

# **SECTION VIII**

## **Corporate Compliance Program**



# What is Compliance?

- A commitment to an ethical way of conducting business
- A system for doing the right thing



# Purposes of the Compliance Program

- To protect patients and improve the quality of their care
- To demonstrate the organization's commitment to promote good corporate conduct
- To assist in identifying and preventing criminal & unethical conduct
- To encourage employees to report potential problems
- To allow prompt, thorough investigation of alleged misconduct
- To initiate timely & appropriate corrective action
- To reduce the organization's exposure to civil damages & penalties, criminal sanctions, and program exclusion
- To create a centralized source of information on health care regulations

# Compliance Accountability

## Ac-count-a-bil-i-ty

[uh-koun-tuh-bil-i-tee]

-noun

1. The state of being accountable, liable or answerable.

- **Employees, volunteers, vendors and independent contractors** are responsible for
  - Complying with the law and regulatory standards as well as Organizational policies and procedures
  - Reporting areas of concern regarding compliance to their Supervisor or confidentially to the Corporate Compliance Officer or Compliance Help Line.

**Compliance Help Line:**

**336-633-7724**

**To report any suspected concerns regarding potential fraud and abuse.**

# 7 Elements of “Effective Compliance”

1. Standards of Conduct/Policies & Procedures
2. Compliance Officer & Compliance Committee Governance
3. Education
4. Monitoring & Auditing
5. Reporting & Investigating
6. Enforcement & Discipline
7. Response & Prevention

# Where can I report a compliance issue or ask a question?

- Contact the Corporate Compliance Officer via email or by calling 336.633.7771
- Report anonymously or confidentially to the Compliance Help Line at **336.633.7724**



# Privacy Education

KNOW THE  
RULES!



**CONFIDENTIAL**



# Privacy Education

## Topics covered in this module:

- HIPAA requirements for using or disclosing Protected Health Information (PHI)
- What is PHI?
- Tips for HIPAA Compliance
- Consequences for Non-Compliance
- Where to Report Concerns



# HIPAA demands that we use Protected Health Information **ONLY** for

- **Treating** patients
- Obtaining **payment** for treatment provided
- Improving healthcare **operations**





# What is Protected Health Information?

Any and all information about a person's physical or mental health that identifies the person or there is a reason to believe the information could identify them.

- **Demographic:** name, address, phone/fax, email, next of kin, date of birth, photograph
- **Financial:** employer, social security number, medical record number, insurance
- **Clinical:** patient chart, patient bill, reason for visit, test results, surgery performed, diagnosis



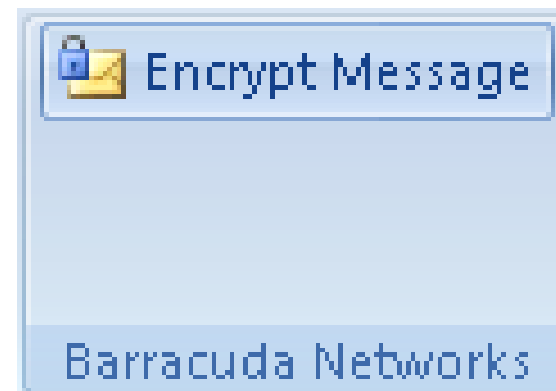
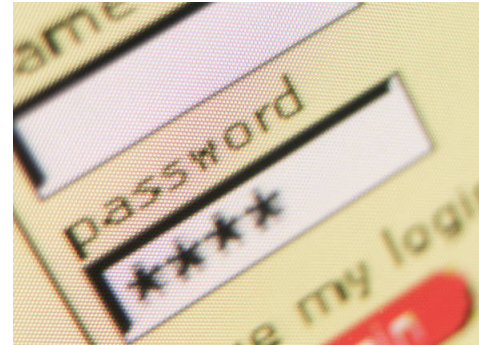
# What is Protected Health Information?

In some cases, the **simple fact of sharing that a patient is receiving care or is in a specific location of the Organization could be considered a privacy violation.** Our small community also makes us especially vulnerable because we personally know many patients. Sensitive information includes, but is not limited to:

- **Sexually transmitted diseases**
- **Mental Health**
- **Substance Abuse**
- **Financial information**

# Tips for HIPAA Compliance

1. **Never share your password with anyone.** This includes system passwords, PINS, and door access codes & cards.
2. Use minimum PHI necessary to complete your job responsibilities.
3. When you are authorized to send an **email** containing PHI **outside** the Organization, be sure to **ENCRYPT** the message and confirm an accurate email address!



# Tips for HIPAA Compliance



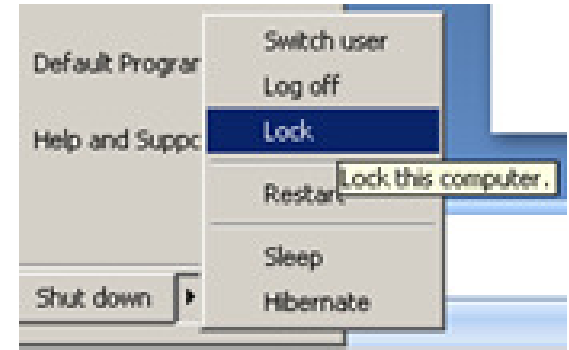
4. When faxing PHI, **use the Organization's fax cover page**, ensure that you have the accurate fax number, and confirm the fax receipt with the intended recipient.
5. Do not leave PHI at printers, fax or copy machine locations.

# Tips for HIPAA Compliance

6. Secure patient records by holding or ending your session when you complete work.



OR



7. Be aware of PHI contained in your work area; never leave PHI unsecured or where it can be viewed by others.



# Tips for HIPAA Compliance



8. Avoid discussing a patient's medical condition in public areas.

## What about EMS & Law Enforcement?

**EMS companies are covered entities**, and all EMS companies are required by law to have a Medical Director. If there are specific concerns about one or more employees of an EMS company, a discussion with or complaint issued to the Medical Director likely will result in some response to the stated concerns.

**Law enforcement are not covered entities** (or business associates) and so, although the Hospital may request that members of law enforcement not discuss patient-identifying information within the hospital where others not involved in a law enforcement matter may hear them, coming up with a practical solution may require a discussion with local law enforcement leaders generally.”

# Tips for HIPAA Compliance

9. Don't share information about a patient that you obtained as a result of your job with anyone; it is considered private and subject to HIPAA.



10. Don't discuss PHI on any form of electronic media such as Facebook, Twitter, Instagram, etc.





# Consequences for Non-Compliance:

- We take patient privacy & security regulations seriously.
- All staff are expected to know and follow these regulations.
- **All staff are expected to report non-compliance.**
- Failure to report non-compliance is a violation of federal law (civil & criminal penalties) and subject to disciplinary action, **up to and including termination for violating privacy & security policies.**



# Where can I report a privacy issue or ask a question?

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# Conflict of Interest



# What is a Conflict of Interest?

- A conflict of interest arises when a secondary objective (i.e., influence to choose one alternative over another) could affect the performance of your organizational role.
- Potential for financial gain is one of many possible incentives that can lead to bias in a *subjective activity*, often *subtle and unrecognized* by you.



# When does an ethical issue occur?

An ethical issue occurs when a choice becomes self-serving, rather than serving the best interest of others, and the choice results in a moral compromise.\*

\*Source - *Orthopaedic Nursing*, April 2008, Volume27 Number 2, page 135- 139, "Ethics: Conflicts of Interest: Nurses at Risk!"



# Who is an “Interested Person”?

- **Any person** who is independently responsible for making decisions regarding purchasing, clinical care, or administrative responsibilities.
- Our policy also includes an **interest of any immediate family member** as if the financial interest of that family member were your own. Immediate family members are defined as:

- Spouse or domestic partner,
- Child, step-child, grandchild, great-grandchild
- Parent, grandparent, sibling, in-law



# What is a “Financial Interest”?

- Ownership or investment interest in, or potential for ownership or investment interest in, any entity with which the Organization has a transaction or agreement.
- A compensation agreement, or potential for a compensation agreement, with the Organization or with any entity or individual with which the Organization has a transaction or agreement.

# Gifts & Gratuities

Employees or their families must not gain personally from any transaction made on behalf of The Organization. This includes, but is not limited to:

- Kickbacks
- Rebates
- Money
- Food
- Entertainment
- Tickets or travel
- Any gift that exceeds \$10 per incident /\$100 accumulated annually.



**Gifts from patients or customers are prohibited; individuals wishing to contribute should be referred to the Randolph Hospital Community Health Foundation.**



# Patient First

We should guard ourselves against outside influences that may jeopardize our patients' safety or quality of care or take time away from our patients.

# Ethical Business & Competitive Practices

We will not **knowingly** pursue any business opportunity that may represent illegal activity.

We will not solicit, accept, offer or pay bribes, kickbacks or other illegal incentives for the purpose of personal gain or inducing business for the Organization.



# Fraud & Abuse Laws

We will not knowingly participate in any situation that is a violation of state or federal fraud and abuse laws. These laws include, but are not limited to:

- False Claims Act
- Anti-Kickback Statute
- Physician Self-Referral Law
- Exclusion Statute
- Civil Monetary Penalties Law

# Who Decides If a Conflict of Interest Exists?

- Board Chairman (for Board Member disclosures)
- VP/CFO and CEO (for employee related conflicts and Medical & Allied Health staff)

# Consequences of Non-Compliance

- Failure to disclose a potential conflict could result in disciplinary action.
- Failure to report a known potential conflict could result in disciplinary action.
- Misinterpretation of the policy will not excuse a violation.

# **Non Retaliation**

ANYONE, who honestly, and in good faith, reports suspected wrongdoing, will be protected from retaliation.

# Code of Conduct



# Patient FIRST – Safety & Quality Care

We will passionately provide excellent service with every interaction.

Service excellence means:



- Clear & professional communication
- Confidentiality
- Sincere concern for our patients' health & well being
- To go the extra mile to provide services to our patients, their families, and our colleagues



# Staff Interactions

Your role, whether employee, independent contractor, or vendor, is to serve the needs of our patients and their family members. Maintaining a positive relationship with colleagues is crucial in achieving that goal.



**EVERY role is valued and respected.**

# Your interactions should demonstrate:

1. Collaboration
2. Creativity
3. Transparency
4. Accountability
5. Respect



# Confidentiality & Record Keeping

We will make every effort to abide by Federal and State laws, regulations and guidelines by:

- Recording information accurately
- Recording information timely
- Securing all records properly
- Handling records consistently



# Policies & Procedures for Documentation, Billing and Coding

We will bill for items and services

- Accurately
- Timely
- That were medically necessary
- That were appropriately provided



We will correct any errors identified in a timely manner.

We will appropriately store/secure all electronic & paper records.

# Compliance with Laws & Regulations



We will strive to comply will all Federal and State laws, regulations, and other compliance requirements.

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