been designed to ensure that taxpayer dollars are spent only on care that is necessary and of appropriate quality.



Compliance is also about following the policies of our organization, our **Employee Handbook** and our **Code of Conduct**. If you need help or are unclear about what is the right thing to do, you have the responsibility to get help. Assistance is available from your Director, Human Resources and the Compliance Office.

What is meant by Ethics?

This is understanding the difference between RIGHT and WRONG...and choosing to do the RIGHT thing.



What is Integrity?

Doing the RIGHT thing even when no one is looking.

What is the purpose of a compliance program?

The compliance program provides guidelines to our staff to help them consistently do the right thing by following hospital policies and government regulations for healthcare. We have incorporated into our Compliance Program the seven (7) components of an *effective compliance program* as recommended by the Office of Inspector General (OIG) of Health and Human Services.



Our program includes:

1. Written Policies and Procedures & Code of Conduct
2. Oversight by a Compliance Officer and Compliance Committee
3. Training and Education programs
4. Communication - reporting mechanisms like the Compliance Helpline
5. Identification and Monitoring of compliance risks
6. Enforcement of Compliance Standards
7. Prompt response to compliance issues

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Why would I need to report a concern to the Compliance Helpline?

- The Compliance Helpline does not replace your normal reporting mechanisms to your Director or Human Resources.
- But you may have a question about a suspected violation of a policy or regulation and you don't feel comfortable discussing within your department.
- Or you may have talked with your department leader but did not feel the matter was adequately resolved.

What are some examples of compliance concerns that should be reported?

- Employees soliciting money or gifts from patients or other employees
- Anyone accepting gifts from vendors
- Falsification of medical records, time cards or accounting reports
- Documenting services we did not provide
- Improper coding or billing for services (submitting false claims)
- Violation of our Code of Conduct
- Conflicts of interest



What is my responsibility?

- Review our **Code of Conduct & Compliance Plan** (they are on the GSH intranet)
- Review the **Employee Handbook** (also on the GSH intranet)
- Know the policies for your department and position – ask for help when needed
- Report any issue or practices that you believe, in good faith, may be a violation of a law or our policies
- Adhere to high ethical standards in all that you do
- Don't excuse bad behavior because...*"everyone else is doing it"*
- Remember that everyone is responsible for reporting non-compliance

Note: An employee will not be disciplined for making honest reports. It is each employee's responsibility to report if violations of regulations or policies are seen or suspected. We have a "non-retaliation" policy regarding such reports.

There are some violations of the Code of Conduct that should be reported:

- Theft of property
- Sleeping on duty
- Use of drugs or alcohol
- Threatening violence or bullying
- Bringing weapons to work
- Violation of safety rules
- Timecard falsification
- Sharing computer passwords
- Patient abuse or neglect
- Unauthorized absence from work or department
- Failure to protect patient information
- HIPAA violations
- Unauthorized computer use
- Using Social Media inappropriately
- Harassment related to sex, race, gender identity, religion or ethnic characteristics

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Who is the Compliance Officer?

Joan Finney, who is Certified in Health Care Compliance, is the hospital's compliance officer. She reports directly to the Board of Trustees and the CEO. Contact her at extension 2338 or email at jfinney@goodsam.org. The responsibility of the compliance officer is to oversee the Compliance Program and serve as a channel of communication to receive and respond to compliance concerns.

Some of the Compliance Officer duties include:

- Developing and reviewing policies and procedures for general operation of the Compliance Program, including the Code of Conduct.
- Monitoring and responding to the Compliance Helpline reports.
- Investigating alleged violations of rules and regulations.
- Working with Human Resources, Risk Management and other departments to develop an effective training program for our employees.

How can I report a concern without giving my name?

GSH has contracted with an outside service (Ethics Point) for an independent, toll-free Compliance Helpline. If your issue has not been resolved in your department or you wish to remain anonymous, the Compliance Helpline is available at: **1-866-294-9592** or a report can be filed anonymously using the link on the GSH intranet.



What happens when I make a report?

You will be prompted to enter a password or code so the Compliance Officer can respond to you confidentially. A report of your concern is forwarded to the Compliance Officer within 24 hours for review. An investigation into the concern will begin promptly and a response will be provided through whatever method you have indicated, i.e., back through the Compliance Helpline or personal communication if a name and contact information are provided.

You may enter a report through Compliance Helpline link on our GSH intranet or the GSH website (www.goodsam.org)

The screenshot shows the Good Samaritan Hospital intranet homepage. The navigation menu on the left includes: OPERATIONAL EXCELLENCE, DEPARTMENTS, EDUCATION, CLINICAL EXCELLENCE, QUALITY, JOINT COMMISSION, HEPAA, EMERGENCY MGMT, SERVICE EXCELLENCE, PT SATISFACTION, CONCERN, DIRECTORIES, EMPLOYEE, and PHYSICIAN. The main content area features: 'The Bell Newsletter', 'We Bring L.A. to Life Employee Photos', 'EMPLOYEE OF THE MONTH' (SEPTEMBER 2018, Sarah Kim, EHR Informatics Pharmacist, Information Services), 'AUGUST 2018 Bernadette Hyde, Department Supervisor, Labor & Delivery', 'NOMINATE AN EMPLOYEE', 'Important CPOE information PCS & POM Quick Mini Guide', 'CPOE HOTLINE ext 5434', 'FLU INFO', 'Bed Side Report', 'Screensavers', 'Meditech Reference', and '2019 ANNUAL MANDATORY EDUCATION TRAINING'. The right-hand sidebar menu includes: 'Changes for 10/10/18 Pg 104', 'MANAGEMENT TEAM', 'BI-WEEKLY PRODUCTIVITY', 'DAILY PRODUCTIVITY', 'ORIDE PRODUCTIVITY', 'MANAGEMENT ORIENTATION RESOURCES', 'MANAGEMENT TOOLKIT', 'COMPLIANCE', 'HELPLINE', 'EVENT REPORTING', 'SECURITY/VIOLENCE REPORTS', 'CLUBS', 'SCHEDULES/CONTRACTING', 'ER ON-CALL SCHEDULE', 'HOSPITAL BY DAILY SCHED', 'CONTRACTING INFO', 'MEDICAL LIBRARY', 'JOB OPPORTUNITIES', and 'HOSPITAL CAFE MENU CATERING'. A red arrow points to the 'COMPLIANCE' link in the sidebar menu.

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Conflict of Interest:

We strive to avoid “conflicts of interest” to assure that products and services for our patients are always selected for our patients’ best interests. A conflict of interest exists when an employee or a member of their family works for or has a financial relationship with:

- A company that **does business** with GSH
- A company that is **seeking to do business** with GSH
- A company that **competes** with GSH



This does **not mean** that staff members must disclose a conflict that their brother works at another local hospital. But if your sister is a vendor trying to sell supplies to a department where you are a manager, there may be a conflict that should be disclosed. Contact the Compliance Office if you have a question. Our management team, executive staff and Board of Trustees complete a “*Conflict of Interest*” disclosure annually.

Discrimination is Against the Law:

Several laws already exist to protect individuals from discrimination. However, a newer one called **Section 1557** of the Affordable Care Act addresses discrimination on the basis of race, color, national origin, age, disability, sex, gender identity and sex stereotypes.



It also requires we provide **free language services** to patients and family members who cannot communicate effectively or whose primary language is not English. We have **qualified interpreters** available through the **CyraCom** phones located throughout our facility. The Office for Civil Rights promptly investigates complaints of discrimination. Each department needs to be certain to provide each patient with respectful interactions and help them access and understand their care through use of a **qualified interpreter** when needed. Use of family members or co-workers can be used for “general information”; however, information on a procedure to be done or consent to be completed is a critical conversation, and should be done by a qualified interpreter.

Human Trafficking Notices

Posted in our Emergency Department is a **required public notice** regarding human trafficking. Anytime a person is controlled by another through force, fraud or coercion, they can be a victim of human trafficking. Often the victims are young girls and women who have no control over their passport or work documents and are part of forced labor or sexual exploitation. It is estimated that over 17,000 of such victims come to the United States each year and it is the third largest criminal activity in the world. These victims may be “hidden in plain sight”, not easily identified and too fearful to ask for help. The posted notice, which is in three (3) languages, gives information on how victims can obtain assistance through a toll-free number. It is estimated that 85% of these victims will have some contact with a **healthcare provider** so our awareness can help identify victims that may need assistance. The National Human Trafficking Resource Center can help: 1-888-373-7888.

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What is EMTALA?

It stands for “*Emergency Medical Treatment and Labor Act*” and is a federal law that has strict requirements for hospitals regarding patients who come seeking treatment for an emergency medical condition.



We are required to:

- Provide a **medical screening examination** to every person who comes to the hospital requesting medical care, without regard to the patient’s ability to pay.
- Stabilize a patient who has a life threatening condition before attempting to obtain financial information or make arrangements for transfer of the patient to another facility.

What is HIPAA?

HIPAA stands for “*Health Insurance Portability and Accountability Act*” and is a federal law enacted for the protection of our patients’ confidential information also known as PHI (protected health information).



What am I required to do?

- Access PHI only as needed to do your job (**minimum necessary**).
- Do not discuss health information about a patient unless required for your position.
- Avoid snooping into the chart of a patient or employee you are not assigned to care for.
- Do not access your own or your family members’ medical records (contact Medical Records to access your records through your own Patient Portal) or Register at www.goodsam.org and click on My.GoodSam.org.
- Do not take unauthorized pictures of our patients.
- Post no information regarding a patient on a social media site.
- Fax all documents with care - be sure to check the number twice.
- Take no information about a patient or medical documents out of the hospital unless you have been authorized to do so.
- Put “secure” in the subject line of any email with PHI if it is going out of our organization. This identifies the email to be encrypted.
- Report to Carol Haydon, our Privacy Officer (extension 2102), if a breach occurs.



What do I need to do when my patient does not want anyone to know she or he is in the hospital?

When patients request privacy regarding their admission, staff can notify the Admitting Department to designate the patient as a “Confidential Patient.” The patient’s name will not be released by the hospital operator or security and they will be listed with a “c” before their name on the census. The Confidential Patient /Opt Out form is on the intranet under FORMS.

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What do I do if a patient or family member asks for a copy of a patient's medical record information?

Patients have a right to their medical record, but the best practice is to put them in contact with our **Health Information / Medical Records Department at extension 2100**. They can assist patients with this request. Patients (and employees too) can also sign up for the **Patient Portal**, which gives access to their medical records and lab reports. Family members can access information **only** with proper authorization from the patient and should not be handed information from the nursing unit.

Keeping our computers and medical records safe

Computer security measures or “cyber security” are the steps our Information Systems Department takes to protect our computer systems and **patient health information** from hackers. Personal health information is now even more valuable than financial information. Estimates are that each health care record is worth many times what credit card data is worth. This explains why hospitals are targets of cyber attacks. We have various “fire walls” and tools to reduce the risk of such an attack or ransomware incident. But all of our security measures cannot stop a cyber attack if employees do not take care when using our computer and email system.



What are my responsibilities?

- Do not share your log-in information or password with anyone.
- Do not tape your password to your computer.
- Do not “click” on emails from people you do not recognize, as these may be “phishing” and can allow malware to enter the system.
- All GSH laptops are required to be “encrypted” by our Information Systems Department.
- Be sure to “log-off” or “tap out” of your computer when not in use.
- Do not allow anyone else to chart on a patient record under your log-in.
- Contact our **Information Security Officer** at extension 2321 if you have questions regarding computer security.



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Fraud, Waste and Abuse:

There has been growing concern over whether the Medicare system will have sufficient funds for future beneficiaries. Unfortunately, government investigations have found that some health care providers do engage in fraudulent practices related to the services they provide or submit false claims for supplies or services. Our policies and practices are designed to reduce the risk of such activity in our organization.

Definitions that may help you understand Fraud, Waste and Abuse:

FRAUD: An intentional act of deception, misrepresentation, or concealment to gain something of value. Fraud occurs when an individual KNOWS or SHOULD HAVE KNOWN that something is false.

WASTE: Over-utilization of services and the misuse of resources.

ABUSE: Excessive or improper use of services that are inconsistent with acceptable business or medical practice. Refers to incidents that, although not fraudulent, may cause financial loss.



Examples of Fraud	Examples of Abuse	Examples of Waste
Billing for services not provided or billing at a higher rate than justified	Charging in excess for services or supplies	Over-utilization of services
Soliciting or offering a kickback or bribe	Performing unnecessary procedures	Using more supplies than needed
Submitting a claim you know is false ;	Providing services that are below standards	Mishandling supplies causing contamination
Physicians self-referring to a business he/she has ownership in	Coding for a more comprehensive service than was provided (Up Coding)	Mishandling equipment causing damage
Selling Medicare numbers; engaging in identity theft		
Altering medical records or submitting false financial reports		

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Some of the laws that affect healthcare:

Anti-Kickback Statute

This law provides penalties for individuals or organizations that offer, solicit or receive remuneration (payment) in order to induce or reward business under **federal health care** programs. Violations of this statute can result in exclusion from the Medicare program and cause severe monetary penalties.



False Claims Act

This Act prohibits knowingly submitting a false claim to the federal government for payment. It also prohibits using a false record or statement to get a fraudulent claim paid by the federal government. This Act also protects individuals from retaliation for reporting suspected fraud, waste and abuse.

HIPAA – Health Insurance Portability and Accountability Act

This protects the privacy of an individual's identity and medical records. It requires that we follow procedures dealing with security of information, minimum necessary disclosure and the security of our computer systems that store the vast amount of private data.



What are the consequences?



- ✗ Fines per occurrence ranging from \$10,000 up to \$250,000
- ✗ Fines up to three (3) times the dollar amount the government lost
- ✗ Additional civil and criminal charges
- ✗ Exclusion from all federally funded health care, i.e. Medicare

What are my responsibilities?

Report to your Director or the Compliance Office any suspected or known violation of these laws by a staff member, physician provider or a patient who gives false identification or social security numbers.

End of Module – Please Take the Post Test