UMMC ANNUAL COMPLIANCE TRAINING 2009

PRESENTED BY THE UMMC OFFICE OF INTEGRITY AND COMPLIANCE
Instructions for Training

To proceed through this training, simply click on each screen. Items marked in red have links to more information, which you must read. At the end of this training session, you will take a quick quiz. If you fail, the training will automatically reset until you have successfully completed the quiz.

For technical questions, please call the UMMC Help Desk at 4-1145. The Office of Integrity and Compliance cannot help with the technical aspects of the system.
The time has come for annual compliance training. This annual training helps to reinforce our commitment to compliance and it provides us with the opportunity to present new policies that affect employees and students. This year Compliance Training will be available for two months, October 1 – November 30. There will be no makeup sessions. Failure to complete training by the deadline will result in disciplinary actions.

Also, Compliance Training will be similar to last year in length. Therefore, the capability to start and stop the training at any time will be available.

The Office of Integrity and Compliance would like to take this opportunity to thank each of our employees for their continued efforts to ensure compliance and to further the fundamental missions of UMMC, which are to provide education, research, and quality patient care.

Carol Denton, Chief Integrity and Compliance Officer
UMMC Compliance Program

Review of the program
What is Compliance?

In the health care industry, compliance means meeting the expectations of those who regulate our business, pay our claims and grant us money. It means abiding by applicable legal requirements, including deterring and detecting violations of the law.
What is Compliance? cont..

The UMMC Compliance Program focuses on the following issues:

- Fraud and abuse;
- Medicare and Medicaid billing requirements;
- Third-party payer regulations;
- Contractual regulations;
- Grants and contract requirements; and
- Research.
Program Oversight

• The overall responsibility for implementing and managing the Compliance Program is delegated by Dr. James Keeton, the UMMC Interim Vice Chancellor for Health Affairs, to the UMMC Compliance Committee.

• **UMMC Compliance Committee Composition and Responsibilities**
UMMC Office of Integrity and Compliance

The Office of Integrity and Compliance is responsible for the day to day conduct of compliance activities. **Review a detailed description of the responsibilities of the Office of Integrity and Compliance.**
How to Report a Suspected Compliance Violation

It is the duty of every employee to report suspected compliance violations. The following are ways you can report suspected violations:

• Report the issue(s) to your Supervisor or Department Manager
• Call the Compliance Hotline;
• Talk directly to the Compliance Office or a member of the Compliance Committee; or
• Submit a **written report** to the Office of Integrity and Compliance.
Why do we have a Compliance Program?

Many government agencies and government-hired contractors are watching for instances of noncompliance. They are well funded and trained to recognize these noncompliant activities.
The following is a list of major enforcers of health care compliance:

- **The Office of the Inspector General (OIG).** The OIG investigates suspected violations of health care fraud and abuse. This is the agency that provides compliance education and guidance.

- **The United States Department of Justice (DOJ).** This agency prosecutes providers and organizations for health care fraud and abuse.
Major Enforcers cont...

- **The Federal Bureau of Investigations (FBI).** The FBI assists the DOJ by investigating suspected health care fraud.
- **The Center for Medicare and Medicaid Services (CMS).** CMS is recognized as the rule making authority. The rules issued by CMS must be followed by health care providers and entities.
- **Medicaid Fraud Units.** These Units assist in identifying fraud and abuse in state programs.
- **Office of Civil Rights (OCR).** This agency oversees compliance with the Privacy Rule.
False Claims Act (FCA)

Fraud and Abuse
What is the False Claims Act (FCA)?

31 U.S.C. 3729(a)

The FCA is the single most important tool U.S. taxpayers have to recover the billions of dollars stolen through fraud by U.S. government contractors every year. Under the FCA, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government’s damages plus civil penalties of $5,500 to $11,000 per false claim.
False Claims cont...

The FCA contains qui tam, or whistleblower provisions. Qui tam is a unique mechanism in the law that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds.

The whistleblower must file his or her lawsuit in a federal district court.
Furthermore, to encourage citizens, certain protections are in place to shield the individual from retaliation for bringing suit against his or her employer. The FCA protects anyone who lawfully acts in investigation for, initiation of, testimony for, or assistance in a claim under the act. The protections are still in effect even if the claims under the Act have not been filed. The individual is protected against discharge, demotion, suspension, threats, harassment, and discrimination. Acts in violation of these protections entitle the employee to reinstatement with seniority, double back pay, compensation for discriminatory treatment, reasonable attorney’s fees, and other litigation costs.
What is Fraud?
18 U.S.C. 1347

Knowingly and willfully executing or attempting to execute a scheme or artifice-

- To defraud any health care benefit program; or
- To obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, in connection with the delivery of or payment for health care benefits, items, or services. Persons committing fraud shall be fined under this title or imprisoned not more than 10 years, or both.
Examples of Fraud:

- Billing for services not rendered;
- Soliciting, offering, or receiving a kickback, bribe, or rebate;
- Using an incorrect or inappropriate provider number in order to be paid;
- Selling or sharing patients’ Medicare numbers so false claims can be filed;
- Falsifying information on applications, medical records, billing statements, and/or cost reports or on any statement filed with the government; and
- Misrepresenting as medically necessary, non-covered services by using inappropriate procedure or diagnosis codes.
If the violation results in serious bodily injury (as defined in section 1365 of this title), such person shall be fined under this title or imprisoned not more than 20 years, or both; and if the violation results in death such person shall be fined under this title, or imprisoned for any term of years or for life, or both.

This offense covers frauds on public and private health plans or contracts to provide medical benefits, services or items. The law provides for increasing prison sentences depending upon the severity of the crime.
What is Abuse?

Abuse involves payments for items and services that a provider may not be entitled to but the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Abuse may, directly or indirectly result in:

- unnecessary costs to the Medicare or Medicaid program,
- improper payment, or
- payment for services which fail to meet professionally recognized standards of care, or that are medically unnecessary.
Examples of Abuse

Although many types of practices may be considered abusive, they may evolve into fraud.

Examples:
- Using procedure or revenue codes that describe more extensive services than those that were actually performed;
- Routinely submitting duplicate claims;
- Billing for items or services grossly in excess of those needed by the patients. For example, always billing for complete lab profiles when only a single test is necessary to establish a diagnosis; and
- Incorrectly apportioning costs on the cost reports for hospital providers.
UMC will continually strive to support the growing scientific activities of the institution and provide our faculty and staff with the support and resources necessary to uphold high standards in research. The Research Reference Handbook is provided as a guide to the resources and support services available to UMC faculty and staff, from the pre-award phase through the post-award phase of research.

Please familiarize yourself with the Research Reference Handbook.
Research Conduct

It is the policy of UMMC that all basic and clinical research activities adhere to the guidelines established for research related activities by government and non-government agencies that provide funds for these activities. Research activities funded through external sources are subject to the funding agency’s policies and procedures in addition to UMMC policies and procedures.
Research Conduct

It is the policy and responsibility of all investigators to conduct their professional activities according to high standards of scholarship. Their responsibility to the community at large demands that they be honestly and sincerely devoted to the ideals of discovery and dissemination of knowledge. Fraud in research undermines the academic enterprise.
Research Conduct

The following principles for the conduct of research will be followed:

- All data and research products will be accessible by principal investigators involved in a given research endeavor.
- Data will be recorded accurately.
- A review of the research activities, scientific content, and research methods will be performed by the principal investigators and collaborators prior to submission of the work for publication. The format of this review can be individualized for each research group.
- Authorship will follow normal academic standards.
Research Conduct

• For more information regarding studies using:
  - Human Subjects- see http://irb.umc.edu/
  - Animals- see http://iacuc.umc.edu/
  - Recombinant DNA, microbiological agents- see http://dor.umc.edu/Biohazards.html
  - Radioactive Materials- see http://dor.umc.edu/RSO/rsocontactinfo.html
Anti-Kickback Statute
The Anti-kickback Statute prohibits:

- Soliciting or receiving remuneration for referrals of Medicare and Medicaid patients, or referrals for services or items paid for, in whole or in part, by Medicare or Medicaid;
- Soliciting or receiving remuneration in return for purchasing, leasing, ordering, any goods, facility, service or item for which payment may be made in whole or in part, by Medicare or Medicaid;
The Anti-kickback Statute prohibits:

cont...

- Offering or paying remuneration in return for referrals of Medicare and Medicaid patients or for referrals for services or items which are paid for, in whole or in part, by Medicare or Medicaid;
- Offering or paying remuneration in return for purchasing, leasing, ordering, arranging for or recommending purchasing, leasing, or ordering any goods, facility, service, or item for which payment may be made, in whole or in part, by Medicare or Medicaid; and
The Anti-kickback Statute prohibits:

- Discounts, rebates, or other reductions in price which may violate the Anti-kickback Statute because such arrangements induce the purchase of items or services payable by Medicare or Medicaid.

However, certain arrangements are clearly permissible if they fall within a “safe harbor.”

(Safe harbors are provisions that protect certain individuals, providers, or entities from prosecution for actions which may appear unlawful or inappropriate. Safe harbors are updated annually.)
Physician Self-Referral Laws (Stark)
What Does Stark Prohibit?

This law prohibits a physician or his/her immediate family members from having a financial relationship with an entity to which Medicare patients are referred to receive a designated health service.
What are Designated Health Services?

- Clinical laboratory services;
- Physical therapy, occupational therapy, and speech-language pathology;
- Radiology and certain other imaging;
- Radiation therapy;
- Durable medical equipment;
- Parenteral and enteral nutrients;
- Prosthetics and orthotics;
- Home health;
- Outpatient prescription drugs; and
- Inpatient/Outpatient hospital.
Stark Exceptions

• There are several exceptions that allow providers to enter into arrangements that might otherwise appear inappropriate.

• For more information related to the Stark law please visit:

   http://www.cms.hhs.gov/PhysicianSelfReferral/
Documentation
What is documentation and why is it important?

Documentation in the medical record is required to report pertinent facts, findings, and observations about a patient’s

1) health history including past and present illnesses;
2) examinations;
3) tests;
4) treatments; and
5) outcomes.
By documenting in the medical record, it facilitates:

- the ability of the physician and other health care providers to evaluate and plan the patient’s treatment, and to monitor the patient’s health over time;
- communication and continuity of care among providers involved in the patient’s care;
- accurate and timely claims review and payment;
- appropriate utilization review and quality of care evaluations; and
- collection of data that may be useful for research and education.
Advanced Practice Registered Nurse (APRN) Guidelines for Practice
Advanced Practice Registered Nurse (APRN) Guidelines for Practice

- Selected Provisions taken from the Mississippi Nurse Practice Act, Mississippi Code of 1972, Annotated Chapter 73, Chapter 15 and the Mississippi Board of Nursing Rules and Regulations dated April 1, 2008
Definition of Advanced Practice Registered Nurse (APRN)

Includes clinical nurse specialists, nurse practitioners, certified nurse midwives, and certified registered nurse anesthetists

Licensed as a Registered Nurse (RN) in Mississippi

Graduate of an accredited baccalaureate or higher program with a major in nursing - now all are masters level graduates or higher

Hold current certification in a designated area of practice by a national certification organization recognized by the Board of Nursing in Mississippi

CRNAs must have graduated from a baccalaureate of higher program accredited by the American Association of Nurse Anesthetists
Legal Jurisdiction for APRN Practice

The Mississippi Board of Nursing has sole authority for regulating the practice of nursing, including that of APRNs.

Rules and regulations regarding APRN practice are promulgated by the Mississippi Board of Nursing.

Information may be found at www.msbn.state.ms.us
Click on Advanced Practice Registered Nurse.
Process for APRN Approval

- Application to the MSBN
- Proof of RN License
- Proof of National Certification
- Proof of Graduation of an Accredited NP Program - now Masters Level education or higher
- Submission of Verification of Protocol/Practice Review Form
- Submission of Appropriately Signed Controlled Substance Prescriptive Authority Protocol
- Payment of Appropriate Fees
Process for Approval of New Graduates for APRN Practice

- New graduates of a nurse practitioner program may be issued temporary certification to practice for a maximum of 120 days from the date of completion of the nurse practitioner program. Graduates must practice under the direct supervision of a licensed physician or certified nurse practitioner while practicing with a temporary permit or for a period of 90 days, whichever is longer.
Submission of Verification of Protocol/Practice Review Form

The Verification of Protocol/Practice Review Form includes a specific description of the APRN practice sites and the collaborative/consulting physician name, address, area of practice, and license number. Signatures indicate that the collaborating/consulting physician and the APRN have mutually agreed to the protocol guiding the APRN practice.
Renewals or Changes in APRN Practice

• Changes in APRN practice (protocol changes, change in practice locations/sites, changes in collaborating physician name or location) must be reported to the MSBN by submitting an updated form.

• APRN License Renewals are required by the MSBN every two years, along with the RN license renewal cycle. APRN renewal of MS licenses was scheduled for this past December.
Specific Items to Watch

- Controlled substance prescriptive authority requires specific MSBN approval. It is not automatically included in APRN licensure. Components include:
  - Registration with US Drug Enforcement Administration (DEA)
  - Uniform Controlled Substance Registration Certificate
  - Signature of collaborating physician

MS Code 41-29-125; 41-29-105; and 41-29-101
Specific Items to Watch

• APRN License Renewals Occur Every Two Years with the MS RN renewal cycle. 2008 was a renewal year.

• National Certification Cycles Vary with the national certifying body and will not typically coincide with the APRN license renewal cycle, so separate documentation should be required for credentialing.

• Billing third party sources for APRN services require that APRN credentials are current.
Questions?

Questions or additional information regarding APRN practice in Mississippi can be found at:

www.msbn.state.ms.us

Click on Advanced Practice Registered Nurse
UMMC Information Security
UMMC Information Security

- **Passwords**
  - Never use another employee’s account or password
  - Never give your account password to anyone
  - You are Responsible for information accessed under your log-in
  - Select a strong password
  - Do not use the name(s) of any relatives, pets, or friends

- **Email and Spam**
  - Examples of email abuse include chain letters and spam
  - Email is NOT private
  - Do not send it if you do not want to see it in the news

- **Viruses and Spyware**
  - It is a crime to knowingly spread a virus
  - In the United States, creating or distributing a virus is classified as a computer crime, and is a federal offense. The Electronic Privacy Act of 1986 is the most noteworthy legislation against the fraudulent use of computers.
  - Make sure the gold shield (Symantec AV) is on your system tray

- **Laptops and Mobile Data Devices (thumb drives, jump drives...)**
  - Do not put UMMC data or other UMMC assets at risk
  - Never leave laptops unsecured
  - 12,000 laptops are lost or stolen each WEEK in US airports
UMMC Information Security

- Phishing and Social Engineering
  Explanation: (from Wikipedia)
  *phishing is the criminally fraudulent process of attempting to acquire sensitive information such as usernames, passwords and credit card details by masquerading as a trustworthy entity in an electronic communication.*
  - Never give out personal information to someone you do not know.
  - Do not become a victim.

- Workstation and Physical Security
  - Lock your workstation before you leave it
  - Position your monitor for privacy. Have a privacy screen installed if needed.
  - Shut down your workstation if you are to be away for an extended period of time.
UMMC Information Security

• Protecting Information
  - The UMMC Information Policy includes provisions regarding the protection of all information, whether spoken, written, observed, electronic or printed.
  - All UMMC workforce should familiarize themselves with the UMMC Information Policy.

• What is “Need to Know”? 
  - Access or knowledge of confidential information is required to carry out a person’s official duties.

• Appropriate Use of Internet
  - Limited personal use is permitted, provided that such use does not:
    • interfere with UMMC operations;
    • negatively impact job performance;
    • violate UMMC Code of Conduct, bylaws or policies;
    • violate federal, state and local laws, regulations and rules;
    • compromise the integrity of the systems and related physical resources.
Examples of Inappropriate Use

- Individuals who engage in inappropriate use of UMMC information resources are subject to disciplinary action, up to and including termination.

- Examples of inappropriate use:
  - accessing or soliciting information without the “need to know”;
  - allowing others to perform activities on the UMMC network or any secured system under one’s own logon ID;
  - performing or requesting to perform any activities in a secured system under someone else’s logon ID;
  - attempting to access a secured system without proper authorization;

See the Information Policy for additional Examples of Inappropriate Use.

For additional information, please visit the Department of Information Systems’ website
http://dis.umc.edu/services-security.html
Interactions with Industry Representatives

UMMC has developed a policy to define limits of activity for industry representatives for the protection of patients and for the benefit of faculty and staff. Please familiarize yourself with this policy.
WHAT CAN I DO?
Employee Obligations

• Read and understand the UMMC Code of Conduct and Compliance Plan.
• Recognize how your job is critical to a compliant environment by understanding how errors could place UMMC at risk.
• Ask questions if you are unsure if a practice is compliant.
• When new policies or procedures are developed, take time to carefully read and incorporate them into your job.
• Report suspected violations of noncompliance through an appropriate channel.
Once you have read each of the links, you will be required to complete a quiz.

The quiz includes questions from:
• PowerPoint presentation;
• UMMC Code of Conduct;
• UMMC Information Policy;
• Copy Right Policy;
• HIPAA Presentation; and
• Harassment Presentation.