Compliance Program

Code of Conduct
INTRODUCTION

All personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. Having an effective compliance program demonstrates to the government and regulators that UCR Health is committed to doing things the right way, and we have a track record of identifying and fixing problems ourselves.
At the end of this training, you will be able to:

* Understand the elements of the Compliance Program
* Identify the UCR School of Medicine Code of Conduct
* Define and give examples of fraud, waste, and abuse
* Know how to report compliance concerns
* Review and sign the Acknowledgement Statement
REASON FOR COMPLIANCE PROGRAM

* Our compliance program demonstrates our commitment to conduct our business with honesty and integrity
* To raise awareness and provide mechanisms to detect, prevent, and correct fraud, waste and abuse, and non-compliance
* To help ensure prompt corrective action when we do make mistakes
* To provide a mechanism for faculty and staff to ask questions and raise concerns
* An effective compliance program mitigates False Claims Act liability or other sanctions that potentially could be imposed by the government
REASON FOR COMPLIANCE PROGRAM

* Demonstrates that we are all accountable for the outcome of our actions or inactions

* Demonstrates our professional accountability, which means we demonstrate excellence, integrity, respect, compassion, and accountability in all work interactions and responsibilities.

* For example, we are accountable to our patients to bill them accurately for services we provided, make accurate entries in their medical records, and order or perform only necessary procedures or testing.
Everyone is responsible for compliance and to:

1. Understand and use the UCR School of Medicine Code of Conduct as a guideline for making compliant and ethical decisions in your daily work.

2. Identify and comply with the laws, regulations, accreditation standards and the UC and UCR School of Medicine policies and procedures that apply to you.

3. Identify potential fraud, waste and abuse issues and take appropriate action.
**MYTH**
Compliance training is a waste of time that takes you away from your “real job” or taking care of patients!

**FACT**
To do your “real job” or take care of patients, you need to know the rules, policies, and standards that apply to your duties.
How do you know what the rules are or what has changed?

Complete this Compliance Training and other trainings assigned to you in the UC Learning Center.

Review policies and procedures related to your area.

If you have questions or concerns, ask for help or clarification. Department specific training is also available.
MYTH
Watch out or the “compliance cops” will get you!

FACT
The compliance program is more aptly described as the UCR School of Medicine “protector”, not the police.
Allowing this myth to perpetuate can make the workforce less willing to report issues and ask for help with a compliance dilemma.
While appropriate sanctions and corrective actions have a role in compliance, the Compliance Officer and staff do not patrol the halls looking for employees to “bust”.

Periodic auditing and monitoring is used to check on how well we follow the rules, and what we can do to help all of us follow the rules. If we are visiting your area, stop us and ask any questions that you have.

*Prevention and correction are the goals!*
The Compliance Program

The next series of slides presents an overview of each of the seven (7) elements that comprise the Compliance Program, as identified by the OIG (Office of the Inspector General).
The OIG mission is to protect the integrity of Department of Health and Human Services programs (DHHS) and the health and welfare of its program beneficiaries (the Medicare and MediCal programs). They have provided guidance to health care providers on the implementation of compliance programs to assist with those goals.
Our Compliance Standards and Code of Conduct policies describe our commitment to comply with all federal and state standards.

- Describes the compliance expectations for all of us.
- Provides guidance on dealing with potential compliance issues.
- Identifies how to communicate compliance issues and describes our policy of non-intimidation and non-retaliation for good-faith participation in the compliance program.
The Compliance Officer, vested with day-to-day operations of the compliance program, reports to the Vice Chancellor of Health Affairs and Dean of the School of Medicine.

The Compliance Officer and any of the Compliance staff can assist you with questions and concerns. The UCR Health Compliance Committee is also available to address compliance issues, assess risks, and serve as a resource.
This module is part of our annual training program.

Additional compliance training includes the annual Privacy and Security Training and the Healthcare Vendor Relations Policy training module.

The Compliance Office is available for one-on-one individual training or training for each department that is specific to your concerns.
Routine internal monitoring of compliance risks is done by our staff in order to verify that we are doing things right and identify risks where we are not. This takes a variety of forms and includes:

- Auditing of professional claims for accuracy of codes
- Completion of privacy and security “walk-throughs”
Communication
and Reporting

Anytime you have a “gut” feeling that something does not seem right or if you have a question whether we are doing something correctly, there are several avenues to address these concerns:

• Ask your Supervisor, Manager, Director or Senior Leader
• Contact the Compliance Officer at 951.827.4672. This line is answered directly by the Compliance Officer.
• Contact the Whistleblower Office (Locally Designated Official – LDO at 951.827.1128)
• Contact the University’s Whistleblower hotline at 800.403.4744

Contact us directly by phone, email, or in person (see Contacts page).
Response, Prevention and Corrective Action

If we discover a problem or an error, our primary focus is to correct it. We also want to prevent the mistake from continuing, such as changing a process and providing training, among other strategies.

If we discover that we have received an overpayment due to an error or mistake, we will ensure that the overpayment is returned in a timely manner.

If we believe we have a serious violation, we will ensure corrective action is taken, including reporting to governmental entities, as appropriate.
Enforcement and Discipline

We have policies for handling compliance issues, and work with individuals and government entities to ensure that corrective action is taken.

NO FEAR OF REPORTING

We understand that faculty and staff may be reluctant to report concerns or actual non-compliance due to fear of retaliation.

The University has a strong policy prohibiting retaliation for good-faith reporting of compliance issues and concerns.

It is also against the law to retaliate against anyone for reporting a compliance concern.

Any staff who believes he or she has been retaliated against should contact the Local Designated Official’s (LDO) office at 951.827.1128, or the Whistleblower hotline at 1-800-403-4744.

When we identify that something is not right or we have made a mistake, our first priority is to fix the problem to prevent it from recurring, and make right what was done wrong.
WHAT IS THE CODE OF CONDUCT?

The UC Riverside School of Medicine Code of Conduct is made up of 14 standards, each of which addresses an area that is known to be at risk for compliance violations. Each standard gives you information on appropriate conduct to follow and suggestions for handling problems that could arise. Some standards will fully cover a topic. Other topics are too complex to be fully covered by the standard, in which case you should obtain further information, as needed.
**CODE OF CONDUCT STANDARDS**

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<th>Proper Coding, Billing and Patient Accounting</th>
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<td>Proper Cost Reporting</td>
<td>Respect of Confidentiality</td>
<td>Creation/Retention of Accurate Patient &amp; Institutional Records</td>
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<td>Cooperation with Government Request for Info</td>
<td>Prevention of Improper Referrals or Kickbacks</td>
<td>Adherence to Antitrust Regulations</td>
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<td>Avoidance of Conflicts of Interest</td>
<td>Respect for Patient’s Freedom of Choice</td>
<td>Honest and Fair Business Practices</td>
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<td>Fair Treatment of Employees</td>
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Please refer to the *Code of Conduct* booklet provided to you at your employee orientation for details on these standards.
WHISTLEBLOWER PROTECTIONS

A whistleblower can be an employee, former employee or member of an organization who reports misconduct to people or entities who have the power to take corrective action.

Employers cannot threaten or retaliate against whistleblowers.
WHISTLEBLOWER PROTECTIONS

TYPES OF RETALIATION

What is retaliation? Here are the elements of retaliation:

* Observed some form of misconduct
* Reported the observation to an appropriate person within the university, and
* Felt that they were punished as a result of the decision to report

Punishment can be a demotion, a change in hours or job responsibilities, an unfavorable job evaluation, etc.

Refer to the UC policy in the Resources section.
FRAUD, WASTE AND ABUSE

One of the key concerns of the federal government is Fraud, Waste and Abuse (FWA) in healthcare. This is due to their findings in healthcare organizations and their investigations of healthcare providers, researchers and others. They look to us to prevent, detect and correct any of these behaviors ourselves. If we don’t, the penalties can be significant.

The following section will describe some of the key concepts and types of FWA that can exist in a healthcare organization.

These are examples of the types of issues that staff should be aware of, ask questions about and report if they are concerned that any of this is occurring.
Fraud is the intentional misrepresentation of data for financial gain. Fraud occurs when an individual knows, or should know that something is false and makes a knowing deception that could result in some unauthorized benefit to themselves or another person.
Some examples of fraud include:

* Billing for services not provided
* Soliciting, offering or receiving a kickback or bribe
* Publishing false research data
* Knowingly submitting a claim for a higher level of service than was actually provided
* Falsifying a time card
WASTE

Waste is overutilization: the extravagant, careless or needless expenditure of healthcare benefits or services that result from deficient practices or decisions.

Examples can include:
* Ordering lab and other diagnostic tests without a clinical need for the test
* Performing unnecessary procedures

Reference: CMS Glossary; CMS Medicare Learning Network (See Resources section)
ABUSE
Abuse involves payment for items or services where there was no intent to deceive or misrepresent, but the outcome of poor insufficient methods results in unnecessary costs to the Medicare program. Examples:

* Submitting incorrect diagnosis or CPT codes on claims in error repeatedly
* Providing services that do not meet professional recognized standards
* Charging in excess for services or supplies

OTHER EXAMPLES OF FWA

Other examples of behavior that are unethical and that can harm UCR School of Medicine and UCR Health include:

* Stealing supplies
* Using UCR equipment or resources for personal use
* Accepting gifts from vendors
* Selecting vendors based on personal relationships with the vendor
* Falsifying or changing documents
### Quick Reference Chart

#### Examples of Fraud
- Billing for Services not provided or supplies not given to the patient
- **Double billing**
- Billing for service when a patient "no showed"
- Billing for services at a higher rate than is actually justified
- Soliciting, offering or receiving a kickback or bribe
- Deliberately misrepresenting services resulting in unnecessary cost, improper payments or overpayment
- Prefilling medical record documents or altering medical record entries

#### Examples of Waste
- Overutilization of services
- Misuse of resources
- Inflating reports of hours worked on a research grant
- Billing Medicare when patient has other insurance and Medicare is secondary
- Ordering lab and other diagnostic tests without a clinical need or when a lower cost test is available
- Performing unnecessary procedures
- Prescribing unnecessary drugs

#### Examples of Abuse
- Charging in excess for services or supplies
- Billing for a covered service when a non-covered service was provided
- Providing services that do not meet professional standards
- Billing Medicare based on a higher fee schedule than is used for patients not on Medicare
- Misusing codes on a claim
The False Claims Act, in part, prohibits any person from:

* Knowingly presenting, or causing to be presented, to an officer or employee of the United States Government, a false or fraudulent claim for payment or approval

* Knowingly making, using or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government

* Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid

Reference: 31 United States Code Section 3729
(See Resources section)
PENALTIES

* A violator may be liable to the U.S. Government for a civil penalty of not less than $5,500 and not more than $11,000, plus 3 times the amount of the claim in damages

* Criminal and/or civil prosecution and imprisonment can be imposed

* Suspension of provider license or Medicare Provider number

* Exclusion from the Medicare and Medi-Cal programs, and exclusion from government contracts, such as NIH grants
Occasionally things do go wrong, and it is important to address any issues as soon as they arise.

* Employees shall notify the Compliance Officer, UC Legal Counsel and their Supervisor immediately upon receipt (either at work or at home) of an inquiry, subpoena or other agency or government requests for information regarding UCR.

* Notify the Compliance Office immediately if you receive an inquiry or request for records or other information from the Office of Inspector General (OIG), Medicare, Medi-Cal, etc.
The Office of Inspector General (OIG) has resources and podcasts that provide guidance on the False Claims Act, the Anti-Kickback Statute and other healthcare laws. OIG website for webcasts and podcasts: http://oig.hhs.gov
YOUR RESPONSIBILITIES

1. Understand the Code of Conduct, along with the general ethics and integrity guidelines for making compliant and ethical decisions in your daily work.

2. Identify potential fraud, waste, and abuse and take appropriate action.

3. Identify and protect confidential information.

4. Report instances of potential noncompliance.

5. Identify and comply with the regulations, laws and policies that apply to you and your job classification.
## CONTACTS

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<tr>
<th>AREA</th>
<th>CONTACT</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Compliance &amp; Privacy Officer</td>
<td>Jim Herron</td>
<td>951.827.4672</td>
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<tr>
<td>Privacy Analyst</td>
<td>Elisa Laurel</td>
<td>951.827.7672</td>
</tr>
<tr>
<td>Technology Officer</td>
<td>Nasser Salomon</td>
<td>951.827-2483</td>
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<tr>
<td>Campus Legal Counsel</td>
<td>David Bergquist</td>
<td>951.827.2228</td>
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<tr>
<td>Risk Management Director</td>
<td>Nida Niravanh</td>
<td>951.827.8224</td>
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<tr>
<td>Locally Designated Official</td>
<td>Bill Kidder</td>
<td>951.827.1128</td>
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<td>Whistleblower Hot Line</td>
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## RESOURCES

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<tr>
<td>Center for Medicare &amp; Medicaid Services (CMS)</td>
<td><a href="http://www.cms.gov">http://www.cms.gov</a></td>
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<tr>
<td>CMS Information about the Physician Self-Referral Law</td>
<td><a href="http://www.cms.gov/PhysicianSelfReferral">http://www.cms.gov/PhysicianSelfReferral</a></td>
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<td>HITECH ACT</td>
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<td>Medicare Fraud and Abuse Brochure</td>
<td><a href="http://www.cms.gov/MLNProducts/downloads/Fraud_and_Abuse.pef">http://www.cms.gov/MLNProducts/downloads/Fraud_and_Abuse.pef</a></td>
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<tr>
<td>Medicare Learning Network (MLN)</td>
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<td>National Health Care Anti-Fraud Assn.</td>
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For a PDF version of Resources and active links, click [here](http://www.nhcaa.org).
SUMMARY
* Everyone is accountable for their actions and ensuring that we follow the rules and regulations that apply to us.
* Compliance training and policies set expectations for ethical conduct at work and training should be completed in a timely manner.
* The role of compliance is to prevent, detect and correct misconduct, and relies on staff and faculty raising questions and concerns.
SUMMARY
You should now be able to:
* Understand the elements of the Compliance Program
* Identify the UCR School of Medicine Code of Conduct
* Define and give examples of fraud, waste, and abuse
* Know how to report compliance concerns
* Review and sign the Acknowledgement Statement
CONCLUSION

Thank you for reviewing this material. Please feel free to visit this website at any time to review the various Compliance reference files.

The online course is located in the UC Learning Center and must be taken as part of the curriculum that includes Vendor Relations and HIPAA Privacy and Security trainings.