Mount Sinai Health Partners and Initiatives Compliance Education 2016

Audit and Compliance Services (ACS)
Introduction
Welcome to the MSHP Compliance Education program

The following presentation reviews key facts about MSHP Compliance topics with an emphasis on the following:

- Code of Conduct
- Fraud, Waste, and Abuse
- The Compliance Hotline
- Non-Retaliation and Non-Intimidation Policy
- Conflicts of Interest and Vendor Relations

Additional information can be found in the Compliance Manual, which is available on the Compliance website: http://intranet1.mountsinai.org/compliance
Why do we have a MSHP Compliance Program?
Why do we have a MSHP Compliance Program?

- Compliance Programs are mandated by both Federal and State Law (Office of the Inspector General: OIG and NYS Office of the Medicaid Inspector General: OMIG)
  - Assures proper regulatory oversight
  - Mitigates risk by detecting fraud, waste and abuse
  - Promotes open and clear lines of communication for employees to report compliance & ethical concerns without retaliation
  - Provides education & training for the Institution’s governance, leadership, management and staff
  - Supports a culture of compliance and ethical business practices throughout the Institution
MSHP Code of Conduct
MSHP Code of Conduct

- “One Way…the Right Way”
- The Code of Conduct Details the Expectations of all Staff and Sets Forth the Minimum Standards of Legal and Ethical Conduct

- Principles Relating to:
  - Patients/Family
  - 3rd Party Payors
  - Government Regulators
  - Vendors/Contractors
  - Public
  - Each Other
Compliance with the Code of Conduct is a requirement of continued employment

Our Code address the following areas:

- Compliance With Legal and Institutional Requirements
- Adherence to Ethical Standards
- Respect for Patients
- Respect for Other Employees
- Maintenance of Accurate Records and Documents
Compliance with the Code of Conduct is a requirement of continued employment

Our Code address the following areas, cont.:

- Avoidance of Conflicts of Interest
- Adherence to Proper Business Practices
- Compliance With Environmental Laws
- Protection of Occupational Safety
- Maintenance of a Drug and Alcohol Free Workplace
The MSHP Code of Conduct

- The Code of Conduct sets forth the minimum standards of legal and ethical conduct, and is supplemented by more detailed institutional policies such as the HR Rules of Conduct policy #13.2.

- The Code can be found at the following location:

- Please familiarize yourself with the contents of this Code and continue to uphold these legal and ethical principles without exception.

- Failure to meet these standards may result in disciplinary action up to and including termination.

- If you are in doubt about how our principles, standards or policies apply, you may speak with your supervisor, Human Resources or the Compliance department for guidance.
MSHP Fraud, Waste, and Abuse
**Fraud, Waste and Abuse Laws**

- Increased requirements in the regulatory landscape of healthcare in past years have resulted in a growth of suspected fraud reports and outside investigations. Maintaining full adherence to Fraud, Waste and Abuse laws is vital to our organization.

- **Fraud** is an intentional deception or misrepresentation made by someone with knowledge that the deception will result in benefit or financial gain.

- **Waste** includes the incurring of unnecessary costs as a result of deficient management, practices, systems or controls.

- **Abuse** is sometimes defined as a practice that is inconsistent with accepted business or medical practices or standards and that results in unnecessary cost.

**Health care fraud is a serious problem**

It costs taxpayers $30 billion to $100 billion dollars each year.
Billing Medicare or Medicaid for more services than were actually provided, constitutes fraud.

Some examples of provider fraud include:

– Billing for services that were not provided, e.g., a chest x-ray that was not taken
– Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient
– Requiring the recipient to return to the office for more visits when another appointment is not necessary
– Performing unnecessary x-rays, blood work, etc.
– Upcoding, e.g., providing a simple office visit and billing for a comprehensive visit
– Having an unlicensed person perform services that only a licensed professional should render, and bills as if the licensed professional provided the service
The Federal Deficit Reduction Act ("DRA") of 2005, Section 6032, requires entities that make or receive annual Medicaid payments of $5 million or more to provide, in writing, policies applicable to all employees, contractors and agents, detailed information about:

- The Federal False Claims Act ("FCA") and any state laws that pertain to civil or criminal penalties for making false claims and statements, as well as the "whistleblower" protection under such laws.
- The rights of the employees to be protected as "whistleblowers" when they report suspected violations of such laws. Employers may not retaliate against employees who report potential misconduct in good faith.
- The organization’s methods for detecting and preventing Fraud, Waste and Abuse ("FWA")
Suspect Fraud? Please call.

What are the penalties?

Those who defraud the government can end up paying triple (or more than) the damage done to the government or a fine (currently between $5,500 and $11,000) for every false claim, in addition to the claimant’s costs and attorney’s fees. These monetary fines are in addition to potential incarceration, revocation of licensures and/or becoming an “excluded” individual.

- You do not have to intend to defraud the Government to violate the False Claims Act
- You can be punished if you act with deliberate ignorance or reckless disregard of the truth

If you are aware of or suspect fraudulent practices within the institution, you should report it to the Confidential Compliance Hotline (866) XXX-6747 (MSHP)
MSHP Compliance Hotline
Why a MSHP Compliance Hotline?

- One of MSHP's most important assets is its reputation for lawful and ethical behavior.
- As employees of MSHP, we are responsible for complying with a wide range of legal requirements. It is important that everyone understand and take individual responsibility for meeting our standards of conduct.
- The Hotline was specially created to answer your questions if you are unsure about compliance with legal requirements or institutional policies. It can also serve as a resource to report possible violations. While there are already several ways to do so, such as speaking to one's supervisor or someone in the Human Resources department, the Hotline offers another alternative.
How does it work?

- The Hotline is staffed by third party trained professionals who are here to help. The Hotline is available 24 hours a day, 7 days a week, including holidays. Callers can remain anonymous.

- Each call is reviewed and addressed by an appropriate member of Compliance. The Compliance staff member can address concerns, provide guidance, answer questions, and look into possible violations of the law or institutional policy as summarized in the Code of Conduct.

- Reports of misconduct are investigated by the appropriate department (Compliance, Human Resources, Audit Services, Security, etc.), and all inquiries are monitored by the Compliance Office to ensure proper follow-up and resolution.
Discipline for Violations

- We will take disciplinary action, including dismissal when appropriate, against any employee who violates any legal requirements or institutional policies, including anyone who fails to report violations or retaliates against any individual for reporting in good faith a possible violation.

What Constitutes Misconduct?

- Any behavior which violates law or institutional policy; theft, fraud, sexual harassment, selling or using illicit drugs and violations of patient confidentiality are just a few examples.

- If you are unsure of whether the conduct you are concerned about is improper, the Hotline can provide information and help clarify the issue.
Employees are expected to come forward

Reports should be made either in person, by telephone or in writing to any of the following:

• Your Supervisor
• The Human Resources and Labor Relations Department 212-241-8381
• The Mount Sinai Compliance Office 212-241-3211
• The Compliance Hotline 1-800-866-XXX-6747(MSHP)
• The HIPAA Office 212-241-4669

There shall be no reprisals for good faith reporting of actual or possible violations of the Code.

Discipline for Violations

We will take disciplinary action, including dismissal when appropriate, against any employee who violates any legal requirements or institutional policies, including anyone who fails to report violations or retaliates against any individual or reporting in good faith a possible violation.
Non-Retaliation and Non-Intimidation Policy
MSHP Policy

MSHP follows Federal and NY State Laws that protect employees from retaliation and all forms of intimidation when they report suspected or known violations or misconduct in good faith.

What is Retaliation and Intimidation?

- Any behavior, gesture or written, verbal or physical act that is reasonably perceived as being motivated by the reporting of suspected or known violations or misconduct.

- It is also important to emphasize that if you are unsure of whether the conduct you are concerned about is improper, the Hotline can provide information and help clarify the issue.
How does it work?

- Any employee who believes that he or she has been or is being subjected to retaliation or intimidation for making a complaint to the Compliance department or leadership is encouraged to immediately contact the Compliance department and speak with a member of the Corporate Compliance group. Contacts may be made in person, in writing, or via the Hotline.

- Supervisors, management or employees may not engage in retaliation or intimidation against any employee who reports a compliance concern.

- All complaints are fully investigated by the Compliance department.

- Individuals who are found to have been involved in any act of retaliation or intimidation against an employee may be subject to disciplinary action.

- Each department Administrator has primary responsibility for administering, implementing and educating department employees regarding this policy.
Conflicts of Interest and Vendor Relations
Introduction

Why do we have a Conflicts of Interest program?

- To ensure that decisions are made solely to promote the best interests of MSHP and our patients without favor or preference based on personal considerations.

Why do we have policies regarding Conflicts of Interest and Arrangements with Outside Entities?

- Although MSHP has a long-standing policy on Conflicts of Interest, increased scrutiny from governmental agencies and heightened awareness of relationships between physicians and outside companies highlights the need for enhanced reporting, transparency and unbiased decision making.
Risks, Reporting, and Frequency

What are risks involved with failing to disclose arrangements with outside entities?

- Cuts in Federal Funding
- Unfavorable audit findings
- Increased oversight by governmental agencies
- Tarnished reputation

Who must report these types of arrangements?

- MSHP mandates that all Covered Persons (e.g., trustees, employees, faculty and staff members, institutional officials, members of select committees) complete an annual disclosure statement.

When and How does this reporting take place?

- Annually and any time during the year when there is a change in an existing arrangement or a new arrangement arises.
- Reporting is done electronically through Sinai Central at http://sinaicentral.mssm.edu/login
Interactions with Vendors and Other Commercial Entities (Vendor Policy)

Consulting Relationships

- Requirements:
  - Approval to participate by your VP or Department Chair, as appropriate
  - Written contract
  - Review by Conflicts of Interest (COI) Office

Industry Funded Speaking Engagements

- The event and talk:
  - Legitimate educational purpose
  - No marketing message, company / product endorsements
  - Payment reflects fair market value

- You must:
  - Speak within your own area of expertise
  - Have a substantive and meaningful role
  - Control content & use your own slides; using company slides is prohibited
Contacts

Faculty COI Questions?
Conflicts of Interest Office
   Ken Brower – Director (212) 241-4071, kenneth.brower@mssm.edu

All Other COI Questions?
Staff Conflicts of Interest Office – Compliance Department
   Vivian Dillon – Sr. Director (646) 605-7110, vivian.dillon@moundsinai.org
   Alma Azua-Cassady (646) 605-7115, alma.azua-cassady@moundsinai.org
Vendor Relations
MSHP does business with commercial entities that offer a wide range of research, clinical, educational and administrative products and services. In order to avoid conflicts of interest interactions with vendors or other commercial entities, the *Interactions With Vendors and Other Commercial Entities* policy was created and can be located under the Faculty Handbook at:

http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/conflicts-of-interest/vendors/policy-overview
Vendor Relations and Gift Policy

Access to our campus and staff by vendors representatives is strictly monitored:

- Vendors must go through a rigorous registration process via a third party vendor credentialing system in order to obtain access into our buildings.
- Vendors must access our buildings through only designated entry points (e.g., 5th Avenue) whereby security will validate that their “account” is up to date and their immunizations, if applicable, are current.
- Vendors must also have an appointment to visit a physician or staff member prior to gaining entry. Pre-scheduled appointments required.
Vendor Relations and Gift Policy

- MSHP policy stipulates that no gifts are allowed to be accepted by ANY employee or partner (outsourcing relationship)
  - Not even a pen!
  - No sporting events, meals or entertainment!
  - Pharmaceutical Samples – Physicians and staff may not accept pharmaceutical samples

- A gift is defined as anything of value that is given by a business or individual that does or seeks to do business with MSHP to either the recipient of his/ her close family members, and for which the recipient neither paid nor provided services.
Vendor Relations & Gift Policy

Gifts from vendors are strictly prohibited regardless of value, including but not limited to:

- Cash in any amount
- Meals
- Transportation Reimbursement / Travel Accommodations
- Stocks or other securities, or participation in stock offerings
- Gift Cards
- Product or service or discount on products or services
- Group Gifts from Vendors to be Shared by Staff
- Tickets to Events
Vendor Relations and Gift Policy

- If unsolicited gifts arrive via post office or private carrier refer to department head’s guidance on how to best return

- Support for onsite educational events
  - Vendor contributions must be made as a general educational grants to the institution via the Development office
  - Vendors may not directly provide food / beverages

- Trainee Support – Scholarships / funding directly from a vendor to specific trainee are prohibited

The Vendor Relations Policy must be followed by all Mount Sinai vendors

Full Policy available on the Audit & Compliance Services Website (Vendor Relations Policy)
## Audit & Compliance Department Key Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Program Area</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Cino</td>
<td>SVP, Chief Compliance Officer</td>
<td>ALL</td>
<td>646-605-7101</td>
</tr>
<tr>
<td>Lou Schenkel</td>
<td>VP, Chief Privacy Officer</td>
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<td>646-605-7102</td>
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<tr>
<td>Vivian Dillon</td>
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<td>Corporate Compliance</td>
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<tr>
<td>Tracy Davis</td>
<td>Director</td>
<td>Billing Compliance</td>
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<tr>
<td>Heather Chamides</td>
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<td>Darrick Fuller</td>
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<td>Vivian Mitropoulou</td>
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<td>Sal Tranchina</td>
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<td>Bruce Sackman</td>
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<tr>
<td>Michael Martinucci</td>
<td>Director</td>
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<td>646-605-7116</td>
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