

# VIII. Corporate Compliance Program & HIPAA



# 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.

- **Board of Directors** sets the tone and delegates oversight to FAIR (Finance, Audit, Investment & Retirement) Committee
- **FAIR** is responsible for effectiveness of Corporate Compliance Program, receives reports, and approves annual compliance plan
- **Chief Executive Officer** provides overall direction and fosters a culture of compliance throughout the Organization

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- **Corporate Compliance Officer**
  - Develops and maintains the Corporate Compliance Program Policy, Education & Communication activities, and the Audit & Compliance Schedule
  - Acts as the Organization's Privacy Officer
- **Compliance, Audit, Privacy & Security Committee** has oversight and coordination responsibility for compliance policies & procedures; consists of representatives from identified risk areas within the Organization.

# Compliance Accountability

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

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- **Department Directors are responsible for**
  - Developing & maintaining departmental/functional area policies and procedures that meet regulatory requirements
  - Participating in and supporting the Compliance Education Program, keeping employees informed about new regulatory developments, and assuring appropriate process changes
  - Self-monitoring and developing appropriate policies, procedures & education to meet the requirements of the Corporate Compliance Program
  - Training staff to ensure familiarity with their responsibilities under the program and with laws, regulations and Organizational policies & procedures applicable to the job function
  - Assisting with Annual Audit & Compliance Plan for identified risk areas

# Compliance Accountability

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

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

- **Employees, 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.**

# 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.



## **Your interactions should demonstrate:**

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

# 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.**

Interest: Nurses at Risk!"

\* \*Source - *Orthopaedic Nursing*, April 2008, Volume 27 Number 2, page 135- 139, "Ethics: Conflicts of



# 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.**



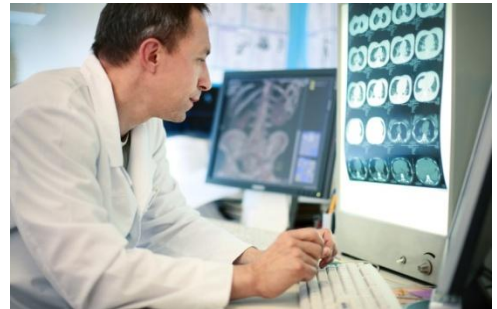
**Gifts from patients or customers are prohibited; individuals wishing to contribute should be referred to the Randolph Health Community Foundation.**

# What are my responsibilities?

- Be aware and guard against potential conflicts.
- Disclose potential conflicts using OW-ADM-003A – Conflict of Interest and Gift Disclosure Survey, promptly when a potential conflict occurs.
- Disclose using OW-ADM-003A – Conflict of Interest and Gift Disclosure Survey, annually upon request.

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

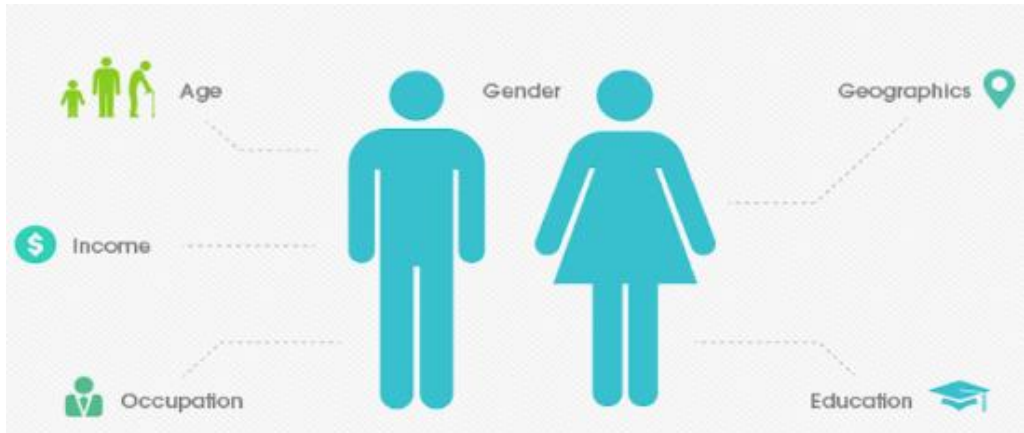
- **Treating** patients
- Obtaining **payment** for treatment provided
- Improving healthcare **operations**





# 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.





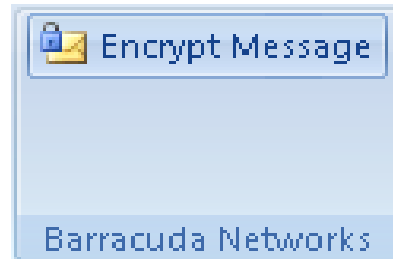
# What is Protected Health Information?

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

- **Never share your password with anyone.** This includes system passwords, PINS, and door access codes & cards.
- Use minimum PHI necessary to complete your job responsibilities.
- 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!

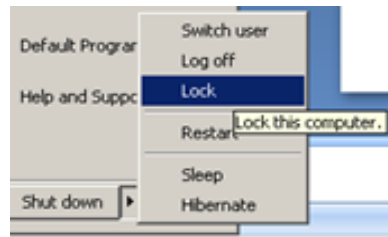


# Tips for HIPAA Compliance

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



OR



- 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



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



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



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

- **Contact the Corporate Compliance/Privacy Officer via email or by calling 336.633.7771**
- **Call the Compliance Help Line at 336.633.7724**



# **Non Retaliation**

**ANYONE**

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