



Stanford
HEALTH CARE
STANFORD MEDICINE

University HealthCare Alliance

UHA Compliance for Providers

January 2022

Learning Outcomes

As a clinical provider, we want you to be successful. The following highlights the compliance learning objectives:

- Reinforce what is relevant to you and your staff in managing compliance and privacy across your clinical team(s)
- Share Best Practices in Reporting and Collaborating in Investigations
- Review knowledge checks in compliance topics that may be relevant to your area and share these with your team

Reporting Compliance Concerns

We know that our healthcare environment is very complex. You're not alone. Together, we can find solutions.

We never retaliate against those who, in good faith, report suspected violations of laws, accreditation standards, and UHA policies and procedures.

Remind your team to report concerns immediately to:

- You as their immediate Supervisor
- Another Manager in your area
- Your Compliance Department Staff



Reporting Compliance Concerns

As you get to know your team, it is important that you assess their comfort level in coming forward with reporting compliance and privacy concerns. Consider evaluating your team's communication and transparency in reporting incidents to you over time. Here are things to help you assess their comfort in reporting directly:

- Conduct a **Listening Exercise** to identify where reports are coming from
- Raise awareness about reporting and sharing improvements in processes and standards
- Address “Fear of Retaliation” and develop more ways to build trust through experiences
- Address Cultural and Gender Barriers to make it safe to report individually, directly to you or through daily huddles or department meetings
- Ensure workforce confidentiality through access of the UHA Report It Hotline

Reporting Anonymously - UHA's Hotline



Report Compliance or Privacy Concerns

UHA's **Code of Conduct** represents our guidepost for **Doing the Right Thing**. We encourage you to exercise good judgment, ask questions when uncertain, and speak up when needed.

If you suspect that a law, policy or our Code of Conduct has not been followed, please report it as soon as possible. There are two ways to report:

855.454.9246

Compliance Hotline is available 24/7. Reporters can remain anonymous.

uha_privacy@stanfordhealthcare.org

Remember to provide details when reporting an issue including when, where, who, and what occurred.

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Reporting Anonymously - Hotline

Communicate the **Report It Hotline** widely in your clinics:

- Visual Wall
- Daily Huddles
- Team and Department Meetings



We want all workforce staff and providers to freely report without fear of retaliation. Remind your staff that the Hotline is managed by an external vendor who can ensure that the reporter remains anonymous.

Building Effective Investigations

A critical component of a compliance program is to have efficient and effective investigations. Below are key elements:

- Confidential Reporting It Hotline accessible 24/7 (e.g., managed by an external vendor to ensure confidentiality)
- Skilled staff across disciplines including Compliance, Privacy, Human Resources, Information Technology, Information Security, and Quality
- Effective investigation reports that summarize the complaint with objective facts, specific allegations, affected policies, and conclusion



Reporting & Collaborating in Investigations

DOs :

- Notify the Compliance Department of any compliance concerns reported to you and/or correspondence from government agencies immediately
- Use “**Secure:**” in your emails to safeguard messages with PHI
- Provide the 5 W’s (Who, What, When, Where and Why) to enable an investigation to begin
- Follow instructions as directed by Compliance Department
- Let Compliance Department investigate and follow-up, as needed

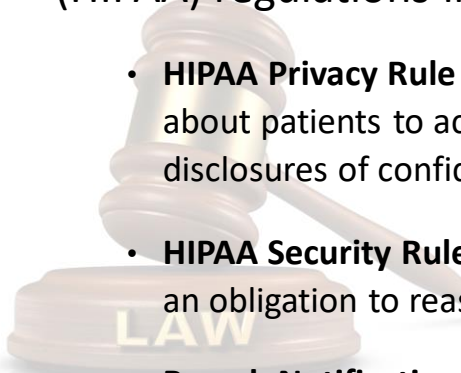
DON'Ts :

- Do not discuss the incident with others
- Do not initiate an investigation on your own but do provide preliminary facts to the Compliance Department (5 W’s)
- Do not audit retrospectively (e.g., already billed and paid cases)

Privacy Matters

The **Office of Civil Rights** (OCR) is the federal body that pursues investigations or compliance inquiries when there is an alleged Privacy incident. Safeguarding Protected Health Information (PHI) is important.

UHA has several policies addressing Health Insurance Portability and Accountability Act (HIPAA) regulations including:

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- **HIPAA Privacy Rule** – The workforce should access and use only the minimum necessary information about patients to accomplish their assigned duties (e.g., TPO). Patient has a right to control uses and disclosures of confidential PHI. They also have the right to request an accounting of all such disclosures.
 - **HIPAA Security Rule** – Those who store, process, transmit or use confidential patient information have an obligation to reasonably protect confidentiality and unauthorized alterations.
 - **Breach Notification Rule** – This rule requires a covered entity to notify patients when their unsecured PHI has been compromised or “breached”. Exception to this rule is PHI inadvertently misdirected and resolved by the covered entity does not have to be reported to the federal and state governments.

Privacy Matters

As a provider, it is your duty to safeguard Protected Health Information or PHI. In situations where PHI may have been compromised, the identification, analysis, and evaluation is often an intense process. UHA and Stanford Healthcare Compliance Department work together to prevent, detect, collaborate, and enforce HIPAA regulations.

There are several ways that PHI maybe at risk at our clinics:

- Workforce users accessing medical records for personal reasons or curiosity
- Workforce users mishandling PHI and misdirecting documents to other patients, providers, or entities
- Workforce users clicking on suspicious external links – beware of phishing and ransomware threats
- Workforce needing to understand how to safeguard PHI data at rest, in transit, and stored

Privacy Matters – Compliance Tips



Ensure all mobile devices with PHI are encrypted



Report immediately if your laptop or phone containing PHI is lost or stolen



Reinforce best practices of safeguarding PHI (e.g., email, documents, device encryption, and review of policies)



Provide ongoing education to your team and contracted workers about HIPAA and state law requirements

Fraud, Waste, and Abuse (FWA)

The **Office of Inspector General** (OIG) has provided guidance that comprehensive compliance programs incorporate mechanisms to fight against Fraud, Waste, and Abuse (FWA).

Every year, **billions** of dollars are improperly spent because of fraud, waste, and abuse (FWA). It affects everyone—**including you**.

Combating FWA is **everyone's** responsibility! As a leader who provides health or administrative services for Center for Medicare and Medicaid (CMS) enrollees, every action you take potentially affects CMS.

The Health Care Fraud Statute makes this type of fraud punishable by imprisonment up to 10 years. Fraud charges are also subject to criminal fines up to \$250,000.

Understanding FWA

To detect FWA, you need to know the **law**. The FCA, AKS, Physician Self-Referral Law (Stark Law), Criminal Health Care Fraud Statute, the Social Security Act which includes, the Exclusion Statute, and the CMPLs, are the main Federal laws that address Medicare fraud & abuse.

- **False Claims Act (FCA):** The FCA imposes civil liability on a person who knowingly submits a fraudulent claim to the Federal government. The “knowing” standard includes acting in deliberate ignorance or reckless disregard of the truth related to the claim.
- **Anti-Kickback Statute (AKS):** The AKS prohibits knowingly and willfully offering, paying, soliciting, or getting remuneration in exchange for Federal health care program business referrals.
- **Physician Self-Referral Law (Stark Law):** Stark Law prohibits physicians from referring Medicare beneficiaries for designated health services to an entity where the physician (or an immediate family member) has an ownership/investment interest or a compensation arrangement, unless an exception applies.

Understanding FWA

- **Criminal Health Care Fraud Statute:** This statute prohibits knowingly and willfully executing, or attempting a scheme for delivering, or paying for, health care benefits, items, or services to defraud a health care benefit program.
- **Exclusion Statute:** The Exclusion Statute prohibits the excluded individual or entity from participating in all Federal health care programs. The exclusion means no Federal health care program pays for items or services given, ordered, or prescribed by an excluded individual or entity.
- **Civil Monetary Penalties (CMPs):** CMPs apply to a variety of conduct. Penalties up to \$100,000 (in 2018) per violation may apply. CMPs may also include an assessment of up to 3 times the amount claimed for each item or service, or up to 3 times the amount offered, paid, solicited or received.

Civil and criminal prosecutions can result in a variety of fines, exclusion, Corporate Integrity Agreement (CIA), and even prison in criminal cases.

Fraud, Waste, and Abuse (FWA)

Examples of CMS **Fraud** include:

- Knowingly billing for services or supplies not provided
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment (e.g., coding services to reflect more serious conditions)
- Fraudulent pharmacy faxes a provider for prescriptions and the provider fills the prescriptions without review of the patient's medical record

Examples of CMS **Waste** include:

- Conducting excessive office visits or writing excessive prescriptions
- Prescribing more medications than necessary for treating a specific condition
- Ordering excessive laboratory tests

Fraud, Waste, and Abuse (FWA)

Examples of actions that may constitute Medicare **Abuse** include:

- Unknowingly billing for unnecessary medical services
- Unknowingly billing for brand name drugs when generics are dispensed
- Unknowingly excessively charging for services or supplies
- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes

Fraud, Waste, and Abuse (FWA)

Anti-Kickback Statute (AKS)

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program).

In 2020, Prime Healthcare, its founder and CEO, Dr. Prem Reddy, and a California cardiologist have agreed to pay a total of \$37.5 million to the federal government and the state of California to settle a whistleblower lawsuit. The lawsuit alleged the for-profit hospital chain paid kickbacks to the cardiologist, buying his practice and surgical center for far more than they were worth. This appears to be the largest settlement of a case brought against a hospital over kickbacks allegedly paid to a single physician. Prime operates one of the biggest hospital systems in the nation.

Conflict of Interest

UHA's distinguished reputation and affiliation with the Stanford School of Medicine and Stanford Health Care is a result of the stellar work from our physicians, administrators, researchers and workforce. Maintaining and protecting that reputation depends directly on our actions and the integrity with which we conduct our work. Conflicts of Interest occur any time **relationships**, or **personal financial interests**, might reasonably appear to influence your ability to make an objective or fair decision. Read and review the UHA Conflict of Interest policy that applies to you and your staff.

Actual or perceived conflicts of interest arise from many kinds of relationships including:

- Board of Directors Relationship
- Employment Relationships
- Financial Relationships
- Vendor Relationships

Conflict of Interest

Did you know that you must complete the SHC Supply Chain COI form when requesting an external vendor agreement valued at \$75,000 or more?



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Stanford HEALTH CARE SUPPLY CHAIN CONFLICT OF INTEREST

Description: Use this form to accompany a request for a new contract that has a total aggregate value of \$75,000 or more. This information will be used to evaluate external relationships that may result or be perceived to result in their personal advantage or financial gain. Such conflicts could ultimately either influence or appear to influence their performance of obligations to the hospitals or other operational decisions.

Instructions: Complete this form by filling out all sections and signing. Once signature approval is obtained, attach to the Contract Request Form.

Conflict of Interest Disclosure Section

Please list all medical staff, workforce members, and requestors who are decision makers in the utilization of this Vendor (Other Party)'s goods or services and include a signature from each signifying their attestation to the questions below.

[Enter the names of all individuals who meet the above criteria. A separate form must be distributed to each individual, filled out, signed, and returned.]

Conflict of Interest Disclosure Question Section

Name and Title of Person Filling out this Disclosure:	[Enter name (Last, First, M.I.) and title.]		
1. Do you now or have you in the past received research support from this Vendor (Other Party)? If "Yes", is selected. [Enter a detailed description of justification for research support.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a consulting agreement or other financial arrangement with the Vendor (Other Party)? If "Yes", is selected. [Enter a detailed description of the consulting agreement or other financial arrangement.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you a member of an advisory board or consulting panel for this Vendor (Other Party) or one or more of the manufacturer(s) of the Vendor (Other Party)'s goods? If "Yes", is selected. [Enter a detailed description of the duties you perform on the advisory board or consulting panel for the Vendor (Other Party) of this product/service.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you or your immediate family members have any financial interest in the manufacturer of this product/service? If "Yes", is selected. [Enter your name and/or the name(s) of your immediate family members with financial interests.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has anyone else asked you to request goods or services from this Vendor (Other Party)? If "Yes", is selected. [Enter the name of the person or persons who asked you to request goods or services and when was the request made.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving this Vendor (Other Party)? If "Yes", is selected. [Enter your name and/or the names of persons or parties who have an interest in pending legal proceedings involving this Vendor (Other Party) and provide a detailed description of said interest.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you aware of any events, transactions, arrangements, or other situations that have occurred or may occur in the future that you believe should be examined by the Vice President of Medical Affairs or Vice President of Human Resources in accordance with the terms and intent of the applicable entity's Purchasing Conflict of Interest or Vendor Selection Policy? If "Yes", is selected. [Enter a detailed description of events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined.]		<input type="checkbox"/> Yes	<input type="checkbox"/> No

To be signed by the person filling out this "Conflict of Interest Disclosure".

Signature: _____ Date: _____

If you mark "Yes" to any question in the "Conflict of Interest Disclosure Question Section" above, scan and email this form to Rob Hatkins - Director of Sourcing rhatkins@stanfordhealthcare.org.

Knowledge Check: Question 1

Our clinic is undergoing an internal audit. We have been under pressure to ensure that there are no findings from our leader. We found out that one of the documents was not dated. My supervisor asked me to back date the document. I did not back date the document and now I feel very uncomfortable about reporting this incident. **What is the best choice for me to report?**

- A. Do nothing as I'm afraid of retaliation
- B. Contact the Executive Director of Compliance
- C. Call the confidential UHA hotline anonymously
- D. Both B & C

Knowledge Check: Question 2

Leadership has notified you that your clinic has had several substantiated privacy incidents with providers and administrative staff including misdirected documents that contain PHI, visible PHI to others that are not part of the care team, and one “snooping” incident. **Who are the key staff you would collaborate with to support identification of the “root cause”?**

- A. Compliance Department Staff
- B. Clinical Managers with incidents identified
- C. Clinical Physician Lead
- D. All of the Above

Knowledge Check: Question 3

As a RN, I've worked at the clinic for 8 years. One of the physicians had to leave earlier than expected. Dr. M called me and gave me his login information and asked me to complete his notes and sign off. **What should I do?**

- A. Decline from this request. Report the incident to your supervisor immediately. Provide details of this incident through MIDAS compliance reporting so that Compliance can manage this incident. Falsifying documentation is considered fraud.
- B. Assist the MD with his request.

Knowledge Check: Question 4

Daniel Gomez, one of our top performing radiologist techs noticed that an x-ray was performed for one of the clinic staff without an order. He checked the equipment and documentation several times. The alleged compliance issue is that services were rendered to an employee who was not registered for an x-ray and the radiologist provided services without an order. **What is the best response to this alleged incident?**

- A. Do nothing.
- B. Report this incident to the staff's Supervisor and provide facts (e.g., 5 W's) then report the details directly to Compliance or enter details of the incident through the MIDAS compliance reporting platform.
- C. Escalate to Lead Physician at the clinic

Knowledge Check: Question 5

Which of the following is NOT a possible penalty for Medicare FWA?

- A. Exclusion from participating in all Federal health care programs
- B. Imprisonment in criminal cases
- C. Civil Monetary Penalties (CMPs) up to \$500,000 per violation

Knowledge Check: Question 6

A Medical Director has requested that I provide him with other administrative support that is unrelated to his UHA's administrative role. For example, he asks me to prepare analytical reports, to fax documents for his work as an expert witness, and to schedule meetings outside of UHA business. **What is the best way to manage this alleged COI?**

- A. Report it to your Supervisor
- B. Report it to the Compliance Department
- C. A&B

Thank You

You have completed this module. Please close the course to return to HealthStream where you will be asked to complete an online knowledge check.