

# Shadow Program Orientation 2024



# Our Heart of Hunterdon

Our logo embodies our legacy of caring and continued commitment to improving the health of our community.

- **The heart** encompasses everything we do, a trusted balance of clinical expertise and personalized care. While the heart remains anchored in its roots – embracing the balance between good medicine and compassionate care – it continues to grow to meet the expanding needs of our healthcare community.
- **The leaves** symbolize our growth as we expand our knowledge of medicine and outreach to the community.
- The typeface is bold, open and modern to indicate our unwavering pursuit of excellence.



# Our Mission

**Embrace people, elevate care and cultivate healthier communities.**

# Our Vision

**To be distinguished for clinical excellence and seamless, personalized care.**

# Our Values

Our values are our guiding principles that unite us in fulfilling our mission.

They shape our culture and the ways in which we show up for our patients and each other.

An easy way to remember the values is to think:

**TRIPLE-A ICE**

Accountable  
Adaptive  
Authentic  
Inclusive  
Committed  
Empowered

# Our Values

## Accountable

We:

- take our responsibilities seriously
- hold ourselves and our colleagues accountable
- understand our actions impact others

## Adaptive

We:

- continually strive to be adaptive
- create change that improves patient care today and solutions that transform patient care tomorrow

## Authentic

We:

- embrace honesty, integrity, collaboration, and transparency to ensure we bring the best version of ourselves to our patients and to one another

## Inclusive

We:

- recognize every individual's rights
- respect the dignity and unique perspectives of others without biases of any kind

## Committed

We:

- are committed to improving ourselves and our service
- cultivate our knowledge
- enhance our skills to make a positive difference in the lives of our patients, employees and community

## Empowered

We:

- provide every individual with information and tools
- empower others to make decisions and take actions that continually enhance exceptional patient care and fuel quality outcomes

# Corporate Compliance

- Thank you for participating in our Corporate Compliance Program Education course. This course will help you to (1) understand what is required in your role here at Hunterdon, (2) respond appropriately to any compliance issues, and (3) perform your job(s) with the utmost integrity and in a compliant manner. At the end of the course material, you will take a quiz.

## Why Do I Need This Training?

- Every year billions of dollars are improperly spent because of Fraud, Waste, and Abuse (FWA) in healthcare. It affects everyone – **including you, your family and friends.**
- This training helps you detect, correct, and prevent FWA. **You are part of the solution.**



# Hunterdon's Corporate Compliance Program - Purpose

- Over two decades ago, Hunterdon established its first Corporate Compliance Program. The program has evolved over the years to meet the needs of the employees who work here, the patients we serve, the vendors and contractors we rely on to conduct business and the volunteers who graciously serve to assist us in our mission.
- The purpose of the Corporate Compliance Program is to:
  - Articulate Hunterdon's commitment to legal and ethical conduct;
  - Prevent, detect and correct fraud, waste and abuse;
  - Establish clear lines of communication for reporting non-compliance;
  - Provide guidance on how to handle compliance questions and concerns;
  - Provide guidance on how to identify and report compliance violations; and
  - Prevent, detect, and correct non-compliance.
- To achieve its purpose, Hunterdon's Compliance Program has 8 elements.



# Eight Elements

Hunterdon's Corporate Compliance Program consists of 8 elements:

1	Standards of Conduct	<ul style="list-style-type: none"><li>• Articulate Hunterdon's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the SoC</li><li>• Policy &amp; Procedures; Employee Handbook</li></ul>
2	High Level Oversight	<ul style="list-style-type: none"><li>• Corporate Compliance Officer; Enterprise Risk Management Committee, Board of Trustees</li><li>• Hunterdon's Compliance Officer accountable and responsible for activities and status of the Compliance Program, including issues identified, investigated, and resolved</li></ul>
3	Education and Training	<ul style="list-style-type: none"><li>• This covers the elements of the compliance program as well as preventions, detections, and reporting of Fraud, Waste and Abuse</li><li>• Orientation, Annual Refresher, Pulse Articles; department training, seminars, etc.</li></ul>
4	Mechanisms for Reporting Concerns/ Effective Lines of Communication	<ul style="list-style-type: none"><li>• Effective lines of communications are accessible to all, ensure confidentiality, and provide methods on anonymous and good-faith report of compliance issues.</li><li>• Hotline, Email, Letter, Manager (Chain of Command), Compliance Office – several avenues to report concerns</li></ul>
5	Disciplinary Action/Background Checks	<ul style="list-style-type: none"><li>• Standards are enforced through well-publicized disciplinary guidelines</li><li>• Disciplinary policy; pre-employment and regular screenings</li></ul>
6	Routine Auditing, Monitoring & Identifying Compliance Risks	<ul style="list-style-type: none"><li>• Conduct routine monitoring and auditing of Hunterdon's operations to evaluate compliance with Federal and State (e.g.CMS) requirements, as well as the overall effectiveness of the compliance program</li><li>• Internal/external audits, conflict of interest disclosures,, monitoring activities, etc.</li></ul>
7	Self-Disclosure, Corrective Action Plan and Prompt Response to Compliance Issues	<ul style="list-style-type: none"><li>• Respond promptly to non-compliance and undertake appropriate corrective action plan</li><li>• Self-disclosure as necessary</li></ul>
8	Periodic reassess its compliance and ethics program based on changes in the organization	<ul style="list-style-type: none"><li>• Policies, procedures, protocols, committees, communication education</li></ul>





# Hunterdon's Code of Ethics

As part of its Corporate Compliance Program, Hunterdon Healthcare has established a **Code of Ethics/Standards of Conduct** to guide staff in carrying out their job, conducting themselves in a manner that reflects the highest ethical standards and in accordance with all applicable laws, regulations, accreditation standards, and organizational policies. Hunterdon's Code of Ethics states:

## Our Beliefs for Patient Care – We will...

- Treat all patients with compassion and respect.
- Respect and observe the Patient's Bill of Rights.
- Provide the highest quality of patient care, in a compassionate and cost-effective manner.
- Provide care that is both medically necessary and appropriate, and without regard to a patient's ability to pay.
- Comply with applicable regulations, accreditation standards, and policies.
- Protect the privacy of our patients' personal information. A patient's health info is accessed only when the information is needed to perform one's job.



# Hunterdon's Code of Ethics

## How We Treat Our Workforce & Each Other

- Treat each other with dignity, respect, and in a professional and cooperative manner – free from harassment, violence and discrimination.
- Carry out our job duties in accordance with professional standards, policies and regulations.
- We will provide equal opportunity to all staff members and applicants for employment.
- We will conduct background checks on job applicants, with periodic checks of government databases conducted on existing staff members.
- We will maintain a tobacco-free workplace and will not be under the influence of alcohol, illegal drugs, or any non-prescribed controlled substance while carrying out our assigned duties.



# Hunterdon's Code of Ethics

## How We Treat Our Workforce & Each Other (continued)...

- We will work together and maintain open lines of communication.
- We will not access our own patient information without contacting Health Information Management and filing the appropriate paperwork.
- We, as staff members, will:
  - Not conduct our own medical tests in order to avoid out-of-pocket expense or to save time.
  - Avoid outside activities that could adversely affect our ability to perform our job duties or that reflect negatively upon Hunterdon.
- We will accurately document and report our hours worked.
- We will be accountable for our own actions.



# Hunterdon's Code of Ethics

## How We Protect Hunterdon's Assets & Information: We will..

- Maintain the confidentiality of all information.
- Properly safeguard all physical assets (e.g., equipment, computer, etc.), financial information, and patient information.
- Respect Hunterdon's equipment, information, supplies, and time – realizing that these items are not intended for personal use or gain.
- Avoid waste and spoilage when using Hunterdon's supplies, and we will follow policies and procedures regarding the authorized disposal of surplus or obsolete property.
- Not view, access, or disclose a patient's protected information without a job-related reason.
- Retain medical and business records in accordance with the law, with records destroyed in accordance with Hunterdon's policies.
- Handle computer systems with due care. Employees are responsible for all activities conducted under their usernames.
- Not share usernames and passwords with other parties, nor do we log on to a system for someone else.



# Hunterdon's Code of Ethics

## How We Conduct Business

- We will bill accurately – following applicable government regulations and private payer rules – and prevent fraud, waste, and abuse. We will bill only for medically necessary services that have been ordered and properly documented.
- We will prepare cost reports and process credit balances in compliance with third party payers and legal requirements.
- We will record all transactions and maintain accurate and complete financial records.
- We will accurately report travel expenses and other expenses incurred during the course of business.
- We avoid conflicts of interest: We do not personally gain, or foster personal gain for another party, at the expense of Hunterdon.
- We do not use our positions with Hunterdon or information about Hunterdon in such a way that results in a personal gain.
- We are committed to fair competition among potential suppliers, and maintain the highest ethical standards when negotiating contracts.



# Hunterdon's Code of Ethics

## How We Conduct Business (cont...)

- We will not knowingly enter into contracts with individuals or entities that have been excluded from participation in government programs.
- We are committed to following applicable rules governing charitable fundraising, and we are accurate and truthful in our fundraising activities.
- Be truthful and accurate about our services.
- We do not express support for or endorse political candidates, and we do not distribute or post political materials on Hunterdon's premises.
- We will comply with all applicable laws and regulations governing contracts and business arrangements, including anti-kickbacks statutes and self-referral laws.
- Promptly report actual or perceived conflicts of interest to our immediate supervisors or to the Corporate Compliance department.
- Abide by Hunterdon's Gift Policy, regarding when gifts are appropriate to accept from patients, their family members, and vendors. Gifts of cash are prohibited. Do not accept items of value or the opportunity to earn money in exchange for patient referrals or the referral, use, or prescribing of medical products/services.



# Hunterdon's Code of Ethics

## Our Respect for Government Regulations

- We are committed to following the government regulations applicable to our organization.
- We will respond to government inquiries in a timely manner. Our responses to the government officials will be open, truthful, and not misleading.
- We will cooperate with any on-site visits that occur and will not hide, destroy, or alter documentation.



# Conflicts of Interest

- **What is a Conflict of Interest?** A conflict of interest is any situation when the personal gain for you influences, or appears to influence, your ability to exercise objectivity in carrying out your responsibilities in the best interest of Hunterdon.
- **Who should be concerned?** Conflicts of interest are a matter of concern to all those who rely on you — our patients, your co-workers and our organization as a whole.
- **What should I do?**
  - You must avoid apparent, potential and actual conflicts. Don't compete with our organization, and never let outside interests influence (or appear to) business dealings on our behalf without appropriate approval.
- **Are there examples?** Some examples of activities that ordinarily are permissible as long as the individual's duties to Hunterdon are not compromised: Participation in scientific, professional, or business association activities, unpaid activities.
- Conflicts to avoid (unless previously approved by Administration): Working for a competitor; having a direct or indirect financial interest in or relationship with a competitor, customer, or supplier.



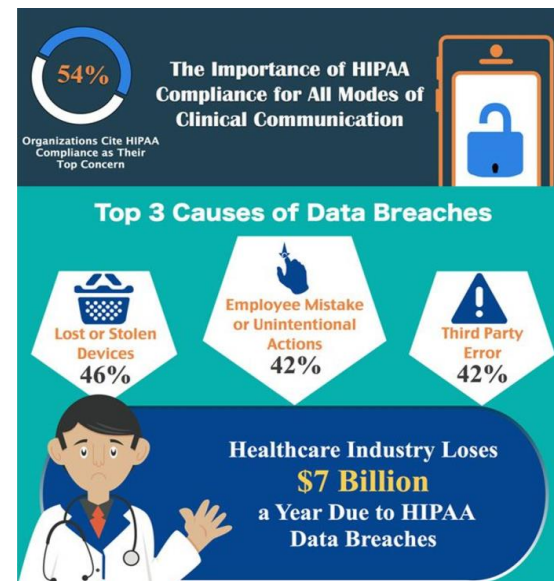


# HIPAA

The Health Insurance Portability and Accountability Act or HIPAA is a federal law passed in 1996 but amended many times since then. Among HIPAA's primary purposes are —

**Privacy and security** of protected healthcare information, also known as PHI, and electronic protected health information, or ePHI.

- The relationship patients have with healthcare professionals is one that involves openness, honesty, and a deep level of trust.
- Patients tell their providers things about themselves that few others know, intimate details of their lives and health histories.
- Therefore, we must protect this information at all times.



# HIPAA – PHI Examples

**Protected Health Information (PHI)** is information that pertains to:

- Any past, present or future physical or mental health of an individual;
  - Created / received by a provider in the course of treatment/evaluation;
  - Individually identifiable (identify a specific individual);
  - In ANY medium – written, oral or electronic
- **Examples of PHI are:** name, record number, account number, SSN, full face images, address, biometric identifiers, phone number, date of birth, and unique diagnoses, etc.
  - **Acceptable examples of sharing PHI (not limited to):**
    - Sharing PHI between doctors and others who are directly involved in care.
    - To submit a bill to the patient's insurance company for services provided.
  - **Prohibited examples (not limited to):**
    - Accessing and/or sharing PHI without having a business reason.
    - Sending (faxing, mail, etc.) or handing to the wrong location or wrong person. If you receive or send PHI that was intended to go to another recipient, immediately inform the Compliance department.
    - **Do not access, or ask someone else to access on your behalf, a medical record out of curiosity sake or for non-business related reasons (TPO).**



# HIPAA –Access to PHI

- Under HIPAA and Hunterdon’s policies, you may **ONLY** view PHI, including accessing medical records or Electronic Health Records (EHRs) using your hospital assigned system credentials, if you have a business-related reason to do so.
- Business-related reason means you are involved in:
  1. **Treatment,**
  2. **Payment, or**
  3. **Organizational Operations**
- If you do not have a business reason, you should not access the medical record or view PHI.
- If you have any questions, contact the Compliance department for clarification.

ASK YOURSELF: Do I need to know this to do my job?

# HIPAA – Access PHI

- The 1st business reason which would permit you to access PHI is if you are involved in **Treatment for the patient**.
- This is defined in the Privacy Rule at 45 CFR 164.501 as:
  - “Treatment” generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.



# HIPAA – Access PHI

- The 2nd business reason which would permit you to access PHI is if you are involved in **Payment for the patient's treatment.**
- This includes:
  - Determining eligibility or coverage under a plan and adjudicating claims;
  - Billing and collection activities;
  - Reviewing services for medical necessity, coverage, justification of charges;
  - Utilization review and risk activities; and
  - Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and the covered entity).



# HIPAA – Access PHI

- The 3rd, and final, business reason which would permit you to access PHI is if you are involved in **Organizational operations**.
- This includes:
  - Conducting quality assessment, improvement activities, population-based activities relating to improving health or reducing health care costs, case management;
  - Reviewing the competence or qualifications of health care professionals
  - Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits;
  - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse and compliance programs;
  - Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
  - Business management and general administrative activities.



# HIPAA – Accessing Records With Consent

- If an individual, whether family, friend or someone else gives you consent to access their medical record, you should contact the HIM/Medical Records Dept. and follow the process to get access to the record or go through the patient portal.
- **Do not access the EMR using your hospital assigned system credentials** even with the individual's consent unless you are doing so for business reasons and in compliance with Hunterdon's policies.
- Hunterdon has a policy that prohibits employees from being involved in the treatment or administrative services for their family.



# HIPAA – Handling PHI

- Use the following guidelines when handling PHI:
  - ❑ Verify proper receipt of transmitted PHI, whether by fax, phone or e-mail. **Fax directly from the clinical applications. If technically not feasible, use a fax coversheet to inform the recipient what to do if they received PHI in error;**
  - ❑ Secure work areas by keeping documents with PHI in a locked cabinet;
  - ❑ Maintain strong passwords (min. of 8 characters including upper and lower case letter, a number, and special character);
  - ❑ Safeguard PHI at all times whether working on-site or in the field. Follow policy and procedures regarding transporting PHI. There must be an approved business reason to remove PHI from premises;
  - ❑ Do not take or post pictures or information that contains PHI without written consent;
  - ❑ Ensure your laptop is encrypted (contact the IS department for assistance); and





# HIPAA – Safeguards

- HIPAA requires all employees at Hunterdon to use **reasonable safeguards** to protect the confidentiality of PHI. Reasonable safeguards include, but are not limited to —
  - ❑ Speaking softly when discussing PHI in public spaces, such as in a waiting room
  - ❑ Avoid using the name of the individual whose PHI is being discussed;
  - ❑ Limiting access to PHI on a need-to-know, business related basis.
  - ❑ When completing the “Computer Access Agreement” form, only select the necessary software applications one needs to perform their job.
  - ❑ Do not share your passwords nor log into any application for anyone.
  - ❑ Always LOCK your computer when unattended.
  - ❑ Utilize the “Follow-Me Print” functionality when printing PHI.
  - ❑ Disposing of PHI once no longer needed based on record management policies in locked “Confidential” bins (shred bins). Never use regular garbage cans.



# HIPAA – Business Associates

## Business Associates

A vendor that creates, receives, or transmits PHI for or on Hunterdon's behalf in connection with certain health care operation purposes is a business associate.

- Examples of a business associate may include auditors, consultants, lawyers, claims-processing firms, pharmacy benefit managers, and the like. Business associates are also subject to HIPAA.
- When Hunterdon does business with these vendors, **we need to have a Business Associate Agreement in place** to ensure compliance with HIPAA before conducting business.
- Prior to signing a new contract with a vendor that is defined as a business associate, please obtain the most recent Business Associate Agreement (BAA) from the intranet.
- Modifications to a BAA should be sent for legal review, using the Legal Review Intake Form before being accepted.
- Send completed BAAs to Colleen Carr, Executive Assistant for attachment to the vendor contract.



# HIPAA & Family or Friends

- Disclosing patient information in the presence of a family member or other visitors can become a problem.
- Therefore, first obtain the patient's permission before discussing their information in the presence of others. Even if a patient invited a family member or friend into the room, you need to ask permission.
- Do not assume the patient agrees because they did not object.
- The permission may be verbal. Consider asking the family or visitors to leave the room perform asking the patient's permission so that the patient can speak freely.
- Be especially careful when speaking about sensitive conditions (e.g. HIV, mental health, etc.)



# HIPAA – Providing Services to Family

- A family member may come in for treatment and/or you might be involved in supportive services for them. There are privacy issues as well as an ethical concerns with treating/caring for family.
- Hunterdon's Workforce:
  - is not permitted to provide treatment, registration services, or other support services to family members, unless you are the **only** individual available. You should notify your supervisor first.
  - must inform your direct supervisor immediately if a family member comes in and you are the **only** individual who can perform a given job function (i.e.: registration midnight shift, etc.). One is required to fulfill their job responsibilities unless their supervisor instructs them differently.
  - should immediately notify your direct supervisor to reassign a family member, as possible, who has been assigned to you to provide patient care or other services (i.e.: registration, billing, or transcribing reports, etc.)



# HIPAA – EHR Access Tool

- Hunterdon's Workforce should complete the "EHR Access" documentation tool if performing an approved job function for a family member. Go to the intranet and search "EHR Access Documentation". Complete the appropriate fields. A confirmation message appears after selecting the send button.
- This tool should also be used to report accessing the wrong medical record.



# HIPAA – Providing Services to Family

- Even if your family tells you it is ok for you to treat them, provide registration services, access their record, schedule an appointment or other administrative/support services, you must **follow policies**.
- If you are not assigned to treat family (or do not meet the above criteria), you do not have a business reason to be involved in their care and access their medical record. This is a violation of Hunterdon's policies and HIPAA!

**Hunterdon's Administrative policy, *Providing Patient Care and/or Supportive Services To Self or Family Members, #397***

# Reminder

- **A HIPAA AND POLICY VIOLATION CAN OCCUR IF YOU ACCESS A FAMILY MEMBER'S RECORD WITHOUT AN AUTHORIZED BUSINESS REASON EVEN IF THEY GIVE YOU THE OK.**
- To prevent the appearance of impropriety, family should call to schedule an appointment or access their record the same as every other patient. They can complete a request through the Health Information Management (HIM) department or the appropriate department that houses the records or access information via the patient portal. Do not perform this function for them because you have access to the electronic medical record system (unless done in compliance with the *Providing Patient Care to Family* policy #397).
- Employees must protect patient confidentiality – including their family.
- Family members may want to keep their business private from others.
- To access your own medical record, you must contact the HIM department or go through the patient portal. Do not access your own record out of convenience because you have access to an EMR as part of your role.



# HIPAA – Social Media



- Follow Hunterdon's *Social Media* policies when posting information.
- Individual's are solely responsible for what they post online.
- **Before** posting, consider the risk, is PHI or proprietary information included, is it appropriate and whether policies are being followed. Act with integrity and use good professional judgment.
- Sharing PHI in any form is strictly prohibited and will result in discipline.
- Remember, PHI is information that identifies an individual. Even if you did not intend to post PHI or were not aware it was PHI before you posted it, workforce is solely responsible for what they post.
- Posting any protected health information on social media websites, even in closed Facebook groups, is a serious HIPAA violation.
- A good rule of thumb is to keep work and private lives separate, and never post any information about patients on a social media platform, even if you do not think that a patient could be identified from the post or they would not mind.

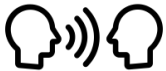




# Common Non-Compliant Practices to Avoid



Viewing medical information belonging to yourself, your family, friends, co-workers, and patients when you are not a member of the health team treating the patient



Informing a friend of a patient's presence at the hospital



Accidentally handing a patient another patient's prescription or discharge instructions



Sharing or allowing easy access to your passwords



Emailing patient information to the wrong address or faxing patient information to the wrong number



Not encrypting emails or devices containing PHI



Registering yourself or accessing registration info regarding yourself



Discuss of PHI in a public location where others are likely to overhear, such as an elevator or the cafeteria



Leaving work stations unattended with PHI



Improper disposal of PHI – always dispose in shred bins

# HIPAA – Patient’s Rights

- Patients have many rights under HIPAA. These are outlined in the *Notice of Privacy Practices*. A copy should be given to the patient. They have the right to request:

**Amendment** See Hunterdon's *Amendment of PHI* policy #1399

- Your obligation is to review the request; no mandate to agree & make change
- Make the change only if the record is inaccurate or incomplete
- The best documentation is that made at or near the time of the event

**Accounting of Disclosures** - See Hunterdon's *Accounting of Disclosures of PHI* policy #395

- Right to know who has seen patient’s information without their authorization
- Currently applicable only to uses and disclosures outside of Treatment, Payment, or Healthcare Operations (TPO)

**Restrictions** - See Hunterdon's *Patient Request for PHI Restrictions* policy #383

- Right to request restriction or limitation on information we use or disclose for TPO
- Right to request a limit on information we disclose to a family member or friend

**Confidential Communications**

- Right to request communication about medical matters in a specific format or location
- Request may be denied due to logistical obstacles to implementing them



# HIPAA in Practice

**QUESTION:** While at work one day, you notice someone familiar. Although you did not get a close look, you think it might be your neighbor. Your neighbor did not tell you that they would be at the hospital. You want to confirm it was them and check to make sure they are getting everything they need. You ask around to see if you can find out. Did you do anything wrong?

**ANSWER:** Yes, we have to protect patient's privacy no matter the patient. The neighbor may wish to keep their presence confidential. In this example, you could ask an authorized staff member to look for the patient's name in the facility directory instead. The appropriate staff member can provide the appropriate directory information to anyone who asks for the patient by name as long as the patient has not opted out of the facility.



# HIPAA in Practice

**QUESTION:** Your patient sends you a “Thank You” card with a picture of their newborn baby you helped deliver. Can you post the card in any public location?

**ANSWER:** No. Pictures are a type of protected health information even if the individual’s name and details about their case are not posted. Do not post pictures of patients without written consent. Written consent does not need to be obtained if you remove the PHI from the “Thank you” card and no picture is displayed.



# Fraud, Waste and Abuse

- Why do healthcare companies face stricter regulations of their activities than other companies?
- Why are healthcare companies' interactions with doctors, nurses and others scrutinized so carefully?
- The answers to these questions can be summarized in three daunting words: "fraud," "waste" and "abuse."



# Fraud, Waste & Abuse

- The "fraud and abuse laws" are the federal and state laws aimed at preventing conduct that is dishonest, wasteful and damaging to patients. State laws may be broader or narrower than federal laws.
- **“Fraud”** means an intentional deception or misrepresentation that an individual knows to be false and that the individual makes knowing that the deception could result in some unauthorized benefit to himself/herself or to some other person/entity.
- **“Waste”** is the inappropriate utilization and/or inefficient use of resources.
- **“Abuse”** occurs when an individual or entity unintentionally provides information which results in higher payments than the individual or entity is entitled to receive.



# Fraud & Abuse Prevention

HHS has implemented a comprehensive Corporate Compliance Program that focuses on the development, implementation, and enforcement of policies and procedures designed to detect and prevent fraud, waste, and abuse regarding HHS's participation in Medicare, Medicaid, and other government-funded healthcare programs. With regard to fraud, waste, and abuse, there are three major goals of HHS's Corporate Compliance Program:

- 1) to maintain zero tolerance for fraud, waste, and abuse;**
- 2) to prevent, detect, and respond to unacceptable legal risks and its financial implications; and**
- 3) to route non-compliance issues to appropriate areas for resolution.**



# Federal and State Laws

Federal and state laws related to the prevention, detection, and correction of fraud, waste, and abuse include:

- Federal False Claims Act (31 U.S.C. § 3729 et seq.)
- Federal Program Fraud Civil Remedies Act of 1986 (38 U.S.C. § 3801 et seq.)
- New Jersey Healthcare Claims Fraud Act (N.J. Stat. 2C:21-4.2 to 2C:21-4.3 and 2C:51-5)
- New Jersey Medical Assistance and Health Services Act
- Criminal Sanctions (N.J. Stat. 30:4D-17(1)-(d))
- Civil Remedies (N.J. Stat. 30:4D-7.h.; 30:4D-17(e)-(i); 30:4D-17.1.a)
- New Jersey Uniform Enforcement Act (N.J. Stat. 45:1.1 et seq.)
- New Jersey Conscientious Employee Protection Act (N.J. Stat. 34:19-1 et seq.)
- New Jersey Consumer Fraud Act (N.J. Stat. 56:8-2, 56:8-3.1, 56:8-13, 56:8-14, 56:8-15)
- New Jersey False Claims Act (N.J. Stat. 2C:32-1 et seq.)
- New Jersey Insurance Fraud Prevention Act (N.J. Stat. 17:33A-1 et seq.)





# Reporting Options

Hunterdon Healthcare System complies with the **New Jersey Conscientious Employee Protection Act** (CEPA), N.J.S.A. 34:19-1, et seq., which ***prohibits an employer from taking any retaliatory action against an employee*** for objecting to or refusing to participate in an activity which the employee reasonably believes is in violation of a law or legal regulation, is fraudulent or criminal, or is incompatible with a legal requirement relating to public health, safety, welfare or the protection of the environment. CEPA also protects employees who disclose or threaten to disclose information to a supervisor or a public body about the employer's activity, policy or practice that the employee reasonably believes violates the law or a legal regulation or is fraudulent or criminal.



# Reporting Options

Any employee who reasonably believes that a situation has or will occur that violates the professional code of ethics or any law, rule, regulation or declaratory ruling adopted pursuant to law, should report the incident to his/her supervisor, Corporate Compliance Officer or the Human Resources and Development Department.

If an employee believes he/she is being retaliated against in any way by any member of the Hunterdon Healthcare System staff because of reporting an incident as outlined above, he/she should immediately contact the Human Resources and Development Department.



# Reporting Options

All HHS employees, Medical Staff members, volunteers, contractors, and agents are strongly encouraged to report all known or suspected activity that they believe may be in violation of a government regulation or a violation of any HHS policy. Managers and other individuals in supervisory roles are required to report allegations presented to them and to report suspected improper activities that come to their attention in the ordinary course of performing their supervisory duties.



# Reporting Options

## Reporting Options

- 1) Chain of Command: Supervisor, Manager, Director
- 2) Corporate Compliance Officer at 908-788-6598 or [Vkocsis@hhsnj.org](mailto:Vkocsis@hhsnj.org)
- 3) Corporate Compliance Department Email: [Corporate-compliance@hhsnj.org](mailto:Corporate-compliance@hhsnj.org)
- 4) Corporate Compliance Hotline at 908-788-2585
- 5) New Jersey Medicaid Fraud Division 888-937-2835 or <https://nj.gov/comptroller/about/work/medicaid/complaint.shtml>
- 6) New Jersey Insurance Fraud Hotline at 877-55-FRAUD



# Investigation Process

Upon receipt of a credible report of suspected violations related to fraud, waste, or abuse, the Corporate Compliance Officer shall immediately begin a detailed investigation, with legal counsel contacted as appropriate. HHS will fully cooperate with federal and state agencies that conduct healthcare fraud and abuse investigations.

HHS will take appropriate disciplinary and enforcement action (i.e., corrective action plans, employee or Medical Staff disciplinary action, and contractual corrective action) against employees, Medical Staff, contractors, or agents found to have committed fraud and abuse violations. Appropriate corrective action (i.e., development or revision of policies and procedures, periodic monitoring) will be implemented to prevent similar recurrences of the improper activities.



# Investigation Process

HHS will take no adverse action or retribution of any kind against a staff member because he or she reports, in good faith, a suspected violation of this Policy or other irregularity by any person other than the reporting member. HHS will attempt to treat such reports confidentially to the maximum extent consistent with fair and rigorous enforcement of the Code of Ethics.



# New Jersey Physician Referral Prohibition

- New Jersey's physician referral prohibition, (N.J.S.A. 45:9-22.5), prohibits licensees of the Board of Medical Examiners from referring patients, or directing an employee to refer patients to a health care service in which the practitioner, or the practitioner's immediate family, has a significant beneficial interest.



# Federal Anti-kickback Statute

- Federal and state laws prohibit HHS and its associates from offering kickbacks to a person/entity to induce that individual to purchase services from or to refer a patient to HHS that may be paid for by a federal health care program.
- The laws prohibit asking for or accepting a kickback to use a particular vendor's medical product or to refer a Hunterdon patient to a particular healthcare provider that may be paid for by a federal health care program.
- Examples of the types of actions that could violate the federal anti-kickback statute and an should be avoided include, but are not limited to:
  - Offering, asking for, receiving, or paying anything of value in exchange for referring a patient or provider;
  - Offering or paying a patient or referral source in marketing HHS;
  - Free, above or below market rent;
  - Routinely waiving copayments, as a professional courtesy.





# Federal Anti-kickback Statute (Cont...)

- Physicians are attractive targets for kickback schemes because they can be a source of referrals, decide what drugs a patient can use and what healthcare services or supplies to provide or prescribe.
- A physician can be found guilty of violating the AKS even if the physician actually rendered the service and the service was medically necessary.
- Hunterdon's policy, *Corporate Compliance: Laws Impacting Business Arrangements Involved Health Care Professionals*, HHS-106 provides more information on this.

## LEARNING FROM OTHERS

Dr. Bret Ostrager was sentenced to 37 months in prison, a \$30,000 fine and a forfeiture of \$101,271 for taking bribes in connection with a long-running and elaborate test referral scheme operated by Biodiagnostic Laboratory Services LLC. Ostrager admitted that he received monthly cash bribes of approximately \$3,300 and that he periodically solicited and received additional bribes that included tickets to a New York Mets baseball game, a New York Knicks basketball game, a Katy Perry concert, a Justin Bieber concert, and the Broadway show "Newsies".



# Federal Civil False Claims Act (FCA)

- The Federal False Claims Act prohibits a person from “knowingly” submitting a false or fraudulent claims for payment or approval to the Federal government— e.g., billing for services that were not provided or "upcoding" (billing under a code offering more reimbursement than is appropriate).
- You are essential to Hunterdon’s compliance with the False Claims Act. The codes you, or your staff, attach to a diagnosis or procedure, the documentation for each Medicare and Medicaid patient, the bills you review or submit or the dates you record when a procedure occurs can all result in FCA violations if not accurate. In your role, it is important that you ensure accuracy and compliance.
- There is also the New Jersey NJ False Claims Act which states that a person will be liable for the same penalties as under the Federal False Claims Act but to NJ.
- Hunterdon’s policy, *Corporate Compliance: Laws Impacting Business Arrangements Involved Health Care Professionals*, HHS-106 provides more info.
- Promptly refer questions/concerns to the Compliance Hotline.



# Three Things to Remember About Fraud, Waste and Abuse

**1**

**Be truthful. Never commit fraud, even if your intentions are good.**

**2**

**Do not perform any services that are outside of your scope of practice or are unsupervised when supervision is required.**

**3**

**Unintentional billing errors occur. These are not fraud unless we knowingly do not refund overpayments. Report billing concerns ASAP because overpayments must be refunded within 60 days.**



# Enforcement

Hunterdon conducts regular audits to ensure compliance with these federal regulations. This includes, but is not limited to, internal medical record access audits, assessments and walkthroughs to ensure compliance.

- Violations of these laws can lead to:
  - Disciplinary actions including up to termination
  - Significant financial penalties (\$)
  - Loss of revenue
  - Suspension or revocations of certification, registration or licensure
  - Harm to reputation – professional reputation and also patient's health information could be used to tarnish his or her reputation and cause financial harm
  - Imprisonment
  - Exclusion from participating in all federal healthcare programs, including Medicare and Medicaid. Exclusion means that, for a designated period, Medicare and other federal healthcare programs will not pay the provider for services performed or for services ordered by the excluded party. (42 U.S.C. section 1320a-7)



# Gifts From Vendors & Suppliers

- Before accepting a gift from a vendor or supplier, read policies.
- Some General Principles:
  - Do not accept a gift when it is or appears to be linked to an expectation of preferential treatment or the value and volume of items/services purchased.
  - Gifts of cash or financial instruments (checks, money orders, stocks, savings bonds) are prohibited.
  - Hunterdon's workforce is prohibited from asking for gifts.
  - We may **not** provide gifts or courtesies in exchange for the recipient's agreement to use, prescribe, purchase or recommend our products.
  - Gifts that do not meet acceptable criteria in accordance with Hunterdon's policies must be refused.



# Gifts From Vendors & Suppliers

- *Some examples of **acceptable** gifts from vendors:*
  - Promo items that can be used at work not exceeding \$100 (i.e. pens, mugs, etc.)
  - A meal shared with the department and infrequent in nature
- *Some examples of **inappropriate** gifts:*
  - Cash,
  - Sporting event tickets from a vendor for personal use,
  - Meals from a vendor that are frequent in nature and not part of a business discussion.



# Contract Management

- Hunterdon has an established contract management process defined in the *Contract Management* policy located in Policy Tech.
- General Principles to follow:
  - Contracts can only be signed by a VP level or higher in accordance with the *Spending Authorization* and *Contract* policies.
  - A *Contract Cover Sheet* must be completed **prior** to signing any contract. All contract forms are located under the, *Contract Management Forms* link on the intranet.
  - All forms must be scanned with the fully executed contract into either MediTract (non-purchasing contracts) or EHS (purchasing contracts). These contract types are defined in the *Contract* policy.
  - Contact the Colleen Carr at 788-6214 with questions.



# Credit Cards

- Employees must comply with the Payment Card Industry Standards (PCI) when accepting, processing and storing credit care info.
- Hunterdon's policy, *Accepting Credit Card Payments* outlines the requirements to follow.
- American Express, Discover, Master Card or Visa are accepted forms of credit card payment.
- Payments can be made in person, via phone or U.S. Mail – emailing credit card info is prohibited.
- Only authorized reps can collect this information.
- This information must be kept confidential.
- The full credit card number should not be stored – only the last four digits and for a period of time. The rest of the number should be masked.
- Always store credit card info in a locked cabinet.





# Identity Theft Program

- Hunterdon' *Identity Theft Prevention Program* has been established to assist employees in identifying, detecting, and addressing identity theft.
- To aid in the prevention of identity theft when services are rendered:
  - **New Accounts:** In addition to obtaining the individual's full name, date of birth, and address, request to see government-issued identification (with photo) and, if applicable, the actual insurance card. If possible, the insurance coverage should be verified with the insurance company.
  - **Existing Accounts:** During each return visit, confirm all personal and insurance information. Telephone and written requests for changes in billing addresses should be verified by asking the individual to confirm their full name, birthdate, and their social security number.
  - **Release of Information:** Always confirm the individual's identity before releasing any personal information maintained by Hunterdon.
  - **Reporting Suspected Red Flags:** When detecting a red flag, or activity indicating possible risk of identity theft, report the matter to your supervisor **and** to the Corporate Compliance department.



# Identity Theft Program (cont...)

- If the red flag involves a person of interest as communicated by law enforcement, the employee should immediately contact Security.
- Hunterdon's policy, *Identity Theft Prevention Program, HHS-111* covers this topic in more details.



# Vendor Management

- Vendors meeting the following criteria are **required** to complete an online registration process, managed by Symplr, and pay a registration fee (as applicable) to Symplr **before coming on-site**:
  - pharmaceutical, medical supply/device and surgical supply/equipment vendors visiting patient care areas
  - with direct patient contact
  - with nonmedical products/services that impact patient care
  - with access to electronic systems
  - with access to Hunterdon's facilities beyond normal business hours
  - With nonmedical products/services who access patient care areas
  - who have been advised by Materials Management to complete the registration process because of the scope of their business activities
  
- **Exemptions Examples:**
  - Caterers & Florists
  - Government Officials
  - Other Hospitals or Academic Institutions
  - Visiting Speakers
  - Joint Commission
  - Conference Attendees
  - Internet Vendors
  - Legal & Financial Organizations



# Vendor Management – Register & Check-in

- Prior to coming on-site, the vendor should register via the internet at:

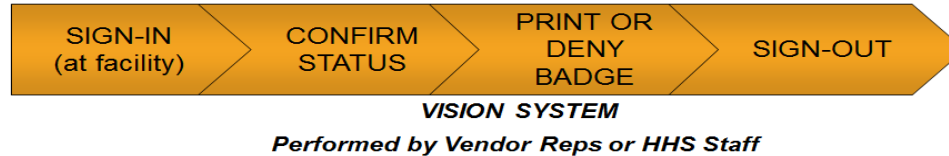
<https://signup.symplr.com/template/template2/index.php>

- The vendor will be reviewed and approved.
- Then when coming on-site, vendors are required to sign in at the start of their visit and receive a badge.
- A vendor representative can complete his/her own check in via the self check in kiosk in the Lobby (located at Reception Desk).
- If the kiosk is not available, a Screener or member of the Security Department can check in a vendor rep via the internet:



# Vendor Management

## Sign-In & Badge Process



- All visitors, including Vendors must wear a badge when visiting all areas.
- If the vendor rep has not completed all education, health, and photo requirements, the badge will not print.
- All Hunterdon healthcare team members are responsible to check for a vendor badge when the vendor comes to their department. If they do not have a badge, send the vendor back to Lobby to obtain one prior to meeting with vendor.
- A vendor who has not conducted business with Hunterdon before should contact Security at (908) 237-4250 to obtain additional information prior to completing the online registration process.
- Please *Vendor Access* policy, No. 46 in Policy Tech or contact Security with questions.
- Remind vendors, that at the end of their visit, the vendor needs to sign out.



# Compliance - Your Role

1 Know the content of Hunterdon's Code of Ethical Conduct

2 Remain aware of the regulations that affect how you do your job

3 Contact the Compliance Department when you have questions or need advice

4 Report your compliance and ethical concerns to the Compliance Department *timely*

**Our reputation as a company depends on all of us acting consistently with the law, our policies and our purpose, vision and values.**

**We commit ourselves to do the right thing all of the time.**



On the next slide, your internal reporting options will be presented.

# Reporting Compliance Issues

To report a suspected compliance violation or question, you can contact:

- Your Chain of Command - employee's supervisor, another member of management, a member of the Compliance Committee
- Corporate Compliance –
  - Contact Violet Kocsis, Senior Vice President Corporate Services and Chief Human Resources Officer, via phone, email, in person, US mail or inter-office mail at:
    - 908-788-6598 or extension 6598;
    - [vkocsis@hhsnj.org](mailto:vkocsis@hhsnj.org)
    - 2100 Wescott Drive, Flemington, NJ 08822
- Call the 24-hour, confidential **Compliance Hotline**. Your call can be anonymous.

**Compliance Hotline: 908-788-2585**

- For HIPAA violations, directly contact:
  - Violet Kocsis, Privacy Officer at 908-788-6598
  - Craig Franklin, Security Officer at 908-237-4007 *for system security only*



# Sample of Issues to Report

- Billing for goods or services not: 1) medically necessary, 2) not provided or 3) not documented or not sufficiently documented.
- Providing/receiving anything of value in exchange for referrals (Perceived or actual)
- Financial relationships between a hospital and a referring physician:
  - without a written agreement and documentation of services provided
  - amount is above or below fair market value
- Coding and billing errors
- Failure to:
  - Collect deductibles and co-payments
  - Make appropriate refunds
- Falsifying documentation – for patients **or** employees
- Altering documentation of services to align with insurance coverage
- Kickbacks or conflicts of interest
- Unethical behavior by physicians, volunteers or co-worker
- Violation of federal regulations
- Violation of Hunterdon's *Code of Ethics* or other policies





# Additional Resources: CMS

**If you are interested in reading the .pdf file below, right click on the link. Open in new tab. To return to Symplr close the tab and click on the tab for Symplr**

- [www.cms.gov](http://www.cms.gov)
- CMS *Medicare Parts C & D General Compliance Education can be found at:*

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

*You can also access this from the intranet, under the Corporate Compliance section.*



# Emergency Codes (Dial “444”)

To report a code, Dial “444” and state type of emergency, location, your name and your telephone extension. Stay on the phone until the Operator tells you it is alright to hang up.



# Emergency Codes

- **Code RRT** – Rapid Response Team
- **Code Blue**
  - Patient is unresponsive
  - Acute Respiratory Distress
  - V-Tach/V-Fib/PEA/Asystole
- **Code Brown** – Bomb Threat
- **Code Red** – Fire Emergency
- **Stat 99** – Immediate Security Assistance
- **HCC** – Hospital Command Center Activation
- **MAP** – Multiple Arrival Policy
- **Code Adam** - Infant Abduction
- **Code Lock Down** – active shooter in building
- **Code Lock Out** – active shooter outside building



# Guidelines for calling the Rapid Response Team (RRT)

**Anyone can call an RRT for Any Concern for the person's condition.** A change in:

- Mental status or level of consciousness
- Breathing
- Musculoskeletal strength
- Level of pain
- Seizure activity
- “Something is wrong but I can't put my finger on it”...

**Calling an RRT has saved lives at HMC !**

# Guidelines for Calling Codes

No pulse or not breathing,  
call a  
**CODE BLUE.**

# Mechanism for calling the Rapid Response Team

**The Rapid Response Team is available  
24 hours a day, 7 days a week.**

- **Dial 444** from any hospital phone (patient or department)
- Inform the operator to page the **Rapid Response Team** and **provide the location.**
- **RRT's** called in the **Doctor's Office Building, Bright Tomorrows or Parking Lot** will need an additional phone call to 911 by the hospital operator.

**(Refer to Administrative Policy -Rapid Response Team (RRT))**

# Emergency Guidelines

In the event of a power outage, use outlets labeled with an:

- “E”
- That say “emergency” or
- That are **red** for emergency power

# Fire Safety

## What to Do In A Fire

If you discover a fire (smoke or flames):

- **R** - Rescue patients, visitors and staff to safety.
- **A** - Alarm, sound the alarm and dial “444” to report the fire.
- **C** - Confine the fire. Shut the door to the room the fire is in.
- **E** - Extinguish the fire if it is safe to do so.



## Remember The Following

Know the location of the closest pull box, fire extinguisher and medical gas shut-off in your department or area. The clinician in charge can authorize the shut off of medical gases. Remember, the fire alarm is just an alert. The alarm does not correlate with a specific location. Listen to the audible overhead announcement for the actual location.





# Fire Emergency

During a Code Red (Fire Emergency), do not use telephones except for emergency calls and do not use elevators. **If you are away from your work area when a Code Red is announced, you should stay where you are.** Wait for the All Clear announcement before resuming normal activities. Be sure you are familiar with evacuation procedures.



# How to Use A Fire Extinguisher

- **P** - Pull the pin.
- **A** - Aim the nozzle at the base of the fire.
- **S** - Squeeze the handle while holding the extinguisher upright.
- **S** – Sweep the extinguisher's stream back and forth across the base of the flames.

Call the Safety and Security department at ext. 6156 for additional education and training.



# Evacuation Procedures

If evacuation is necessary, the appropriate emergency response personnel will direct you.

- **Horizontal** – Evacuation from one area to another on the same floor beyond the nearest set of fire doors.
- **Vertical** – Evacuation down to another floor.
- **Total** – Evacuate the building.



# Security

The Safety and Security department operates 24 hours a day, 7 days a week, and provides for the safety and security of all staff, patients, guests, contractors, service personnel, etc. to the facility. You can contact Safety and Security as follows  
Immediately



**Security Assistance (STAT 99), Dial “444”  
Telephone, extension 6199**

- Hospital switchboard
- Director of Safety and Security at ext. 2586
- ID Badges, ext. 6156
- Disaster Preparedness, ext. 2586