



The Compliance Store

Because Getting It **Right** Matters



Compliance and Ethics Program Standards, Policies, and Procedures

Knowledge Objectives

Participants will understand:

- ❖ **The components of the facility's compliance and ethics program.**
- ❖ **Expectations regarding the facility's Code of Conduct.**
- ❖ **The facility's system for reporting compliance violations.**
- ❖ **Examples of compliance violations.**

Compliance and Ethics Program Defined

- ❖ **A compliance and ethics program is a program that is designed to:**
 - ❖ Prevent and detect violations of criminal, civil, and administrative laws.
 - ❖ Promote quality of care.
- ❖ **Compliance is following the rules.**
- ❖ **Ethics is doing the right thing because it's the right thing to do.**

Components of the Program

- ❖ **Written Standards, Policies, and Procedures**
- ❖ **Oversight**
- ❖ **Compliance Training**
- ❖ **Monitoring and Auditing**
- ❖ **Enforcement**
- ❖ **Response and Remediation**
- ❖ **Supplemental Components**

Policies and Procedures

- ❖ This facility is committed to compliance.
- ❖ Our policies and procedures describe the actions and processes necessary for following rules and laws, and how we promote quality care.
- ❖ Everyone is responsible for following all policies and procedures.
- ❖ Our policies and procedures are located: _____.
- ❖ The content in our policies and procedures will be reinforced during your orientation/annual training and daily tasks.
- ❖ ***Specific policies to discuss:***
 - ❖ *Resident Rights*
 - ❖ *Abuse Prevention and Reporting*
 - ❖ *Kickbacks, Inducements, and Self-Referrals*
 - ❖ *HIPAA*

Oversight

- ❖ **We have designated Ryan Alsup, Health Center Administrator and Janet Church, Infection Preventionist and Risk Management Nurse with overall responsibility to oversee compliance.**
- ❖ **We have designated Ryan and Janet as the contact persons in this facility for reporting suspected violations, or to ask questions about compliance.**
- ❖ **We do have a compliance committee that is responsible for reviewing and investigating any reported violations.**

Compliance training is required for all staff!

- ❖ **This training counts as required training in order to be employed with this facility, and to remain employed with this facility.**
- ❖ **Additional trainings may be required to make sure you understand your responsibilities and how to do your job to promote safety and quality care.**
- ❖ **All training that is specified as “mandatory” must be completed.**
- ❖ **Some of you with greater responsibilities will receive more specific training, based on your roles in the facility.**

Monitoring and Auditing

- ❖ **This facility is required to take reasonable steps to achieve compliance with the program's standards, policies, and procedures.**
- ❖ **Monitoring and auditing are two ways we ensure compliance.**
 - ❖ Supervisors will be monitoring your work for compliance.
 - ❖ Some tasks will be documented, such as with checklists, and others through simple observation.
 - ❖ You may be interviewed by management or outside resources to verify you understand what compliance means and that you have the skills and knowledge to do your job.
- ❖ **Medical and financial records are routinely audited for completeness and accuracy.**

Compliance with policies and procedures is required for continued employment!

- ❖ All employees are expected to adhere to the facility's Code of Conduct (discussed later) and the facility's policies and procedures.
- ❖ This applies to everyone, regardless of your position. Discipline will be fair and consistent across all positions.
- ❖ Adherence to the program's standards, policies, and procedures will be evaluated at least annually with your employee evaluation.
- ❖ Disciplinary action will be administered for non-compliance, including failure to report non-compliance.
- ❖ Disciplinary action may include termination.

Response and Remediation

- ❖ **One of the purposes of a compliance and ethics program is to detect violations.**
- ❖ **Once detected, or there has been a complaint or notice of possible non-compliance, there will be an investigation.**
- ❖ **Everyone must comply with the investigation.**
 - ❖ It is against the law to retaliate against anyone for participating in an investigation.
 - ❖ You may be interviewed by someone in-house, a consultant, legal representative, or government agency.
- ❖ **Corrective actions will be taken, based on the results of the investigation.**
 - ❖ Individual wrongdoers will be disciplined.
 - ❖ Reports will be made to the applicable state and/or federal agencies, including law enforcement.

Code of Conduct

- ❖ **Purpose**
- ❖ **Content and Expectations**

Purpose of our Code of Conduct

- ❖ **The Code of Conduct is the foundation of our compliance and ethics program.**
- ❖ **Purposes:**
 - ❖ To establish the facility's culture of compliance
 - ❖ To summarize specific guidelines for employees to follow
 - ❖ To help employees understand what is required of them

Content and Expectations

Expectations:

- ❖ Everyone must receive, read, understand, and agree to abide by the code of conduct.
- ❖ Attestation is required for employment.
- ❖ Noncompliance will result in discipline.
- ❖ Commitment to quality care and professional excellence.

Content:

- ❖ The facility's mission, vision or purpose statement and guiding principles.
- ❖ Summary of compliance guidelines.
- ❖ Guidance on how to identify and report compliance issues.
- ❖ Assurance of non-retaliation.

Reporting Compliance Violations

- ❖ **What, Who, How, When**
- ❖ **Individual Accountability**

What, Who, How, When

❖ **What must be reported?**

- ❖ Compliance issues
- ❖ Fraudulent behavior
- ❖ Illegal behavior

❖ **To whom should compliance issues be reported?**

- ❖ Immediate manager or supervisor
- ❖ Compliance officer or committee
- ❖ Law enforcement, if there is a suspicion of a crime against a resident

What, Who, How, When

❖ How do you report compliance issues?

- ❖ In-person – open-door policy
- ❖ Electronically:
 - ❖ ethics@uvrc.com
 - ❖ uvrc.com/ethics
- ❖ Mail:
 - ❖ ATTN: Ethics and Compliance Officers
8555 S Lewis Ave
Tulsa, OK 74137
- ❖ Information needed:
 - ❖ What law, policy, or procedure was violated?
 - ❖ When did the violation take place, and who was involved?
 - ❖ Your name and contact information in order to follow up.
 - ❖ Your name and contact information is voluntary.
 - ❖ You will not be retaliated against for good-faith reporting.

What, Who, How, When

When should compliance issues be reported?

Compliance issues should be reported immediately or as soon as they are identified.

Individual Accountability

- ❖ **Everyone is required to report any actual or suspected violations of the Code of Conduct and any of the program's policies and procedures.**
- ❖ **Failure to report will result in disciplinary action, up to and including termination.**
- ❖ **Elder Justice Act:**
 - ❖ Everyone who is aware of a crime, or activities that are suspicious of a crime, are required to report.
 - ❖ You have the right to know your obligations to report.
 - ❖ You have the right to know the penalties for not reporting:
 - ❖ In general: subject to a civil money penalty of not more than \$200,000.
 - ❖ If failure to report results in increased harm: subject to a civil money penalty of not more than \$300,000.
 - ❖ Exclusion from participation in any federal health care program.
- ❖ **You have the right to lawfully report without fear of retaliation.**

Examples of Compliance Violations

- ❖ **Quality of Care**
- ❖ **Resident Rights and Safety**
- ❖ **Billing**
- ❖ **Kickbacks**
- ❖ **HIPAA**

Quality of Care

- ❖ **We are required to provide the care and services necessary to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being.**
- ❖ **We are committed to providing those services.**
- ❖ **Examples of failure to promote quality of care include, but are not limited to:**
 - ❖ Inadequate or untimely care plans
 - ❖ Inappropriate use of psychotropic medications
 - ❖ Inadequate monitoring of medications or failure to administer medications
 - ❖ Failure to provide care and services to prevent or treat pressure injuries
 - ❖ Inappropriate or insufficient treatment and services to address clinical conditions, including dehydration, malnutrition, incontinence, and mental or psychosocial disorders
 - ❖ Inadequate staffing levels or insufficiently trained or supervised staff
 - ❖ Failure to provide necessary assistance with ADLs

Resident Rights and Safety

- ❖ **We are required to promote and protect the rights of residents, including, but not limited to:**
 - ❖ Right to be free from abuse and neglect
 - ❖ Freedom of choice
 - ❖ Self-determination
 - ❖ Reasonable accommodation of needs

- ❖ **Examples of compliance violations related to resident rights and safety:**
 - ❖ Verbal, mental, or physical abuse, corporal punishment, or involuntary seclusion
 - ❖ Failure to report abuse
 - ❖ Inappropriate use of physical or chemical restraints
 - ❖ Failure to ensure that residents have personal privacy, confidentiality, and access to their personal records
 - ❖ Denial of a resident's right to participate in care and treatment decisions
 - ❖ Failure to safeguard a resident's financial affairs
 - ❖ Failure to provide an ongoing activities program
 - ❖ Discriminatory admission or improper denial of access to care

Submitting a false claim or causing a false claim to be submitted may subject the individual, the facility, or both to criminal prosecution, civil liability, and exclusion from participation in federal healthcare programs.

- ❖ **Examples of Medicare billing fraud, waste, or abuse:**
 - ❖ Improper reporting of resident case-mix on the MDS or Medicare claim
 - ❖ Therapy or other services with no or insufficient documentation
 - ❖ Failure to screen for individuals and entities on the exclusions list
 - ❖ Providing and billing for equipment, medical supplies, or services that are not reasonable and necessary
 - ❖ Billing for services that are never provided
 - ❖ Submitting claims to Medicare Part A for residents who are not eligible for Part A coverage
 - ❖ Duplicate billing
 - ❖ Altering documentation or falsifying records

Kickbacks

- ❖ **This facility complies with the anti-kickback statute and other financial-related laws.**
- ❖ **This statute prohibits individuals and entities from offering, paying, soliciting, or receiving bribes, kickbacks, or other “payment” in order to induce business.**
- ❖ **Examples of violations of the anti-kickback statute and other relevant laws include:**
 - ❖ Providing free dinners or lunches or free gifts, such as tickets to sporting events or electronics to referral sources.
 - ❖ Routinely waiving coinsurance or deductible amounts without a good faith determination that the resident is in financial need.
 - ❖ Agreements between the facility and hospital, home health agency, or hospice that involve the referral or transfer of any resident to or by the nursing home.
 - ❖ Arrangements with vendors that result in the nursing facility receiving non-covered supplies at below market prices or no charge, provided the facility orders Medicare-covered products from them.

HIPAA

- ❖ **This facility is required to safeguard personally identifiable health information. This includes protection from inappropriate disclosure verbally or in writing, both on paper and electronically.**
- ❖ **Examples of HIPAA violations include, but are not limited to:**
 - ❖ Snooping in medical records (looking at records of residents for which you have no responsibility).
 - ❖ Discussing medical information regarding residents in public or common areas such as hallways or dining rooms.
 - ❖ Emailing or texting health information without the appropriate applications to secure the information.
 - ❖ Leaving medical records open so that visitors or other residents can read the information.
 - ❖ Providing copies of medical records to family members without proper, written authorization.
 - ❖ Discussing medical information with friends and family members without proper, written authorization.

QUESTIONS???

Bibliography

Centers for Medicare & Medicaid Services. Appendix PP, State Operations Manual (February 2023 version). F-895 Compliance and Ethics Program.

Office of Inspector General. *Publication of the OIG Compliance Program Guidance for Nursing Facilities*. Federal Register/Vol. 65, No. 52. March 16, 2000.

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