

Compliance Training



Introduction

Welcome to Catholic Health's Compliance training course. The laws governing healthcare activities are many, complex and continually changing.

Catholic Health is committed to fostering a culture of compliance and integrity so all Catholic Health entities operate at only the highest standards of ethical conduct.

This training will provide you with important information regarding Catholic Health's Compliance Program.

For specific questions about compliance issues, you are encouraged to consult your supervisor or Compliance Officer.

Code of Conduct

Catholic Health's Code of Conduct addresses ethical behavior principles that require all employees to perform their job responsibilities with honesty, integrity and confidentiality. This includes the governing body, senior leaders, medical staff, management, clinical and non-clinical personnel, volunteers and vendors.

To do the right thing everyone should:

- Comply with all applicable laws, regulations and Catholic Health policies
- Never use your position for personal advantage
- Act fairly and honestly
- Adhere to high ethical standards in all you do
- Ensure protected health information is kept confidential
- Report any known or suspected compliance issue
- Never knowingly make false or misleading statements
- Maintain a healthy and safe work environment

Catholic Health Compliance Program

The goal of Catholic Health's Compliance Program is to:

- Prevent (educate)
- Detect (self-monitor, open communication)
- Resolve (corrective action) conduct that does not conform to federal/state law and Catholic Health's ethical and business policies

Catholic Health's Board of Directors and management fully support its Compliance Program. Regular meetings are held with both groups and Compliance.

Catholic Health has Compliance Officers for each hospital, nursing home, homecare, hospice and physician entity.

Compliance staff remain objective and independent. Compliance Officers report directly to the Senior Vice President of Internal Audit & Compliance who reports directly to the Board through its Compliance & Audit Committee.

Catholic Health Compliance Program

Catholic Health's Compliance Program is designed to promote compliance with federal and state laws and rules governing participation in government healthcare programs, such as Medicare and Medicaid.

Catholic Health's Compliance Program incorporates, among other things, the following seven elements that are considered to be essential to an effective compliance program:

1. Written policies, procedures and standards of conduct
2. Compliance Officer and Compliance Committee
3. Compliance program training and education
4. Lines of communication between personnel and the Compliance Officer, Helpline
5. Auditing and monitoring
6. Non-intimidation and Non-retaliation
7. Responding to compliance issues
8. Disciplinary standards

Catholic Health Compliance Program

Element 1: Written Policies, Procedures and Standards of Conduct

- Catholic Health compliance policies and procedures function like internal laws that govern the conduct of employees, medical staff and vendors. These policies provide guidance to employees and others on how to deal with potential compliance issues; how to communicate compliance issues to appropriate compliance personnel; and describe how potential compliance problems are investigated and resolved.
- Employees, medical staff and vendors are expected to follow applicable policies and procedures as well as the Catholic Health Code of Conduct.
- Please consult with your supervisor to determine the policies and procedures applicable to the services that you provide.
- All Catholic Health compliance policies can be found on the intranet, under policies as well as on the Internal Audit & Compliance Department page. Certain compliance policies may also be found on Catholic Health's internet site.

Catholic Health Compliance Program

Element 2: Compliance Officer and Compliance Committee

- Catholic Health has designated an individual to serve as its Chief Compliance Officer, Pegeen McGowan, Senior Vice President Internal Audit & Compliance, who is the focal point for Catholic Health's Compliance Program.
- The Chief Compliance Officer reports to the Catholic Health Board through its Compliance & Audit Committee on a quarterly basis. She also meets routinely with Catholic Health's President and Chief Executive Officer, General Counsel and other Senior Executives to discuss compliance matters.
- Each Catholic Health entity has a Compliance Officer that is solely responsible for the day-to-day operation of the compliance program. Each entity also has a Management Compliance Committee that is fully integrated into the entity's operations and meets quarterly to review and discuss compliance activities.

Catholic Health Compliance Program

Element 3: Compliance Program Training and Education

- Employees, vendors and governing body receive training and education on compliance expectations and the operation of the compliance program. Training and education occurs initially at new hire orientation, annually and periodically when necessary.
- The training and education you receive for your position within Catholic Health is very important as it guides you to perform your duties in a compliance manner.

Catholic Health Compliance Program

Element 4: Lines of Communication

- Catholic Health provides employees, vendors, medical staff, board members, patients and others various ways to comfortably communicate with Compliance when they have questions, concerns or to report a potential Code of Conduct or regulatory violation.

- You can make a good-faith report, without fear of intimidation or retaliation, by:
 - Contacting your Supervisor/Manager/Director/Vice President
 - Contacting the Entity Compliance Officer directly
 - Utilizing the Compliance Report Form, located on the Internal Audit & Compliance Department's intranet page
 - Calling the confidential Compliance Helpline at (866) 272-0004, available 24/7. You can remain anonymous or, if you would like a call back, please provide your contact information.

- Catholic Health's Whistleblower Protection, Non-Intimidation and Non-Retaliation Policy prohibits intimidating and/or retaliating against anyone for reporting a good-faith concern related to a potential violation of any Catholic Health policy or any applicable law, rule or regulation.

Catholic Health Compliance Program

Element 5: Auditing and Monitoring

- Compliance develops annual monitoring and auditing plans based on a compliance risk assessment that considers:
 - Identified areas for CH, specifically, and for the healthcare industry generally
 - Regulatory activity, such as OIG and OMIG Work Plans
 - Compliance partners with many departments across the system to monitor appropriate documentation, coding and billing
 - Compliance conducts annual reviews of its compliance program to determine its effectiveness, and whether any revision of corrective action is required

Catholic Health Compliance Program

Element 6: Non-Intimidation and Non-Retaliation

- Catholic Health's Whistleblower Protection and Non-Intimidation and Non-Retaliation Policy prohibits retaliation against an individual or group for reporting a good-faith concern related to a violation or potential violation of any Catholic Health or Entity policy or any applicable law, rule or regulation.
- Whistleblowers may NOT be discharged, demoted, suspended, threatened, harassed or in any manner discriminated against as a result of reporting fraud or abuse in good faith.
- If you are worried about reporting something, don't be. You have three layers of protection:
 - The Entity Compliance Officer is independent of management, reporting to the SVP of Internal Audit and Compliance who reports to the Board of Directors;
 - The Whistleblower Protection Non-Intimidation and Non-Retaliation Policy; and
 - The FCA provides protection for whistleblowers and allows private citizens to file lawsuits on behalf of the government

Catholic Health Compliance Program

Element 7: Responding to Compliance Issues

- Compliance has a system to respond to issues as they are raised. All matters that are reported to Compliance are thoroughly investigated in a confidential and timely manner
- The Compliance Officer will follow up on any compliance concerns that may be identified through investigations, reports, auditing, or monitoring
- The Compliance Officer, in consultation with applicable stakeholders, will determine whether corrective action is required to address compliance risks and vulnerabilities
- The Compliance Officer may perform re-audits, recommend new or amended policies and procedures or implement new or enhanced monitoring processes, among other things
- The Compliance Officer may call on you to assist with evaluating the need for or implementing corrective actions, where appropriate

Catholic Health Compliance Program

Element 8: Disciplinary Standards

- Disciplinary standards encourage good faith participation in the Compliance Program by all affected individuals.
- Catholic Health maintains policies that articulate expectations for the prevention, detection and reporting of fraud, waste and abuse; as well as outlining sanctions for violating Compliance Program standards.
- All individuals within Catholic Health, regardless of position, are subject to Catholic Health's disciplinary standards.
- Disciplinary standards with respect to vendors may include measures up to and including reassignment of vendor personnel or suspension or termination of the contract.

Healthcare Compliance Risk Areas

Healthcare is a complex, high-risk industry that demands compliance with federal and state regulatory requirements as well as organizational policies and practices. It is important for everyone to be aware of the key healthcare risk areas for fraud, waste and abuse and to maintain a safe, high-quality environment for patients, visitors, vendors and employees. Examples of risk areas include:

- Billings
- Payments
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight
- Other risk areas identified by provider through its organizational experience
- Ordered services

Compliance Risk Awareness

Documentation, Coding and Billing

- Accurate documentation and coding are critical to allow compliant billing. They are also essential for quality patient care. Therefore documentation for an encounter, whether written or electronic, must be:
 - Legible
 - Accurate
 - Complete
 - Signed
 - Dated and Timed
- Errors in documentation may lead to non-compliant coding and billing. Such as:
 - Incorrect procedure codes
 - Date of service errors
 - Incorrect patient name
- Most coding errors are a result of incomplete, inaccurate or illegible documentation.

Compliance Risk Awareness

Confidential Information - Health Insurance Portability and Accountability Act (HIPAA)

- HIPAA is set of rules enacted by the government which, among other purposes, requires Catholic Health to protect the privacy and security of individuals' disclosure of Patient Health Information (PHI).
- Only those involved in the patient's care or treatment are permitted to access a patient's medical record.
- Simple Safeguards Examples for Privacy of PHI
 - Keep patient info out of plain view in your workplace
 - Don't carry files elsewhere unless essential
 - Destroy PHI- bearing documents - a trashcan won't do
 - Don't discuss PHI with those without need- to- know
 - Don't share your password - EVER.
 - Don't enter EMR of patients not in your scope of care

Compliance Risk Awareness

Emergency Medical Treatment and Labor Act (EMTALA)

- The Emergency Medical Treatment and Labor Act (EMTALA) is also known as the anti-dumping statute. It was enacted to ensure access to emergency services to any person who presents to Medicare Participating Emergency Department (ED) seeking treatment for a real or perceived emergency medical condition or to a woman in labor regardless of an individual's citizenship, legal status or ability to pay.
- The ED must conduct an appropriate medical screening exam (MSE) to determine if the individual has an Emergency Medical Condition (EMC). If there is no EMC, the hospital's EMTALA obligations ends. If there is an EMC, the hospital must:
 - Treat and stabilize the individual
 - Transfer the individual only when
 - the hospital does not have the necessary resources (capability)
 - the hospital does not have any beds available (capacity),
 - the patient's request or other reasons that are in the best interest of the patient.

Compliance Risk Awareness

Fraud, Waste and Abuse (FWA)

- **FRAUD** refers to intentionally, knowingly and willfully carrying out, or attempting to carry out a scheme to defraud any healthcare benefit program, or to obtain money or property owned by, or under the custody or control of, any healthcare benefit program.
- Some examples of the most common types of provider healthcare fraud include:
 - Billing for services not rendered
 - Billing for services not medically necessary
 - Misrepresenting procedures performed to obtain payment for non-covered services (e.g., cosmetic surgery)
 - Upcoding – billing for a more costly service than what was actually performed
 - Theft of a prescriber’s DEA number, prescription pad or e-prescribing log-in credentials

Compliance Risk Awareness

Fraud, Waste and Abuse (FWA)

- **WASTE** is the overuse of services (not caused by criminally negligent actions) and resources, directly or indirectly, that results in unnecessary costs to the healthcare system, including Medicare and Medicaid programs. Examples of Waste include:
 - A provider ordering excessive diagnostic tests
 - A provider prescribing medications without validating if the member still needs them
- **ABUSE** refers to excessive or improper use of services or actions that involves payment for services or items where there was no intent to deceive or misrepresent, but the outcome leads to unnecessary costs. Examples of Abuse include:
 - A provider unknowingly misusing codes on a claim
 - Billing for brand name drugs when generics are dispensed
 - Charging excessively for services or supplies

Compliance Risk Awareness

Conflict of Interest - Gifts

- A conflict of interest exists when an individual's personal activities or interests influence, or may appear to influence, judgment, decision making or job performance.
- Conflicts may include, but are not limited to, relationships, associations or business dealings with contractors, vendors, other healthcare providers, or individuals.
- Catholic Health's Gift Policy: Individuals should not accept anything of greater than nominal value from anyone doing business with, or desiring to do business with, our organization. It may appear that the gift giver is trying to influence the employee.
 - Cash and cash equivalents, which include gift cards, are never acceptable.
 - It is inappropriate for employees to solicit items for personal or departmental use.
 - Gift of nominal value less than \$50 on an occasional basis may be permissible but there are guidelines.

Compliance Risk Awareness

Federal Anti-Kickback Statute (AKS)

- The Anti-Kickback Statute is a criminal law that prohibits the knowing and willful offer or payment of “remuneration” to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services).
- Remuneration can take many forms. For example, remuneration can include:
 - Cash or cash equivalents
 - Free rent for office space or rent below fair market value
 - Expensive hotel stays or expensive meals
 - Excessive compensation for medical directorships
- Violations of the AKS may result in significant civil and criminal penalties, jail terms, and exclusion from participation in the Federal health care programs.

Compliance Risk Awareness

Physician Self-Referral Law (Stark Law)

- The Stark Law prohibits a physician from referring Medicare and Medicaid patients for certain “designated health services” to a facility with which the physician group, physician (or an immediate family member) has a “financial relationship,” unless a specific exception applies. This is strict liability statute, therefore no intent is required for a violation to occur.
- The Stark Law focuses on physician self-referrals and is intended to prevent healthcare providers from inappropriately profiting from referrals.
- Examples of Stark violations:
 - Leasing space to a physician below fair market value; or
 - Contracting with a physician for a sham directorship position.
- Consequences of violations may result in a denial for payment for the prohibited transaction, require the refund of payments received, civil penalties and exclusion from government healthcare programs.

Compliance Risk Awareness

The False Claims Act (FCA)

- The FCA is a federal statute that covers fraud involving any federally funded contract or program. It imposes liability on any person who submits a claim to the government that knows (or should know) is false.
- The FCA broadly defines the term “knowingly” as a person who:
 - Has actual knowledge of the information; or
 - Acts in deliberate ignorance of the truth or falsity of the information; or
 - Acts in reckless disregard of the truth or falsity of the information.
- Example of a False Claim
 - A physician submits claims for services she knows she never provided; or
 - Improperly admitting patients to the hospital for services that should have been provided in an outpatient setting
- Violations of the FCA may result in significant civil and criminal penalties, jail terms and exclusion from participation in the federal healthcare programs.

Compliance Risk Awareness

Exclusion Screening

- The Office of Inspector General (“OIG”) and the Office of Medicaid Inspector General (“OMIG”) can exclude certain providers from participating in relevant federally-funded programs such as Medicaid and Medicare.
- There are many reasons for which exclusions can occur, most of which can be grouped into roughly three categories:
 - Health care crimes,
 - Claims/billing fraud or abuse, and
 - Professional misconduct
- Catholic Health conducts appropriate screening of all employees, medical staff, referring practitioners, vendors and board members to determine if they are excluded from participation in a Federal or state healthcare program. These screenings are performed pre-hire/credential and on a monthly basis. Exclusions are dealt with through termination.

Compliance is Everyone's Responsibility

If You See Something, Say Something

- Does something not feel right, or do you have an issue you want to discuss? Your Compliance Officer can help
- No matter what your function, you are a critical part of the success Catholic Health's Compliance Program
- You have the responsibility to report suspected noncompliant or illegal activities to your supervisor and/or Compliance
- When in doubt, ask yourself:
 - Is it a fair and honest thing to do?
 - Is it in the best interest of Catholic Health and its patients?
 - Would it be good to see the action or behavior described in the newspaper?
- If the answer to any of these questions is "no," the action should be reconsidered

Catholic Health Internal Audit and Compliance Intranet

Visit the Catholic Health Internal Audit and Compliance intranet site for:

- Catholic Health compliance policies and procedures
- Entity Compliance Officer contact information



[Pegeen McGowan](#)

SVP Catholic Health CHS Services
(631) 465-4151

[Cathy Cahill](#)

Physician Compliance
(631) 465-4232

[Bernadette Catanzaro](#)

St. Francis Hospital
(516) 562-6580

[Mariana Harris](#)

Good Samaritan University Hospital
(631) 376-3686

[Pegeen McGowan](#)

Catholic Health Physician Partners
(516) 838-8156

[Michele McGrath](#)

St. Charles Hospital
(631) 476-5524
St. Catherine of Siena Hospital
(631) 784-7204

[Lisa Conlon](#)

Mercy Hospital
(516) 705-2372
St. Joseph Hospital
(516) 520-2311

[Pegeen McGowan](#)

Catholic Health Home Care,
Good Shepherd Hospice,
Nursing & Rehabilitation Centers
(631) 828-7413

Thank you