



# Corporate Compliance Program Education



Revised: 3/22/22

# Agenda

- CalvertHealth's (CH) Compliance Program
- Overview of Fraud & Abuse Laws



# CH's Compliance Program

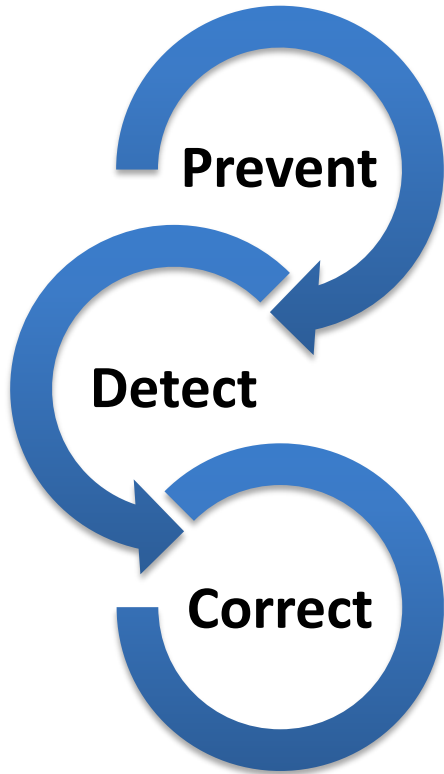


# Corporate Compliance - Definition

1. The process that a business follows to make sure laws are being followed in the day-to-day operations of the business.
2. For healthcare, this means following federal, state, and local laws and following the practice standards dictated by applicable regulatory bodies/agencies.

CH Code of Business Conduct & Compliance Program  
([GA-186](#))

# What is a Compliance Program?



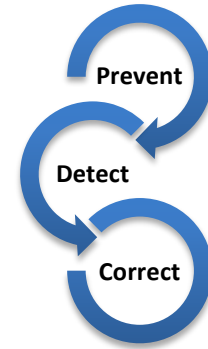
- A systematic program by which an organization can promote compliance with government laws and requirements.
- A program designed to:
  - **Prevent** any accidental and intentional violations
  - **Detect** violations as they occur
  - **Correct** issues that could lead to future noncompliance
- Not “one size fits all”

# Why have a Compliance Program?

- Encourages ethical behavior at CalvertHealth
- Improves quality of patient care
- Helps identify problems early so they can be corrected quickly
- Encourages employees to report potential compliance concerns
- Implements process of immediate action for questionable situations
- Avoid violation of laws and regulations
- Identifies unethical conduct—EARLY DETECTION!
- Helps prevent and minimize billing errors
- Reduces risk of government audits/investigations

# CH Compliance Program

- Designed to:
  - **Prevent** any accidental and intentional violations
  - **Detect** violations as they occur
  - **Correct** issues that could lead to future noncompliance
- Applicable to all CH Associates (employees, contractors, agency personnel, and volunteers)
- Most important “element” of compliance: **You!**
- The success of the CH Compliance Program really depends on you and your willingness to follow the laws and regulations.



# Culture of Compliance

- Commitment to the highest level of legal and ethical standards
- CH leadership sets the “Tone at the Top”
- Buy-in from Board of Directors, Leadership, and Associates
- Provide compliance education and training
- Proactive approach to maintain commitment to compliance
- CH’s Compliance Program is designed to assist our mission of providing quality health care services that meet our community needs; by adhering to all laws, and rules and regulations; and remaining committed to our core values of quality, responsibility, and integrity.

## ***Compliance Matters!***

*It is part of all of our jobs and depends on everyone's participation for continued success.*



# Everyone Plays an Important Role



Managers are responsible for ensuring that employees under their direct supervision—in addition to themselves—comply with all applicable laws, regulations and compliance standards and policies.

They are also responsible for fostering a work environment wherein employees are comfortable asking questions, raising issues, and identifying actual or potential incidents of non-compliance.

Managers should encourage their employees to report compliance concerns and must also take appropriate action in response to questions or disclosures, including informing the Compliance Officer as appropriate.

# Culture of Compliance

- The success of the CH Compliance Program depends on **YOU**.
- Everyone has a role to play.
- Leaders and managers are important because they set the tone.
- We follow all applicable laws, regulations, rules and policies.
- Assists our mission of providing quality health care services that meet our community needs
- If you are not sure if something is wrong, don't be afraid to **ASK**.
- You should never feel isolated when confronted with an issue, problem or question. We are here to help.



# Seven Elements of an Effective Compliance Program

**1. Have a compliance officer and committee**

**2. Have written policies and standards of conduct**

**3. Conduct effective training and education**

**4. Develop effective lines of communication**

**5. Conduct internal monitoring and auditing**

**6. Let people know the disciplinary guidelines**

**7. Respond right away if something goes wrong**

# Element 1: Compliance Officer

- Reports to Board Audit and Compliance Committee
- Direct access to CEO
- Authority to implement, operate, and monitor compliance program and conduct compliance investigations

**CH's Chief Compliance Officer is Patrick Garcia**  
**Phone Number: 410-414-2795**  
**Email: [Patrick.Garcia@Calverthealthmed.org](mailto:Patrick.Garcia@Calverthealthmed.org)**



# Element 2: Code of Conduct (GA-186)

Associates are required to read, understand, and comply with the standards set forth in ([GA-186](#))

## **Summary of Policy GA-186: Code of Business Conduct & Compliance Program**

**Reporting Misconduct:** Each Associate is responsible for bringing to the attention of his/her department manager or supervising Vice President any situation that appears in violation of the Code of Business Conduct & Compliance Program (“Code”).

If it is inappropriate to discuss the issue with his/her department manager or supervising Vice President, the Associate may raise the issue directly with the Compliance Officer or the CEO. Associates may anonymously call the Compliance Hot Line at 410-535-8282.

**Disciplinary and Other Adverse Actions:** CalvertHealth will promptly and properly document all reasons for disciplinary or adverse actions taken against its Associates for violations of the Code or the Compliance Program (and related policies and procedures).

**CalvertHealth.**

Policy Name: Code of Business Conduct & Compliance Program  
Policy Number: GA-186  
Category:  Clinical  Non-Clinical  
Review Responsibility: Quality & Risk Management  
Approved By: Chief Compliance Officer  
President & CEO  
Effective Date: 10/6/2009  
Review/Revision Dates: 9/17, 2/20  
Associated Documents/Policies: Attachments A & B

The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may arise and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

**I. PURPOSE:**  
The purpose of this policy is to explain the professional standards and compliance program applicable to Calvert Health System (CHS), a.k.a the Health System, its subsidiaries, and affiliates.

**II. SCOPE:**  
This policy applies to all CHS employees, staffing agency and contract personnel, independent contractors, and personnel who represent or have contracted business with CHS, its subsidiaries, and affiliates.

**III. POLICY:**  
See Attachment A: "Code of Business Conduct & Compliance Program for Employees and Associates of Calvert Health System and Affiliates."

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CalvertHealth  
Tuesday, March 9, 2021

Pages | Information | Employees | Clinical | Medical Staff | Applications | **Policies & Procedures** | Forms & Documents | Service

PROFESSIONAL NURSING PRACTICE | COMPLIANCE HOTLINE: 410.535.8282 | THE CALVERT Care | EMPLOYEE STOREFRONT | INFORMATION SERVICES

CalvertHealth

# Element 2: Written Policies & Procedures



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## ***CH Code of Business Conduct & Compliance Program and Corporate Compliance Plan (GA-196) state our obligations to:***

- Maintain accurate and complete records of patient information to fulfill the requirements set forth in our policies, accreditation standards and applicable laws and regulations.
- Make every effort to prevent, detect, and report any fraudulent, wasteful or abusive activity that may affect our resources or interactions with federal, state or local governments.
- Submit accurate claims and reports to federal, state and local governments and other payers.
- Refrain from offering, providing, accepting, or asking for anything of value in exchange for referrals or the purchase or lease of any good, item, or service covered under any federal health care program.
- Correct any past payment errors and process refunds resulting from improper billing promptly and accurately.
- Respect and protect patients' health and personal information in all forms, including paper, electronic, verbal, telephonic, etc.
- Disclose any conflicts of interest accurately and promptly.

## Element 3: Training & Education

**Training Program:** All employees will be required upon hire, and then annually thereafter, to sign an acknowledgment indicating that he/she has reviewed the Code and must also complete annual Corporate Compliance mandatory learning. Volunteers and agency personnel are also required to complete mandatory Corporate Compliance training upon hire and then annually thereafter.

- Primary means of communicating standards and requirements
- New employee orientation occurs within 30 days of employment; subsequent annual training



# Element 4: Open Lines of Communication

- The Compliance Hotline is available 24 hours a day, 365 days a year and is answered by an outside company that cannot record or trace calls, so you can remain **anonymous**. Reports are sent directly to Corporate Compliance for investigation and confidentiality of all reports is strictly maintained.
- **Report suspected violations or questionable privacy/HIPAA, security or patient safety concerns to:**
  - Privacy/HIPAA Concerns: Privacy Officer · Richard Mapp · 410.535.8270
  - Security Concerns: Information Security Officer · Melissa Hall · 410.535.8748
  - Patient Safety Concerns: Chief Quality and Patient Safety Officer · Nicole Hedderich · 410.414.2717
- **Non-Retaliation Policy (HR 1-04)**
  - CH prohibits retaliation for good faith reports of actual violations, suspected violations or questionable conduct
  - The identity of any person reporting potential compliance violations will be kept confidential except as required by law or permitted by the reporting individual



# Ways to Report Compliance Concerns



## Compliance

Hotline: 410.535.8282



| Related Links/Info                     |  |
|--|--|
| Compliance & Ethics Newsletter         |  |
| CHS Business Associate Agreement (BAA) |  |
| Safety and Compliance Officers         |  |
| Report A Compliance Concern            |  |
| Corporate Compliance Plan              |  |
| CH Code of Conduct                     |  |
| Compliance 360 Login                   |  |
| New Contract Submission Form           |  |
| Contracts Module User Guide            |  |

### Compliance is everyone's responsibility!

*"In any moment of decision, the best thing you can do is the right thing."* - Theodore Roosevelt

In healthcare, we are surrounded by guidelines in the forms of laws, rules, regulations, mandates and directives. We are all responsible for following these patients. To help us do that, we have set up [policies and procedures](#) to guide our behavior and actions, a [Code of Conduct](#) to provide an overview of acceptable [Compliance Plan](#) to measure and monitor how we are doing.

Our behaviors and actions are what defines us as an organization. Following the rules/regulations (compliance), performing job duties in a way that avoids things the first time and every time (integrity) are all pieces of the puzzle. These pieces extend beyond us just doing our jobs and helps to build proper compliance expectations for a culture of compliance excellence across the organization.

#### Some ways to help create a culture of compliance excellence include:

1. Attend training/ retraining and education programs as needed.
2. Stay educated on compliance requirements for your area.
3. Know and follow the organization's policies and procedures.
4. Ask questions if you don't understand something.
5. A critical part of your responsibility to compliance, besides being compliant yourself, is to report something that you think may be a problem. You can form of retaliation for reporting a possible issue. Report any concerns of compliance violations immediately using your chain of command, to a member of the Compliance Hotline (410.535.8282) or through the Compliance Concern online webform on the Intranet under the Compliance tab.
  - a. If you are unsure as to whether an action is inappropriate or a compliance violation, contact a Compliance Team member. We are here to help!

#### Ways to Report Compliance Concerns:

- Compliance Hotline: Call 410.535.8282
- Anonymous Compliance Concern webform: [Click here to report a compliance issue.](#)
- Safety Net: You should use [Safety Net](#) (log in or report anonymously) to report an incident that adversely affects or threatens the health, life, safety, or well-being of a patient, employee, or visitor.
- Report directly to someone in your chain of command, Compliance Officer or to a Compliance Team member.

**If you suspect improper or unethical conduct, report it.**

**You can report to your dept. manager/VP, call the Compliance Hotline (410-535-8282), call the Compliance Officer, or enter suspected compliance issues anonymously into the compliance webform.**

**All ways to report are located under the Compliance tab on the Intranet Home Page.**

**Ways to Report** 

# Element 5: Internal Auditing & Monitoring



The Compliance Department audits to verify proper monitoring as part of its Compliance Work Plan that focuses on compliance risk areas, such as:

- Billing and coding
- Proper and accurate documentation in the medical record
- Financial arrangements with physicians
- Privacy and confidentiality



Measure what is being done and evaluate whether it is effective.



Implement corrective action promptly and thoroughly to address any deficiencies.



Conduct audits based on risk assessment, organization-specific priorities, available resources, critical vulnerabilities, OIG Work Plan, and other sources.

# Element 5: Annual Compliance Work Plan



**CH Compliance Department develops an annual Work Plan based on an annual organization wide risk assessment.**



**CH's annual Work Plan helps identify and prioritize risk areas in order to make the best use of resources**



**Developing annual Compliance Work Plan:**

Identify risk areas - Outside looking in and inside looking out

Conduct internal and external risk assessment (i.e., risk assessment surveys, interviews with management, recent enforcement actions, previous audit results)

Prioritize risk areas

Identify resources to perform audits

Plan which areas will be audited and scope of audits

## Element 6: Disciplinary Standards

- CH's Just Culture/Standards of Conduct/Corrective Action policy (HR 3-08):
  - Corrective action for failure to comply with CH policies and procedures, including degrees of appropriate disciplinary action
  - Appropriate corrective action is taken in response to violations and appropriate disciplinary action is taken in response to detected offenses.
- CH publishes, disseminates and educates on corrective action and disciplinary standards.
- Consequences and appropriate corrective action must be consistently applied and enforced.
- Important to document corrective action.
- All Associates are required to immediately report if they become a subject of adverse action by a government regulatory agency, or if they are convicted of a criminal offense which may lead to exclusion.

# Element 7: Responding to Detected Offenses and Taking Corrective Action



Identify the issue quickly and take corrective action!



Failing to do this can create additional problems for the organization



First priority: Stop the problem and prevent it from happening again



Once corrected, focus on fixing other issues



The Compliance Officer keeps a list of all compliance reviews and corrective actions

# Overview of Fraud & Abuse Laws



# Applicable Laws

Health care has many laws, regulations, and guidelines.

- The False Claims Act (FCA)
- The Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Civil Monetary Penalties Law (CMPL)
- Exclusion Statute
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Health Insurance Portability & Accountability Act (HIPAA)
- State laws

. . . And the list goes on and on...

The government closely watches to make sure health care organizations follow these laws and regulations.

# Examples of Fraud, Waste & Abuse

## Medicare **fraud** includes:

- Knowingly billing for services not furnished or supplies not provided
- Billing for non-existent prescriptions
- Altering claims or medical records to receive higher payment

## Medicare **waste** includes:

- Excessive and unnecessary office visits
- Prescribing more medications than necessary
- Ordering excessive laboratory tests

## Medicare **abuse** includes:

- Billing for unnecessary medical services
- Billing for brand name drugs when generics are dispensed
- Charging excessively for services or supplies
- Misusing codes on a claim, such as up coding or unbundling codes



# Federal False Claims Act (FCA)

- Prohibits submitting false claims for payment to the government for programs like Medicare and Medicaid.
- Claims may be considered false if service is:
  - Not actually provided
  - Provided but is already included on another claim
  - Coded wrong
  - Not supported by the medical record
  - Attempt to get paid more than we should
- Individuals or companies may not be allowed to bill for services in the future, and may also face criminal fines and/or penalties including imprisonment.



# Overpayments

- CH is committed to:
  - Following all billing rules and guidelines
  - Submitting accurate and truthful claims
  - Maintaining accurate/complete records
  - Billing only for services that are medically necessary, properly authorized, and appropriately documented
  - Ensuring any identified overpayments are repaid
- Identified overpayments must be addressed promptly in order to avoid potential penalties.
- Report potential overpayments to Compliance Officer to determine appropriate corrective action.



# Anti-Kickback Statute (AKS)

- It is against the law to offer, pay, ask for, or receive a gift, payment, or anything of value in exchange for referrals of Federal health care program business.
  - **Both parties (payers and recipients) of a prohibited kickback are liable.**
- Examples of kickbacks may include:
  - Cash/cash equivalents (gift cards, certificates, or vouchers)
  - Gifts or any physical item
  - Travel, meals, or entertainment
  - Access to opportunities or events that would not normally be available
  - Free clerical or clinical staff services
  - Free or below fair market value rent
  - Excessive compensation for medical directorships

Sanctions include fines, imprisonment,  
Exclusion, etc.

**Applies to both parties to a  
prohibited kickback**



# The Physician Self-Referral Law (Stark Law)

Limits physician referrals when there is a financial relationship with the entity.

Strict Liability: *not-intent based*

It is a civil offense for:

1  
A  
physician  
or  
immediate  
family  
member

2  
to have  
financial  
relationship  
with an  
entity

3  
and  
refer to  
that  
entity

4  
for  
designated  
health  
services

\*unless an exception applies

# Physician Self-Referral Law (Stark Law)

- This applies to Medicare services: Physicians cannot refer patients for services at hospitals, labs and other entities if the physician or an immediate family has a financial relationship with the entity.
- The following are designated health services:
  - Clinical laboratory services
  - Physical therapy services
  - Occupational therapy services
  - Outpatient speech-language pathology services
  - Radiology and certain other imaging services
  - Radiation therapy services and supplies
  - Durable medical equipment and supplies
  - Parenteral and enteral nutrients, equipment and supplies
  - Prosthetics, orthotics and prosthetic devices and supplies
  - Home health services
  - Outpatient prescription drugs
  - Inpatient and outpatient hospital services



# The Civil Monetary Penalties Law (CMPL)

- Allows for monetary penalties for a variety of health care fraud violations.
- Violations include:
  - Presenting a claim you know, or should know, is for an item or service not provided as claimed or is false and fraudulent;
  - Presenting a claim you know, or should know, is for an item or service for which payment may not be made;
  - Violating the Anti-Kickback Statute;
  - Offering or providing inducement to Medicare or Medicaid beneficiaries to select a provider.



# OIG Exclusion Authority

The U.S. Government has the authority to exclude individuals or entities from participation in the federal health care programs. This means they cannot bill Medicare & Medicaid for items or services they provide, order, or prescribe.

The Office of Inspector General (OIG) **Must** exclude individuals and entities convicted of any of the following:

- Medicare or Medicaid fraud
- Patient abuse or neglect
- Felony convictions for other health care related fraud, theft, or other financial misconduct
- Felony convictions for other unlawful manufacture, distribution, prescription, or dispensing of controlled substances



# OIG Exclusion

CalvertHealth has policies and procedures in place to ensure that we do not employ or contract with any excluded individuals or entities for items or services for which payment may be made under federal health care programs.

CalvertHealth screens all employees and contractors against OIG's exclusion list.



# EMTALA - Emergency Medical Treatment and Active Labor Act

- Anyone who comes in for an emergency medical condition must be examined by a qualified medical professional.
- The patient must be stabilized or appropriately transferred to another facility for medical care, if the hospital is unable to provide the needed care.
- Hospitals and physicians who violate EMTALA could face liability and receive large fines and harsh penalties.



Please proceed to the test to complete this module

