2014 Compliance Training
Oxford HealthCare
Introduction

This self-guided training module will educate you on CoxHealth’s Corporate Compliance Program, the Code of Business Conduct and Ethics, and other healthcare regulations. Oxford HealthCare serves under the CoxHealth Corporate Program.
Training Topics

- CoxHealth Compliance Program
- CoxHealth Code of Business Conduct and Ethics
- Overview of the Healthcare Regulatory Environment
- Recognizing and reporting a compliance concern
Why is Compliance training important at Oxford HealthCare?

It is important to advise employees of the Federal and State Laws and Regulations that govern practices -- you can not follow the “rules” if you do not understand the “rules”.
Why is Compliance training important at Oxford HealthCare?

- To meet the federal and state regulations that govern healthcare practices
- To prevent Fraud, Waste and Abuse
- To detect, correct and prevent errors that might result in a violation
How does Oxford HealthCare address compliance with so many rules and regulations?
Through its employees, medical staff members, board members, volunteers and vendors...

...all of you are working diligently every day to do the right thing - in your work, in how you conduct yourselves and in your working relationships.

Thank you!
There are 2 core policies that make up the compliance program...

**Corporate Compliance Program:** structure of compliance administered by the Corporate Integrity Department to prevent and correct errors in health care.

**Code of Business Conduct and Ethics:** defines work rules and behaviors for those who work at Oxford HealthCare.
The Office of Inspector General recommends 7 elements for a Compliance Program.

These 7 elements are part of the CoxHealth/Oxford HealthCare Corporate Compliance Program...
ELEMENT #1
“Designate a Corporate Compliance Officer and have a structure for compliance.”

How do we meet this element?

• By Designating a CoxHealth System Corporate Compliance Officer and designating compliance managers for the entities.

• By having multiple compliance committees to review the structure and compliance at CoxHealth.
Your System Corporate Compliance Officer is Betty Breshears who develops, implements, and monitors the compliance program and appoints compliance managers for the entities.

Betty also serves as the compliance officer for HPS, Home Support and Cox HealthPlans

Betty can be reached at 417-269-8806 or at betty.breshears@coxhealth.com
ELEMENT #1

“Designate a Corporate Compliance Officer and have a structure for compliance.”

Abby Welytok is the Assistant Compliance Officer for the system and the compliance manager for CoxHealth Branson. Abby can be reached at 417-269-5296 or abby.welytok@coxhealth.com

Becky Lang is your compliance manager for CoxHealth Monett and Oxford Health Care. Becky can be reached at 417-269-7621 or becky.lang@coxhealth.com
ELEMENT #1  
“Designate a Corporate Compliance Officer and have a structure for compliance.”

There are multiple compliance committees that help make up the structure of compliance at CoxHealth.

**Board of Directors** has a subcommittee for compliance that provides oversight and guidance.

**Executive Compliance Committee** advises and assists with the operation of the Corporate Compliance Program and supports the Corporate Compliance Officer.
The Compliance Program Structure at CoxHealth is made up of multiple committees...

- Springfield Newsletter and Billing Compliance Committee
- CoxHealth-Branson Compliance Committee
- CoxHealth-Monett Compliance Committee
- Oxford Compliance Committee
- Home Parenteral Services & Home Support Compliance Committee
- Institutional Review Board
- Contract Committee

These committees are made up of department leaders throughout the organization...
Element #2
Establish Open Lines of Communication

How does CoxHealth meet this element?

- By establishing a **Hotline** for reporting suspected concerns without fear of retaliation.

- By keeping the calls confidential - you **DO NOT** have to leave your name.

- By educating staff they can report to anyone in management, speak directly to the Corporate Compliance Department or the Legal Department.

**HOTLINE:** 417-269-5297 (COX-LAWS)
**Toll free:** 1-888-340-5297
Element #2
Establish Open Lines of Communication

What’s your role in meeting this element?

- Being aware of the compliance program and reporting your concerns.

**REMEMBER**: you can call the hotline, report to anyone in management, call the Corporate Integrity Department or Legal Department.
Element #3
Provide Education and Training

How does CoxHealth meet this element?

✓ You will receive annual education regarding compliance with the rules and regulations

What is your role?

✓ As part of your job functions you are responsible for completing your annual training and reporting any concerns
Element #4
Conduct Internal Audit and Monitoring

How does CoxHealth meet this element?

- Develop an annual audit plan
- Conduct risk assessments of current practices at CoxHealth
- Conduct audits on billing, coding and documentation to ensure compliance with the Medicare and Medicaid regulations and other applicable laws.
- Conduct audits as part of an investigation
- Departments monitor practices for compliance such as:
  - HIM monitors coding
  - HR monitors the Exclusion list
  - Each Department monitors billing for their area
Element #4
Conduct Internal Audit and Monitoring

What is your role for meeting this element?

- Participate in audits performed by the Corporate Integrity Department and outside consultants
- Monitor your performance to stay in compliance with CoxHealth policies and other rules and regulations that impact your work area
Element #5
Establish a Disciplinary Action Plan For Non-Compliance

How does Oxford HealthCare meet this element?

CoxHealth must ensure disciplinary standards are imposed for noncompliance.

**REMEMBER:** Persons who become aware of a concern that may violate healthcare laws, regulations or Cox policy MUST report such concerns to the QM Director, an Executive Director, or the Corporate Integrity Department at CoxHealth. If you feel the issue is HR related you may report that to the Oxford HR specialist.

Persons who do not complete annual compliance training or report known concerns will be subject to discipline.
Element #5
Establish a Disciplinary Action Plan For Non-Compliance

What is your role?

- Complete your annual compliance training
- Report any concerns you have as directed
- Be aware of the Compliance Program and Code of Business Conduct and Ethics policy
Element #6
Investigate & Resolve Issues of Concern & Make Refunds As Appropriate

How does CoxHealth meet this element?

- Each concern is investigated thoroughly and a file is opened
- Identity of the person reporting the concern is NOT disclosed
- Data is evaluated and interviews are conducted as appropriate
- Resolution is determined and implemented
- Written report is placed in the file with back-up documentation
- Corrective action is taken if necessary as follows:
  - Self-reporting and refunding a government agency
  - Disciplining staff
  - Modifying policies/procedures
  - Providing education
- Follow-up to ensure correction and compliance continues
Element #7
Establish CoxHealth Policies for a Corporate Compliance Program

How does CoxHealth meet this element?
By developing the following policies which are available on the intranet. These policies are reviewed annually and updated as needed.

- Corporate Compliance Program
- Code of Business Conduct and Ethics
- Prohibition of False Claims Law
- Compliance with the Stark & Anti-Kickback Statute
- Detection of Individuals and Entities Excluded from Government Programs
Responsibility of Employees

- Understand how the Corporate Compliance Program applies to your job and ask questions when necessary
- Report any suspected violations
- Actively participate in compliance activities (e.g. training)

Responsibility of Supervisors and Managers

- Build and maintain a culture of compliance
- Prevent, detect, and respond to compliance problems
- Prevent retaliation or reprisals against employees who report violations
The Compliance Program at CoxHealth is working...

Employees are asking good questions which allows us to correct identified issues and/or educate on appropriate policies.

Your questions help CoxHealth stay compliant with the rules and regulations and improve our services. Issues reviewed in the past have resulted in process and policy changes.

Thank you for all of your questions. Let’s look at what has been reviewed this past year.
Hotline calls...

• All calls received at Cox Health are logged into a Database.

• A brief review is conducted to determine if the concern has the potential for a compliance issue or if the call would be better handled by another department.

• Not all calls result in a compliance file being opened.

• The CoxHealth top category for hotline calls in 2013 was Human Resources related concerns. Many of these calls are forwarded to Human Resources.
Claims/Billing is the second highest category. Corporate Integrity works with the billing departments and audit and compliance to resolve billing and claims filing concerns.

**REMEMBER**: your hotline call can be anonymous. The same level of review will be conducted regardless of whether or not the caller leaves a name for call back/follow-up.
Hotline Calls Received
FY 2012 vs. FY 2013: October 1 through September 30
YEAR-END FINAL NUMBERS

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<th>FY 2013</th>
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<tr>
<td>Other</td>
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2012

2013
Compliance Files Reviewed

- 27 Compliance files were opened for this reporting year.
- The top category for compliance reviews in 2013 was Billing & Claims filing.
- Not all files resulted in finding a violation or billing issue.
- Each concern was fully investigated and a file is maintained which documents all actions taken, up to and including, refunds if appropriate.
Compliance Files Opened...

FY 2012 vs. FY 2013 – October 1 through September 30
YEAR-END FINAL NUMBERS

FY 2012: 33

- Claims/Billing: 18
- Clinical Quality: 4
- EMTALA: 2
- HIPAA: 4
- Other: 4
- Quality: 1
- Referral: 0
- Stark: 0

FY 2013: 27

- Claims/Billing: 15
- Clinical Quality: 1
- EMTALA: 4
- HIPAA: 3
- Other: 2
- Quality: 1
- Referral: 0
- Stark: 1

CoxHealth
Let’s review some of the significant Healthcare Laws
Significant Laws that address Fraud and Abuse

Deficit Reduction Act (DRA)
False Claims Acts (FCA) Federal & State
Fraud and Enforcement Recovery Act (FERA)

These Laws...
- Fight fraud and abuse
- Aim to reduce rising healthcare spending
- Require compliance programs at certain institutions which received >$5 million in Medicaid payments
- Establish liability $5-11,000+ treble damages for presenting a false claim
- Encourage reporting by whistleblowers
- Outlaw retaliation against whistleblowers
What is Fraud and Abuse?

**Fraud:** Making material false statements or representations of facts that an individual knows to be false or does not believe to be true in order to obtain payment or other benefit to which they would otherwise not be entitled.

**Abuse:** Practices that directly or indirectly result in unnecessary costs or improper payments for services which fail to meet recognized professional standards of care.
A **Whistleblower** is an employee, former employee, or member of the organization who reports misconduct to people or entities that have the power to take corrective action. Generally the misconduct is a violation of law, rule, regulation and/or a direct threat to public interest – fraud, health, safety violations, and corruption are just a few examples.
Retaliation is an act designed to cause harm, get even, or get back at another person...

Retaliation against any person who reports a concern to the Corporate Integrity Department, in good faith, is **strictly prohibited**.

Report any concerns you might have with retaliation to the Corporate Integrity Department, anyone in management or call the hotline at 417-269-5297
Significant Referral Laws

**Anti-kickback Statute**

**Stark Law**

These laws...

- Prohibit the offer or receipt of certain remuneration in return for referrals
- Include any kickback, bribe or rebate

Notify Corporate Integrity prior to giving a physician or family member of a physician anything of value e.g. Cox Bucks, award plaques, tickets to an event, gift certificates, etc.
Significant HIPAA Laws

Health Insurance Portability and Accountability Act (HIPAA)

American Recovery and Reinvestment Act (ARRA)

Health Information Technology for Economic and Clinical Health Act (HITECH)

These laws...

- Protect the Confidentiality, Integrity and Availability of Protected Health Information
- Provide insurance portability
- Establish standards for privacy and security of patient information
- Strengthen HIPAA privacy & security standards and penalties for breaches of information
Significant Laws

Patient Protection and Affordable Care Act (PPACA)

This law...

- Supports healthcare reform
- Expands Medicaid eligibility
- Subsidizes insurance premiums
- Establishes health insurance exchanges
- Provides new tools to fight fraud & abuse
  - Increased criminal and civil penalties
  - Expansion of Recovery Audit Contractors (RAC)
  - $350 million allocated over 10 years for enforcement
What are two of the major Government Healthcare Programs these laws apply to?

Centers for Medicare and Medicaid Services (CMS)

- CMS administers the federal Medicare Program
- This program provides healthcare coverage for individuals over 65 years of age or those under age 65 with certain approved disabilities

Medicaid

- A state administered program available to certain low income individuals and families.
- In Missouri this program is called the MO HealthNet Program.
Let’s test your knowledge

Which of the following best describes the major goal of the CoxHealth Corporate Compliance Program?

A. To enhance the marketing of CoxHealth Services?

B. To plan and have oversight of facility construction projects?

C. To prevent, detect and correct accidental and intentional violations of laws, regulations and CoxHealth policies?
Which of the following best describes the major goal of the CoxHealth Corporate Compliance Program?

C. To prevent, detect and correct accidental and intentional violations of laws, regulations and CoxHealth policies?

The CoxHealth Corporate Compliance Program has a structure made up of multiple committees who are monitoring the business practices at CoxHealth and the regulations to prevent accidental or intentional violations and False Claims and prevent future non-compliance.
Which of the following is NOT an element of the Corporate Compliance Program?

A. Education and Training
B. Hotline and communication system
C. Policies and procedure
D. An annual report to the Missouri Hospital Association
Which of the following is NOT an element of the Corporate Compliance Program?

D. An annual report to the Missouri Hospital Association

An annual report to the Missouri Hospital Association is not one of the required elements of a Compliance Program. While the compliance program at CoxHealth may have many other characteristics, the seven basic elements include a hotline, Compliance Officer, audit and monitoring, education and training, investigations, discipline guidelines and policies.
Let’s test your knowledge

What is the responsibility of every employee?

A. To stay over every day at least one hour beyond the normal shift.

B. To report suspected compliance violations.

C. To eat in the cafeteria every shift you work?

D. If you know about a suspected violation, just keep it to yourself?
What is the responsibility of every employee?

B. To report suspected compliance violations.

Every employee is expected to be familiar with the Corporate Compliance Program at CoxHealth. It is the duty of each employee to report suspected violations or concerns immediately.
If a provider intentionally bills for a service that was not provided that practice is considered which of the following?

A. Abuse
B. Accident
C. Fraud
D. None of the above
If a provider intentionally bills for a service that was not provided that practice is considered which of the following?

C. Fraud

Fraud is an intentional misrepresentation of the truth that results in some unauthorized benefit; therefore, intentionally billing for the service or item not provided to a patient is fraud. CoxHealth strives to ensure that all billing is supported by the documentation in the patients record and that all services are reasonable and medically necessary.
Code Of Business Conduct And Ethics
CoxHealth Code of Business Conduct and Ethics

Addresses CoxHealth’s expected behaviors for employees, volunteers, medical staff members, students and Board Members.

- Conduct business practices in compliance with all applicable laws and regulations
- Conduct yourself with Compassion, Respect and Integrity
- Set an example for others by modeling these behaviors and standards at all times
The policy covers many of CoxHealth’s business practices and standards, this training will list a few of those business practices.
Access to Care:

Patients have access to medically necessary care regardless of race, color, religion, sex, ethnic origin, age, disability, financial status, source of payment, or ability to pay.

All company records shall be accurate:

For example:

• patient medical records
• financial-accounting records
• Human Resource Records
• Patient Registration Records
CoxHealth Code of Business Conduct and Ethics

Maintain Safe Work Environment
- At CoxHealth we strive to adhere to OSHA standards
- Staff are trained on how to properly dispose of medical waste and hazardous materials

Appropriate Billing, Charging & Coding for services
- Accurate documentation for services provided
- Medically unnecessary services shall NOT be provided and/or billed. To do so would be considered a false claim
Gifting from Patients:

- It is inappropriate for employees to accept gifts from a patient.

Protect CoxHealth Corporate Assets:

- Do not use for personal use, unlawful purposes.

Unbiased decision making

- At CoxHealth we do not accept or solicit gifts, bribes, kickbacks, gratuity or other forms of payments to influence a business decision.
CoxHealth Code of Business Conduct and Ethics

- Report any business arrangements you or an immediate family member might have that could be in conflict with the job you do for CoxHealth

- Do not use your position for a personal benefit, for example, making decisions that could benefit a family member

- Do not accept payments, gifts or improper entertainment for a recommendation to purchase a supply or service
Harassment/Discrimination and Disruptive Behavior are all prohibited at CoxHealth and should be immediately reported.

- **Harassment can be in the form of:**
  - Creating an uncomfortable work environment
  - Heckling or bullying a co-worker
  - Inappropriate sexual comments

- **Discrimination can be:**
  - Based on race, color, religion, sex, ethnic origin, age, disability, financial status or source of payment
  - Hiring practices, promotions or delivery of healthcare
**CoxHealth Code of Business Conduct and Ethics**

**Disruptive Behavior** interferes with patient care

- Staff generally will not report concerns if they’re afraid of getting yelled at or made to feel their question is inappropriate
- Affects overall employee morale
- Causes high staff turnover
- Undermines productivity
Disruptive Behavior

Report disruptive behavior when someone is...

- Criticizing caregivers in front of a patient
- Belittling or berating others
- Using profanity or disrespectful language
- Using racial, ethnic or socio-economic slurs
- Raising their voice, yelling or shouting in a hostile manner
Let’s test your knowledge

Which of the following situations would most likely constitute a conflict of interest?

A. Participating in a government audit?

B. Reporting a compliance concern?

C. Making a business decision as part of your job duties that could be influenced by a financial gain or other gain to you or a family member?
Which of the following situations would most likely constitute a conflict of interest?

C. Making a business decision as part of your job duties that could be influenced by a financial gain or other gain to you or a family member.

In an effort to protect the integrity of CoxHealth decision-making process, you are required to disclose potential Conflicts of Interest that could create the appearance of influencing Operational Decisions.
Let’s test your knowledge

Which of the following is **not** a potential false claims violation?

A. Knowingly providing a medically unnecessary service and billing for it.

B. Unintentionally billing for services at a higher rate level than necessary on one claim.

C. Knowingly billing for services not provided.
Which of the following is **not** a potential false claims violation?

B. Unintentionally billing for services at a higher rate level than necessary on one claim.

Knowledge or intent is required before a potential false claim violation can be alleged.

In this scenario a bill was submitted unintentionally, it would rise to the level of a false claim **if we willfully neglected a known billing error and did not take steps to correct.**
Let’s test your knowledge

Disruptive Behavior should be immediately reported because?

A. It interferes with patient care
B. Affects overall employee morale
C. Causes substandard patient care
D. CoxHealth has a zero tolerance for disruptive behavior and requires employees to report disruptive behavior displayed by anyone at CoxHealth
E. All the above
Disruptive Behavior should be immediately reported because?

E. All the above.

Education on Disruptive Behavior is a Joint Commission requirement. CoxHealth has zero tolerance for disruptive behavior and expects staff to immediately report such behavior. Disruptive behavior can interfere with patient care, cause low employee morale, cause substandard care and create an uncomfortable working environment for staff.
Remember, you have an obligation to Report Concerns…

We have reviewed reporting options outlined in the Code of Business Conduct and Ethics Policy.

The following agencies are also available for you to report your concern:

- State or Federal Department of Health and Human Services
- Office of Inspector General
- Joint Commission at [www.jointcommission.org](http://www.jointcommission.org)

Contact information for Health and Humans Services and The Joint Commission can also be found on the [www.coxhealth.com](http://www.coxhealth.com) website under “For Our Employees”.
Employees should also be aware of Fraud, Waste and Abuse by a Medicare Beneficiary...

Even a Medicare beneficiary (enrollee in Medicare) can abuse the Medicare program. Some examples of abuse to the system are:

- Sharing their Medicare ID card with others for treatment
- Misrepresentation of their medical status to seek drugs
- Doctor shopping for drugs
- Resale of drugs on the black market
- Prescription forging or altering
- Identify theft

If you suspect any of the above actions, immediately report your concerns to the Corporate Integrity Department or Security Department.
Congratulations!

You have completed your review of CoxHealth’s compliance policies and our compliance program.
In this next section of training you will review examples of what is a compliance issue, how your job can have an impact on a compliance issue and what we can do to prevent false claims billing or delays in insurance reimbursement.
There are many people involved in a patient’s care, as well as many people involved in making sure we appropriately bill for the care provided. Each and every person plays an important role in the care of our patients and ensuring a correct claim is billed.
Why is it important to create a well documented patient record AND a correct claim?

Because the Highest Level of Risk for Non-Compliance with Federal Regulations for any healthcare entity is a violation of the Civil False Claims Act.

- And -

Incorrect claims can be construed as False Claims
We touched briefly on the False Claims Act in Module 1, but we want to dive a little deeper...

Civil False Claims Act imposes civil liability against a person or entity who...

...Knowingly (or the person should have known) presents a false claim for payment
Knowingly presenting a false claim for payment would include such things as:

- When a co-worker **knowingly** documents they provided services to a patient which they did not provide - this creates a false claim.

- Providing an account of visits with incorrect dates for the provided care.
Knowingly or Should have Known...

Knowingly presenting a false claim for payment would include such things as:

✓ Billing for services that are not clearly documented in the patient’s record.

✓ There must be documentation to support the medical necessity of the service in order to bill a claim.

✓ Documentation can be key to reimbursement.
You read some examples of “knowingly” billing something that might create a False Claim…

Now let’s look at some examples that might lead to a False Claims Act violation because we “should have known” we were billing incorrectly…
Let’s discuss the role of documentation...
DOCUMENTATION GUIDELINES TO REMEMBER...

- Documentation reflects directly on the character and credibility of the care provider.
- Deficient charting can suggest indifference to patient care and a pattern of nursing noncompliance.
- More documentation does not necessarily equate to better documentation.
- Document nursing assessments, not diagnoses.
- Documentation of care that has not been provided constitutes falsification of records and false claim billing.
KEY POINTS:

- Narrative charting should be objective, timely and provide a factual course of events without personal opinions or emotions.

- Do not document or provide care that is beyond your scope of practice.

- Review your documentation for accuracy, completeness and consistency.

- Thoroughly provide and document patient education.
What can create a liability??

- Not notifying physician of changes in the patient’s condition or notifying timely
- Poor hand-off in communication among care providers
- Attitudes perceived as cavalier, cocky or uncaring
- Indifference and not listening to your patient or family members concerns
- Variances in charting on the same condition from one nurse to the next
ALWAYS...

- Follow standards of care
- Use equipment responsibly
- Clearly communicate
- Document the patient’s progress, response to treatment, injury, pertinent clinical assessment and physician orders
- Assess and monitor your patients
- Act as a patient advocate
- Report concerns immediately
Let’s look at some clinical issues that can impact billing...
Let’s review just a few clinical issues that can impact billing

Patient Receives Services

- Nurse/Therapist/Aidel failed to write down services provided—DOCUMENT DOCUMENT DOCUMENT DOCUMENT
- Physician ordered one service but we provided another
- Physician ordered one service but we called with additional information so physician changed order

Clearly document services
Check admit order status if uncertain
What should be happening?

Staff Providing Patient Care must...

- Have a valid order for all services provided
- Clearly document services provided
Remember...

- NO matter what role you play in the organization, always be thinking about how NEW information or a CHANGE in information impacts the way Oxford HealthCare will bill the payer and therefore be reimbursed.

- Remember repeated errors can result in false claims.

- ASK QUESTIONS!!
What are the False Claim Penalties?

- Violations against the False Claims Act can be filed as either a criminal charge or a civil charge.

- Civil: Violators can be liable for $5,000 - $11,000 per false claim, triple damages and exclusion from federal health care programs.

- Criminal: Violators can be fined up to $250,000 and be imprisoned for up to 5 years.

- Any claim submitted where the government feels we have a Stark or Anti-Kickback violation also represents a false claim.
The Moral to the Billing Story...

There are many steps in our processes that impact getting an accurate claim out the door.

Every Person in the Chain Must do Their Part!
Other policies that govern compliance at Oxford HealthCare are...

- Stark Law
- Anti-kickback Statute
What is the Anti-Kickback Statute?

This statute makes it a criminal offense to knowingly and willfully offer, pay, solicit or receive any remuneration to induce, influence or reward referrals of items or services which are reimbursable by a Federal health care program.
Anti-Kickback Statute

Simply said:

This is anyone who sends patients or sells products to Oxford HealthCare whereby, those patient services or products could eventually be paid for by a government payer.

Oxford HealthCare can not offer anything of value or accept anything of value to induce us to do business with them. Any business transaction must meet the Anti-kickback Safe Harbor.
Stark Law

The Regulations state a physician cannot refer patients to other entities or providers, for designated health services, in which the referring physician or his immediate family has a financial interest unless an exception applies.

✔ **Simply said**: If we give the physician who sends referrals/patients to Oxford HealthCare, anything of value, we have to make sure that the transaction meets a Stark Exception.
Stark Law

**Referral, for example, could be an order for:**

- Lab work, x-rays, therapy
- Patient admission orders

**Financial relationships would be:**

- Medical Director Contracts
- Professional Services Agreements
- Giving anything of value
Stark Law

For a physician, “anything of value” could include:

- Tickets to Cardinal games
- Lunch for their birthday
- Payment for speaking at a seminar

Health care entities are required to track all financial interests in order to be compliant with the Stark Regulation.
Pharmaceutical and Device Reps in the clinics...

What about drug reps or device reps that drop food off at the office?

- Ensure that the delivery has scientific purpose, i.e., training on a particular medication, demonstration of equipment/device (be sure some kind of service or education was provided)

- Log the purpose, date and time of the visit

- Maintain these logs for future reference
Let’s review State Mandatory Reporting requirements...
Mandatory Reporting

- **Gunshot wounds**
  (other forms of injury such as stabbings, strangling, etc, are **not** mandated reporting)

- **Elder Abuse**

- **Child Abuse**
Reporting

- Elder Abuse/ Child Abuse/Long Term Care (LTC) concerns should be immediately reported to the designated hotline.

- Front Line employee or physician must make the hotline calls themselves.

- Staff cannot delegate the “calling” task to some one else.

- Quality Management office at OHC must be notified after you make the hotline call.
Document in the patient’s record that you made the call.

As a reporter be prepared to answer these questions... the observer must make the call – the Supervisor cannot make the call for children.

- Name of the child
- Name of the parent(s)
- Name the alleged abuser
- Where the child can be located
- Is the child in a life-threatening situation now?
- How do you know about the abuse/neglect?
- Did you witness the abuse/neglect?
- Were there other witnesses and how can they be contacted?
Reporting

**Child:** Children’s Division; Toll-free, 24-hour number, 1-800-392-3738

**Elder:** Division of Senior and Disability Services; Toll-free, 8:00am-8pm, 1-800-392-0210
Patient Consent Process

The following slides will give you an overview of the patient consent policy at Oxford HealthCare.
Patient Consent

Did you know??

- Failure to obtain *any* consent from the patient gives rise to a *battery* claim.

- Failure to *properly educate* the patient on the potential risks of the procedure or treatment gives rise to an *informed consent* claim.
Patient Consent

*Patient can consent for him/herself if s/he:*

1. Is at least 18 years old or older

2. Has no legal guardian;

3. Is not under the influence of drugs or intoxicants or medicated to the point that s/he cannot understand situation and make rational treatment decisions; and

4. Is oriented to person, place & time (this should be documented in the assessment!)
Patient Consent

Who consents for an adult patient who is physically and/or mentally unable to give consent?

1. Legal guardian;

2. DPOA, as designated in patient’s Advanced Healthcare Directive;

3. If 1 or 2 do not apply, next-of-kin can give consent.
How do I determine the next-of-kin?

In order of preference:

1. Spouse (Missouri does not recognize common law marriage)
2. Adult children (18 years old or older)
3. Adult siblings
4. Other nearest living relative
Patient Consent

Who can give consent for minor patients?

1. Parent, if minor is in his/her legal custody;

2. Minor who is lawfully married can give consent for self;

3. Minor who has a child can consent to treatment for both self and the child;

4. In an emergency, any adult standing in “loco parentis” (i.e., in the place of a parent);

5. If parent is “absent,” an adult sibling or grandparent of minor.
Patient Consent

In the Case of an Emergency

- The emergent nature of the circumstances must be documented in the patient record as well as the medical advisability of proceeding without informed consent by 2 practitioners.

- Of course, it is always preferable to obtain consent from the next-of-kin if possible.
  - Can be done over the phone (with 2 OHC witnesses documenting same)
  - If possible, person giving phone consent should come to Oxford to sign consent form within 24 hours. If not possible, request confirmatory letter/fax for inclusion in patient file.
One of the key questions we hear when providing education about the program is:

“What is a compliance issue?”

This next section gives you some examples of Compliance Issues...
While performing your routine work, you learn your neighbor is a patient at Oxford. You stop and visit with him and wish him a speedy recovery.

At home that evening during dinner you tell your spouse and children you were told your neighbor is a patient at Oxford recovering from surgery.

Is this a compliance issue?

MAYBE
SCENARIO 1

Is it OK for you to say hello and visit with your neighbor?  

**YES**

Is it OK for you to go home and tell your family you saw the neighbor in the hospital?  

**NO**

Discussing a patient’s protected health information (the fact they were admitted) with others who are not involved in the care of the patient violates HIPAA law **UNLESS** the patient gave you permission.
You overhear a co-worker or someone doing business with Oxford, (yelling at) an employee or patient.

Should you report this?
Yes!

This is a violation of the Code of Business Conduct and Ethics and the Joint Commission and should be reported. You can call the Corporate Integrity hotline or tell anyone in management.
SCENARIO 3

Is this a Compliance Issue?

One of your co-workers is knowingly documenting that they provided services to a patient which they did not provide.
Yes!

This is a compliance issue and should be reported.

This is considered document falsification and could put patients at risk and create false claims billing.

Always report your concerns so they can be investigated.
Scenario 4

You are having dinner at a restaurant and see two co-workers at the next table. You overhear them talking about a patient who was admitted to OHC recently after a motor vehicle accident (MVA). The patient’s MVA was talked about in the news media since the injured person is a local celebrity. No name was mentioned.
This is a definite compliance issue and should be reported as soon as possible. If you are comfortable doing so, you should interrupt the conversation and ask the individual to stop talking about the patient.

Discussing a patient’s protected health information with others who are not involved in the care of the patient violates the HIPAA law.
Scenario 5

Report when...

You believe there is insufficient documentation to support the services being provided to the patient.

Example: There is not a valid order for the services provided or staff are not fully documenting the services they provide.
Watch for patients who are abusing the Medicare program...or are falsifying information to receive benefits they do not have a right to.

Medicare beneficiaries can abuse the system...

If you feel your patient is Doctor-shopping with a false Medicare card in order to receive drugs, notify your supervisor or Quality Management immediately.
You Have an Obligation to Report Concerns...

We have discussed several ways to report your concerns....other options are:

- You can report your concern to a government agency under the False Claims Act
- You can also report to The Joint Commission (TJC)...go to the CoxHealth website at www.coxhealth.com - home page tab titled “For our Employees”
- CoxHealth Integrity department hopes that you will report your concerns so they can conduct thorough investigations. Contact your supervisor or the Oxford QM Director or call the CoxHealth Corporate Integrity Department by calling 269-7655; or the hotline at 269-5297 or 888-340-5297.
We have touched on a few of the issues that impact billing and regulations that impact how we conduct business at Oxford HealthCare.

Your hard work and dedication is greatly appreciated.

Each and every employee plays a role in making Oxford a great place to work.

ASK your questions and report any concerns you may have.
THE CORPORATE COMPLIANCE HOTLINE IS COX-LAWS 269-5297
You have now completed your annual compliance training.

Thank you!