# Corporate Compliance Program

# Our Commitment

River Hospital is dedicated to maintaining full compliance with all relevant federal and state regulatory requirements.

Our Compliance Program is designed to proactively identify and mitigate fraud, waste, abuse, and misconduct.

We are committed to proactively fostering ethical standards and accountability throughout all service lines.

# “Affected Individuals”

River Hospital’s Compliance Program applies to:

- Employees.
- Licensed Medical Staff.
- Volunteers and Students.
- Executives and Board Members.
- Interns and Residents.
- Contractors and Vendors.
- Any other Individuals/Entities acting on behalf of River Hospital.

# Code of Conduct

All Affected Individuals are expected to:

- Protect organizational resources, including physical, financial, and data assets.
- Maintain confidentiality in compliance with HIPAA and privacy laws.
- Avoid conflicts of interest and disclose any personal or financial relationships.
- Act with integrity and ensure all billing and records are accurate and truthful.
- Report concerns through the reporting channels.
- Participate in all required annual and role-based training.
- Avoid unethical gifts and adhere to River Hospital's gift acceptance policy.

# Written Policies & Procedures

Established written policies and procedures are formal documents that define expectations, actions, and ensure compliance with laws, regulations, and ethical standards. They promote consistency, accountability, and risk mitigation across River Hospital's operations.

- All policies and procedures can be found on River Hospital's intranet page.
- You are expected to review and comply with all applicable policies & procedures.

# Corporate Compliance & Privacy Officer
# &
# Compliance Committee

- The CCPO is responsible for overseeing and enforcing River Hospital's adherence to legal, regulatory, and ethical standards.
- The CCPO develops, implements, and monitors the Compliance Program to prevent and detect violations.
- The Compliance Committee supports the CCPO to promote a culture of integrity and accountability for the organization's Compliance Program.

# Effective Communication

Effective lines of communication ensure that Affected Individuals can easily report concerns, ask questions, and receive guidance on compliance related matters by:

- Compliance Hotline.
- Anonymous Reporting.
- Email.
- In-person.
- Phone.

All concerns are handled discreetly and respectfully.

# Whistleblower Policy

**Affected Individuals have the right and responsibility to report concerns about fraud, waste, abuse, misconduct, or policy violations.**

**Reports can be made confidentially or anonymously without the fear of retaliation or intimidation.**

**River Hospital prohibits retaliation against anyone who in good faith raises a concern or participates in an investigation.**

**All reports are taken seriously and investigated promptly and appropriately.**

# Training and Education

At hire, annually and when there are regulatory updates

Targeted training is provided by risk area or job role.

Includes Compliance week and ongoing education.

# Auditing & Monitoring

Auditing and monitoring our ongoing activities are used to evaluate the effectiveness of the Compliance Program and detect potential risks or violations.

- Risk-based audits (i.e., billing, credentialing, quality.)
- Walkthroughs, chart audits, and OMIG/OIG work plan reviews.
- Findings help direct focus areas in the annual Compliance workplan.

# Investigations and Corrective Actions

Investigations and corrective actions address reported compliance concerns by identifying root causes, resolving issues, and implementing measures to prevent recurrence.

- All concerns are investigated promptly by the CCPO or designee.
- Investigations involve a thorough examination of all pertinent documents and information, including interviews with individuals relevant to the concern.

Corrective Action Plans (CAPs) are specific steps to:

- Address the issue.
- Mitigate future risk.
- Assign responsibility.
- Establish timelines for completion.

# Disciplinary Measures & Non-Retaliation

Disciplinary measures are enforced for noncompliance with laws, regulations, or organizational policies.

River Hospital has a strict no retaliation policy to protect individuals who report concerns in good faith.

Violations may result in progressive discipline or termination of employment or contract.

# Gift Acceptance Policy

**Prohibited:**

- Gifts for referrals.
- Meals from Vendors without educational purpose.
- Gifts to/from patients (i.e., money, gift card, valuables.)

**Permitted:**

- Nominal shared items (e.g., baked goods.)
- Vendor gifts $300/annually, no influence.
- Educational items without expectation.

# Fraud, Waste, & Abuse

**Fraud** – Intentional deception for gain.

- Billing for services not provided, kickbacks.

**Waste –** Overutilization or inefficiency.

- Excessive testing.

**Abuse –** Standards deviations causing excess costs.

- Upcoding, unbundling or unnecessary services.

## Exclusion Screening

- Process of routinely checking all Affected Individuals against federal and state exclusion lists.
- Exclusions include Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) and New York State Office of Medicaid Inspector General (NYS OMIG) to ensure no individual or entity that is excluded from participating in federally or state funded healthcare programs is employed or contracted.
- Screenings must be conducted before hire or contract engagement.
- Monthly thereafter for all active individuals and entities.

# Healthcare Fraud & Abuse Laws

- **False Claims Act (FCA) –** A federal a federal law that prohibits knowingly submitting false or fraudulent claims for payment to the government.
  - Billing for services not provided or “upcoding”.
  - Services provided by an unqualified individual (i.e., unlicensed, not in scope of practice.)

- **Stark Law –** Prohibits physicians from referring patient or certain designated health services to entities which they or their immediate family members have a financial relationship.
  - A physician refers patients to a diagnostic imaging center in which they have an ownership interest.

- **Anti-Kickback Statute (AKS)** – A federal law that prohibits knowingly offering, paying, soliciting, or receiving anything of value for referrals, services, or items.
  - Receiving financial incentives for referrals.
  - Payment or incentives from a medical supply company in exchange for using their products.

# Healthcare Regulatory Laws

**HIPAA (Health Insurance Portability and Accountability Act) & HITECH (Health Information Technology for Economic and Clinical Health Act)–** Protect patient data, require breach reporting.

A hospital experiences a cyberattack that results in unauthorized access to patient records.

- **HIPAA** -Protects patients protected health information (PHI) and to report breaches.
- **HITECH** - Notify Affected Individuals, Department of Health (DOH), and possibly the media.

**EMTALA (Emergency Medical Treatment and Labor Act)** is a federal law requiring hospitals to:

- Provide a medical screening exam (MSE) to anyone seeking care.
- Offer stabilizing treatment for emergency medical conditions.
- Transfer patients if medically appropriate.
- Applies to all patients, regardless of insurance or ability to pay.

# Contact Compliance

**Kimberly K. Leonard, MHA.CPC.CPMA.CPPM.CDEO.CHC.**

(P) 315.482.1115 **or** in-house extension 1115

Email: kleonard@riverhospital.org

**Corporate Compliance Hotline 24 hours per day/seven days a week:**

(P) 315.482.1190 **or** in-house extension 1190

**Intranet** – Polices & Procedures – Compliance-Privacy – Forms

- ❑Compliance & Privacy Fillable Incident Reporting Form.pdf

**Anonymous Reporting:**

**Internal Staff:**

Intranet - Quick Tools - Compliance

- ❑COMPLIANCE

**External:**

Website: www.riverhospital.org - Compliance

- ❑ Anonymous/Confidential Incident Report