

CPMP COMPLIANCE PROGRAM



**Fraud and Abuse
Regulatory Compliance Training**

Be familiar with the following:

1. Elements of a Mandatory Compliance Program
2. Define what Constitutes Medicare and Medicaid Fraud and Abuse
3. Federal and New York State Fraud and Abuse Laws
4. Whistleblower Protections
5. Prevention of Fraud and Abuse
6. Methods of Reporting Suspected Fraud and Abuse
7. Conflict of Interest
8. EMTALA
9. The Joint Commission

New York's Eight Elements of a Compliance Program

1. Policies and Procedures
2. Compliance Officer
3. Training and Education
4. Communication
5. Discipline
6. Auditing and Monitoring/Risk Area Identification
7. Reporting and Response
8. Non-retaliation and Non-intimidation



Obtaining a federal or state health care payment through misrepresentation or concealment of facts.....

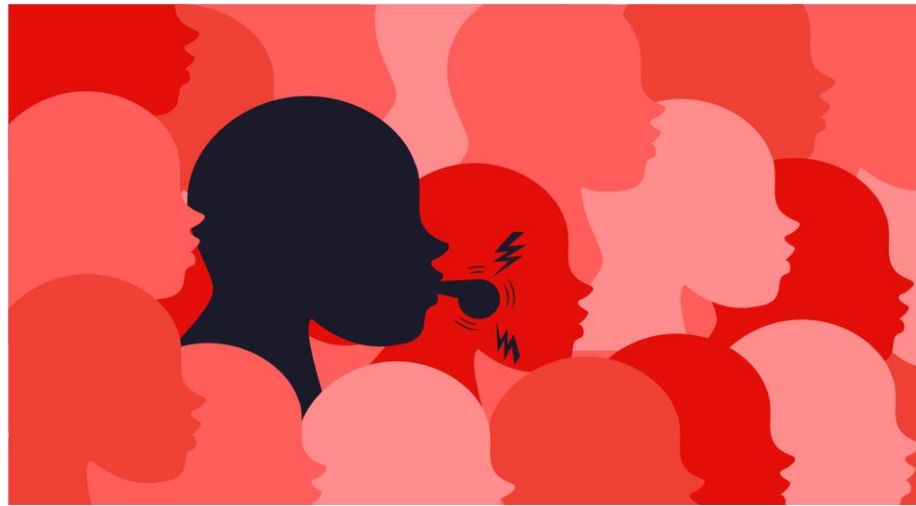


- ✓ **Billing for services that were not provided**
- ✓ **Altering medical records or claims to receive a higher payment**

Abuse results in unnecessary costs to governmental programs and is inconsistent with the goals of providing patients with services that are medically necessary.

False Claims Act	Anti-Kickback Statute	Stark Law	New York False Claims Act
<p>Knowingly submitting a false or fraudulent claim to the government</p> <ul style="list-style-type: none"> Acting in deliberate ignorance of the truth Reckless disregard of the truth <p>Examples:</p> <ul style="list-style-type: none"> Improperly admitting patients to the hospital for services that should have been provided in an outpatient setting Billing for tests that were not medically necessary 	<p>Prohibits knowingly and willfully offering, paying, soliciting or receiving any remuneration to induce referrals of service reimbursable by a federal health care program.</p> <p>Examples:</p> <ul style="list-style-type: none"> Cash for referrals Free staff in exchange for referrals Free rent or below market value rent for referrals 	<p>Prohibits physicians from referring Medicare beneficiaries for certain designated health services to an entity in which the physician or their immediate family member has an ownership/investment interest.</p> <p>Example:</p> <ul style="list-style-type: none"> Physician refers a patient to a laboratory he owns 	<p>Closely tracks the Federal False Claims Act.</p> <p>Penalties and fines imposed for obtaining payment from any government program such as Medicaid for filing false claims</p>

Whistleblowers may not be discharged, demoted, suspended, threatened, harassed or in any manner discriminated against as a result of reporting fraud or abuse.



Federal health care fraud and enforcement efforts recovers >\$4 billion annually in penalties and fines.



1. Civil Monetary Penalties
2. Civil and Criminal Prosecution
3. Exclusion from Medicare and Medicaid programs
4. Suspension of payments

PENALTY

1. Follow the Compliance Program Code of Conduct
2. Teaching physicians should be physically present for the service in order to submit a bill
3. Maintain accurate and complete medical records and documentation
4. Avoid submitting claims for unnecessary services
5. Submit accurate coding and billing
6. Avoid illegal conduct
7. If you are not sure of the appropriateness of an action, call the Compliance Officer or the [CPMP Compliance Helpline](#)



Conflicts of Interest arise when a person's judgment and discretion is or may be influenced by personal considerations, or the interests of CPMP.

What is a "Gift"?

- A gift is anything more than a "nominal value."
- Nominal value is considered such a small amount that acceptance could not reasonably be interpreted or construed as intending to influence you.
- Items valued at **fifteen dollars or less** are considered nominal.

According to the New York State Ethics Commission, a gift may be in the form of:

1. Money
2. Loans
3. Travel
4. Meals
5. Refreshments
6. Entertainment
7. Any services or goods

Employees are not allowed to accept gifts valued above nominal value.

Examples of nominal value gifts:

- ✓ Coffee mugs
- ✓ Pads
- ✓ Pens
- ✓ Key tags



Penalties imposed by the Ethics Commission
are up to **\$10,000** per incident!

Seek guidance from the CPMP Compliance Department to determine whether the acceptance of a gift is a violation of the Code of Conduct.

EMTALA requires hospital Emergency Departments that accept payments from Medicare to provide an appropriate medical screening examination to individuals seeking treatment for a medical condition, regardless of citizenship, legal status or ability to pay.



Participating hospitals may not transfer or discharge patients needing emergency treatment except:

- ✓ With the patient's informed consent, or
- ✓ Stabilization of the patient, or
- ✓ When their condition requires transfer to a hospital better equipped to administer the treatment

The Joint Commission accredits and certifies health care organizations.

- It is a private agency entrusted by Medicare to certify that healthcare organizations meet a set of established standards
- These criteria are incorporated in Medicare's Conditions of Participation

The standards focus on important patient, individual, or resident care and organization functions that are essential to providing safe and high quality care.

In addition, the Joint Commission:

1. Helps organize and strengthen patient safety efforts
2. Strengthens community confidence in the quality and safety of care, treatment and services
3. Provides a competitive edge in the marketplace
4. Improves risk management and risk reduction
5. Provides education to improve business operations
6. Provides professional advice and counsel, enhancing staff education
7. Provides a framework for organizational structure and management
8. Provides practical tools to strengthen or maintain performance excellence



Joint Commission standards are the basis of an objective evaluation process that can help health care organizations:

- ✓ Measure
- ✓ Assess
- ✓ Improve performance

The Joint Commission's standards set expectations for organization performance that are:

- ✓ Reasonable and
- ✓ Achievable

To report suspected fraud, waste or abuse, or a violation of our Code of Conduct, contact any of the following:

- **SB Clinical Practice Management Plan, Inc. (CPMP) and Accountable Care Organization (ACO) Compliance Officer**

Laura McNamara (631) 444-8026

Laura.McNamara@stonybrookmedicine.edu

- **CPMP's Compliance Department**

(631) 444-8026 or

7 Flowerfield, Suite 32

St. James, NY 11780-1514, z-6065

- **Our Confidential Compliance Helpline**

(844) 241-6856 or

visit cpmp-ufpcs.alertline.com or

scan QR code



SCAN ME! Open camera,
hover over QR code,
click on pop up and fill out.

HIPAA TRAINING



WHAT IS HIPAA AND WHO IS SUBJECT TO IT?

WHAT IS HIPAA?

- HIPAA is the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct
- Enacted in 1996
- Implemented in 2003
- Laws and Requirements strengthened (HITECH) in 2009
- HITECH implemented in 2013



At Stony Brook, UH, SOM, HSC formed an OHCA, Organized Health Care Arrangement – allows for a collective approach towards HIPAA Compliance.

Patients are not considered Covered Entities



WHO IS SUBJECT TO HIPAA?

- Health Plans/Payors
- Providers
- Billing Services
- Business Associates

Health information about a patient created or received by a covered entity.

PHI includes information:

- Sent or stored in any form (written, verbal, electronic)
- That identifies or can be used to identify the patient
- That describes a patient's past, present and/or future medical treatment and/or payment of services

- | | |
|------------------------------------|--|
| 1. Name | 11. Vehicle identification number |
| 2. Address | 12. Patient billing account number |
| 3. Date(s) of Service | 13. Biometric identifiers |
| 4. Phone numbers | 14. Full face photos |
| 5. Fax Numbers | 15. Web URLs |
| 6. Email address | 16. Device identifiers and serial numbers |
| 7. Social security number | 17. Internet protocol addresses |
| 8. Medical record number | 18. Any other unique identifying number, characteristic or code |
| 9. Health plan ID number | |
| 10. Driver's License number | |



- **Treatment** – activities related to patient care
- **Payment** – activities related to paying for or getting paid for health care services
- **Operations** – day-to-day activities of a covered entity, such as planning, management, training, improving quality, providing services and education

Notice of Privacy Practices (NPP)

A written statement given to all new patients that clearly explains in detail how a patient's PHI will be used and shared. NPPs must also detail a patient's rights and who to contact for more information.

At Stony Brook, the OHCA provides patients with a single NPP for the hospital and practices. CPMP does not use an NPP.

Entities that create, receive, maintain or transmit PHI on behalf of a covered entity or of another Business Associate; and Patient Safety Organizations, Health Information Exchanges and vendors of Personal Health Records.

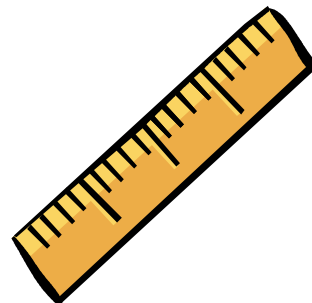


CPMP is a business associate of each of the UFPCs.

GE/IDX is a BA Subcontractor of CPMP.

Except for its use in Treatment, the amount of PHI shared, accessed or requested must be limited to only what is needed, or the 'minimum necessary'. Workers should access or view only the PHI necessary to conduct their job responsibilities.

Don't access accounts of friends, family or VIPs



PHI AUTHORIZATION

WHEN CAN YOU USE PHI WITHOUT AN AUTHORIZATION?

A PATIENT SIGNED PERMISSION THAT ALLOWS A COVERED ENTITY TO USE OR DISCLOSE A PATIENT'S PHI FOR REASONS NOT GENERALLY RELATED TO TREATMENT, PAYMENT OR OPERATIONS (TPO).

- For law enforcement, subject to certain requirements
- When you are discussing the patient's own PHI with the patient
- For Treatment, Payment or Operations
- For public health purposes (disease reporting)



In situations involving public health inquires, law enforcement inquires, or other legal inquires, see your Supervisor first!

CPMP Staff may disclose PHI to family members/friends involved in the patient's payment for healthcare services. Limit the information disclosed to only what is relevant to account payment.



When is it OKAY to Disclose PHI?

- If patient **is** present, okay to disclose if...
Provided patient opportunity to object and the patient does not object; based on professional judgment, patient does not object
- If patient **is not** present, okay to disclose if...
Previously identified by patient as their representative; based on professional judgment, patient does not object

PERSONAL PATIENT REPRESENTATIVES

Someone who is authorized by law to make healthcare decisions on behalf of the patient (e.g., a parent for minors, or a legal guardian for adults)

Dealing with personal representatives:

- Treat as if they were the patient
- Check ID when you can, driver's license, etc.
- Over the phone, ask for identity of patient representative and note



Should not disclose PHI to person other than patient when...

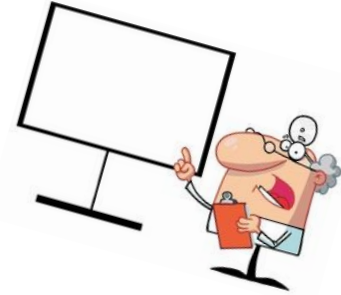
- Reasonable belief that patient is a victim of domestic abuse or neglect
- Releasing information could endanger the patient

ACCOUNTING FOR DISCLOSURES

- Patients have a right to an accounting of disclosures made by CPMP
- Request must be made in writing – no verbal requests
- If written request received, date stamp and forward to Cathy Jones
- Patients can request copies of their PHI in an electronic format (unless not maintained in electronic format)
- Must provide the PHI in the format requested (unless not producible in format requested)
 - If not producible in format requested, CE & patient must attempt to agree on the format. If no agreement reached, hard copies okay
- Electronic information can be emailed or viewed via portal (if secure)

Some disclosures are unavoidable. HIPAA rules acknowledge incidental disclosures. They do not constitute a HIPAA violation.

For example, hearing a patient's name as it's called out in a doctor's waiting room.



Patients can request restrictions on PHI that is disclosed to the insurance plan if patient pays out-of-pocket

Bundled services – if request is for one of a bundled group of services, patient must agree to pay for all services if they can not be unbundled

If restriction for initial care only, f/up care can be billed to insurance but patient must be educated and agree that PHI related to initial may have to be disclosed to ensure payment for f/up care

- ❖ Applies to PHI in an electronic format.
- ❖ Requires organizations to continually evaluate their own systems to ensure the **Confidentiality, Integrity** and **Availability** of PHI

Broken into three areas of responsibility/safeguards:

Administrative Safeguards

- Implement policies regarding access, appropriate access levels and termination of access
- Establish procedures to address security incidents
- Planned periodic review of systems
- Access limited to electronic PHI (e-PHI) is to only perform job functions; *Role-based Security*
- Systems are audited – all views, entries, changes, etc. are date/time stamped by account name
- Inappropriate access can lead to disciplinary action up to and including termination

Technical Safeguards

- Individual Accounts (No Generic Log-ons)
- Screen Savers with Password/Passphrase Activation
- Dynamic Passwords
- GE/IDX Passwords Change Every 120 Days
- Lock Out of Accounts after Failed Attempts
- Application Time Out
- Anti-Virus, Anti-Malware, etc.
- Patch Management

Physical Safeguards

- Access Cards to Sensitive Areas
- Workstation Security
- Equipment Inventories
- Disposal of Equipment
- Privacy Screens on monitors



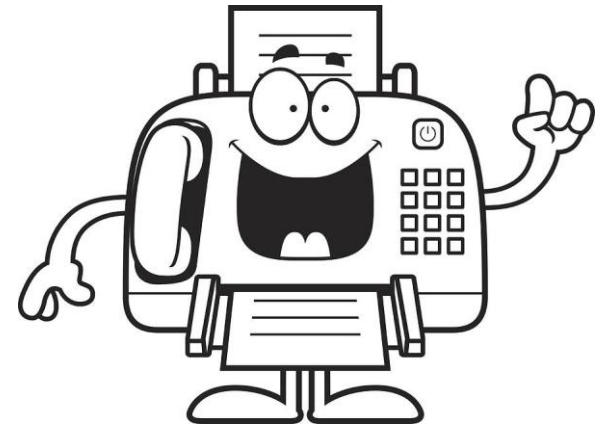
Passwords should be 'complex':

- ✓ Contain both upper and lower cases
- ✓ Have digit and special characters (0-9, #,\$,!)
- ✓ Minimum length: Eight or more characters
- ✓ Not a common word in any language, slang, dialect, etc.
- ✓ Are not based upon personal information
- ✓ Easy to remember, but difficult to guess



FAX MACHINE USAGE

- ❖ Okay to fax PHI (TPO Purposes Only)
- ❖ If faxing PHI not related to TPO, call Cathy Jones first to discuss (4-3962)
- ❖ Distribute incoming faxes ASAP
- ❖ Use Pre-Programmed fax numbers



COMPLIANCE AND MONITORING

- “Patient Confidentiality Module” (audit tool)
- Sign on logs (unauthorized sign on attempts)
- Deactivate non-active users
- Security incident logs



An impermissible acquisition, access, use or disclosure of PHI is presumed to be a breach unless the covered entity demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment.

Notify affected individuals in writing within 60 days of breach discovery date

- I. Must include a description of the breach
- II. Type of information involved
- III. Steps individuals should take to protect themselves
- IV. Description of what the covered entity did to investigate the breach
- V. Mitigation steps and what is being done to prevent future breaches

If more than 500 individuals in one State, notice must be made via prominent media outlets serving the State

ALL breaches must be reported to the Secretary of HHS (regardless of whether there's one individual involved or 501 individuals)

- ❖ Breach assessments and reporting are conducted by the SBM HIPAA Privacy Office
- ❖ When the incorrect recipient receives PHI the SBM Privacy Office must be notified (e.g. misdirected fax, documents mailed to the incorrect recipient, documents handed to the wrong patient)

Enforcement Agencies:

- US HHS Office for Civil Rights (OCR)
- US Department of Justice



Compliance reviews:

- If willful neglect is indicated - compliance review **must** be conducted
- All other cases, compliance review **may** be conducted
- Practically speaking – compliance reviews will be conducted in every case where a violation is possible

Resources:

UH Intranet Policies & Procedures

For HIPAA Concerns:

- Notify Supervisor or Manager ASAP
- Call Privacy Officer – 4/5796
- Call SBMIT Helpdesk – 4/4357

**SB Clinical Practice Management Plan, Inc.**

CPMP Compliance Officer: Laura McNamara

Telephone: 631-444-8026

CPMP/UFPC's Compliance Helpline – 24/7, Confidential, Anonymous Reporting

Telephone: 844-241-6856

