MOHAWK VALLEY HEALTH SYSTEM

Corporate Compliance

Mandatory Education Module

Annual Mandatory Education

Integrity • Accountability • Compliance

Supporting a culture of ethical and compliant care

compliance @myhealthsystem.org

Compliance Training Objectives

By the end of this course, you will be able to:

- Understand how a compliance program functions
- Identify the key elements of an effective compliance program
- Recognize what constitutes fraud, waste and abuse
- Explain the purpose of the False Claims Act
- Describe your role in reporting suspected non-compliance
- Know how to ask questions and escalate concerns appropriately
- Understand consequences of non-compliance or fraudulent behavior
- Explain non-retaliation and discrimination protections

Doing the Right Thing!

Compliance ensures we conduct our business within the boundaries of the law and guides us in acting ethically and legally.

When we make ethical decisions and commit to doing the right thing, we build trust with our patients, residents, providers, stakeholders, and regulators.

EMPLOYEE RESPONSIBILITIES:

Regulatory Compliance

Complying with all applicable laws, regulations, and Federal and State requirements.

Accurate Reporting

Accurately complete documentation and reporting protocols.

Ethical Standards

Adhere to high ethical standards in all actions and professional duties.

Patient Privacy

Protect Patient Privacy and Confidentiality under organizational standards.

Compliance Culture

Promote a Culture of Compliance and always strive to "Do the Right Thing."

Reporting Concerns

Promptly report any questions, concerns, or suspected violations.

What is Corporate Compliance?

Prevention & Enforcement

The prevention, detection, collaboration, and enforcement of all applicable laws, regulations, policies, and procedures while conducting business.

Ethical Culture

Creates a culture that encourages ethical conduct and a commitment to compliance with the law.

Integrity & Decisions

Emphasizes the importance of acting with integrity and making ethical decisions.

Reporting & Resolution

Compliance encourages issues to be reported and resolved promptly.

Continuous Monitoring

Serves as a mechanism for the continuous monitoring of systems across MVHS.

MVHS

Corporate Compliance Program

compliance@mvhealthsystem.org

1-800-954-9418 (Anonymous Hotline)

A compliance program must apply to **all affected individuals** who are impacted by the provider's risk areas including but not limited to employees, leadership, and external partners.

- **Employees**
- **Senior Leadership**
- **Management Staff**
- **Board of Directors**
- **Contractors & Vendors**
- **Students**
- **Volunteers**
- **Medical Staff**

Seven Elements of an Effective Compliance Program

A strong compliance program is built on seven connected, reinforcing elements.

Seven elements work together to support prevention, detection, response and continuous improvement.

Seven Compliance Program Requirements

1. Written Policies, Procedures, and Code of Conduct

These describe MVHS's commitment to comply with all applicable Federal and State regulations and describe compliance expectations according the Code of Conduct.

2. Compliance Officer, Committee, and High-Level Oversight

MVHS has appointed a Compliance Officer and established an Audit & Compliance Committee, both of whom are accountable for overseeing the company's compliance program, including monitoring its activities and ensuring adherence to regulatory and internal standards

3. Effective Training and Education

Includes all training and education of the compliance program which helps to prevent, detect and report non-compliance and fraud, waste and abuse. All employees must complete education upon hire and annually thereafter.

4. Effective Lines of Communication

Ensure that lines of communication are accessible to all, ensure confidentiality, and provide methods for reporting compliance issues anonymously. Having effective lines of communication means that there are several avenues to report compliance concerns.

Seven Compliance Program Requirements Continued

5. Disciplinary Standards

Enforce standards through disciplinary guidelines. Ensure that all disciplinary actions are consistently given no matter what position an employee holds.

6. Effective System for Auditing, Monitoring and Identifying Compliance Risks

Conduct routine monitoring and auditing of MVHS operations to evaluate compliance and determine the effectiveness of the compliance program.

7. Procedures and System for Prompt Response to Compliance Issues

MVHS will use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Code of Conduct Expectations

Our Code of Conduct sets the standards for ethical behavior, reporting concerns, and following MVHS policies and procedures.

Be Familiar

Know the Code of Conduct, MVHS values, and compliance expectations.

Know Where to Find It

Access the Code of Conduct on the MVHS intranet (Workvivo) and public website.

Report Concerns

Everyone shares responsibility for reporting potential violations or noncompliance.

Follow Reporting Procedures

Use the reporting process outlined in the Code and related policies.

When in doubt: ask questions, speak up, and use the appropriate reporting channel.

What Can Be Considered a Compliance Concern?

Compliance concerns can take many forms. Here are some examples:

- Fraud
- False Documentation
- Privacy Violations
- Billing Concerns
- Conflicts of Interest
- Gifts or Inappropriate Relationships
- Falsification of Credentials
- Unsafe Practices
- Retaliation
- Policy Violations
- Regulatory Violations

If something doesn't look right, ask questions!

Fraud, Waste, and Abuse

FRAUD

Intentionally submitting false information to the government contractor to receive money or a benefit.

WASTE

Unnecessary tests and procedures can lead to increased healthcare costs.

Example: Overuse of imaging tests such as X-rays, CT scans, and MRI's.

ABUSE

Paying for items or services when there is no legal entitlement to the payment, and the provider has knowingly and/or intentionally misrepresented the facts to obtain payment.

Healthcare Compliance Programs help organizations identify, prevent, investigate and correct any of these concerns.

False Claims Act

A person or entity may be found in violation of the Federal False Claims Act (FCA) for knowingly submitting a false claim for payment to a government program (such as Medicare or Medicaid).

Prohibits:

- Presenting false claims for a service that was not provided
- Failing to return government funds
- Retaliation for bringing forward a claim (Non-Retaliation Policy)

Penalties can include:

- Paying back up to $25,000 per claim
- Criminal charges
- Exclusion from participating in Medicare or Medicaid

Actual False Claims Act Violation
Wellesley Psychiatrist sentenced to over eight years in prison for $19 million insurance fraud scheme of billing insurance companies for thousands of services he never provided from January 2015 - December 2018

Anti-Kickback Statute

The Anti-Kickback Statue prohibits:

A person knowingly and willfully offering, paying, soliciting, or receiving anything of value ("kickbacks") to induce or reward patient referrals or the generation of business involving any items or service payable by federal health care programs.

Violations can result in administrative sanctions, fines, jail terms and exclusion from participation in federal health care programs.

Actual Anti-Kickback Statue Violation
Tapestry Hospice Settles Healthcare Kickback Claims For $1.4 Million ATLANTA – Tapestry Hospice of Northwest Georgia, LLC, and its owners and managers, David Lovell, MD, Stephanie Harbour, Ben Harbour, and Andrew Nall (collectively "Tapestry"), agreed to pay $1.4 million to resolve allegations that they violated the False Claims Act by entering into **kickback arrangements** with medical directors in exchange for referrals of hospice patients to Tapestry.

The Physician Self Referral Law (Stark Law)

The Stark Law prohibits:

- Physicians from referring Medicare or Medicaid patients for certain designated health services to an entity with which the Physician or an immediate family member has a financial relationship, unless an exception applies under the law.
- Examples of designated health services include, clinical laboratory services, outpatient therapy service (e.g., physical, occupational, and speech therapy), radiology and certain other imaging services, and durable medical equipment.

Actual Stark Law Violation
Montana Hospitals Agree to Pay $3.95 Million to Resolve Alleged False Claims Act and Stark Law Violations St. Vincent Healthcare, a hospital located in Billings, Mont., and Holy Rosary Healthcare, a hospital located in Miles City, Mont., have agreed to pay $3.95 million plus interest to resolve allegations that they violated the Stark Law and the False Claims Act by improperly providing incentive pay to physicians that made referrals to the hospitals, the Justice Department announced today.

Federal Deficit Reduction Act (DRA)

The DRA aims to reduce fraud, waste, and abuse in federal and state healthcare programs.

Written Policies

Detail requirements for detecting and preventing fraud, waste, and abuse.

Employee Education

- False Claims Act
- Detecting and preventing fraud, waste, and abuse
- Whistleblower protections

What is a Whistleblower?

A whistleblower reports insider knowledge of illegal or fraudulent activity within an organization.

Non-Retaliation Policy

MVHS encourages individuals to report suspected violations of federal and state regulations including policies and procedures honestly and in good faith, without fear of retaliation.

WHEN REPORTING, YOU ARE PROTECTED FROM:

- ✓ **Disciplinary Actions**
- ✓ **Unfair Treatment**
- ✓ **Harassment**

How to Report Concerns

Immediately report concerns about potential violations of laws or MVHS policies to your:

- ✓ Manager
- ✓ Human Resources
- ✓ Compliance

✉ compliance@mvhealthsystem.org

📞 **1-800-954-9418 (Anonymous Hotline)**

Emergency Medical Treatment and Labor Act

Anti-Discrimination Mandate

Prevents Medicare-funded emergency departments from refusing patient treatment based on ability to pay, race, color, national origin, sex, religion, disability, age, or immigration status.

Medical Screening Exams

A qualified professional must provide an appropriate medical screening examination (MSE) to determine if an emergency medical condition exists.

Stabilizing Treatment

If an emergency medical condition is identified (including active labor contractions), the hospital must provide treatment until the condition becomes stable.

Regulated Transfers

Hospitals may only transfer an unstable patient if the medical benefits outweigh the risks, or if the current facility lacks necessary staff or capabilities to stabilize them.

Reporting Non-Compliance
Compliance Is Everyone's Responsibility!

Promptly report any concerns about violations of the Code of Conduct, unethical, or illegal activities to any of the following:

1. Contact your Manager or Supervisor
2. Notify Human Resources
3. Call or email the Compliance Office;
   - **compliance@mvhealthsystem.org**
   - Compliance Officer: Tanya Enigk

or

Contact the Anonymous Compliance Hotline

1-800-954-9418

(You will see this poster around MVHS)

Reporting Compliance Concerns

Contact Compliance if you suspect or know of a compliance violation.

Tanya Enigk
VP / Chief Compliance Officer
315-624-5146
teinigk@mvhealthsystem.org

Brandi Baxter
Privacy Officer
315-624-5117
bbaxter@mvhealthsystem.org

Jaclyn Fahey
Senior Compliance Specialist
315-624-5172
jfahey@mvhealthsystem.org

Alicia Alampi
Compliance Specialist
315-624-5163
aalampi@mvhealthsystem.org