

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.

INTRODUCTION

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.
- Demonstrates that we are all accountable for the outcome of our actions or in actions.
- 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.

EXPECTATIONS OF FACULTY AND STAFF

Everyone is responsible for compliance and to:

- Understand and use the UCR School of Medicine Code of Conduct as a guideline for making compliant and ethical decisions in your daily work.
- Identify and comply with the laws, regulations, accreditation standards and the UC and UCR School of Medicine policies and procedures that apply to you.
- Identify potential fraud, waste and abuse issues and take appropriate action.

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MYTH

FACT



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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.



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MYTH VS. FACT

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.



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MYTH VS. FACT

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!



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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) and U.S. Department of Health and Human Services.

Compliance Program Seven Elements



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.

Implementation of Standards – Code of Conduct



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.

Compliance Officer and Compliance Committee



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.

**Training
and
Education**



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.

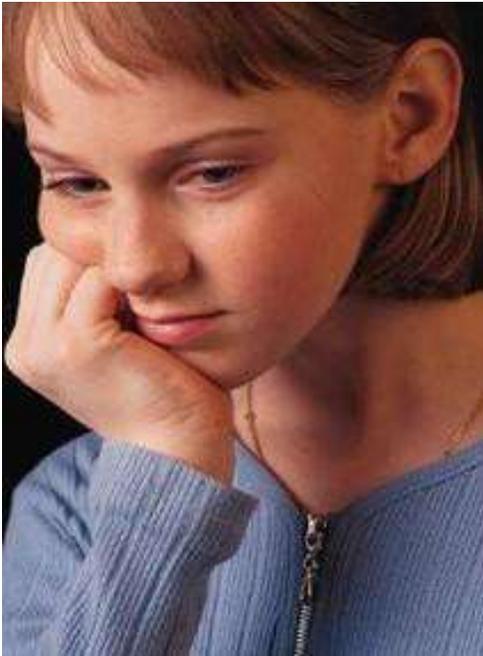
Monitoring and Auditing Systems



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 actions is taken.

NO FEAR OF REPORTING

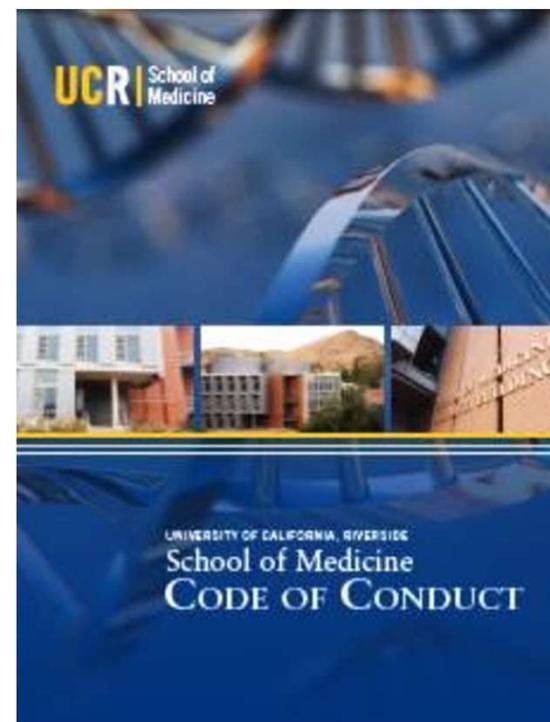
We understand that faculty and staff may be reluctant to report concerns or actual non-compliance due to fear of retaliation. The University has a strong policy prohibiting retaliation for good-faith reporting of compliance issues and concerns. It is also against the law to retaliate against anyone for 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 hot line 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.

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WHAT IS 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

Quality of Care	Medical Necessity and Appropriate Services	Proper Coding, Billing and Patient Accounting
Proper Cost Reporting	Respect of Confidentiality	Creation/Retention of Accurate Patient & Institutional Records
Cooperation with Government Request for Info	Prevention of Improper Referrals or Kickbacks	Adherence to Antitrust Regulations
Avoidance of Conflicts of Interest	Respect for Patient's Freedom of Choice	Honest and Fair Business Practices
Fair Treatment of Employees	Clinical Research	

Please refer to the Code of Conduct booklet provided to you at your employee orientation for details on these standards

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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 to retaliate against whistleblowers.

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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.
- 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

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FRAUD, WASTE AND ABUSE



One of the key concerns of 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.

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FRAUD

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.



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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



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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



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Reference: Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Healthcare Professionals, 10th edition (October 2008) (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

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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



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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

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FALSE CLAIMS ACT

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)

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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.

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CONTACTING COMPLIANCE AND LEGAL

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 or webcasts and podcasts:
<http://oig.hhs.gov>

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YOUR RESPONSIBILITIES



- Understand the Code of Conduct, along with the general ethics and integrity guidelines for making complaint and ethical decisions in your daily work.
- Identify potential fraud, waste, and abuse and take appropriate action.
- Identify and protect confidential information.
- Report instances of potential noncompliance.
- Identify and comply with the regulations, laws and policies that apply to you and your job classification.

CONTACTS

DEPARTMENT

Compliance & Privacy Office

Information Security Officer

Health Sciences Counsel

Risk Management Director

Locally Designated Official

Whistleblower Hot Line

PHONE

951.827.4672

951.827.4680

951.827.5171

951.827.8224

951.827.1128

800.403.4744

RESOURCES

Resources	Website Address
Center for Medicare & Medicaid Services (CMS)	http://www.cms.gov
CMS Prescription Drug Benefit Manual	http://www.cms.hhs.gov/PrescriptionDrugCovCont/ra/Downloads/PDBManual_Chapter_9_FWA.pdf
CMS Information about the Physician Self-Referral Law	http://www.cms.gov/PhysicianSelfReferral
Department of Health and Human Services Office of Inspector General	https://oig.hhs.gov/fraud/report-fraud/index.asp
Federal Register citations: 42 CFR 422.50342, 422.50442, CFR 423.50442 and 423.505	http://www.cms.gov/quarterlyproviderupdates

RESOURCES

Resources	Website Address
Fraud & Abuse General Information	http://www.cms.gov/FraudAbuseforProfs
Health Insurance Portability and Accountability Act (HIPAA)	http://www.cms.gov/HIPAAGenInfo/01_Overview.asp
HITECH ACT	http://www.hipaasurivalguide.com/hitech-act-text.php
Medicare Fraud and Abuse Brochure	http://www.cms.gov/MLNProducts/downloads/Fraud_and_Abuse.ppt
Medicare Learning Network (MLN)	http://www.cms.gov/MLNGenInfo
Medicare Learning Network (MLN) Fraud & Abuse Job Aid	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243333.html

RESOURCES

Resources	Website Address
National Health Care Anti- Fraud Assn.	http://www.nhcaa.org
Office of Inspector General Department of Health and Human Services	http://oig.hhs.gov (refer to OIG Guidance on Compliance Plans)
Social Security Laws	http://www.ssa.gov/Op_Home/ssact/comp-ssa.htm
UC Policy re Whistleblower Protection	http://policy.ucop.edu/Doc/1100563/WhistleblowerProtection
31 United States Code Section 3729	http://www.gpo.gov/fdsys/pkg/USCODE-2011-title31/pdf/USCODE-2011-title31-subtitleIII-chap37-subchapIII-sec3729.pdf

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.

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