Compliance / Privacy Officer:
Melanie Barton, CHTS-IS
Ph:315-482-1115
Compliance/Privacy Hotline: 315-482-1190
Email: mbarton@riverhospital.org

River Hospital, Inc.

Compliance / Privacy Education - Education

3/27/23

Corporate Compliance

"Do the right thing…Don't Ignore it…Report it!"

Melanie Barton, CHTS-IS, Corporate Compliance Officer (CCO)

- River Hospital Policies and Procedures along with the Compliance Code of Conduct, HR Rules of Conduct, Code of Conduct specific to ED staff and a Justice Center Code of Conduct within RCWP are required to be followed.
- Review and familiarize yourself with policies / protocols within your own department. If you don't understand a policy/protocol, ASK your manager!
- Posters are placed throughout the facility with options you have for reporting. The intranet has "Quick Tools > Compliance" which shows all options as well.
- You are encouraged to reach out to your Supervisor, Manager, Administrative Staff member or the Compliance Officer if you see or hear something that you feel is unethical or illegal. You can leave an anonymous tip on the Compliance Hotline x1190 if you are uncomfortable reporting in person.
- **Retaliation or retribution in any form against an individual, who in good faith reports possible unethical or illegal conduct, is strictly prohibited.**

Corporate Compliance # 1

Medicare Regulations

River Hospital participates in Medicare and must comply with Medicare Regulations. For example, we must:

- Meet standards for quality of care
- Not bill Medicare for unnecessary charges
- Not bill Medicare for costs that are higher than the usual cost

Federal False Claims Act

The False Claims Act makes it illegal to submit a falsified bill to a government agency.

- *We cannot bill for services that we did not provide!*
- Allows a citizen who has evidence of fraud to sue on behalf of the government. This "whistleblower" is protected from retaliation for reporting the fraud.

Note: State laws also focus on false claims in addition to the Federal False Claims Act.

Corporate Compliance - #2

Stark Law

The Ethics in Patient Referrals Act (EPRA) is also called the Stark Law. This law makes it illegal for physicians to refer patients to facilities or providers:

- If the physician has a financial relationship with the facility or provider
- If the physician's immediate family has a financial relationship with the facility or provider

Anti-Kickback Statute

The Medicare and Medicaid Patient Protection Act of 1987 is also called the Anti-Kickback Statute (AKBS). This act makes it illegal to give or take kickbacks, bribes, or rebates for healthcare that will be paid for by a government agency.

Sections of the Social Security Act

The Social Security Act makes it illegal for hospitals to:

- Pay physicians to encourage them to limit services provided to Medicare or Medicaid patients.
- Offer gifts to Medicare or Medicaid patients, to get their business

Affordable Care Act

The "Affordable Care Act" (ACA) is the name for the comprehensive health care reform law and its amendments. The law addresses health insurance coverage, health care costs, and preventive care. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010, and was amended by the Health Care and Education Reconciliation Act on March 30, 2010.

EMTALA

The Emergency Medical Treatment and Labor Act (EMTALA) is also called the Patient Anti-Dumping Statute. This statute requires Medicare hospitals to provide emergency services to all patients, whether the patient can pay. Hospitals require:

- Screen patients who *may* have an emergency condition
- Stabilize patients who *have* an emergency condition

HIPAA

HIPAA is the Health Insurance Portability and Accountability Act. The HIPAA Privacy Rule protects a patient's right to privacy of health information. This act requires healthcare businesses to follow standards for how to:

- Perform electronic transactions
- Maintain the security of health information
- Ensure the privacy of health information

Corporate Compliance #5

Red Flags Rule

Our hospital has a red flags policy in place.

The Red Flags Rule protects patients from identity theft. Red Flags are warning signs that signal the risk for identity theft. This is managed through the patient access process.

Exclusions from Medicare and other government programs

Office of Inspector General exclusion list monitoring is a critical tool for ensuring compliance, program integrity, and patient safety. It is also a CMS condition of participation.

- **Hiring or contracting with an individual or entity that is excluded from participation in federal health care programs (ie: Medicare, Medicaid, TRICARE and the veterans' programs) is prohibited.**
- *It is your obligation to notify HR if you receive a letter stating you are on an exclusion list.*

Websites:

- ***OIG*** Search the Exclusions Database | Office of Inspector General (hhs.gov)
- ***OMIG*** Search Exclusions (ny.gov)

Disciplinary Standards / Non-Retaliation

- RH shall enforce discipline resulting from a violation of the Compliance Plan or policies in a fair and consistent manner.
- Education is provided to help mitigate any repetitive violations.
- The level of discipline will be determined by the level of intent or reckless behavior.
  - Examples:
    - Intentional violations are subject to termination of employment or contract.
    - Reckless behavior violations are subject to education up to termination depending on the nature of the violation and the harm it caused.
    - Unintentional violations that do not cause harm are subject to education.
    - Repetitive violations are subject to possible suspension up to termination.

- **Retaliation or retribution in any form against an individual, who in good faith reports possible unethical or illegal conduct, is strictly prohibited.**

Integrity of the Electronic Health Record

Best Practice Timeframes to Complete Documentation:

	Time Frame to Complete:
Inpatient H&P	24 hours
Ambulatory Surgeries	Same Day/24 hours
Emergency Services	Same Day/24 hours
Observation Discharge	Same Day/24 hours
Inpatient Discharge Summary	72 hours
Clinic (Outpt PT) Visits	3 Business Days
EMTALA Report (overseeing provider co-signature)	Unstable -Real time (24hrs) / Stable, Stabilized 72 hrs

Integrity of the Electronic Health Record

What you need to know:

- **If you provided the services, you are responsible for completing the documentation and signature using the RH best practice standards.**
- The longer it takes to complete / sign a record outside of the best practice timeframes, the lower the integrity of the record.
- Administratively locked notes are non-billable and are not considered part of the legal medical record.
- Copying and pasting in a progress note is not an acceptable form of documentation.
- Documentation and signing / locking a note are both required for the record to be considered complete and only then can it be deemed part of the legal medical record.
- Documentation in the medical record should support the services provided. If it isn't documented, it didn't happen.
- Any referrals, consults and/or telemedicine visits that are initiated by RH are an integral part of the patient care and must be included in the medical record.

HIPAA / PRIVACY

Melanie Barton, CHTS-IS / Privacy Officer

- It is expected that you report suspected HIPAA violations! All reports are investigated. Although you may not always know the specifics with the outcome of the investigation, you can be assured that there was a thorough investigation completed.

- **You are *not permitted* to access any patient information that is not within the scope of your job duties. Our electronic health records are randomly audited for unauthorized access so think before you look!**

- You should **never** intentionally access your records. You should **NOT** be accessing a family members records unless there is absolutely no other option, and it is within the scope of your job duties. This should be RARE, and you need to self disclose **WHY** if you do! **Please notify the Privacy Officer immediately.** You can do this through teams, phone or by email.

HIPAA / Privacy

- Use extreme caution when posting on any social media website. Others may assume that you learned of the information through your employment at RH even if you didn't.

- Taking photographs is prohibited. If the duties of your job require you to take a photograph, please refer to the camera usage P&P on the RH Intranet. If a photograph is taken, you must be aware of who is in the picture along with any PHI that isn't appropriate to share.

- RH employees who become patients at RH should be given the same privacy and confidentiality that is afforded to all of our patients. Should you wish to visit an employee while they are a patient, inquire at the nurse's station.

- Patients or employees requesting copies of their Medical records are to be directed to the Medical Record department or access through the patient portal.

HIPAA Breach Policy Highlights

PURPOSE:

All employees of River Hospital are to provide appropriate notification(s) in the event of an unauthorized acquisition, access, use or disclosure of Protected Health Information (PHI). River Hospital staff are to report all possible breaches of PHI to their Director and to the HIPAA Privacy Officer who will then address the situation according to state and federal regulations, laws, and policies. Failure to adhere to this policy may result in disciplinary action per HIPAA regulations.

PROCEDURES

- 2. Staff must not access or request from another person ANY information on ANY patient unless it is within their job function to do so, or they have prior written authorization from the patient. Employees should not access their own records. This includes other employees, family and friends. The Department Director will determine the level of access an individual requires.
- 10. Well-intentioned or “innocent” release of information is still a violation of the policy.

Points of Prevention:

- If someone asks you to look something up or print copies of documents for them on their own record or someone else's …STOP…think about what they are asking for and why they are asking you? Determine if it is within your scope of job duties before responding to their request. Be sure it is appropriate.
- You should NEVER print your own, your child's, a friend, family members or co-workers' records. If records need to be printed, please follow the same rules as any other patient. This can be completed directly through the patient portal or through medical records with the proper release signed.
- Do not walk away from your computer with an open session. Any account viewed, printed or documented under your access is your responsibility.
- Monthly monitoring using a software program called HAYSTACK, assists with auditing access to where you have been in the Electronic Medical Record. **Once you put in a name and hit enter the tracking begins**.
  - If you in error access an account that you know you should not be in, please EXIT the account immediately and notify the Compliance Officer. The only exception would be if accessing the chart is part of your job duties and you have no other option.
- Texting protected PHI is not covered by HIPAA on any phone or device even for continuity of care. Texting is only allowed under a HIPAA approved program.
- **Please contact the Compliance/Privacy Officer if you have any questions!**

Contact Information to File a Complaint

- **River Hospital, Inc.**
  - **Compliance/Privacy Hotline: 315-482-1190**
- **U.S. Department of Health and Human Service (HHS)**
  - **Office of Inspector General (OIG)**
    - **OIG Hotline: 1-800-HHS-TIPS (1-800-447-8477)**
- **Office of Medicaid Inspector General (OMIG)**
  - **Fraud Hotline: 1-877-87 FRAUD (1-877-873-7283)**